

10
1883

40-
44-

1874 - 1883

MEDICAL SCHOOL



LIBRARY

Presented by

Mr. John Bailey

J. A. Bailey
Hillsboro,
Oregon

PROCEEDINGS

Walling

OF THE
LIBRARY
SECOND ANNUAL MEETING
OF THE

MEDICAL SOCIETY

OF THE

STATE OF OREGON,

HELD AT PORTLAND, SEPT. 14, 1875,

TOGETHER WITH THE

CONSTITUTION AND BY-LAWS

OF THE SOCIETY.

—•—
Curtis C. Strong, M. D., Permanent Secretary, Portland, Oregon.
—•—

PORTLAND, OREGON:
GEO. H. HIMES, STEAM BOOK AND JOB PRINTER.
1876.



Pacific N.W.
Collection

SECOND ANNUAL MEETING
OF THE
MEDICAL SOCIETY
OF THE
STATE OF OREGON.

AFTERNOON SESSION.

PARLORS OF THE ST. CHARLES HOTEL, }
PORTLAND, OREGON. }

HALF-PAST ONE O'CLOCK, TUESDAY, SEPT. 14, 1875.

This Society was called to order by the President, Dr. Alfred C. Kinney, of Portland.

The meeting was opened by a prayer from Dr. L. L. Rowland, of Salem.

The Secretary being absent, Dr. C. C. Strong, of Portland, was elected Secretary *pro tem*.

The President announced that owing to the absence of the Secretary, the Society was without the minutes of the last annual meeting; also, that the Board of Censors were only represented by Drs. Jas. Richardson, R. B. Wilson and C. C. Strong, and he asked leave of the Society to appoint persons to fill the vacancies in the Board. So ordered by a vote of the Society, and the following persons were appointed: Drs. R. Glisan and H. Carpenter.

Dr. Richardson moved that the Society should take a recess of fifteen minutes in order to allow the Board of Censors to report. Carried.

The Board of Censors reported the following named persons for election as members:

Dr. H. W. Ross, Oregon City, Clackamas County.
 Dr. C. H. Raffety, East Portland, Multnomah County.
 Dr. G. E. Nottage, " " " "
 Dr. J. T. Ghiselin, - - Portland, " "
 Dr. W. B. Cardwell, - " " "
 Dr. H. E. Jones, - - - " " "
 Dr. R. G. Rex, - - - " " "
 Dr. E. I. Baily, U. S. A., " " "
 Dr. John Vite, - - Hillsboro, Washington County.
 Dr. F. A. Bailey, " " "
 Dr. W. H. Saylor, Forest Grove, " "
 Dr. H. R. Littlefield, Lafayette, Yamhill County.
 Dr. A. C. Helm, The Dalles, Wasco County.
 Dr. W. D. Baker, U. S. A.
 Dr. H. J. Boughton, Albany, Linn County.
 Dr. D. B. Rice " " "

Dr. Rowland moved that a committee of three persons be appointed to revise and amend our Constitution and By-Laws—carried; and the President appointed Drs. Bailey, Plummer and Carpenter. The committee was instructed to report at 7 P. M.

Dr. Rowland moved that the Society now proceed to the election of officers for the ensuing year. Carried.

Dr. R. Glisan being the only nomination for President, Dr. Rowland moved that the Secretary be instructed to cast the vote of the Society for the candidate, which was done, and Dr. R. Glisan was declared the choice of the Society for President.

It was moved and carried to declare Dr. Glisan elected President of the "Medical Society of the State of Oregon," unanimous.

In like manner, Dr. O. P. S. Plummer was elected Vice President. Dr. C. C. Strong, Permanent Secretary, (this vote being cast by the President). Dr. W. B. Cardwell was elected Corresponding Secretary, and Dr. L. L. Rowland, Treasurer.

Dr. Carpenter moved that the Board of Censors be chosen from

the five most populous counties, viz: Multnomah, Marion, Washington, Lane and Wasco.

This motion called out a strong opposition and was withdrawn by the mover, with the consent of the seconder, Dr. Glisan.

The election of the Board of Censors was next in order. The first ballot resulted in the election of the following persons:

Dr. H. W. Ross, of Clackamas; Dr. H. Carpenter, of Marion; Dr. R. B. Wilson, of Multnomah. The second, in the election of Dr. H. W. Rice, of Linn; Dr. F. A. Bailey, of Washington.

The following communication was then read by the Secretary:
 "To the Officers and Members of the Oregon State Medical Society:

"GENTLEMEN: In behalf of Dr. J. C. Hawthorne, who is now absent from the city, I take the liberty to extend to this Society a general invitation to visit the Oregon Insane Asylum at East Portland.

Yours, respectfully,

"G. E. NOTTAGE, M. D.,

"Asst. Physician of the Asylum for Insane, E. Portland, Ogn."

Dr. Plummer moved that the thanks of the Society be returned for the kind invitation; that it should be accepted, and ten o'clock A. M. to-morrow be set as the time for visiting the same. Carried.

Dr. Kinney extended a verbal invitation for the Society to visit St. Vincent's Hospital. Accepted and thanks returned.

Since writing the above, the following letter has been received:

ST. VINCENT'S HOSPITAL, }
 PORTLAND, OREGON, Sept. 14, 1875. }

MESSRS. OF OREGON STATE MEDICAL ASSOCIATION:

Esteeming you sincere advocates for suffering humanity, we extend you a most cordial invitation to visit St. Vincent's Hospital to-morrow.

Your presence, on any occasion, will call forth gratitude from the Sisters of Charity, who hesitate not to tender you, esteemed gentlemen, the assurance of kind regards.

Respectfully,

SR. THERESA, *Sup.*

SR. PETER, *Sect.*

Dr. Richardson moved that the Society do now adjourn till 7 p. m. Carried.

EVENING SESSION.

SEPT. 14, 7 o'clock.

Dr. Bailey reported a Constitution. Report received.

Dr. C. C. Strong was excused from further attendance on this evening session.

The Constitution, as read, was adopted as a whole. See page 13.

Dr. Kinney made a short speech as he retired from the chair, and introduced Dr. R. Glisan, President elect, who stated briefly his policy.

The minutes of last session were read and approved.

Reports of Standing Committees were called for, when a discussion arose as to whether there were any Standing Committees.

The report of the Committee on Practical Medicines, Medical Literature and Hygiene, was offered by the Chairman, Dr. Hall, and was received by the Society.

Referred to Committee on Publication.

Dr. Bailey was given time until to-morrow to prepare a report for Committee on Surgery.

Dr. R. B. Wilson reported for Committee on Obstetrics, and asked for time, which was granted.

Dr. Rowland reported for Committee on Medical Topography, Meteorology, Endemics and Epidemics, which was accepted.

The other Committees were not represented.

After some discussion, the Society agreed that the next annual meeting should be held in Portland on the first Monday in June.

On motion, the President was allowed until to-morrow to appoint Standing Committees, except on Publication, which was or-

dered immediately. On this committee he appointed Drs. R. B. Wilson, C. C. Strong and R. G. Rex.

On motion, a committee of three was ordered, which was to be called a Legislative Committee. The Chair appointed on said committee, Drs. Kinney, Carpenter and Rowland.

Dr. Kinney moved that the Society request the Legislature to appoint a State Botanist. Lost.

Dr. Bailey offered the following resolution:

Resolved, That the Legislative Committee be instructed to use every effort consistent with propriety to obtain the organization of a State Board of Health. Carried.

Dr. Kinney moved that the Committee on Publication be requested to publish the Constitution and By-Laws in pamphlet with the proceedings of the Society. Carried.

The Committee on Publication was ordered to publish five hundred copies of the Constitution and By-Laws, with the proceedings of the Society.

On motion, the Society adjourned until 1 o'clock p. m. to-morrow.

SECOND DAY—AFTERNOON SESSION.

SEPTEMBER 15, 1875.

At half-past one, the President, Dr. R. Glisan, called the Society to order.

The minutes of the last meeting were read, and after some correction, approved.

Dr. F. A. Bailey, chairman of the Committee on Surgery, reported a case of a cancer being removed from the lower lip.

The President reported the appointment of the following Standing Committees:

Practical Medicine and Medical Literature:

Hall, J. H., Salem, Ghiselin, J. T., Portland,
Fiske, E. R., Salem.

Surgery:

Carpenter, H., Salem, Strong, C. C., Portland.
Kinney, A. C., Portland.

Obstetrics:

Wilson, R. B., Portland, Watkins, W. H., Portland,
Belt, A. M., Salem.

On Medical Topography, Meteorology, Endemics and Epidemics:

Plummer, O. P. S., Albany, Richardson, J. A., Salem,
Cardwell, W. B., Portland.

On Indigenous Botany and the Domestic Adulteration of Drugs:

Hill, J. H., Albany, Raffety, C. H., East Portland,
Rex, R. G., Portland.

On Public Hygiene and State Medicine:

Rowland, L. L., Salem, Baily, E. I., (U. S. A.) Portland,
Nottage, G. E., East Portland.

On Mental Science and Medical Jurisprudence:

Payton, D., Salem, McAfee, J. W., Salem,
Helm, A. C., The Dalles.

On Medical Education:

Bailey, F. A., Hillsboro, Ross, H. W., Oregon City,
Boughton, H. J., Albany.

On Publication:

Wilson, R. B., Portland, Strong, C. C., Portland,
Rex, R. G., Portland.

On Arrangement:

Strong, C. C., Portland, Jones, H. E., Portland,
Cardwell, W. B., Portland.

There being some question as to what had become of the report made by J. H. Hall, Chairman of the committee on Practical Medicine and Medical Literature, Alf. C. Kinney moved that the committee on Publication do now present that report. Upon examination it was found that Dr. Hall had sent the report to his home at Salem, he having understood that it had been refused. He, however, expressed a willingness to forward it to the permanent Secretary. Upon this understanding, it was dropped.

Dr. H. Carpenter, of Salem, presented a case showing the result of an operation for the radical cure of a traumatic aneurism of the femoral artery. It was examined by the Society, and the opinion of the members, individually, was that the result was a good one.

Dr. Kinney, of Portland, stated that the proprietors of the hotel expressed a desire to furnish a dinner for the members of the Society for a nominal price, and he therefore moved that a member of the Society be appointed to confer with the proprietors in reference to this matter, and to report immediately. Carried. Dr. Kinney was the person appointed.

Dr. Kinney soon reported that he had inquired into the matter, with this result: That the proprietors would furnish a dinner for the Society and invited friends for \$25, and this sum was voted for this purpose. Upon a motion of Dr. Kinney, a committee of three was appointed to complete the arrangements. Carried. The committee appointed was Drs. Kinney, Cardwell and Rex.

Dr. Carpenter presented an article on Climatology and Epidemics of Oregon. Received and referred to the committee on Publication.

Dr. Cardwell moved that the committee on Legislature be instructed to endeavor to secure an appropriation from the Legislature for printing the Reports of this Society. Lost.

Dr. F. A. Bailey moved that in all things not provided for in the Constitution or By-Laws, Cushing's Manual be adopted by this Society as its rule of practice. Carried.

Dr. Carpenter moved that Dr. Strong, the present Secretary, be declared the permanent Secretary. Carried.

Dr. F. A. Bailey moved that we now proceed to the election of four delegates to attend the meeting of the American Medical Society. Carried. The following delegates were chosen: Drs. O. P. S. Plummer, H. Carpenter, Alf. C. Kinney and R. B. Wilson.

A motion was made that the delegates fill any vacancies in their number. But this was withdrawn when found to conflict with the constitutional right of the President to fill all vacancies.

Dr. Carpenter moved that we do now proceed to elect four delegates to represent this Society in the International Medical Congress, which meets in Philadelphia. Carried.

The Secretary was instructed to cast the vote of the Society for Drs. J. H. Hall, R. Glisan, F. A. Bailey, and L. L. Rowland.

Dr. Hall moved that Dr. Kinney elaborate the report of the committee on Surgery, and then give it to the committee on Publication. Carried.

The following cases were reported either by title or paper:

By Dr. Kinney, on the removal of the right female mammary gland, for supposed scirrhus cancer. Recovered.

On a case of gangrene fever, the result of pneumatic clot. Death.

Of several cases of amputation, with the termination, whether favorable or unfavorable. All reported by title.

By Dr. F. A. Bailey, by paper, on enteric fever; its mortality in Oregon compared with that in other countries. By a vote it was referred to the committee on Publication, with instruction to publish with the other transactions.

By Dr. Cardwell—A perforating pistol-wound of the throat, followed by pleuro pneumonia and empyema—the operation of paracentesis thoracis—with recovery. Ordered printed, as the above.

By Dr. R. G. Rex, on the Humidity of the Atmosphere. Received and referred to the committee on Publication.

Dr. Carpenter reported the result of an operation for an ununited fracture of the humerus. The ends of the bone were sawed off and united with silver wire. The wound healed over the wire, which has not been removed, and no evil result has followed, two years having elapsed.

Dr. Kinney moved that the President appoint a committee of three, to be known as the Centennial Committee, who should gather information as to the climate, diseases, the history of medicines, also with regard to the indigenous plants, their properties and action, all of which should be reported to the permanent Secretary in time to be sent to the Centennial. The following persons were appointed: Drs. Kinney, F. A. Bailey and Cardwell.

Dr. Hall moved that the committee on Medical Education be instructed to visit all Medical Colleges in the State, and report at the next Annual Meeting. Carried.

It was moved that the names of the members be signed to the Constitution and By-Laws, by the Permanent Secretary, upon his being instructed to do so by written authority of the members. Carried.

The Treasurer being absent, it was requested that he should report to the Permanent Secretary.

By motion the rules were suspended, and Dr. Baldwin and Dr. Henry Gibbons, Jr., were elected honorary members of this Society, and that the diploma of the Society be sent them. Carried.

Dr. F. A. Bailey offered the following resolution:

Resolved, That the thanks of the Society be extended to the proprietors of the St. Charles Hotel, for their liberality in allowing us the use of their parlors for our deliberations.

Resolved, That a vote of thanks be extended to the officers of this Society for the faithful discharge of the duties devolving upon them. Carried.

Dr. Kinney moved that the Permanent Secretary be authorized to pay the sum of 25 cents per folio for transcribing the Constitution and By-Laws, and the transactions of the meetings of the Society and all necessary documents for publication. Carried.

The following members were present during the session:

Dr. Carpenter.	Dr. R. G. Rex.
Dr. L. L. Rowland.	Dr. O. P. S. Plummer.
Dr. R. Glisan.	Dr. C. H. Raffety.
Dr. R. B. Wilson.	Dr. John Vite.
Dr. C. C. Strong.	Dr. W. D. Baker.
Dr. Jas. Richardson.	Dr. H. W. Ross.
Dr. Alfred C. Kinney.	Dr. W. B. Cardwell.
Dr. G. E. Nottage.	Dr. C. H. Hall.
Dr. F. A. Bailey.	

CONSTITUTION AND BY-LAWS.

ARTICLE I.

TITLE OF THE SOCIETY.

This institution shall be styled, THE MEDICAL SOCIETY OF THE STATE OF OREGON.

ARTICLE II.

MEMBERS.

SECTION 1. The members of this Society shall consist of regular physicians in good standing, who are graduates of Medical Colleges recognized by the American Medical Association, and have a good moral and professional reputation.

SEC. 2. *Ordinary Members.* Every physician who shall properly satisfy the Board of Censors that he possesses the necessary qualifications as prescribed in Section 1, may become a member of this Society.

SEC. 3. *Honorary Members* shall consist of such distinguished savants and others as may be deemed worthy of the compliment. They shall receive their appointment by a vote of the Society and upon a motion of some member present.

SEC. 4. Each individual, prior to his taking his seat as a member of the Society, must sign the Constitution, inscribing his name and address in full. Every member shall be entitled to the diploma of the Society, to which the seal of the Society shall be attached, and the signature of the President and the Permanent Secretary.

SEC. 5. The seal of this Society shall always be kept by the Permanent Secretary.

ARTICLE III.

OFFICERS AND THEIR DUTIES.

SECTION 1. The officers of this Society shall be—President, Vice President, a Permanent Secretary, a Corresponding Secretary, a Treasurer, and a Board of Censors of five members. The officers shall be nominated on the morning of the first day of the meeting, and be elected by ballot. Each officer shall hold his appointment for one year and until his successor is elected and qualified; except the Permanent Secretary.

SEC. 2. The President shall preside at the meeting, preserve order, give a casting vote in case of a tie, and perform all other duties that custom and parliamentary usage may require; and immediately after the annual election, the retiring President shall deliver an address upon some medical topic, after which he shall conduct his successor to the chair. He shall also fill, by appointment, all vacancies that may occur from death or other cause.

SEC. 3. The Vice President, when called upon, shall assist the President in the performance of his duties; and, during his absence, or at the request of the President, shall officiate in his place.

SEC. 4. The Permanent Secretary shall reside in Portland and shall authenticate the proceedings; shall serve as a member of Committee on Publication; shall preserve the archives and unpublished transactions of the Society, and shall perform such other duties as pertain to his office.

SEC. 5. The Corresponding Secretary shall give due notice of the time of the next meeting; shall hold correspondence with other permanently organized societies and see that all the published transactions are promptly distributed.

SEC. 6. The Treasurer shall have immediate charge and management of the funds as a property of the Society, and hold them subject to the disposal of the Society. At each annual meeting he

shall present a report, setting forth the amount of money received, as well as the amount disbursed, and for what purpose.

SEC. 7. The Board of Censors shall examine the credentials of all candidates for admission to the Society, and if such credentials are found to conform to the requirements, as enacted in Article II. of this Constitution, the Board of Censors shall recommend said applicants to the Society for election.

ARTICLE IV.

MEETINGS.

The Regular Meetings of the Society shall be held annually, and commence on the first Monday in June.

ARTICLE V.

STANDING COMMITTEES AND THEIR DUTIES.

SECTION 1. The following Standing Committees, each composed of three members, of whom the first named is Chairman, shall be nominated at every Annual Meeting by the President elect, for the purpose of preparing and arranging business for each ensuing year, and for carrying into effect the orders of the Society not otherwise assigned, namely:

On Practical Medicine and Medical Literature;

On Surgery;

On Obstetrics;

On Medical Topography, Meteorology, Endemics and Epidemics;

On Indigenous Botany and the Domestic Adulteration of Drugs and New Remedies;

On Public Hygiene and State Medicine;

On Mental Diseases and Medical Jurisprudence;

On Medical Education;

On Publication;

Of Arrangements;

SEC. 2. The *Committee on Practical Medicine and Medical Literature* shall prepare an annual report on the more important im-

provements effected in this State in the management of individual diseases; the improvements and discoveries which may have been made in Anatomy, Physiology, General Pathology, Therapeutics, and Medical Jurisprudence.

SEC. 3. The *Committee on Surgery* shall prepare an annual report on all the important improvements in the management of surgical diseases effected in the State during the year, and, as far as can be ascertained, the number of capital operations performed, with their results.

SEC. 4. The *Committee on Obstetrics* shall prepare an annual report on the important improvements in the obstetrical art, and in the management of the diseases peculiar to women and children, effected in the State during the year, together with such remarks touching these subjects as they may think proper.

SEC. 5. The *Committee on Medical Topography, Meteorology, Endemics and Epidemics*, shall prepare an annual report on the peculiarity of the soil and climate of the different sections of this State, with the diseases to which they are subject; also, the endemics and epidemics which have prevailed throughout the State during the year.

SEC. 6. The *Committee on Indigenous Botany and the Domestic Adulteration of Drugs*, shall prepare an annual report on the indigenous medical botany of the State of Oregon, paying particular attention to such plants as are found to possess valuable medicinal qualities, and are not accurately described in standard works, with the localities where they are to be found. Also, to report on the quality of drugs brought to our market, with the view to correct the evils arising from the extensive introduction and sale of spurious and sophisticated articles.

SEC. 7. The *Committees on Public Hygiene and State Medicine*, shall prepare an annual report on all subjects germane to this important branch of medical science.

SEC. 8. *Committee on Mental Diseases and Medical Jurisprudence.* This Committee shall report on all psychological ques-

tions, and on such matters appertaining to medical jurisprudence as in their judgment may be deemed advisable.

SEC. 9. The *Committee on Medical Education* shall prepare an annual report on the general condition of medical education in the State of Oregon, as compared with the advancement of medical science in other States of the Union. They shall report on the several medical institutions of the State, their course of instruction, the practical requirements for graduation, the modes of examination for conferring degrees, and the reputed number of pupils and graduates at each during the year, and such other matters as they may deem worthy of consideration in reference to medical education and the reputable standing of the profession.

SEC. 10. The *Committee on Publication*—of which the Permanent Secretary must constitute a part—shall have charge of preparing for the press, and of publishing and distributing such of the proceedings, transactions and memoirs of the Society, as may be deemed worthy to be published.

SEC. 11. The *Committee of Arrangements* shall be composed of members residing in the place at which the Society is to hold its annual meeting, and shall be required to provide suitable accommodations for the meeting, to report on the credentials for membership, and to receive and announce all voluntary communications made to the Society.

SEC. 12. In order to afford the several committees material for their annual reports, it shall be the duty of the several auxiliary societies in the State to transmit to the chairman of the respective Committees, on or before the first day of March of each year, a special report, embracing such information touching their particular localities as may enable said Committees to make full reports on all the subjects committed to them.

SEC. 13. The Standing Committees shall constitute sections, after the manner of the American Medical Association, to whom all papers shall be referred upon the first day of the sessions and who

shall report to the Society those papers that seem of sufficient interest for reference to the Committee on Publication:

ARTICLE VI.

VOLUNTARY CONTRIBUTIONS.

After the reading and discussion of the annual reports, or at any other period during the meetings of the Society, by the vote of two-thirds of the members present, it shall be the privilege of any member to present to the consideration of the Society, either orally or in writing, communications on medical subjects, reports of interesting cases, or such other matters as may be deemed of interest to the profession; which communications may, on motion, be referred to the Committee on Publication, and if deemed by them worthy of preservation, shall appear among the proceedings.

ARTICLE VII.

FUNDS AND APPROPRIATIONS.

SECTION 1. The funds of the Society shall be raised by individual voluntary contributions, by the sale of its publications, and by an annual tax of five dollars on each member of the Society, on the payment of which he shall be entitled to a copy of all the publications for the year.

Sec. 3. Any member who shall fail to pay his annual dues for two successive years, unless absent from the State, or for other reasonable causes, shall be dropped from the roll of members, after having been notified by the Corresponding Secretary of the forfeiture of such membership; and no member so dropped shall be reinstated in his membership until he shall have paid all arrears due by him.

ARTICLE VIII.

DELEGATES TO THE NATIONAL MEDICAL ASSOCIATION.

SECTION 1. The Society shall annually appoint, to represent it in the American Medical Association, one delegate for every ten members, and one for every additional fraction of more than half

this number, whose certificates of appointment shall be signed and duly authenticated by the President and Permanent Secretary.

ARTICLE IX.

CODE OF ETHICS.

SECTION 1. The Code of Medical Ethics of the American Medical Association, shall have the full force and effect of an Article of this Constitution.

ARTICLE X.

CENSURE AND EXPULSION OF MEMBERS.

SECTION 1. If any member shall violate the laws or regulations of this Society, upon a charge in writing against him being presented to the Censors, it shall be their duty to examine the charges, and if, after due investigation, they consider the charges sustained, they shall make a written report, with their decision, to the Society, at its stated meeting; at the same time notifying the accused member of the time and place of the trial, and the nature of the charges which have been preferred against him.

Sec. 2. If the accused member shall then refuse or fail to exculpate himself, he shall be reprimanded, suspended or expelled, by a vote of two-thirds of the members present. After hearing both sides of the case, the member on trial shall then retire, when a vote shall be had. No vote for reprimand, suspension or expulsion, shall be taken, except at a stated meeting, at which no fewer than half of the active members are present, and of which meeting, and report of the Censors due notice has been given to the accused.

Sec. 3. The vote shall be by ballot.

ARTICLE XI.

AMENDMENTS AND ALTERATIONS.

SECTION 1. No amendment nor alteration shall be made in any of the Articles of this Constitution, except at the annual meeting next subsequent to that at which such alteration or amendment may have been proposed, and then only by the concurrence of two-thirds of the members in attendance.

*Effort made by Dr. Rex
to amend this Part*

ORDER OF BUSINESS.

The following order of business is presented as a By-Law of the Society, which shall at all times be subject to a vote of a majority of all the members in attendance, and, except temporarily suspended, shall be as follows:

- I. Organization of meeting.
- II. Report of the Committee of Arrangements on the credentials of members, after the latter have registered their names and addresses, etc.
- III. The calling of the roll.
- IV. The reception of members not present at the opening of the meeting, and the reading of notes from absentees.
- V. Reception of visitors by invitation.
- VI. The election of officers and place of annual meeting, appointments by the President elect to fill the standing committees.
- VII. The reading and consideration of the stated annual reports from the standing committees.
- VIII. Reading and discussion of voluntary contributions.
- IX. Resolutions introducing new business, and instructions to the standing committees.
- X. Unfinished and miscellaneous business.
- XI. Reading of the minutes of the session about to conclude.
- XII. Adjournment.

MEMBERS, OFFICERS, ETC. -1875

- Bailey, E. I., (U. S. A.)	Portland, Multnomah County,
- Bailey, F. A.,	Hillsboro Washington "
- Baker, W. D., (U. S. A.)	Portland, Multnomah "
Bell, A. M.,	Salem, Marion "
- Boughton, H. J.,	Albany, Linn "
- Cardwell, W. B.,	Portland, Multnomah "
Carpenter, H.,	Salem, Marion "
Fiske, E. R.,	Salem, Marion "
- Ghiselin, J. G.,	Portland, Multnomah "
Glisan, R.,	Portland, Multnomah "
Hall, J. H.,	Salem, Marion "
- Helm, A. C.,	The Dalles, Wasco "
Hill, J. S.,	Albany, Linn "
Jones, D. M.,	Albany, Linn "
- Jones, H. E.,	Portland, Multnomah "
Kinney, Alf. C.,	Portland, Multnomah "
- Littlefield, H. R.,	Lafayette, Yamhill "
MacAfee, J. W.,	Salem, Marion "
Macauley, S. D.,	Stayton, Marion "
Nicklin, A. I.,	Eugene, Lane "
- Nottage, G. E.,	E Portland, Multnomah "
Parker, S.,	Oregon City, Clackamas "
Payton, D.,	Salem, Marion "
Plummer, O. P. S.	Albany, Linn "
- Rafferty, C. H.,	E Portland, Multnomah "
- Rex, R. G.,	Portland, Multnomah "
Reynolds, J.,	Salem, Marion "
- Rice, D. B.,	Albany, Linn "
Richardson, J. A.,	Salem, Marion "
- Ross, H. W.,	Oregon City, Clackamas "

Rowland, L. L.,	Salem, Marion County.
Saylor, W. H.,	Forest Grove, Washing'n "
Strong, Curtis C.,	Portland, Multnomah "
Tate, J. P.,	Albany, Linn "
Vite, John,	Hillsboro, Washington "
Warriner, W. C.,	Bethel, Polk "
Watkins, W. H.,	Portland, Multnomah "
Wilson, R. B.,	Portland, Multnomah "

HONORARY MEMBERS.

Henry Gibbons, Jr., M. D., San Francisco, Cal.; Baldwin,
M. D., Oakland, Cal.

OFFICERS.

President—R. Glisan, M. D., Portland, Multnomah County.

Vice President—O. P. S. Plummer, M. D., Albany, Linn "

Permanent Secretary—Curtis C. Strong, M. D., Portland, Multnomah County.

Corresponding Secretary—W. B. Cardwell, M. D., Portland, Multnomah County.

Treasurer—L. L. Rowland, M. D., Salem, Marion County.

BOARD OF CENSORS.

W. H. Ross, M. D.,	Oregon City, Clackamas County.
H. Carpenter, M. D.,	Salem, Marion "
R. B. Wilson, M. D.,	Portland, Multnomah "
H. W. Rice, M. D.,	Albany, Linn "
F. A. Bailey, M. D.,	Hillsboro, Washington "

STANDING COMMITTEES.

Practical Medicine and Medical Literature:

Hall, J. H., Salem, Ghiselin, J. T., Portland,
Fiske, E. R., Salem.

Surgery:

Carpenter, H., Salem, Strong, C. C., Portland.
Kinney, A. C., Portland.

Obstetrics:

Wilson, R. B., Portland, Watkins, W. H., Portland,
Belt, A. M., Salem.

On Medical Topography, Meteorology, Endemics and Epidemics:

Plummer, O. P. S., Albany, Richardson, J. A., Salem,
Cardwell, W. B., Portland.

On Indigenous Botany and the Domestic Adulteration of Drugs:

Hill, J. H., Albany, Raffety, C. H., East Portland,
Rex, R. G., Portland.

On Public Hygiene and State Medicine:

Rowland, L. L., Salem, Baily, E. I., (U. S. A.) Portland,
Nottage, G. E., East Portland.

On Mental Diseases and Medical Jurisprudence:

Payton, D., Salem, McAfee, J. W., Salem,
Helm, A. C., The Dalles.

On Medical Education:

Bailey, F. A., Hillsboro, Ross, H. W., Oregon City,
Boughton, H. J., Albany.

On Publication:

Wilson, R. B., Portland, Strong, C. C., Portland,
Rex, R. G., Portland.

On Arrangement:

Strong, C. C., Portland, Jones, H. E., Portland,
Cardwell, W. B., Portland.

REPORTS.

PERFORATING PISTOL WOUND OF THORAX,
Followed by Pleuro Pneumonia and Empyema. The
operation of Paracentesis Thoracis, with Recovery.

BY W. B. CARDWELL M. D.

G. F. Cole, aged 17 years, hight 5 feet 8 inches, weight 145 pounds, light eyes and hair, was wounded on the 14th of March, 1875, at 11 A. M. by a pistol shot (a derringer); the ball a conical one of large size and weighing 135 grains, entered the chest 2½ inches inwards and downwards from the left nipple, passing between the sixth and seventh ribs, ranging backwards and downwards, traversing the thoracic cavity, wounding the lower lobe of the lung and lodging beneath the integuments about two inches from the spine, between the tenth and eleventh ribs, from which place it was easily removed. The patient being alone at home, remained too hours prostrate from shock before medical aid arrived; when Dr. Watkins, Kinney and myself found him pale, weak, and rapidly sinking from shock, and presenting every appearance of having received a mortal wound. Morphine and whiskey were freely administered at frequent intervals, and in about three hours reaction seemed fully established. There was but little hemorrhage from the wound, which was dressed with simple cold water dressing. He continued free from pain and apparently doing well up to the evening of the following day, when the most alarming symptoms supervened, respiration very much embarrassed threatening suffocation, pulse small and very rapid. A coughing spell ensued when about half a pint of dark clotted blood was expectorated, followed

by relief from the dyspnea and all the other symptoms, from which we had apprehended so much danger only a few moments before. Having been in doubt as to the lung being wounded, we now felt satisfied that such was really the case, and our efforts were now directed to combat the anticipated pneumonia, which fully developed itself in the course of a week, gradually passing into the stage of consolidation. A considerable quantity of air gained admission into the pleural cavity, most probably through the track of the wound, evidenced by an intense tympanitic resonance on percussion. Succeeding this state of affairs at about the end of the second week the pleural sac was almost filled with effusion, manifesting itself by an enlarged dimension of the affected side, diminished respiratory movements, bulging of the intercostal spaces and the entire absence of vocal fremitus. *Edema of one half of the body* was a highly interesting symptom present in this case, a symptom not generally mentioned by modern works, treating of Empyema, but especially spoken of as early as 1803 by William Hey in his work, "Practical Observations in Surgery." So here were developed in a single case the complicated conditions of pneumonia, pleurisy with effusion and pneumo thorax. With these symptoms, and at the fourteenth day from the date of injury, the patient has a pulse of 130, respiration 30, and that peculiar sweet or cow's breath so pathognomonic of Pyemia. After consultation paracentesis was decided upon as affording the only hope of recovery; the trocar was accordingly introduced between the eighth and ninth ribs about midway between the sternum and the spine, and was followed immediately by the exit of five quarts of fluid and turbid serum mingled with pus. No anesthetic was used and but little pain was complained of during the operation, which seemed magical almost in the relief afforded to the suffering patient, the dyspnea, and nausea of stomach disappearing and the pulse falling from 130 to 90 in the course of a few hours. The pleural sac was then freely washed out with a solution of carbolic acid and tepid water twice daily, the patient wearing a small soft rubber tube in the opening made by the trocar *allowing atmospheric air to pass in and out of the cavity freely.* The

washing out was kept up for a period of ten days, when, but little pus being discharged, it was concluded to remove the tube and allow the opening in the chest wall to close, which was done, but much afterwards to our regret, as the sequel will show. In a couple of days the opening had healed over entirely, and at the end of a week the plural cavity had again become filled with serum and pus, and the patient's condition about the same as previous to the first operation, the vomiting, dyspnea, rapid pulse, and sweet cow's breath all returning. From an almost recovery the case had now in the short space of one week relapsed into its former dangerous condition. A second operation was at once proposed, and carried into effect, the trocar following in the track of the first puncture. About three quarts of horribly offensive fluid flowed out through the canula. The washing out was repeated as after the first puncture with a solution of quinia in tepid water, in the place of the carbolic acid which seemed to be a decided improvement, checking pus formation and completely destroying the offensive odor. Five grains to the ounce and about four ounces of the solution was thrown in and allowed to remain over night and drawn off in the morning. After the second evacuation of the pleural sac the patient was again rapidly relieved from all the distressing symptoms as before; the tube was now worn and the daily washing out kept up and continued for a period of six weeks when the plural sac had become obliterated by inflammatory adhesions and thus completed the cure. Opium, quinia and stimulants were administered throughout the case, according to requirements. The patient seems now, five months after the injury, to be as well and hearty as ever. Out of nine similar cases reported in the Surgical History of the War of the Rebellion only three partial recoveries took place. The successful termination of the case I have described, must in a large measure be attributed to the very best of hygienic surroundings and extra good care in nursing. It may be worthy of notice that no precaution was used to exclude the air from freely entering the pleural cavity, as some distinguished authors advise, but on the contrary the tube remaining open, the atmosphere had free admission and exit at

each respiratory act, and our patient was certainly none the worse off by reason of it. I think the lesson to be learned from the history of this case is an early opening of the chest, free admission and exit of atmospheric air, the retaining of the canula or rubber tube in the wound until all probability of a relapse is removed, and the daily washing out of the pleural sac with the quinia solution.

ENTERIC FEVER.

Its Mortality in Oregon Compared with that of other Countries.

BY F. A. BAILEY, M. D.

This paper embraces an analysis of forty-four well marked cases of typhoid fever occurring in my practice from 1871 to 1875, and analyzed with reference to mortality and duration only. This of course does not include near all the cases treated during that time, but only such as from the circumstances admitted of a careful and impartial investigation and analysis. From this collection were excluded all typho-malarial cases, and all such as could only be denominated typhoid conditions. No case in which there could be any doubt as to the diagnosis, was allowed to figure in this collection.

In order to show what the death rate in this fever is in other countries, we must consult standard authorities on the subject. Murchison collected statistics embracing over 18,000 cases, occurring in Guy's and other hospitals. This collection was not confined to England, but included a large number of cases from Glasgow,

Strasburg, Paris and Vienna. The mortality in these cases, extending over a period of 14 years, was $18\frac{1}{2}$ per cent. of all attacked, or 1 in $5\frac{1}{2}$, nearly. The highest death-rate observed in any collection of cases was that in 147 cases occurring in one of the hospitals of Paris, the mortality being 32 per cent., or 1 in 3, nearly. (See Flint's practice, page 797.) Of 303 cases analyzed by Prof. Jackson, of Boston, and reported in 1838, 48 were fatal, being 1 in 7, or within a fraction of 13 per cent. In 73 cases analyzed by Prof. Flint, of Bellevue, 18 were fatal, a death-rate of nearly 24 per cent. Aitkin observes, in his great work on practice, page 537, vol. 1, that the rate of mortality in enteric fever is about 23 per cent.; and he further states, apparently upon the authority of Murchison, that the disease is considerably less fatal in autumn than in spring, and that the per cent. of deaths occurring from this cause is still less in winter. Niemeyer thinks the mortality of typhoid fever would not exceed 25 per cent, or 1 in 4, where no treatment whatever was employed, thus showing an intrinsic tendency to a favorable issue by the unaided efforts of nature alone. Lyons, whose tables were prepared from a great number of cases occurring in different parts of Europe, and in which the per centage of mortality at different ages is carefully noted, places the death-rate at 22 per cent. (Lyons on fever, page 180, *et sequellae*.) In Dickson's Elements of Medicine it is stated that the average rate of mortality is 12 per cent., but as no collection of cases or statistics are presented to prove this assertion, I am disposed to doubt its correctness. The rate of mortality in the British army from this fever is evidently very high, as may be seen from the reports of Balfour and Tulloch. The mortality in the foot-guards was 1 death out of every 3 attacked with the fever; in the infantry 1 in 4, and in the cavalry 1 in 4 1-7, making an average death-rate in the British army of 32 per cent. of all attacked. (*N. British Review*, Aug., 1858.) It will be seen that this presents a striking contrast when compared with the deaths occurring from this fever in the American army during the war of the rebellion, as the average death-rate in our army was somewhat less than 16 per cent. of

those attacked, that being considerably below the average mortality in civil practice. I would refer those who wish to pursue this subject farther, to the Reports of Dr. Woodard, U. S. A., and also to that monument of industry and research, "*The Medical and Surgical History of the War.*" Without adducing any further authority, it seems that the mortality of enteric fever as occurring in the Atlantic States and European countries, may be set down as not far from 23 per cent. In the collection of cases that I here present there were 4 deaths in 44 cases, or a little less than 10 per cent. of fatal cases. This it will be seen is a much lower death-rate than the average in any other locality where cases have been analyzed with a view to determine this point. These cases were also analyzed with reference to duration, and upon this point I must be allowed to cite authorities to show what the average duration of this fever is in other localities. Lyons says the duration is from 23 to 30 days; Prof. Jackson, of Boston, makes it 22 days; Watson about 28; Shattuck 22 to 24; Flint places it at 14, and Aitkin at 23 days. From an examination of these several observations, it is safe to say that the average duration of the disease is about 22 days. We are prepared to expect some discrepancy in tables prepared by different observers, as a difference of opinion could easily arise as to *when* the fever actually commenced, or as to when the disease actually disappeared. Happily for us, in the observations taken within the last decade, the thermometer has in a great measure cleared up this difficulty, and we are thus enabled to fix with great exactness the commencement of the disease and its termination. All observers, I believe, now count the duration of the disease from the time when the temperature is abnormally elevated, up to that period when the temperature remains natural for twenty-four hours. In the cases that I analyzed the maximum duration was forty-three and the minimum eight days. The average duration was eighteen days, being somewhat less than the average duration noted in European countries, but four days greater than is shown in Prof. Flint's collection. In the four fatal cases one death was due to meningitis, one to pneumonitis and two to peritonitis. The peri-

tonitis, however, was not due to intestinal perforation. Of the fatal cases, one occurred on the 16th day of the disease, two on the 19th, and one on the 28th. Intestinal hemorrhage occurred in five cases, but in none of those that were fatal.

The following observations, it seems to me, are fairly deducible from a study of these cases and a comparison with other tables, viz: The mortality in typhoid fever as it occurs in our State is not so great as we find it in other countries, thus adding further testimony to the belief among medical men that there is a greater degree of recuperative power manifest in our climate here than is to be found elsewhere. This is shown not only in a minimum death-rate in fevers and other diseases occurring here, but likewise in the admitted fact that recoveries are not infrequent here from wounds or injuries that in other countries are almost always fatal. Of course, for the establishment of this proposition fully and incontestibly, an analysis of a still greater number of cases is desirable, and as one of the principal objects in writing this paper is to elicit discussion and have an interchange of views, I should be glad to hear from others.

But in regard to the duration of the fever here, although there is ground for the belief, it is not so certain that its duration is less here than in other localities. In my collection of cases I have stated the average duration to be 18 days, while in Prof. Flint's collection 14 days is the average duration. Any collection of cases made by so eminent an authority as Dr. Flint is entitled to great weight in an effort to decide a given question in medicine, but it is certainly a noticeable fact that he so widely differs in his observations from those eminent observers in both Europe and America, who have estimated the duration of the disease at from eight to twelve days more. But as to lessened mortality I think there can be but little doubt, and I am confident that statistics gleaned from the note-books of practitioners here, will fully confirm these views.

It was not my purpose in this paper to allude to treatment, as I

should not probably be able to add anything new on the subject, but as some would not consider the paper complete without it, I will merely say that upon the whole I have found the acid and supporting plan most efficacious. Of the acids, in most cases I give preference to the sulphuric. Quinine in large doses, I think of doubtful efficacy, but in two-grain doses every three hours it has seemed beneficial. The sulphites, as recommended by Prof. Polli, I am inclined to think useless. Strichnia, as lately recommended, I believe, from my experience, to be worse than useless, except as a tonic in convalescence. My opinion of the hydropathic plan of treatment lately experimented with in Germany and France, is not favorable, although it has not been tried by me. I feel confident that therapeutics, in the present state of knowledge, affords no reliable means for arresting the fever at once, *even at its commencement*, and all that can be expected is to abridge considerably the duration of the disease and conduct the patient safely through it.

OBSERVATIONS

On the Humidity of the Atmosphere in Portland, Oregon,
and their Physiological Significance.

BY R. G. REN, M. D.

The amount of water which can be contained in the form of vapor in a given quantity of air, depends on its temperature, and is stated approximately for different temperatures, in the following table :

T, F.	Weight of water in a cubic foot of saturated air.
	grs.
0	0.54
10	.82
20	1.27
30	1.90
40	2.80
50	3.99
60	5.63
70	7.76
80	10.58
90	13.94
100	18.46

The amount of aqueous vapor actually contained in the air at any time is best determined by finding the dewpoint, or temperature at which the vapor begins to condense, and from this temperature as one factor and the ordinary temperature as another, the absolute or relative amount may be calculated.

The following table gives a record of a number of observations, made at different times, which may serve to show the average humidity of the atmosphere at this point and the extent of its

variation. The data given are the day and hour of the observation, the ordinary temperature and temperature of the dewpoint, and in the last columns, an expression of the relative amount of aqueous vapor in the air, saturated air being represented by 1000.

		Time of day.	T. F.	Dewpoint.	Relative humidity	
August	25	1875,	12 M.	73	50	446
"	"	"	6 P. M.	64	46	535
"	26	"	10 A. M.	61	48	624
"	"	"	1 P. M.	67	50	559
"	"	"	9.30 P. M.	59	48	675
"	27	"	9.30 A. M.	66	48	536
"	"	"	2 P. M.	68	50	538
"	28	"	8 A. M.	58	52	820
"	"	"	12 M.	67	54	628
"	"	"	8 P. M.	63	54	760
"	29	"	9.30 A. M.	65	51	603
"	"	"	7.30 P. M.	66	54	653
"	30	"	10 A. M.	66	50	580
"	"	"	12 M.	74	55	524
"	"	"	6 P. M.	74	50	429
"	31	"	7.30 A. M.	59	51	729
Sept.	18	"	1 P. M.	79	53	401
"	19	"	11 A. M.	63	55	731
"	27	"	10.30 A. M.	64	48	678
"	30	"	10 A. M.	75	53	466
Oct.	1	"	10 A. M.	58	51	854
"	18	"	11.30 A. M.	64	56	790
Nov.	5	"	10 A. M.	53	45	786
"	29	"	10.30 A. M.	57	51	924
Dec.	1	"	10 A. M.	57	48	728
"	3	"	11 A. M.	62	48	496
Feb.	8	1876	12.30 P. M.	54	43	672

A cubic foot of air at the temperature of the body can take up and hold in the form of aqueous vapor, 18 grains of water. As the expired air is always nearly saturated with moisture, it follows, that the amount of water it takes from the lungs and mucous membrane of the air passages, depends on the amount it contains when it enters them. This amount is determined, as before stated, by the dewpoint. If the dewpoint be at 51 degrees, which appears to be about the average here, a cubic foot of it will contain four grains of water, and when it is again expired after passing through

the lungs, it will contain about 15 grains, and thus serves to remove 11 grains of water from the body. When the dewpoint is at 430, the lowest recorded in the foregoing table, a cubic foot of air will contain 313 grains, which subtracted from the 15 grains it contains after passing through the lungs, leaves nearly 12 grains removed from the body. If the dewpoint be at 560, the highest recorded, a cubic foot of air will contain 487 grains of water, and will therefore, in passing through the lungs, remove a little over 10 grains.

A man breathes about 350 cubic feet of air per day, this will serve for the removal of 4025 grains when the dewpoint is at 46 degrees, and 3675 grains when the dewpoint is at 55 degrees Fahrenheit. It will thus be seen that the variations in the humidity of the atmosphere in this region may produce a variation in the amount of water excreted from the lungs of about 350 grains per day.

The cutaneous excretion is, however, more affected by changes in the humidity of the atmosphere than the pulmonary. The amount of the pulmonary excretion is determined by three factors. 1st, the amount of moisture contained in the air when it enters the lungs; 2d, the amount it contains when it leaves the lungs; 3d, the amount of air breathed in a given time. The 2nd of these factors is constant, the first and third are variable to some extent.

The amount of the cutaneous excretion is also determined by three factors, 1st, the humidity of the air; 2nd, its temperature; 3d, the amount of air coming in contact with the body in a given time. None of these factors are constant.

It would not appear to be a matter of much importance whether a cubic foot of the air in which we move contains 5.05 grains of water or 2.5 grains, whether the dewpoint is at 60 or 40, since it would not probably cause a difference of more than half a pound in the amount of water excreted by the skin and lungs during the 24 hours, a difference which might readily be compensated for by the kidneys; yet it does have a marked influence on the health and comfort of the individual, as any one will admit who has lived in both damp and dry climates. It is a well known fact that a

greater degree of heat can be endured in a dry atmosphere than in a damp one, since the rapid removal of moisture from the body, in the form of vapor by the former, keeps the temperature of the body reduced. It is also a well known fact that catarrhal affections are less prevalent in a dry atmosphere than in a damp one. This is readily accounted for by the fact that in the former, the water, which is the main constituent, in quantity, of catarrhal secretions, is removed from the mucous membrane of the air passages as fast as it is poured out, while in the latter it accumulates and favors the progression and persistence of the malady.

It would be of interest to obtain records of the hygrometric state of the atmosphere, in different regions, and at different times. The subject has both a sanitary and meteorological bearing, and I would therefore commend it to the consideration of the Committee on Climatology.

TIME OF MEETING.

The next annual meeting will be held in Salem, some time in June next; the exact day is not yet determined upon, but due notice will be given to all the members. All members of committees are invited to send to their various chairmen subject matter for his annual report, not later than the 1st of May, 1877, and the various chairmen are requested to send their annual reports to the Permanent Secretary, not later than the 1st of June. All regular physicians and surgeons are invited and requested to become members of this Society, and the proper blanks will be furnished by applying to the Permanent Secretary. We cordially invite sister Societies to exchange with us, and all matter relating to business or exchange should be addressed to the undersigned.

CURTIS C. STRONG, *Perm. Sec'y*,
Portland, Oregon.

NOTE.

The Committee on Publication herewith present another volume of the transactions of the Society, comprising the proceedings of the Third Annual Meeting, held in Portland, on the 5th and 6th of July, 1876.

It is, however, understood that the Society does not endorse the views or opinions advanced by the several writers; thus each stand upon their own merits.

The Committee, in issuing the proceedings for this year, find that the material from which to make selections for publication is more limited than it should be, owing to the failure of many of the committees to make any report, and the neglect of nearly all the members of the Society to come forward with voluntary contributions. We trust they will be less indifferent in this respect in the future.

With a large number of reports and voluntary contributions to draw from, it will be possible for the Committee on Publication, by making judicious selection, to present a much more creditable and interesting volume than when the entire substance of it has to be made up from the contributions of a few individuals.

The following articles have been submitted to the Committee, from which to make up the proceedings for this year:

The Minutes of the Third Annual Meeting; the retiring President's Address; a Report of the Committee on Practice of Medicine, by its Chairman, C. H. Hall, M. D.; Report of the Committee on Obstetrics, by R. B. Wilson, M. D.; Report of the Corresponding Secretary; Report of the Committee on Medical Topography, Meteorology, Endemics and Epidemics, by W. B. Cardwell, M. D.; three reports of cases, by John Vite, M. D., and one by W. B. Cardwell, M. D.

The Committee were ordered to publish the President's address, also the article on Medical Jurisprudence, by the Hon. William Strong. The Report on the Practice of Medicine is omitted, as it was read to the Society.

Signed,

R. B. WILSON,
H. R. LITTLEFIELD,
R. G. REX,

Committee.

PROCEEDINGS

Of the Third Annual Meeting of the Medical Society
of the State of Oregon held in the Hall on
the corner of First and Madison Sts.,
July 5th and 6th, 1876.

FIRST DAY—MORNING SESSION.

At 11½ o'clock A. M., the President, R. Glisan, M. D., of Portland, called the Society to order and a prayer was offered by L. L. Rowland, M. D., of Salem.

The report of the Committee on Arrangements was then called for, and was presented by the chairman, C. C. Strong, M. D., and read as follows:

*Mr. President, and Members of the
Medical Society of the State of Oregon:*

GENTLEMEN:

As chairman of the Committee on Arrangements it becomes my duty to extend to you a welcome. Many adverse circumstances have occurred to prevent our having as successful a meeting as we otherwise should have had. In the first place, the annual meeting fell on the day of the general State election. As our Constitution does not state how many shall constitute a quorum, we were compelled to fall back on a majority, which being impossible to obtain in the city, the President, with the consent of such officers as were here, made arrangements to have the annual meeting held on the 5th of July—which we hope will prove acceptable to the members. Again the general excitement at this time will prevent many from giving it the attendance they otherwise should.

In April the following correspondence took place between this committee and Hon. Wm. Strong—see letter-book, page 2d; also Judge Strong's answer, dated April 28th; and in reference to half-fare for members attending this meeting, which was obtained. Time has since proved this part of our labor unnecessary, as the members would have been able to come on rates fixed for the Centennial week. Members, however, travelling over the route represented by the O. S. N. Co.'s steamers must secure a certificate from the permanent Secretary that they were in attendance. All of which is respectfully submitted.

CURTIS C. STRONG,

Chairman of the Committee of Arrangements.

The following communication was read:

*The Honorable, the President and Members
of the Medical Society of the State of Oregon:*

GENTLEMEN:

This is to certify that A. Sharples, M. D., was elected at a meeting of the Faculty of the Medical Department of Willamette University, as a delegate from said College to the Third Annual meeting of the Medical Society of the State of Oregon, to convene in the city of Portland, on the 5th day of July, 1876.

D. PAYTON, M. D., *Dean,*

L. L. ROWLAND, *Sec'y.*

SALEM, OREGON, June 30th, 1876.

This raised the question as to whether this was a delegate body, and after a free discussion the Society decided it was not. A motion was now made and carried that this matter, together with all applications for membership, be reported to the Board of Censors, which in a short time made the following report:

MR. PRESIDENT AND GENTLEMEN:

We beg leave to present the following report: We have

carefully examined the credentials of the following applicants for membership:

Drs. T. W. Harris,	Albany.
" T. J. Lee,	Junction City.
" H. Logan,	The Dalles.
" Frank B. Eaton,	Portland,
" John W. Turner,	Vancouver, W. T.
" M. Flinn,	" "

And find that they are all regular graduates in medicine, and have complied with all the regulations required by our Constitution. We, therefore, recommend their election. We have also considered the communication from the Medical Department of the Willamette University, and do recommend that—as we do not recognize the Society as composed or made up of delegates—Dr. Sharples be invited to take a seat in this body. Respectfully submitted,

R. B. WILSON,

F. A. BAILEY,

H. CARPENTER,

D. B. RICE,

Board of Censors.

Much discussion followed, when Dr. Hall moved that the report be divided; so ordered.

The first clause, referring to the applications for membership, was adopted. The second, after a spirited debate, during which various motions and counter-motions were made, lost or carried, upon motion was laid on the table.

Dr. Rex moved that the order of business be now suspended; so ordered. He then moved that a committee of five be appointed to examine, revise and enlarge our Constitution and By-Laws, and report as soon as possible; carried.

The President appointed Drs. Watkins, Wilson, Rex, Rowland and F. A. Bailey.

Dr. Hall moved that Dr. Philip Harvey be invited to sit as a visiting member; carried.

Dr. Watkins then offered the following resolution:

Resolved, That any person representing any County Medical Society or Medical College shall be welcome to the floor, and we hereby invite such persons to the privileges of the floor. Which was received and referred to the Committee on Constitution.

AFTERNOON SESSION.

The following persons having been favorably reported on by the Board of Censors were each, upon a separate ballot, declared elected:

Drs. T. J. Lee, T. W. Harris, M. Flinn, J. W. Turner, H. Logan, F. B. Eaton, A. Sharples, D. W. Cox, John Nicklin. The application of E. Y. Chase, of Salem, for membership was received, and at the suggestion of the chairman of the Board of Censors it was referred to a special committee of three. The President appointed as that committee, Drs. W. H. Watkins, A. C. Helm and R. G. Rex.

Dr. Kinney moved that a committee of three be appointed to nominate officers for the ensuing year; carried.

After some discussion the vote was reconsidered and reversed.

The election of officers was the next thing in order. There being but one nomination for President the Secretary was authorized to cast the vote of the Society for W. H. Watkins, M. D.

W. H. Watkins, of Portland, was then declared duly elected President.

D. B. Rice, M. D. of Albany, was elected Vice President in the same manner. For Corresponding Secretary, A. C. Helm, M. D., of The Dalles, and R. G. Rex, M. D., of Portland were nominated. Upon the ballot being spread, resulted in the election of Dr. Helm.

For Treasurer, L. L. Rowland, of Salem, was the only

nomination. He was duly elected, the vote of the Society being cast by the Permanent Secretary.

For Censors there were fifteen nominations. Upon the first ballot, R. Glisan, M. D., of Portland, J. P. Tate, M. D., of Albany, J. Reynolds, M. D., of Salem, F. A. Bailey, M. D., of Hillsboro, and H. Logan, M. D., of The Dalles, were elected.

The President, R. Glisan, then delivered his annual address which was listened to with attention, both on account of its interesting nature and unique character. At its conclusion, Dr. Carpenter moved that the thanks of the Society be extended to the retiring President, and that he be requested to furnish the Society with a copy, to be referred to the Publishing Committee with instructions to have the same printed with the transactions; carried.

Dr. Glisan conducted the President elect, Dr. Watkins, to the chair, who in a short address thanked the Society for the honor.

He outlined in a few well chosen remarks the general outlook and prospects of the Society. The selection of the place for the fourth annual meeting was next in order and decided in favor of Albany. The time for the appointment of the Standing Committee was now reached, but the President stated that he had been unable to give the subject sufficient attention and asked further time, which was granted. The report of the Standing Committees was now called for.

The report of the Committee on *Practical Medicine and Medical Literature*, was read by the Chairman, H. C. Hall.

The Committee on Publication made the following report:

Your Committee on Publication would report that they have had published 500 copies of the Proceedings of the Oregon State Medical Society, which have been distributed, under the supervision of the Corresponding Secretary.

Respectfully submitted,

R. B. WILSON, *Chairman*

A motion was now made and carried that the balance of the reports from Standing Committees—unless otherwise especially called for—be referred to the Committee on Publication. The Permanent Secretary and Treasurer asked that the books of their office be examined. The President appointed as Examining Committee, F. A. Bailey, D. Payton and J. S. Hill, who in a short time made the following report:

We, the committee appointed to examine the account and books of the Treasurer and Permanent Secretary, beg leave to report that we find the accounts and disbursements correct.

F. A. BAILEY,
D. PAYTON,
J. S. HILL,

Committee.

Dr. Alfred C. Kinney, Chairman of the Legislative Committee, made a verbal report which was accepted and the committee discharged.

The draft of several Legislative bills relating to the Medical profession, were then offered and disposed of by a motion from Dr. Bailey, to the effect that, at 9 o'clock this evening, the Society resolve itself into a committee of the whole, for the discussion of this matter.

The Permanent Secretary then offered the following report:

Mr. President, and Members of the

Medical Society of the State of Oregon:

GENTLEMEN—

On the 14th of September, 1875, under our new Constitution, constituting such an office, I was elected Permanent Secretary. Although not required to report, I feel that it is not only due to the Society, but to myself. Having little or no instructions as to the duties of the office, and not being familiar with the members or the workings of the Society, my first year may be somewhat faulty. But

with the kind indulgence and assistance of the gentlemen of this Society, I hope to leave them no just cause of complaint in the future. My first labors was to get the proceedings of the Society and its Constitution ready for publication. The latter articles, owing to the short time allowed the committee who had that in charge, was in a very embryotic state; but after much labor and delay, with some correspondence, was somewhat in a shape for publication. The former Secretary not having turned over to me the Constitution and By-Laws, nor records full enough for a complete history of the early organization, I was unable to preface the present volume with a suitable introductory. And owing to the fact that the printer lost the original manuscript, *what was written* had to be inserted after the book was made up and ready for the cover. These and various other detentions, prevented the transactions from appearing as soon as the interest of the Society demanded. I hope to have the transactions of this, our Third Annual Meeting, ready for the printer in a short time, and ready for distribution very soon after.

On the 17th of March, an official letter was sent to Wm. B. Atkinson, M. D., Permanent Secretary of the American Medical Association, announcing our organization, and a request to be placed on their records as the Medical Society of this State. An answer has been duly received. Two copies of our transactions were sent to the Librarian of Congress, which he acknowledged in a letter bearing date May 24th.

Henry Gibbon, Jr., M. D., on the 1st of May, in a flattering letter, acknowledged the receipt of his diploma as an honorary member of this Society. Various other letters have been received and are now on file in this office.

I would call the attention of the Society to the fact that our Constitution is not explicit upon several various subjects, and should be amended.

I wish to tender the Society the free use of my office as a place for storing their books and such other matter as they

may desire, and at the same time call their attention to the wants of this office. All the records, correspondence, books, etc., at the close of the term of office of such officers as may have them in charge, are transferred to the custody of the Permanent Secretary; and for the purpose of commencing right and keeping them in proper order, I suggest that a desk, and when needed, perhaps a book-case, be purchased by the Society.

Attached and concluding this report, is the statement of the amount of money received and paid out, together with the financial condition of the Society.

CASH STATEMENT OF THE PERMANENT SECRETARY.

1875.	Dr.	1875.	Cr.
Sept. 15	To R. Glisan.....	Sept. 20	By writing paper.....
" "	" F. A. Bailey.....	Oct. 20	" copying.....
" "	" O. P. S. Plummer.....	Dec. 30	" ".....
" "	" J. Vite.....	1876.	
" "	" R. G. Rex.....	Feb. 1	" ".....
" "	" Alf. C. Kinney.....	Mar. 16	" Postage Stamps.....
" 16	" S. Parker.....	" 18	" printing.....
Dec. 20	" L. L. Rowland,	" "	" stationery.....
	(Treas).....	" "	" seal.....
	67 50	April 8	" printing.....
1876.		" 28	" ".....
Jan. 4	" W. H. Saylor.....	May 13	" Oregonian's notice.....
" 17	" W. B. Cardwell.....	June 30	" cash to balance.....
Mar. 3	" H. R. Littlefield.....		
" 15	" H. Carpenter.....		
" "	" C. C. Strong.....		
" 16	" R. B. Wilson.....		
" 25	" L. L. Rowland.....		
" 31	" E. I. Bayley.....		
Apr. 28	" H. E. Jones.....		
" "	" J. G. Ghiselin.....		
" "	" D. Payton.....		
" 1	" W. H. Watkins.....		
May 13	" A. C. Helm.....		
June 12	" D. B. Rice.....		
			\$172 50

CURTIS C. STRONG, Permanent Sec'y.

FIRST DAY—EVENING SESSION.

Not being able to have our Hall, as it was engaged for this evening, the Society was obliged to select some other place of meeting. Several offices were kindly offered, and the Society chose that of Dr. R. B. Wilson, No. 3 Dekum Building.

Dr. Rex (Chairman of the committee appointed to consider

the application of Dr. E. Y. Chase), made the following report:

Whereas, it is conclusively shown that Dr. E. Y. Chase has been, up to a recent date, engaged in the manufacture and sale of proprietary medicines, therefore your committee respectfully recommended that his application for membership in the Medical Society of the State of Oregon, be indefinitely postponed; carried.

Dr. Glisan moved, and it was carried, that the number necessary for a quorum be fixed at nine members.

Dr. Carpenter moved that the vote, whereby Albany was selected as the place for the Fourth Annual Meeting, be reconsidered; carried. He then moved that Salem be selected as the place for the next Annual Meeting, which motion prevailed.

The hour appointed for the Committee of the Whole having arrived, the President invited Dr. Wilson to the chair, who stated that the Society was now resolved into the Committee of the Whole for the discussion of the Legislative bills.

Dr. Fiske then presented a bill to establish a State Board of Health, which was read. And after much discussion as to the best bill to be presented, the committee adopted a resolution offered by Dr. R. Glisan, in the place of the one offered by Dr. Fiske.

Dr. Bailey offered the following bill: "An act to regulate the Practice of Medicine and Surgery in the State of Oregon, which was read and, upon motion, received. Dr. J. A. Richardson offered a bill to establish and regulate the text books which may be used as testimony in malpractice suits, which was received. Also a bill relating to the framing and keeping hung up in every doctor's office his diploma, or a card stating that he is not a graduate.

Dr. Glisan moved that the above bill be received and recommended for adoption; carried. There being no other Legislative business, the Committee of the Whole rose, and

the Society was called to order by the President, Dr. Watkins.

The following report was then presented to the Society and adopted:

MR. PRESIDENT AND MEMBERS:

The Committee of the Whole, to whom was referred the subject of Legislative bills, have according to order had the same under consideration, and have directed me to make the following report:

That the Society be recommended to appoint the following persons as a committee, to be known as the Legislative Committee: F. A. Bailey, M. D., of Hillsboro, D. Payton, M. D., and J. A. Richardson, M. D., of Salem, together with W. H. Watkins, M. D., of Portland, who shall be ex-officio chairman. The duty of this committee shall be to draw up and present to the Legislature of this State at the coming season, a bill which shall conform to the following resolution, offered by R. Glisan, M. D.

Resolved, that we, the committee of the whole, adopt the form of the Board of Health, of California—except those portions referring to California and the number of members and salary—and substitute, therefore, three members who shall have power to elect one of their members Secretary. That the latter shall receive a salary of \$1,500, and the other two members \$500 each, per annum, and actual expense in addition for travelling, &c.

Also the following bill offered by J. A. Richardson, M. D.

Be it enacted by the Legislative Assembly of the State of Oregon;

SEC. 1. That all physicians or surgeons, practicing medicine or surgery in the State, who are graduates in medicine, shall cause their medical diplomas to be framed and hung up in some conspicuous place in his or her office. And if no office, in his parlor, sitting room, or principal place of business, so that all persons calling for professional services may be able to see said diploma.

SEC. 2. That any person or persons practicing medicine or surgery, or dispensing medicine, in this State who are not graduates in medicine, shall cause this fact to be known by having printed upon a white sheet of paper, not less than 14 inches square, in plain English type—known to printers as Gothic type—and not less than an inch long—the following declaration: "*Not a Graduate in Medicine.*" This shall be framed and hung in his office or principal place of business, as provided in Sec. 1, of this act.

SEC. 3. Any person prescribing or practicing medicine in this State who shall, after three months from the signing of this bill by the Governor, fail to comply with sections 1 or 2 of this act, shall be deemed guilty of misdemeanor. And if convicted, shall be fined not less than \$200, nor more than \$500; or be confined in the county jail not less than three nor more than six months.

SEC. 4. All fines collected in pursuance of this act shall be divided into two parts, one of which shall go into the common school fund; the other to the person making the complaint, all of which is respectfully submitted.

R. B. WILSON,

Chairman of the Committee of the Whole.

SECOND DAY—MORNING SESSION.

The President, W. H. Watkins, called the Society to order, and prayer was offered by G. H. Atkinson, D. D.

The minutes of yesterday's session were then read and approved.

The Sisters of St. Vincent's Hospital invited the members of the Society to visit this institution, as will be seen by the following letter:

PORTLAND, OREGON, July 5, 1876.

The Sisters of Charity, St. Vincent's Hospital, present their compliments to the officers and members of the Oregon

State Medical Society, and respectfully tender a cordial invitation to visit the institution.

The invitation was accepted with thanks.

Dr. Glisan stated to the Society that Dr. P. Harvey, of Iowa, was present, and that he had prepared a paper on a subject of interest to the profession, and he moved that we do now extend to Dr. Harvey an invitation to address the Society; carried.

Dr. Harvey came forward and stated in a few words, that he had for years suffered from asthma—the Doctor's voice confirmed his words—that he had given the subject a great deal of attention and had arrived at some conclusions different from those usually laid down in our text books. He then read an interesting paper entitled, "The Pathology of Asthma." It was full of general interest to the profession, treating as it did of the pathology, cause, effect and treatment of this distressing affection. Unfortunately, the Doctor was not able to suggest any plan of treatment calculated to raise our hopes as to the curability of the disease. He stated that he had tried all recommended means, and found many of them of service in some attacks and in others having no effect at all. He said he found nothing that could be recommended with any assurance of having a good effect.

At the conclusion of the address Dr. Glisan moved that a vote of thanks be extended to Dr. Harvey, which was concurred in.

The Society then adjourned till 2 o'clock P. M.

AFTERNOON SESSION.

The meeting was called to order by the President.

Reading the minutes was dispensed with.

The Hon. Wm. Strong having been invited to prepare a lecture on Medical Jurisprudence, was asked to address the

Society. The address was listened to with attention and was replete with useful information to the profession and of much general interest. At the conclusion a vote of thanks was unanimously extended to the Judge, and he was requested to furnish a copy for publication in our annual transactions. The Secretary was then directed to have published in the Daily Oregonian a synopsis of the minutes of our third annual meeting, also, the President's address and Judge Strong's lecture.

Dr. Rex offered the following amendment to the Constitution and By-Laws:

Resolved, That Article XI. Sec. I. of the Constitution and By-Laws be so changed as to read—

This Constitution may be altered or amended at any regular meeting of the Society with the concurrence of two-thirds of the members in attendance.

The Secretary stated that, by some oversight, or owing to the incompleteness of the minutes of the first annual meeting, the name of Dr. Martin Giesy, of Aurora, was omitted. He was present and took part in the organization of the Society at that meeting, and that all dues against him from that time had been paid. He therefore asked the authority of the Society to place the name of Dr. Giesy on the records; so ordered.

The Secretary was also ordered to have the copying done at a rate not to exceed twenty-five cents per folio.

It was moved and carried that that portion of the minutes which had not been read and approved by the Society, be referred to the Publishing Committee; also, that they be authorized to purchase a desk for the use of the Permanent Secretary, if there were funds enough in the hands of the Treasurer, after paying for publishing the transactions of this year.

The following persons were proposed for honorary members and duly elected.

Henry Gibson, Sr., M. D., San Francisco, Cal.
A. H. Steele, M. D., Olympia, W. T.
Philip Harvey, M. D., of Iowa.

The President then announced the following Standing Committees for the ensuing year:

Practical Medicine and Medical Literature.—Drs. R. Glisan, E. R. Fiske, A. C. Helm, F. B. Eaton.

Surgery.—Dr. A. Sharples, H. E. Jones, D. B. Rice, Alf. C. Kinney, J. L. Hill.

Obstetrics.—Drs. F. A. Bailey, R. B. Wilson, C. C. Strong, H. Logan, J. Reynolds.

On Medical Topography, Meteorology, Endemics and Epidemics.—Drs. W. B. Cardwell, J. W. Turner, S. J. Lee, M. Giesy, H. W. Ross.

On Indigenous Botany and the Domestic Adulteration of Drugs.—Drs. O. P. S. Plummer, T. W. Harris, J. Nicklin, M. Flinn.

On Public Hygiene and State Medicine.—Drs. S. R. Jessup, H. J. Broughton, H. C. Hall, D. Payton, W. C. Wariner.

On Mental Diseases and Medical Jurisprudence.—Drs. J. T. Ghiselin, A. M. Belt, D. M. Jones, J. P. Tate, D. W. Cox.

On Medical Education.—Drs. J. Vite, W. H. Saylor, A. J. Nicklin, G. E. Nottage.

On Publication.—Drs. R. B. Wilson, R. G. Rex, H. R. Littlefield, and C. C. Strong, ex-officio.

On Arrangements.—Drs. H. Carpenter, L. L. Rowland, J. W. McAfee, S. D. McAuley, J. A. Richardson.

A vote of thanks was unanimously extended to the officers of the Society for the pains-taking and commendable manner in which they had performed the duties devolving upon them.

There being no further business, the Society adjourned.

CURTIS C. STRONG,

Permanent Secretary.

REPORT

Of the Corresponding Secretary of the Oregon Medical State Society for 1875 and '76.

I have the honor to submit to the Society the following report:

The last year's transactions have been mailed to all the State and Territorial Societies, and the following list of exchanges received in return:

California, 1874-5; Kentucky, 1874; Kansas, 1875; Connecticut, 1875; Vermont, 1871-2-3; New Hampshire, 1875; Maryland, 1874; South Carolina, 1875; Wisconsin, 1875; West Virginia, 1875, also six copies of the Virginia Medical Monthly with the compliments of the editor, Landorf B. Edwards. New York, Massachusetts and Rhode Island Societies have responded through their Secretaries, regretting that no printed volumes remain on hand to exchange just at the present time.

All delinquents to this Society have been duly notified of their arrearages. Notice as to time and place of the annual meeting has been mailed to all members.

Respectfully submitted,

W. B. CARDWELL.

REPORT OF COMMITTEE ON OBSTETRICS.

Your Committee on Obstetrics have been unable to ascertain that any important improvement in the obstetric art has come to the knowledge of the Profession in this State during the past year. They deem it inexpedient and in bad taste to present a tedious and elaborate paper to this Society, (unless something novel and interesting is presented,) as the whole subject-matter is so exhaustively elaborated in the standard

modern works upon obstetrics. As the phraseology of the article defining the duties of your committee invites *personal* remarks, the writer of this report will venture to present his views upon the post partum management of women, based upon experience of upwards of one hundred cases.

Much has been said and written upon the frequent occurrence and dangers from post partum hemorrhage. In a large experience in obstetric practice, it has very seldom indeed been my lot to witness this alarming occurrence. It is my custom, towards the close of the second stage of labor, when the presenting part of the fetus is pressing firmly against the perineum, to administer a teaspoonful of fluid extract of ergot (Squibb's preferred) to the patient, which both energizes the labor and secures a firm contraction of the uterus. To complete the third stage, after a few minutes have elapsed, gentle but firm compression of the globe of the uterus with the hand in the supra pubic region is made, which without difficulty causes the speedy expulsion of the placenta, membranes and coagula, and thus subsequently securing a firm contraction of the uterus. I do not approve of the administration of ergot too soon before the close of the second stage, as from its protracted tonic action, the uterus embraces the placenta so firmly as to render the internal use of the hand for its delivery imperative. This method of managing the third stage of labor (termed Crede's method), although not very new, yet is not mentioned in a single standard work on obstetrics to my knowledge, save and except in the second edition of the classical work of Leishman, and that only in a parenthetical note by the American editor. This modern and progressive mode thus supersedes the quaint and effeminate one of blowing into the hand, or even the one ordinarily recommended by accouchers of titillating the abdominal walls in order to excite uterine contraction. By adopting this management I apprehend there will be very little danger from post partum hemorrhage, and the subsequent use of uterine

injections of solution of perchloride of iron or Churchill's tincture of iodine. After resting quietly for fifteen or twenty minutes after the expulsion of the placenta, the patient is instructed to rise from bed and sit in a chair, a blanket being thrown around her, while her bed is thoroughly changed with clean and dry bed-clothes. Her own clothing, if soiled, is then changed, a clean, large napkin applied to the vulva and between the thighs, and she is then instructed to get in bed and lie on her back with the thighs and legs flexed, when a compress and binder are properly applied and worn for about forty-eight hours. The period is long enough to subserve its object, of support to the abdomen, and preventing internal hemorrhage. The protracted use of the binder, contrary to the general opinion, acts as a bandage in temporarily producing atrophy and want of tone in the muscles, and also interferes with the proper involution of the uterus.

This treatment also, in my experience, by the compression of the uterus with the hand, and the subsequent rising of the patient renders her much less liable to severe and continuous after-pains, as all remaining coagula are thereby mostly expelled. The patient is allowed to take food pretty much as she would if she were about the house, before her confinement, fruits and vegetables in season not excepted. She is instructed to rise daily and sit in a chair a few minutes until her bed is re-made, this being repeated for four or five days, when if she feels able so to do, she is permitted to be dressed and sit up permanently, but not to move about much.

I have treated the same women by this and the old method, and they all express themselves as pleased with it, feeling much stronger, and in short having a far better getting up.

Of course the accoucher must exercise his judgment, and see before he permits his patient to rise from bed that the uterus is finally contracted. But this, as I observed, is most generally accomplished by the very management. It matters not whether they are robust or of a delicate conformation,

they are all treated alike. In a word, they are treated on the principle that labor is a physiological process, and not a diseased one. This treatment is not claimed to be original in the writer of this report; but one which he has adopted after it has been thoroughly tested by large clinical experience in many hundreds of cases. In my judgment it is the *ne plus ultra* treatment of lying-in women.

I could say more upon this subject, but time fails me. As I have drawn it up hastily, and at a late hour, I must draw to a close, begging pardon of the Society for thus trespassing so much upon their time and patience.

R. B. WILSON,
Chairman Committee on Obstetrics.

THE TOPOGRAPHY, METEOROLOGY, EN-
DEMIC, AND EPIDEMIC DISEASES OF
PORTLAND, OREGON.

BY W. B. CARDWELL.

The site of the city of Portland, in latitude 45 deg., 30 min., north, and Longitude 122 deg., 27 min., 30 sec., west, on the west bank of the Willamette river, and about 40 feet altitude from the sea level, is with good reason generally considered remarkably favorable for the salubrity of its location and its comparative immunity from Zymotic diseases, over that of other places; although in general healthfulness and a low death rate, it compares favorably with that of any other city of equal numbers in the United States; yet we shall not attempt to conceal the fact that people die here as elsewhere, and we shall honestly claim for Portland her share of the malific influences that bring about disease and death, and it will be the chief purport of this brief paper to embrace a few facts bearing upon the Medical Topography, Meteorology,

climate and the diseases that prevail, usually endemic and sporadic in this section of our State.

Portland occupies an eligible and healthful site, the greater portion being situated upon a plateau, gracefully extending by successive terraces from the river westward to a fir-clad range of basaltic hills, unfolding a varied landscape of unsurpassed, picturesque beauty. The soil upon which the city is located is an alluvial formation, composed of a sandy loam of great depth, and superimposed on a substratum of coarse gravel, presenting a highly favorable feature in the Medical Topography of the place, by reason of the facility with which drainage from the surface is effected, the rains percolating through the porous soil almost as rapidly as it falls.

The lower or more northern part of the city has rather an unfavorable topography, in being adjacent to a large area of marsh land, and also in being subject to an occasional overflow from the depressed banks of the river, as we painfully witness at the present time in the unprecedented rise of the water this season. Soil saturation exists in this vicinity in all its completeness, and in conjunction with a high Summer temperature should it approach, will certainly favor the production of malarial disease in varied types in this quarter.

The city receives its supply of drinking water from the river by means of a steam engine and pump, although not the best or purest water, yet, we have no direct evidence that to its use, as such, sickness can be attributed.

The subjoined table of observations, Thermometrical and Meteorological, furnished me by Mr. Henry Fenton, of this city, obtained for five successive years, will exhibit the climatic conditions highly favorable to this latitude, and to the Medical enquirer, will prove an explanation, almost of itself, of the remarkable immunity from disease in general that this place enjoys.

ENDEMIC DISEASES.

The principal Sporadic diseases of this city occur in th

Winter and vernal months of the year, and are usually of a Malarial, Rheumatic, Pneumonic Catarrhal, and anginose character. Catarrhal affections are quite common, and undoubtedly depend upon the degree of humidity of the atmosphere. Nasal Catarrh proves very intractable to treatment in this climate. The ordinary types of Malarial fevers are frequently met with, usually intermittent and remittent, generally of a mild form and rarely assume a pernicious type. Diarrhea and Dysentery prevail to some extent during the Summer months. Cholera infantum occasionally occurs. The above mentioned diseases are usually quite amenable to treatment.

EPIDEMIC DISEASES.

Diphtheria and Scarlet fever made their appearance as an Epidemic for the first time in the year 1864; both diseases assumed a malignant type, and proved fatal in a large proportion of persons attacked; both diseases have occasionally appeared since that time, but prevailing sporadically. The above mentioned instances afford the only authentic record I can obtain from the older practitioners of the city, of an epidemic having ever prevailed. Portland is happily exempt from those sudden explosions of disease that elsewhere affright and so suddenly destroy at times almost the entire population of a city.

I regret being unable to obtain in time for this report a table of mortuary statistics which, could it have been furnished, would have afforded the most satisfactory evidence of this city's healthfulness over that of most others by the combined reason of its topography, delightful northern sea breeze and its uniform and equable climate.

Month and Year.	Mean Barometer.	Highest Barometer.	Lowest Barometer.	Mean Thermometer.	Maximum Thermometer.	Minimum Thermometer.	Mean Humidity, per ct.	Prevailing Direction of Wind.	Greatest vel'y of wind, miles per hour	Rainfall of water and snow, inches and hundredths.	No. Days on which rain or snow fell.
Nov'r, 1871	30.060	.....	.....	45.0	.....	.....	.....	SE	.....	12.77	.....
Dec'r, " "	30.040	.....	.....	38.0	.....	.....	.....	SE	.....	7.62	.....
Jan'y, 1872	30.160	.....	.....	36.0	.....	.....	.....	SE	.....	6.56	.....
Feb'y, " "	29.900	.....	.....	44.0	.....	.....	.....	SE	.....	12.13	.....
March, " "	30.190	.....	.....	48.0	.....	.....	.....	Z	.....	5.28	.....
April, " "	30.150	.....	.....	47.0	.....	.....	.....	Z	.....	12.96	.....
May, " "	30.130	.....	.....	57.0	.....	.....	.....	NW	.....	.92	.....
June, " "	30.090	.....	.....	64.0	.....	.....	.....	NW	.....	1.52	.....
July, " "	30.040	.....	.....	68.0	.....	.....	.....	NW	.....	.20	.....
August, " "	30.000	.....	.....	66.0	.....	.....	.....	NW	.....	.13	.....
Sept'r, " "	30.063	.....	.....	59.0	.....	.....	.....	NW	.....	1.26	.....
Oct'r, " "	30.190	.....	.....	53.0	.....	.....	.....	NW	.....	1.80	.....
Nov'r, " "	30.249	.....	.....	41.6	.....	.....	.....	E	.....	4.67	.....
Dec'r, " "	30.125	.....	.....	41.9	.....	.....	.....	SE	.....	0.47	.....
Jan'y, 1873	30.171	30.54	29.55	44.4	57.33	.....	.....	SE	19	8.49	25
Feb'y, " "	30.051	30.59	29.73	40.6	54.28	.....	.....	SE	18	6.58	14
March, " "	30.000	30.50	29.69	48.1	70.38	.....	.....	SE	16	12.76	22
April, " "	30.137	30.63	29.479	51.3	75.35	64	.....	SE	21	2.35	13
May, " "	30.114	30.43	29.840	55.9	82.40	29	.....	NW	13	2.18	14
June, " "	30.052	30.33	29.810	61.5	85.50	63	.....	NW	7	2.96	16
July, " "	30.073	30.28	29.880	68.0	89.51	59	.....	NW	10	1.02	5
August, " "	30.070	30.27	29.830	67.7	91.49	64	.....	NW	15	.84	6
Sept'r, " "	30.071	30.259	29.843	61.9	82.39	66	.....	NW	16	.00	0
Oct'r, " "	30.245	30.529	29.588	49.9	75.32	70	.....	NW	14	3.86	6
Nov'r, " "	30.174	30.500	29.750	47.4	68.30	82	.....	NW	20	4.33	12
Dec'r, " "	30.083	30.468	29.601	37.0	52.17	72	.....	SE	24	5.15	18
Jan'y, 1874	30.017	30.408	29.060	42.9	56.26	.....	.....	Z	34	9.46	28
Feb'y, " "	30.093	30.658	29.416	43.7	60.31	72	.....	Z	22	4.28	20
March, " "	29.984	30.391	29.476	45.1	65.33	75	.....	Z	22	5.15	17
April, " "	30.118	30.510	29.577	53.9	77.37	63	.....	Z	16	3.68	15
May, " "	30.037	30.406	29.897	59.7	83.43	62	.....	Z	36	2.38	16
June, " "	30.101	30.353	29.765	60.2	82.45	65	.....	Z	16	2.68	10
July, " "	30.071	30.233	29.896	68.3	88.49	59	.....	Z	15	.19	2
August, " "	30.065	30.311	29.846	64.7	84.46	69	.....	NW	13	.89	8
Sept'r, " "	30.058	30.308	29.720	61.4	88.42	70	.....	NW	18	1.70	8
Oct'r, " "	30.069	30.411	29.833	56.1	77.32	73	.....	NW	20	.36	5
Nov'r, " "	30.030	30.423	29.258	45.3	63.27	81	.....	Z	22	10.22	19
Dec'r, " "	30.248	30.631	29.687	42.6	57.31	89	.....	Z	12	5.24	16
Jan'y, 1875	30.211	30.605	29.194	30.9	53.3	79	.....	E	30	4.49	19
Feb'y, " "	30.243	30.432	29.805	40.5	54.24	78	.....	NW	16	1.99	6
March, " "	30.129	30.499	29.293	44.1	55.34	82	.....	NW	26	9.41	24
April, " "	30.183	30.555	29.887	56.2	83.28	66	.....	NW	16	2.10	8
May, " "	30.113	30.442	29.721	56.1	75.40	66	.....	NW	14	2.87	17
June, " "	30.199	30.428	29.790	62.2	82.39	61	.....	Z	16	2.05	10
July, " "	30.071	30.414	29.889	71.8	95.46	65	.....	Z	14	.02	1
August, " "	30.061	30.256	29.815	67.7	88.46	63	.....	Z	15	.53	3
Sept'r, " "	30.102	30.330	29.843	63.8	86.44	66	.....	Z	16	.71	3
Oct'r, " "	30.051	30.297	29.415	58.1	78.36	80	.....	Z	14	6.73	14
Nov'r, " "	29.972	30.320	29.080	44.6	63.28	81	.....	Z	28	15.77	21
Dec'r, " "	30.075	30.432	29.402	47.8	63.33	85	.....	Z	30	13.41	24
Jan'y, 1876	30.105	30.588	29.499	39.0	58.20	71	.....	Z	28	4.80	22
Feb'y, " "	30.078	30.610	29.431	45.2	59.32	78	.....	Z	30	7.50	20
March, " "	30.020	30.143	29.256	44.9	59.33	79	.....	Z	36	0.12	26
April, " "	30.108	30.586	29.677	50.4	67.33	74	.....	Z	30	5.34	23
May, " "	30.110	30.380	29.662	55.5	82.36	65	.....	Z	26	1.88	16

	1872.	1873.	1874.	1875.
Mean Barometer.....	30.102	30.107	30.076	30.117
Highest Barometer.....	30.630	30.630	30.658	30.605
Lowest Barometer.....	29.479	29.060	29.060	29.194
Mean Thermometer.....	52.1	52.8	53.7	53.6
Maximum Thermometer.....	91.0	91.0	88.0	95.0
Minimum Thermometer.....	17.0	17.0	26.0	3.0
Mean Humidity.....	67%	67%	70%	72%
Prevailing Wind.....	NW	NW	S	N
Greatest Velocity of Wind.....	24	24	36	30
Total Rainfall or Melted Snow.....	48.90	50.52	46.17	60.18
No. days on which rain or snow fell.....	151	151	164	152

° Mean for nine months only.

† Mean for eleven months only.

HENRY FENTON,
Signal Service U. S. A.

ADDRESS BY THE RETIRING PRESIDENT.

QUACKS AND DOCTORS.

I shall, my friends, your kind indulgence ask
Whilst I in humble rhyme attempt the task
On subjects grave a little while to sing,
And hope 'twill not on me your censure bring.

"The doctors have combined, I hear men say,
"In bodies strong, to make their patients pay
Yet higher fees for services and skill
When people poor as we are sadly ill."

Thank God, we can for our Society claim
No ignominious, but a noble, aim.
Unlike the "union strikes" throughout our land,
The general good we seek, and not to band
Ourselves, to force submission to commands
Of selfish gain; nor yet to make demands
Upon the people, or the public purse
That we some pet or tainted scheme may nurse,
As corporations vast too often do,
As well as other combinations too.

Protective tariffs, no! nor patent rights
We seek; protection only from those blights
The quacks, who, locusts-like, infest the land
By thousands. They upon street corners stand,
With smooth and oily tongues, or blatant cries,
Retail their salves, their poisons, and their lies.

These daring tricksters do no means forego
With cunning skill to thrive on human woe,
They sing, they shout, or plead in silver tone
Till gaping few in number great have grown,
To see the flippant tongue of art and wile
Like fatal snare their victims soon beguile.

At first, like shoals of fish, the crowd do wait,
Then rush in haste to try deceptive bait:
Though sometimes, as aquatic birds on wing,
In circles small or vast, in flight do swing,
Suspecting all they see, and flying shy
Of danger, till some bright decoy they spy,
Then they the doubtful spot no longer shun,
And soon are victims of the sportsman's gun.
Thus silly crowds, like birds by wooden duck,
Misled by buyers false, the quack doth pluck.

But quacks there are of many sorts and kinds,
As dupes we see of many grades and minds.
One class ignore the rostrum, but presume
To claim all honors. Titles they assume
More noble far than those conferred by prince,
Or king, in palmy days of yore, or since.
They fill with false certificates of cure
The press; and oft from men of sense secure
Endorsement. How and why, I must confess,
Are problems solved by nothing I can guess.

Thus fortified, from place to place they rush,
False hopes inspire, which time, alas! must crush;
Then, like the "Kansas hoppers," disappear,
When all things green are nipp'd, both far and near.

If laws protective shall not e'er be found,
To cunning wiles and tricks of quack confound;
Then plain our duty. Shall we hesitate,
The public mind at large to educate
Upon deceptions, which concern us all,
When sick; the young and old, both great and small?
If such a course alone to us remains,
Humanity at stake! let's spare no pains.

Yet some there are, although not quacks by name,
For purpose useful still they are the same,
Who play the dodge of always something new
In drugs or skill, and only known by few,
To please the fancy of the present age,
When novelty, not worth, is all the rage—
The good, if old, by them is laid aside,
The bad, if new, they say we must abide.

And some, to gain applause, that men may stare,
And say, "behold the doctor over there
A genius is," ignore all business sense:
Which, after all, is only common sense.
Be doctor void of this, no art or trick
By him, inspires my confidence when sick.

And others who both guile and trick disown,
Yet always changing, and forever prone
To rush from this, to that, and try, by turn,
All remedies; and all, in time, to spurn.

As maid, by fickle dame of fashion led,
Sleek ringlets tries, and then a frizzled head;
A bonnet first she dons, and next a hat,
Too small for baby doll, or pussy cat.

One day in crinoline, in shape, a cone.
In circle, vast as belt of torrid zone;
Next day in skirt as long as railroad train.
That westward bound, or eastward, sweeps the plain.
At times in modest costume like the quail,
And then in peacock's plumage she doth sail.

Self-doubting souls we find, who ne'er depend
On judgment save of others, who commend
In language bold whatever they extol,
From drugs of magic power—to charcoal.

These modest souls are like an open boat
Adrift on river, or at sea afloat,
Devoid of rudder, steersman, captain—all,
When low'ring clouds portend a dreadful squall.
For rudder, self-reliance they but need;
For captain, judgment sound, to take the lead.

'Tis strange that men and women oft intrust
The sacred things of home to him, whom trust
They would not even for a monthly rent
Of room, or house; or loan of dime or cent.

The man who drives their coach or liv'ry team,
And he who regulates the boiler's steam
Of ship, or boat, or fleetier railroad car,
Or pilot on Columbia's dreaded bar,
Or mender of a watch, or clock, or ring,
Or hat, or boots—in short, of anything,
Must duly sober seem, or be displaced
Before his task is done, and feel disgraced:
Yet he who claims the pow'r to regulate
Machines divine, the most elaborate
Of God's sublimest works, may tipping be,
And hardly know the land from rippling sea,
And still be sought to cure his fellow man:
This puzzle solve, if any of you can.

In honor pure and spotless as the gems
Of rarest kind that shine in diadems
Of famous rulers, whether kings or queen,
Or as the snow on mountain heights is seen,
Should be the man whose art and calling tend
To give him knowledge all of things that lend
To homely life an ever sacred charm,
Or fill the soul with sadness and alarm.

He should in morals be a paragon
E'en though he hail from "webfoot Oregon!"
And he must sacred in his bosom hide
The things that patient may in him confide,

His knowledge deep as ocean's mighty bed

And broad as universal space o'erhead
Must be; else like a shallow, narrow stream
It dryeth up, when hot the sun doth beam.

No hobbies should he ever wish to ride,
Nor ought he float at random with the tide
Of public favor. Truth should be his aim,
E'en though he miss the goal of worldly fame.

A student must he always try to be
And think not merely of his paltry fee.
In all improvements being wide awake
And gilded brass for gold should ne'er mistake.

The doctor true and wise doth sift and weigh
All things himself, well knowing what he may
From others use as truths, and what discard
As worthless trash, deserving no regard.

When deeply ploughed the scientific field
Doth many grains of wheat quite often yield,
Though when the surface one but slightly chafes,
The soil more chaff, than golden grain, vouchsafes.

If ink were blood, from human victims ta'en,
No place too vast to hold the thousands slain
To furnish it. And loud would be the groans
Of bleeding, dying men for worthless tomes.

Yet vast our knowledge and improvements now,
In science, and the arts, we must allow,
To what they were a hundred years ago,
Yet vaster still, a hundred more, we know.

To us the ken advancing science may
Then grant, to glance along the sun's bright ray.
And objects small and large, both far and near,
Discern; which now, unseen, may our career
As sudden stop, as clock by earthquake shaken,
Or vessel swift, when hurled against a rock,
Or human life, by apoplectic stroke,
Or lightning's message, when the wire is broke.

No true advance can physic ever make,
If theories for facts we mostly take;
One knowledge must with practice always join
For gold without alloy would make soft coin.

Whilst we our science seek to elevate,
Fraternal feelings we should cultivate;
Opposing and discordant motions mar,
Obstruct, impede, the scientific car,
Which slowly moves in sparsely settled lands,
E'en when untrammelled by impeding bands.

Though ever slow the ear of science be,
Its progress must be sure if all agree
To work in harmony, however poor
The scanty means on our Pacific shore.

Some things there are that we may do,
Far better here than in lands less new,
To speed the car on new centennial track,
So when, in future years, our sons look back
Upon our actions, they will shed no tears
At slothful deeds of father pioneers.

The laws of miasms and contagions may,
By country doctors, best be known; away
From crowded haunts of city or large town:
This open field is ours to seek renown.
Not sluggards let us be, the great Northwest
Demands that we, her sons, shall do our best.

As clouds are pierced by Hood and Ranier peaks,
So youthful vigor to ourselves bespeaks,
A grandly glorious and exalted stand,
As scientists attain in any land.

Our minds shall, like our crystal mountain streams,
Be sparkling clear, reflecting golden beams
As dazzling bright, if faithful we but run,
As those of diamond, star, or noonday sun.

Let fools and boobies our profession jeer,
Or jealous scientists our calling sneer;
Let editors and lawyers in mere fun,
Fire off their little squibs and ready pun;
In lieu of better words us nick name "pills,"
Or more degrading still, but call us "squills."

Let debtors to our goodness, in pure spite,
A free and lengthy service to requite,
Our skill in question call behind our backs,
Us for malpractice sue, and dub us quacks.

When we perchance essay poetic rhyme,
But lack the needful aid, the spark divine,
And seek the shady grove where muses dwell,
Let them with haughty airs our hopes dispel,
And say: The man who deals with human ills,
Can only sigh, and think of human chills.

When inspiration's fire his soul might rack,
His cry would be, Pray give me ipecac.
Apollo's friend, Laeonian Hyacinth,
Suggests to him the name of colocynt.
A rhyme might call for heavenly manna,
Which he would chime with salts and senna.

The morning sun the twinkling stars doth pale,
(Would rhyme to him with take a little ale);
Come, soar aloft and tread the milky way,
(With, Oh my friend, do try some wine and whey);
Those realms above where angels love to walk,
(With acid stomach needs both milk and chalk).

Let poets wander far in space above,
And only dream of beauty, stars, and love;
Or sing the praise of Jupiter and Mars,

Or chant heroic deeds of bloody wars;
Or tune their harps into a soft refrain,
To charm the heart of loving maid or swain;
Or think in verse of Adam's paradise,
Before the infant world was stained by vice;
Of Noah's safety ark, which rode the flood,
And from a drowning world preserved the good;
Of Grecian art, and deeds of mighty Rome,
Which charmed and thrilled the world from zone to

zone;

Or sing in martial tunes of famous Gaul
Whose arms in war bade fair the world inthrall;
Or soar along beyond the bounds of Time,
Behold the end, the last great crash sublime;
The day when planets from their orbits fly
And dart like rockets through the lurid sky;
When orbs of heaven, and the fires of hell,
Through space unlimited, shall rush pellmell.

Let muses all, and all the sons of men,
From ev'ry land and clime, chime in Amen;
The modest doctor still our homes will guard,
Although ignored he be by muse and bard.

When pain, despair, and secret shafts of death,
In troops combined, as thieves by night in stealth,
Life's portals enter—hurl their poisoned darts;
Then helpless lay the jewels of our hearts,
Until the doctor comes, applies a balm,
And bids our stricken souls again be calm.

Shall laureled heroes of a million slain
In war, more honors from the world obtain,
Than surgeons brave and skilled, who thousands save
From pangs in life, and an untimely grave?

'Tis passing strange that honors always crown
The lucky hero, whether king or clown.
The man of science may the world unfold,
And author be of blessings rare, untold,
The hero's fame will ring from shore to shore
And drown the higher claims of him of lore.

If there no heroes be but sons of Mars,
Then brighter diamonds are than heav'nly stars,
Is honor rather found in warlike strife
Than in the God-like acts of saving life?

The cannon's deaf'ning roar that shakes the plain
The awestruck mind of man doth so enchain,
That honor not is seen in common deeds,
The dazzled soul the stunning noise but heeds.

The god of physis was by lightning slain,
That fabled Pluto might more souls obtain;
His pupils now, the pow'r to raise the dead
Claim not; but only life prolong instead.

As agents human of this world below,
By God allowed to lessen pain and woe,

They fight the silent, miasmatic breath,
That poisons blood and brain, and leads to death.

In acts like these are seen, all else apart,
Heroic deeds that stir and move the heart;
For subtle dangers courage true and rare
Require; divested of all gloss, all glare.

The doctor must with valor be endowed,
To meet the evils that his path do crowd;
Be ever ready his duty to perform
By day, by night, through snow, through flood,
and storm.

His art and skill to ev'ry class and sect
Must be extended. None should he neglect.

The poor and rich alike require his aid,
In lowly huts, or mansions broad o'erlaid
In marble—whether low or high their station
From every land, from ev'ry clime and nation.

The infant frail in home's fraternal arms,
The soldier brave, whom cannon ball disarms,
The nerve-sick woman, and the heart-sick maid
Whom dart of cupid hors de combat laid:

The man of God, with soul serene and calm;
The hardened sinner, careless of the balm
Which faith in Christ to wounded hearts doth bring;
That faith from which the deeds of goodness spring:

The tempest-tossed seamen on the mighty main,
Or wounded landsmen on the bloody plain;
Require alike the doctor's ready aid
When sickness does their vital parts pervade.

All scenes and dangers he must bravely face;
The hidden poisons that our frames embrace,
From lowlands of a miasmatic shore,
And lightning's vivid glare, or battle's roar.

His knowledge, too, of ready kind must be,
For books, as guides to read; no time has he
When called to accidents of limb or life;
Else snapped in twain by the unequal strife.

The slender chord that binds our flesh and souls
Most surely, quickly be, by fiendish ghouls—
Death's angels; who around, with silent wing,
The sick do fly, on fleeting souls to spring.

The doctor may assume a gentle mien
At death-bed scenes; be quiet and serene,
Though full of sympathy, yet self-possessed,
No trepidation he should manifest;
Still times there are when human heart and soul
Give way to grief in spite of self-control.

Than mortal less or more must be the man
Who claims the pow'r to heal, who griefless can
Behold his patient sinking low in pain,
When he is skill and art has tried in vain:

Or see a brother, father, mother, all,
Of helpless girl, by pestilence to fall,
When he with boasted science vainly tries
To stay the hand of death, that he espies:

Or see a husband young, himself beside,
At sudden loss of her, his lovely bride,
When flick'ring flame of life, alas! is fled,
Despairing ask, Oh, doctor! is she dead?
Sad proof these scenes that mortals frail we are,
Still, God our Aid, we many lives may spare.

Let us by help of Him our efforts bend,
To fight the common foe to bitter end,
And faithful to our duties let us stand
When pestilence and famine stalk the land;
To poor and rich alike our help to lend,
Till death from life our own frail souls shall rend.

ADDRESS BY THE HON. WM. STRONG.

*Mr. President and Gentlemen of the
Medical Society of the State of Oregon:*

The subject upon which I have been invited to address you upon this occasion, Medical Jurisprudence, embraces so large a field that it would be difficult, if not impossible, within the limits of a single lecture, to treat it, generally, in such a manner as would be either interesting or profitable. I shall not attempt therefore to do so, but shall confine myself to a few topics, embraced in the general subject, which seem to me, at the present time, of importance to be considered by your honorable profession.

The term, Medical Jurisprudence, hardly conveys a definite idea to the mind. It has been defined, by Bouvier, to be:

“That science which applies the principles and practice of the different branches of medicine to the elucidation of doubtful questions in Courts of Justice.”

“By some authors it is used in a more extensive sense, and

also comprehends Medical Police, or those precepts which may prove useful to the Legislature or to the Magistracy. Some authors in using the phrase, Medical Jurisprudence, employ, to convey the same idea, those of legal medicine, forensic medicine, or as the Germans have it, State medicine."

None of these definitions seem to me to be definite, or clear, or true. They do not convey to the mind an idea of any distinct science, applied to the elucidation of any particular branch of human knowledge. The fault or difficulty in the definition is perhaps inherent in the subject itself. It is incapable of an accurate and precise definition, because it is not a distinct and special science. There is no particular portion of the learning of the physician, that can be divided off, and separated from the mass of special knowledge which he must acquire to qualify him successfully to practice his profession, and called medical jurisprudence. Nor does the profession of the law teach its students any particular or special rules to apply in medical cases, differing from those he is required to know and apply in his general practice.

The physician may be called as an expert to testify concerning poisons, their tests, effects, antidotes, &c., of wounds, and injuries to the person, the probable cause, the proper treatment and the natural result, or of the cause of mysterious death, &c., &c., when he himself has not personally seen or examined the particular case or circumstances concerning which his evidence is sought. Here he is called upon to give his opinion as a witness, learned or experienced, in the particular matter undergoing investigation, above the learning and experience of other men. In such cases he stands upon the footing of other scientific and professional witnesses who, having from his art or profession, some especial knowledge of arts or mysteries not possessed by those who have not made them their peculiar study.

All intelligent men, (and it is to be taken for granted, that courts and juries are intelligent men—though possibly there

is sometimes a mistake in that respect)—are presumed to understand the ordinary, every day business and affairs of life, but they are not presumed to be cognizant of the arts or mysteries of any particular profession or trade, and therefore men skilled in different arts, professions and branches of science are called upon to explain them before courts and juries when they become a matter of legal investigation. The expert traces out and declares what effects will follow given causes, or vice versa, will, from a known effect, be able to tell the cause; thus forming between cause and effect a connecting link which, otherwise, would not have been established.

Man is so fearfully and wonderfully made, and everything which touches human life is so profound a mystery, and of such deep interest, that, of all professions, arts or mysteries, that of the physician is esteemed the most important. This must account for the fact, that the relation of the law to the physician and the physician to the law has been deemed worthy of being designated Medical Jurisprudence.

Perhaps the subject may be more clearly understood if it were defined: "That branch of the *legal profession* where the learning and experience of the physician is called in, either in civil or criminal cases, to aid the courts in the administration of justice."

This seems to me to include all that properly belongs to the subject when considered as a separate science or an auxiliary branch of medical knowledge. In common parlance, however, much more is included. In many of the works, particularly those published by physicians, nearly all those branches of medical science which the physician is required to possess in order to succeed as a practitioner, are treated as parts of Medical Jurisprudence; ignoring almost entirely the main points upon which physicians, expecting to be called as scientific witnesses, or experts, into a court of justice, must require information, namely: their duties and rights as witnesses; what they must expect when placed upon the stand,

and how they can best qualify themselves to do credit to themselves, and their noble profession, and aid the court in the administration of justice.

Take, for instance, the work I hold in my hand. It is entitled "*Medical Jurisdiction*, by Alfred Swaine Saylor." The author is, or was, an eminent English professor, and the editor of the Fourth American from the Sixth English Edition is an eminent American surgeon.

The work is invaluable, but as a work on Medical Jurisprudence, it is much more valuable to the lawyer than to the physician. It instructs the lawyer in the very things which he requires to know in order to understand his case, but it throws very little light upon what the physician most desires. Out of 700 pages closely printed matter, 172 are devoted to poisons; 132 to wounds; 83 to infanticide; about 174 to pregnancy, abortion, paternity, sexual crimes and infirmities; chapters on Asphyxia, Hanging, Strangulation, Suffocation, Lightning, Cold and Starvation, concluding with some fifty pages on the subject of Insanity. The work, in fact, combines a vast amount of knowledge upon subjects which may become the subject of legal investigation. It is full of learning, important to the physician in the practice of his profession, in waging a warfare against the accidents, violence and injuries to which human life is subject, and which every well educated physician is supposed to acquire as a part of his professional education. It is rather a treatise upon Medical Science than Medical Jurisprudence.

A physician is liable to be called as a witness in medical and surgical cases either to testify to what he himself has observed, or to testify as an expert upon real or hypothetical cases. As an observer, he stands upon the same footing as other witnesses called to testify to facts, his knowledge of which has been obtained through his senses; what he has seen, heard, &c. Upon such questions his testimony is to be judged and weighed in the same balances as the testimony of non-

professional witnesses. To be thoroughly credited, he must be intelligent, capable of understanding and describing the facts he relates; he must have been in a situation so that he could have observed them, and finally, must have such a character for integrity that the jury will credit his testimony.

It requires professional knowledge to observe properly and be able to observe and relate *facts* pertaining to medical or surgical experience. While this renders necessary a greater degree of intelligence, or at least a different kind of knowledge in the professional witness than is demanded of those testifying concerning the common affairs of life, yet, the same general rules apply to both. They must know that whereof they testify, be able to tell it, and must possess such character for integrity that their testimony will be credited.

It is when the physician comes upon the witness stand as an expert that his testimony assumes its highest importance. It is then that he is called upon for his opinion in matters where vast public or private interests may be at stake, and where a want of knowledge of his profession, or a failure from carelessness or embarrassment to give due consideration to the facts upon which he is called to give an opinion, may deprive an innocent person of character or life, or aid dangerous criminals to escape justice. This is a high and important position, and it is not every person qualified to practice as a physician who can properly fill it. Men may be intelligent and reliable observers, and able intelligently to relate what they have themselves witnessed, whose knowledge is not sufficiently extensive or profound to enable them to grasp the facts and reason correctly so as to draw just conclusions upon the mass of evidence, some of it of a contradictory nature, usually introduced in medico-legal investigations.

While there is a vast amount of professional knowledge that must at all times be fresh in the mind of the educated physician in full practice, there is much also to which his attention is not so frequently called, and on which he may have

become somewhat rusty. To qualify himself as an expert, he should, if possible—and it is always possible by inquiring of the attorneys of the party who calls him—ascertain the nature of the case upon which he is called upon to testify, and, if necessary, he should revise his studies upon the points involved, so that his opinion shall deserve weight.

Elwell, upon his most excellent and practical treatise on Malpractice and Medical Evidence, from which I intend to quote largely, when speaking of the importance of medical evidence, says:

“There can be no situation, perhaps, where the professional medical man can be placed, where he will be subject to a more thorough, rigid and severe criticism, as to what he says, how he says it, and the reason why he says it, with all the influences that may have a bearing on what he says, than as a medical witness in a court of justice, under the eagle eye of an able judge, the severe and interested scrutiny of counsel, and the candid, impartial observation of a jury. This is not only forcibly true as to the position of a medical witness, but is almost savagely so. On the one hand, the party by and for whom he is called, seems to expect that he will say nothing that will damage him,—that the weight of his character, professional reputation, position, influence,—every thing will all go to favor his interests; while, on the other hand, this very weight of character, influence, etc., will arouse the resisting energies of the opposite party, to contradict, break down and destroy the effect of such testimony. An important witness thus placed between two fires, as it were—a conspicuous mark as he is—will do well if he comes off without being badly wounded.”

In ordinary practice, the duties of the physician are performed in private, out of the public gaze, so that the public have very little opportunity of judging of his learning or ability. They cannot learn what has transpired within the

private secrecy of the sick chamber, except from interested or prejudiced and perhaps ignorant witnesses.

The quack, who besides employing and encouraging his patients and others to spread abroad fictitious accounts of his wonderful skill and marvelous cures, generally blows his own trumpet, and has often, in public opinion, the advantage of the scientific physician; but, when he comes before an intelligent court and jury, and is called upon to tell what he knows of the art of healing, and the why and wherefore of his treatment of disease, science and knowledge must and will prevail over charlatanism.

The practice of medicine differs in this respect from that of the law in this, that its duties are performed in public, and its trials and triumphs are open to the gaze of the world, and though a pettifogger may have at one time accidental success which for a short time elevates him above his proper station, a succeeding contest is sure soon to reduce him to his proper level where he remains, and the obloquy and contempt which, were he not so exposed, might attach generally to the profession, becomes his exclusive personal perquisite. It is not thus with the physician—his opportunities for vindicating the science and the learning of his profession against the impudent claims of charlatanism are rare. They come, however, when he is placed upon the witness stand as an expert.

Elwell says: “The value of this public position, as a medical witness, therefore—to one who is equal to the duties thus imposed—is beyond estimation. It is, in fact, about the only chance the medical man has of vindicating a noble science, and a noble manhood. To him alone the court and jury look for a solution of the dark and difficult problems of a scientific and medicinal nature, which they are called upon to examine and pass upon, and of which they have but little or no knowledge. These questions are vast and unlimited in their range, and many of them soundless in their depth. Whether the question under investigation has reference to the character of

a disease, or whether it is not simulated; whether it is one of the thousand questions having a sexual bearing; or does it relate to the sanitary condition of society or towns; does it relate to the great matters of life insurance, survivorship, legitimacy, age, identity, the severity of punishment at home or at school, the health of a nation, or the value of a slave;" [since the author wrote, the value of a slave, so far as the United States is concerned, has been permanently and righteously fixed at the value of a freeman]; "or is it whether death is real or only apparent; if real, was it from natural causes or otherwise; did the cause of death proceed from the deceased or another; if from another, was it a homicide or an accidental death, and what were the agents used and the circumstances attending their application; if poison is the agent, of what kind and to what extent did it contribute to the death; what natural disease is attended with similar symptoms; or is it one of the infinite mysterious, and most difficult of all problems—those relating to the mind; in either and all these cases, and in many others, upon the medical witness almost alone rests the responsibility of a solution."

How exalted, then, the position of such a witness when placed upon the stand. Life, fortune, reputation, friendship and happiness depend upon his testimony. How responsible the position when interests of such vast importance to the parties and to society hang upon a single word that may fall from the lips of fallible man. With what care should the witness measure his words and adjust his language, so that the jury will not misunderstand him or be misled by an unguarded expression. The position is responsible, indeed, and should drive the ignorant pretender to medical knowledge to call upon the rocks and mountains to hide his shame and cover him up forever from the sight of his Maker and the eyes of his fellow mortals.

How glorious the position to him who, by his character and attainments, is qualified to fill it. It is a glorious specta-

cle, appreciated by the court, jury and attending public, when the true man of science occupies the witness stand. Calmly and deliberately he listens to the questions. He reflects or inquires until he understands and comprehends to the fullest extent all the terms and conditions of the inquiry. Then, forgetting self, and remembering only truth and science, and the solemn responsibility which rests upon him, he answers coolly and plainly, making by explanations, where required, clear all that was before dark to the mind of the jury. His testimony is the wisdom of the wise, confounding the folly of fools. It may well fill the breast of the physician with pride when, occupying such a position, he fills it well.

Instances have not been wanting where the knowledge displayed by a medical witness upon the stand has started modest merit on the high road to fame and fortune.

Again from Elwell: "To successfully fulfill the expectation of friends,—to vindicate an honorable profession from unjust reproach,—to render the malice and opposition of enemies and opponents harmless,—to sustain reputation and self-respect, and above all, to vindicate truth, by contributing to the ends of justice; the professional witness when he appears upon the stand, must understand well the general rules of evidence—without their details—that govern him, and, like all other witnesses who appear as experts, he must also understand thoroughly the specialty upon which he is called to express an opinion."

This knowledge will free him from embarrassment on the stand, and enable him to preserve his equanimity under the hot fire of a cross-examination to which he is liable to be exposed. It can easily be acquired by the witness. With it he may feel that he can do himself credit and the cause justice.

Elwell again: "Without it, though intelligent in other respects, discomfiture, disgrace and chagrin are almost inevitable;—but, possessing this knowledge of his rights and duties as a witness, and a clear and thorough knowledge of the

special matter he is supposed to represent and understand better than others, there is no position in which he can be placed more favorable to a rich harvest of honor, reputation and future success.

“But above all these considerations, the great cause of justice, whether in criminal or civil cases, demands, at the hands of the professional medical witness, a clear explanation and elucidation of the matter in issue, if belonging to his field, irrespective of the opinions of the court, jury, attorneys, society or the result.”

The author of course does not intend that the witness shall be dictatorial, or that he should not consider well the importance of the case. Men of knowledge are not apt to be dictatorial; they are prepared to accept the opinion that there may be knowledge beyond what is now known, or at least by them, and they will remember that a modest opinion, supported by facts and reasons commending it to the judgment, will outweigh many a boisterous declaration supported by bare assertions only.

The witness should tell the truth with modesty, yet firmness. He should be cautious about positive opinions, and where the matter is not clear in his own mind, or where eminent authors are not agreed, he should not hesitate to own the doubt, or inform the jury of the disagreement of authors.

“The medical witness, then, can only be prepared to do credit to himself, justice to the parties interested in the case upon which he is called, and honor to the profession he represents, by a thorough, well-ordered, well-digested knowledge and complete understanding of his profession, in all its extensive and intricate departments;—upon questions in any of which he may be called to give an opinion. In short, all the careful study, close observation, correct reasoning, clearness of understanding, precision of thought, necessary to carry the medical man safely through a life of active practice,

without rendering himself liable to a charge of malpractice, is essential to constitute him a good, reliable expert.”

The witness should confine himself to the questions asked, giving such explanation as may be proper to a full understanding of his testimony. He will generally be permitted by the court and counsel to give his reasons for his opinion in the direct examination, and he may be required to do so upon cross-examination. Upon cross-examination, great latitude is allowed counsel. Explanation may be required, reasons for the opinion may be demanded, and a thorough searching examination may be had of the sources of the physician's knowledge, the practice or experience he has had in similar cases and the authorities he has read and those upon whom he relies. He is very likely to be pressed particularly as to his personal experience, and here is where many experts become confused and either break down or weaken the force of their evidence. This is apt to be the case, particularly with the young and comparatively inexperienced witness. The air of importance which counsel usually give to this question of personal experience, and the pertinacity with which he presses the investigation, are very likely to mislead the young witness, to give him the impression that, unless he can support his evidence by parallel cases in his own practice, it will be without weight.

No error can be more fatal. Professional knowledge is derived from two sources—personal experience and the study of standard medical authorities. The diligent student may, in a very short time, derive more actual and reliable knowledge from books than he will be likely to acquire in a lifetime of ordinary practice. If educated at a public school of his profession, he will be likely to have seen cases similar to a large majority of those upon which he may be called to testify, and be able to fully comprehend and apply the learning of the books. And, in fact, most physicians will derive by far the greater portion of their knowledge from books. In-

dividual experience is limited; life is short and opportunity for extensive experience in the class of cases which are the subject of judicial investigation, is afforded to few. I remember to have seen a case where there had been a fracture of the radius and ulna of the left arm, and the question was as to the proper treatment. An intelligent young surgeon, of no considerable experience, was examined as a witness, and among the questions propounded was—"Doctor, have you ever had a case where the radius and ulna of the *left* arm was fractured?" The important point in the question seeming to be that it was possible he might be competent to express an opinion on fractures of the *right* arm while he would be incompetent to pass an opinion in regard to the *left*. If you, gentlemen, have been called upon to testify in malpractice cases, you have doubtless had equally wise questions propounded to you. In such a case, it would be very hard for an intelligent witness to refrain from a retort that would raise a smile at the expense of the counsel proposing the question.

You will permit me to advise that a witness should be very careful how he enters into a discussion with, or attempts to cast ridicule upon, an attorney who asks a question of a character, that were he better informed, he would not ask. There is no position that requires more dignity than that of a professional witness. He should preserve his self-respect under all circumstances. If questions which seem to him frivolous are asked, he must remember that many things pertaining to his profession which are simple to him are mysterious to others. If an impertinent question is proposed, the better way usually is to answer. If such questions are pressed, the attention of the court may be called to it by the witness, when it will be promptly checked.

The mode of examining a professional witness is not uniform in the different courts, nor always in the same court. Sometimes the expert listens to the testimony of witnesses, who detail the symptoms and treatment, and he is then called

on to testify as to his opinion of the case and as to the propriety of the treatment, taking the facts as detailed by the witnesses to be true. Sometimes he is called upon to state how he understands the testimony of the witnesses, and then to give his opinion on his understanding of the testimony; but the more usual way is for the counsel first to examine the witnesses who have observed the facts, to state in detail all the circumstances; a hypothetical case is then framed by the counsel, based on the facts which he considers proved, and the expert is questioned upon such case. His answer is more or less valuable, as the supposed case conforms more or less closely to the case upon trial. In such case the witness in his answer should conform his opinion to the case put, whether it is the actual case on trial or not. It is for the counsel to satisfy the jury that the case upon which he has taken the opinion of the expert, is the case before the court and jury.

In answering such questions the witness should be sure that he fully comprehends all the conditions of the question, and if inconsistent, should state that it is so, and explain why. He should be careful that his answers are understood by the jury to apply only to the case supposed.

When a professional witness comes upon the stand he should throw aside all bias or prejudice, if any he has, towards the side calling him, or against the other side.

Courts are not uniform in respect to the treatment of medical works. Sometimes they are allowed to be read as evidence to the jury; sometimes the counsel read them as part of their argument. In almost all cases, however, the witness is permitted to refer to standard authors as one of the sources of his knowledge, and to state what their authors say or recommend in respect to particular cases; but they are seldom permitted to read from such authorities, even to support their own opinions.

Here closing my remarks upon the general subject, I will

refer to one particular matter which is of especial interest to all. I refer to actions brought against physicians and surgeons for MALPRACTICE.

Such actions have of late become frequent—alarmingly so—not only to the physician and surgeon, but also to the public. It is not at all uncommon, in these days, for physicians or surgeons of good standing, experience and education, to be sued for heavy damages, which are sometimes recovered. So common has this become, that very many competent surgeons, whose services would be of incalculable value to the public, refuse to practice this branch of their profession, unwilling to incur the risk and suffer the annoyance to which they might subject themselves from this cause. A favorable termination being scarcely less damaging to the business and reputation of the physician, than one which is adverse, saying nothing of the expense incident to litigation. The capable and conscientious physician ought not to be subject to such annoyance and risk of loss of character or fortune, and the community should not be deprived of the services of those competent to render them, from the apprehension of such danger by the physician.

Every man who undertakes the performance of important professional duties, holds himself out to the world to possess a certain degree of skill and knowledge in regard to those duties, and he assumes to use that knowledge and skill, and to bestow the proper care and attention required. The surgeon does not warrant a cure in the ordinary practice of his profession, though he may do so by a special agreement; but he does impliedly agree that he possesses ordinary skill, and that he will use ordinary care in the treatment of the case. Ordinary skill means such skill as the well educated physician, of ordinary abilities, may acquire by a diligent attention to the study of his profession. In his treatment of the case he must be attentive, and must bring to bear that degree of knowledge, which can be generally known from the study of

approved authors. When he has done this, the law, theoretically, protects him, yet, it is by no means an uncommon case that such suits are brought—often by irresponsible persons; indeed, I may say, generally, brought by such a class, when victory to the physician is only less disastrous than defeat, so that in very many cases, the surgeon has found for his interest to discontinue the practice of a branch of his profession, rather than to take the risks to which he is exposed.

It is not possible to state fully, within the limits of a lecture, the causes which have brought this liability to suit for Malpractice upon physicians. It may be attributed, partly, perhaps, to professional jealousy among the profession itself, more to the fact that the horde of quacks and charlatans, who live upon the ignorance and credulity of the public, are unitedly and continually stirring up strife against physicians of science and character, in order that they may create distrust in the public mind, and thus further their own ends. In the present demoralized state of society, it seems more than easy to stimulate the greed of impecunious patients, until, at length, they come to look upon a suit for Malpractice against a wealthy doctor—who has earned his money by close economy and a diligent practice of his profession—as a bonanza for which they have life long been waiting, as the something to turn up.

These quacks of the medical profession find ready allies in the rustlers and shysters of the law. Men, who, under the present lax rules or rather practice, have found their way into the profession, and who make a precarious living by going about hunting up business, stirring up strife, and taking all kinds of cases for a share of what shall be made. Those lawyers are of two classes; one puts on an appearance of respectability, the other does not, but both are engaged in the same business, only attending to different branches. The one serves as jackall for the other.

The question of most importance to your profession, gentle-

men, is, what is the remedy for this condition of affairs? How can this tendency, to bring suit for malpractice, be met and overcome? What is the remedy? By what means can the ignorant and unskillful pretender, and the careless and negligent practitioner be punished, and the worthy pains-taking and competent physician be protected from prosecution for failures and "imperfections that are resident, not in themselves, but in their art," and which the utmost care cannot prevent.

First. The profession must not be among those who encourage such suits, for light and trivial causes; those who are not implicated should sympathize with and assist those who are unjustly prosecuted; they should not be found as counsellors on the side of the prosecution. In their testimony, they should be truthful and candid, acting upon the presumption, that a well educated, sober and attentive physician may have good reason for his treatment, though not fully apparent.

Second. You should post yourself thoroughly in the general principles of medico-legal knowledge.

Third. In cases where, from the character of the parties or the nature of the complaint or injury, there is a possibility of dissatisfaction, the surgeon should take with him, when he gives important treatment, performs an important operation, or dismisses the patient cured, and gives instructions for future cure, a brother of the profession who can, if it shall be required, testify to the facts with full knowledge and without prejudice. The great difficulty under which the profession usually labor in such suits arises from the fact, that generally the surgeon in his practice is surrounded with the friends of the patient who, when called as witnesses, are very apt to remember only those facts which seem to favor the side of their friends.

I have time for but one other remark. Physicians are carefully taught—and it is very rare that one fails to remem-

ber the instructions—not to violate private confidence. So far as testimony is concerned in this State, the matter is regulated by law. In civil matters, the physician cannot, without the consent of his patient, be examined "as to any information acquired in attending the patient, which was necessary to enable him to prescribe or act for the patient." In criminal matters he may be required to answer fully.

Gentlemen—I thank you for the courtesy manifested in your invitation, the patient attention with which you have listened to an address which has not had that care in its preparation which I designed, but was unable to bestow. I shall be very glad if anything to which I have called your attention, shall be of benefit to you, and through you, to the community whom your profession so ably and faithfully serve.

CASE I.

BY JOHN VITE, M. D., OF HILLSBORO, OREGON.

This paper embraces a report of a few cases which came under my treatment during the past year, which I think of sufficient interest to deserve notice, viz: One case of gunshot wound; one case of cut throat—attempted suicide—and one case of accidental poisoning by belladonna.

The first case, Edward Fleming, a farmer's son, aged 12 years, living near Hillsboro, Washington county, Oregon, on the 20th of last November, in company with another boy, went out to hunt geese with a double-barreled shot-gun, and wishing to climb over a fence, stood the gun against it, and after climbing on top of the fence, reached back with his right hand and grasped the muzzle of the gun, dragging it after him; the hammer either struck against the rail, or caught and raised it sufficient to explode the cap, and the contents of the gun, eight small buckshot, passed through the palmar crease of the hand, tearing away the superficial integuments and

laying bare the deep flexor tendons, and then passed through the arm about the middle of the middle third, tearing the muscles in a frightful manner, severing the brachial artery, and breaking the humerus, splintering it badly. The shot, after striking the bone, separated, and passed out at several different places; only one lodged against the bone, and that I removed.

After being wounded, he walked about a mile to a neighbor's house, from where he was taken home, about three miles, in a wagon, and I was sent for. From the time the accident occurred, until I reached him, was about three hours, yet he appeared lively, and did not seem to have lost much blood; his pulse was quite strong, and beat ninety pulsations. Upon making my first examination, and seeing how badly the arm was mutilated, I thought it would be useless to try to save it; its source of life, the brachial artery, being destroyed, the prospect was very discouraging; but viewing the patient's age, constitution and general condition, I considered the chances somewhat favorable, and acted upon the conclusion. I then proceeded to cleanse the wound from wads of clothing, and found that hemorrhage had ceased. I then applied a roller bandage, commencing at the hand and carried it to the elbow; after which, I applied three splints padded, at the top, side and bottom of the humerus, leaving the large wound exposed, and ordered cold water dressings applied every half hour. The patient being quite nervous at this time, I gave him a dose of morphine, after which he was quite comfortable.

Nov. 21st, I saw him again, and he still appeared to be doing well, but had a slight fever—pulse 100—and I gave him tinct. of iron and quinia sulph., to be taken every four hours, also carbolized oil, to be applied to the wound twice a day, and morphine sufficient to quiet restlessness.

Nov. 23d I found him with fever somewhat increased, but still lively, pulse 110, temperature 101°. I continued the

treatment, with the addition of spr. nitre and a dose of castor oil.

Nov. 24th, his condition was about the same: treatment continued.

Nov. 25th, the fever and swelling of the arm had greatly subsided. I then made two sole-leather splints, by soaking them in warm water and moulding them to the well arm, where I let them remain until the next day to dry and become hard.

Nov. 26th, I removed the first splints, and after cutting out places in the sole-leather to leave the wounds exposed, applied them, well padded, to the wounded arm, and continued to dress the wounds with carbolized oil and cold water.

Nov. 27th, had some pain in the bowels and diarrhœa; gave him a few Dover's powders. The wound now began to discharge freely, and I ordered poultices and hot fomentations. At this time a few small wads of clothing came out. He now continued to improve rapidly, until Jan. 1st, when erysipelas supervened, and made a serious advance, producing high fever and causing intense pain. He being very nervous, I administered one-fourth grain of morphine, with ten grains hydrate of chloral, after which I made an incision through the large wound, on the inside of the arm, into the cavity, from which about a pint of dark venous blood and corruption gushed out, which gave immediate relief, and greatly mitigated the severity of the disease. I then applied a solution of aënt. nitras, gr. 10 to the ounce of pure water, morning and evening; also gave quinia sulph. grs. 2½ and tinc. ferri chlor. gtt. 10, every four hours, and, morphia, gr. ⅓, when required; also had flax-seed poultices applied quite frequently, and the arm enveloped in hot fomentations, the circulation being very feeble, and fearing that gangrene would ensue.

Jan. 2d, his condition had greatly improved, fever subsided, appetite good, inflammation abating, the wound discharging freely, and rest undisturbed. Treatment continued.

After this, the wound healed rapidly, and, with the exception of dressing it twice a day, was very little trouble.

The wound in the hand healed kindly in six weeks without deformity, and the pulse was quite perceptible at the wrist, in four weeks. I continued the carbolized oil and poultices twice a day as long as the discharge from the arm continued, and also had the top splint removed and reapplied at each dressing.

Jan. 24th, I ceased my visits, although he was not entirely well, but the bone was firmly united and the discharge very inconsiderable, and now he has a very useful arm; with the exception of a very little shortening and slightly crooked, from the fact the muscles were so badly mutilated that it was impossible to apply the splints sufficiently firm to keep the bones in true line; nevertheless, the result is good. There is also some flexing at the elbow, caused by the destruction of the muscles, cicatrization and contraction, which, however, will be immaterial, and is gradually returning to its normal position.

This is an excellent case, I think, to impress the theory of conservative Surgery. Many limbs have been sacrificed which, I am certain, presented much more favorable conditions than the above, and the profession cannot be too guarded in making up their prognosis. Nature sometimes works wonders, and the results are almost like miracles.

CASE II.

On May 1st, 1876, I was sent for in great haste to see Mrs. A. G., who lives near Hillsboro, Washington county, Oregon, with the information that she had cut her throat, and had bled profusely, but was still alive. When I arrived, about two hours afterwards, I found her in an almost syncopal condition, but the bleeding had almost ceased, cold water having been judiciously applied by the friends. The wound had

been made with a razor, and was transverse, about $2\frac{1}{2}$ or 3 inches in length, and penetrated the windpipe in the crico-thyroid space, severing the windpipe about one-third through, the wind entering and escaping at each respiration. Considerable blood had entered the trachæ, which gurgled back and forth with each respiration, and caused considerable dyspnœa.

I sponged out the wound carefully, and found that oozing had almost ceased. I then introduced two silver wire sutures, one on each side of the wound, through the deep cellular structures, which completely closed the opening, after which she breathed quite easy. I then inserted four additional thread sutures through the external integuments, after which I ordered cold water to be constantly applied, and also gave a cathartic. During the introduction of the deep sutures, there was slight arterial hemorrhage started in the right corner of the wound, which I thought arose from a wounding of the right transverse crico-thyroid artery, but after applying cold water for a few minutes, it ceased. Ligatures were not found necessary in the dressing, as no large vessels appeared to be wounded. I then placed the patient's head upon a high pillow, to make the chin approximate the sternum, and did not apply straps to the head, as is usually recommended, she not desiring it, and being conscious of her condition, and willing to conform to instructions to remain quiet. After being dressed and placed comfortable, she could converse quite easily, in a low tone, and rested well until about 10 o'clock that night, (ten hours after the injury) when violent vomiting ensued, of blood and other contents of the stomach, which tore out one of the wire sutures, and air passed through the opening for a short time, and also produced some spasm of the glottis. She soon recovered, however, and afterwards rested well, with occasional slight cough and expectoration of clotted blood. In the after part of the night, she again vomited slightly, but without any serious consequences following.

The next day, May 2d, about noon, I saw her again, and was informed that the bowels had not moved since taking the cathartic. I then ordered injections of soap-suds. I also gave quinia sulph. gr. 1, and tr. ferri, gtt. fifteen, to be taken three times a day. She had but very little fever; the pulse was soft, but a little increased, being 90; temperature natural.

May 3d found her doing well—not much inflammation about the wound or glottis, and respiration easy, but was informed that the injections also failed to move the bowels. I then gave croton oil, with instructions to give one drop every half hour until three drops were taken, or the bowels moved. In the evening I was sent for, with the information that no effect had been produced upon the bowels yet, and upon my arrival found her somewhat nauseated, but resting comfortable. I then gave her an injection of half a pint of soap-suds, half tablespoonful of castor oil, and two drops of croton oil, which, in about half an hour, produced a large evacuation.

May 4th, at noon, visited her again, and was informed that during my absence she again vomited slightly, and had quite a severe spasmodic contraction of the glottis, which almost resulted fatally. I then gave bromide of ammonia, gr. 5, to be taken three times a day, and ordered injections of soap-suds every other day, with a tablespoonful of castor oil.

From this time she made rapid progress, but on the eighth day of the injury, her menstrual flow (as she supposed) commenced, not thinking that she was pregnant, and continued three days, when miscarriage took place, but without producing any effect whatever in her condition. She then informed me that she must have been advanced about two months—I did not see the fœtus.

May the 8th, I removed the sutures, and the wound had closed firmly at the bottom, but, superficially, was still open and discharging freely. I then used carbolized oil as a dressing, together with the cold water.

May 12th, I made my last visit. The wound was granulating nicely, which continued, as I am informed, until she had fully recovered.

The history of the case displays, I think, some derangement of the mind. She says it was caused from family trouble; but several years ago, Dr. Bailey, of Hillsboro, treated her for paralysis, from which she appeared to have recovered. About six weeks after her last marriage, in September last, she says she took a tablespoonful of pulverized glass, for the purpose of committing suicide, then, but it did not effect her in the least. She has also tried, when riding on horseback, to make the horse throw her; and at one time, contemplated murdering her two children, but could never master her feelings sufficient to carry her design into execution; all of which would appear that she has been laboring under some mental derangement. At present, May 30th, she appears in good health, and says the tragedy she has just gone through, seems to her as a dream, and that it would not be possible for her to repeat the act, "as it makes the cold chills run through her"—to use her language—"whenever she thinks of it."

She is about 26 years of age, married, and is an American; has been married before, and has two children by her former husband. Was married the last time, last August; is of medium size, sanguine temperament, and possessed of fair intellect.

CASE III.

On March 25th, 1875, Judge A. C. A., of Hillsboro, Washington county, Oregon, took, through mistake, a teaspoonful of lotion, composed of gr. 20 ext. belladonna, gr. 15 hydr. chlor. corrosive, dr. $\frac{1}{2}$ carbolic acid, and oz. 2 of water, which I had given him to apply for pruritus ani. He had been taking medicine internally at the same time, and had both bottles setting together. Both were plainly labeled, and one

was square, and the other round; but having his attention directed to something else, while reaching for the bottle, accidentally got hold of the wrong one, and took the medicine without thinking. In a few minutes, however, it occurred to him the medicine "did not taste right," as he expressed it, and very soon became sick at his stomach, and upon examining the bottles, saw that he had made a mistake. He immediately went to my office, about forty rods distant; but I not being in, he went home and laid down and soon commenced to vomit profusely, after which he again started to find me, and met me on the street, when I took him to my office and administered a large emetic of sulphate of zinc, which evacuated the stomach thoroughly; after which, I took him home and administered drafts of strong coffee, with milk, and eggs beaten up in it, and gave him all he could drink. About this time, about $\frac{1}{2}$ hour after taking the medicine, the pupils of the eyes became largely dilated, but he appeared to be quite easy and comfortable; the pulse was not affected, but in about $\frac{1}{2}$ hour more—one hour after the accident—delirium began to supervene, and increased rapidly, so much so that in one hour he was the most silly person I ever saw, and would do things of the most peculiar character, yet was easily controlled, and appeared to understand, readily, anything told him, but would forget it again just as quickly. The organs seemed to have lost their unity of action, and, like a ship at sea without a rudder, drifted whither the wind wafted. When walking, he would reel like a man under the influence of liquor, and had to be supported, but complained of no pain. I exercised him quite lively in the open air, by walking. In about four hours the effect began to subside, and he became somewhat stupid, and appeared like one in deep meditation, occasionally starting up with a wild expression, ask some foolish question, or make some silly remark. This condition, however, continued to subside, and at 10 o'clock P. M., about ten hours from the occurrence, he was quite sensible, with only an occasional slight spasmodic start,

or shiver. His pulse did not vary during the whole proceeding more than about ten pulsations, except at one time during the wildest excitement it arose to 100, but did not remain long. The corrosive sublimate did not seem to produce any effect that was perceptible, and must have been either evacuated early or neutralized by the milk and egg mixture. He rested well during the night, but complained some in the morning with a pain in the top of his head, which he described as being something like a constant pressure, with an occasional heavy blow, the shock of which seemed to pass clear through him, and almost knocked him down. The pupils of the eyes were still dilated, and vision considerably interfered with, which lasted several days; but in two days he was able to attend to his business again.

This case illustrates the great danger of keeping different medicines close together; and such accidents, it would seem, would impress the importance of the physician's advice.

CASE OF IRRITABLE BLADDER BY DILATION OF THE URETHRA.

BY W. B. CARDWELL, M. D.

Miss K., age 22 years, has been afflicted for the past eleven years with all the distressing symptoms of an irritable bladder. This local trouble followed an attack of the typhoid fever. All the usual remedies were faithfully tried, such as Buchu, Opium, Belladonna, Selsemium, demulcent drinks, Quinia, washing out of the bladder, and numerous other means, but with no better results than temporary relief. Noticing in the journals favorable results from dilation of the urethra, concluded to give the method a trial, as I considered it a favorable case for such a procedure. Having first placed the patient under the influence of an anesthetic I dilated the urethra, using an ordinary pair of bullet forceps, in the ab-

sence of a better instrument, until I could introduce the index finger. About two hours after the operation, administered Morphia internally, to allay pain. Two weeks subsequent to the operation every symptom of irritation about the bladder disappeared, and now, at the present time of writing, two months from the operation, the patient remains perfectly well and apparently permanently relieved.

PORTLAND, OREGON, July 12, 1876.

LIST OF OFFICERS.

<i>President,</i>	WM. H. WATKINS, M. D.,	Portland.
<i>Vice President,</i>	D. B. RICE, M. D.,	Albany.
<i>Corres. Sec'y,</i>	A. C. HELM, M. D.,	The Dalles.
<i>Treasurer,</i>	L. L. ROWLAND, M. D.,	Salem.

LIST OF COMMITTEES.

Practical Medicine and Medical Literature.—Drs. R. Glisan, E. R. Fiske, A. C. Helm, F. B. Eaton.

Surgery.—Drs. A. Sharples, H. E. Jones, D. B. Rice, Alf. C. Kinney, J. L. Hill.

Obstetrics.—Drs. F. A. Bailey, R. B. Wilson, C. C. Strong, H. Logan, J. Reynolds.

On Medical Topography, Meteorology, Endemics and Epidemics.—Drs. W. B. Cardwell, J. W. Turner, S. J. Lee, M. Giesy, H. W. Ross.

On Indigenous Botany and the Domestic Adulteration of Drugs.—Drs. O. P. S. Plummer, T. W. Harris, J. Nicklin, M. Flinn.

On Public Hygiene, and State Medicine.—Drs. S. R. Jessup, H. J. Broughton, H. C. Hall, D. Payton, W. C. Wariner.

On Mental Diseases and Medical Jurisprudence.—Drs. J. T. Ghiselin, A. M. Belt, D. M. Jones, J. P. Tate, D. W. Cox.

On Medical Education.—Drs. J. Vite, W. H. Saylor, A. J. Nicklin, G. E. Nottage.

On Publication.—Drs. R. B. Wilson, R. G. Rex, H. R. Littlefield, and C. C. Strong, ex-officio.

On Arrangements.—Drs. H. Carpenter, L. L. Rowland, J. W. McAfee, S. D. McAuley, J. A. Richardson.

LIST OF MEMBERS. ~ 1876

Bailey, F. A.,	Hillsboro,	Washington Co.
Bailey, E. I., U.S.A.	Portland,	Multnomah “
Baker, W. D., U.S.A.		
Belt, A. M.	Salem,	Marion “
Broughton, H. J.	Albany,	Linn “
Cardwell, W. B.	Portland,	Multnomah “
Carpenter, H.	Salem,	Marion “
Cox, D. W.	McMinnville,	Yamhill “
Eaton, F. B.	Portland,	Multnomah “
Fiske, E. R.	Salem,	Marion “
Flinn, M.	Vancouver, W. T.	Clarke “
Glisan, R.	Portland,	Multnomah “
Ghiselin, J. T.	“	“ “
Giesy, Martin	Aurora,	Marion “
Hall, C. H.	Salem,	“ “
Helm, A. C.	The Dalles,	Wasco “
Hill, J. L.	Albany,	Linn “
Harris, T. W.	“	“ “
Jones, D. M.	“	“ “
Jones, H. E.	Portland,	Multnomah “
Jessup, S. R.	Salem,	Marion “
Kinney, Alf. C.	Astoria,	Clatsop “
Littlefield, H. R.	Portland,	Multnomah “
Lee, Thomas J.	Junction City,	Lane “

Medical Society of Oregon.

Logan, H.	The Dalles,	Wasco	Co.
McAfee, J. W.	Salem,	Marion	"
McAuley, S. D.	Stayton,	"	"
Nicklin, A. J.	Eugene,	Lane	"
Nicklin, John	Wrm. Sp. Ind. Ag.	Wasco	"
Nottage, G. E.	East Portland,	Multnomah	"
Parker, S.	"	"	"
Payton, D.	Salem,	Marion	"
Plummer, O. P. S.	Albany,	Linn	"
Raffety, C. H.	East Portland,	Multnomah	"
Rex, R. G.	Portland,	"	"
Reynolds, J.	Salem,	Marion	"
Richardson, J. A.	"	"	"
Rowland, L. L.	"	"	"
Rice, D. B.	Albany,	Linn	"
Ross, H. W.	Oregon City,	Clackamas	"
Saylor, W. H.	Portland,	Multnomah	"
Strong, Curtis C.	"	"	"
Sharples, A.	Salem,	Marion	"
Tate, J. P.	Albany,	Linn	"
Turner, J. W.	Vancouver, W. T.	Clarke	"
Vite, John	Forest Grove,	Washington	"
Warriner, W. C.	Bethel.	Polk	"
Watkins, W. H.	Portland,	Multnomah	"
Wilson, R. B.	"	"	"

 HONORARY MEMBERS.

Henry Gibbons, Sr., M. D., San Francisco.

Henry Gibbons, Jr., M. D., San Francisco.

D. M. Baldwin.

Alden H. Steele, Olympia, W. T.

Phillip Harvey, Iowa.

PROCEEDINGS
OF THE
FOURTH ANNUAL MEETING
OF THE
OREGON STATE MEDICAL SOCIETY,

HELD AT SALEM, JUNE 11, 12 AND 13, 1877.

PUBLISHED BY THE SOCIETY.



PORTLAND, OREGON:
GEORGE H. HIMES' STEAM JOB PRINTING WORKS.
1877.

LIST OF OFFICERS.

<i>President,</i>	L. L. ROWLAND, M. D.,	Salem.
<i>Vice President,</i>	W. C. MCKAY, M. D.,	Umatilla.
<i>Secretary,</i>	CURTIS C. STRONG, M. D.,	Portland.
<i>Corres. Sec'y,</i>	C. H. HALL, M. D.,	Salem.
<i>Treasurer,</i>	J. P. TATE, M. D.,	Albany.

REPORT OF COMMITTEE ON PUBLICATION.

*To the Officers and Members of the
Oregon State Medical Society:*

We, your Committee on Publication, respectfully submit the following report:

In issuing the fourth volume of transactions, we hope we have fulfilled the trust and confidence reposed in us, and that our labors may merit your approbation.

The tardiness of publication is owing to the fact that the Permanent Secretary was unable to deliver all the manuscript to your committee before the 8th of November, 1877.

The committee invite especial attention to the general excellence of the original papers published in this volume. All are eminently creditable to their authors, and constitute the chief value of the transactions.

F. B. EATON, M. D., Chairman.
A. J. RICHARDSON, M. D.
A. C. HELM, M. D.
O. D. DOANE, M. D.
W. H. SAYLOR, M. D.
J. L. HILL, M. D.
C. H. HALL, M. D.

CONTENTS.

	PAGES.
List of Officers,	2
Report of Committee on Publication,	3
Minutes of the Fourth Annual Meeting,	5-19
Report of Committee on Arrangements—by H. Carpenter, M. D., of Salem,	5-7
Annual Report of the Permanent Secretary—C. C. Strong, M. D., of Portland,	7-10
Financial Report of Permanent Secretary,	10-11
Report of Board of Censors,	12-13
Resolutions on death of Dr. John Vite, of Hillsboro,	18
Board of Censors,	20
Standing Committees for 1877,	20-21
List of Members,	21-23
Addresses of the President, W. H. Watkins, M. D.,	24-49
Report of Cases from St. Vincent's Hospital, by R. G. Rex, M. D.	49-65
Report on Medical Topography and Climatology, by W. B. Cardwell, M. D.,	66-75
Constitution,	76-78
By-Laws,	79-80

FOURTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF OREGON.

FIRST DAY—12TH OF JUNE, 1877.

OFFICE OF THE SUPT. OF PUBLIC INSTRUCTION, }
SALEM, OREGON, 2 o'clock P. M.

The hour set for opening the meeting having arrived, Dr. D. B. Rice, Vice President, called the Society to order, stating that the President, Dr. W. H. Watkins, was not present, and that the meeting would be opened with a prayer by Dr. L. L. Rowland.

After the formal opening of the Society, it was noted that the Permanent Secretary, Dr. Curtis C. Strong, was absent, whereupon it was moved and carried that Dr. C. H. Hall act as Secretary *pro tem*.

Before taking up the regular order of business, Dr. Rice made some remarks upon the duties of the Society toward the public and State, and of the members one with another.

He then called for the report of the Committee of Arrangements which was present and read by the Chairman, H. Carpenter, M. D., and is as follows:

GENTLEMEN:

As Chairman of the Committee of Arrangements, it is my most grateful office to welcome you to this, the capital city of the State of Oregon, a State destined soon to assume a high rank with the older and wealthier States, and to as-

sure you of the cordial pleasure with which your assemblage here has been anticipated by the entire profession of this city.

Our duties, as physicians, is a theme worthy of the pen of our best writers, and the efforts of our most accomplished speakers—a subject of which we should never lose sight so long as we are members of the medical profession. However, I have no time or the disposition to enter upon this subject further than relates to our Society.

Medicine is a progressive science, and I fully trust that the time has arrived when we will confine ourselves more to scientific attainments and *less* to professional differences, consequently, carry out the legitimate object of our organization—namely: Promoting *true* medical science among its members and elevating the character of the physician in the community.

We should never relinquish our studies; our motto should be—*observe, read, reflect and record*. Our duties to each other are many. Here allow me to refer you to the able precepts laid down in the code of Ethics—That we may pay special regard to our obligations as members of a great and noble profession.

Then let us endeavor to carry out the spirit of the code which we have adopted for our government. Let us try to discard past difficulties and consecrate ourselves anew to the great work before us; although we may differ religiously and politically, we should be as one professionally—yea, should all be gentlemen upon the same platform. Then let us work together for the advancement of our science and exert our utmost abilities in behalf of our patients—walk uprightly in the discharge of our duties as physicians before God and man.

I also herewith present a printed programme, detailing the work for the present session, including an invitation from the Medical Faculty of the Willamette University for this Soci-

ety to attend a social re-union and collation at the Cheme-keta; also, a commutation fare, &c.

H. CARPENTER, M. D.,

Chairman Committee of Arrangements.

After the reading of this report, it was received and adopted.

A motion then prevailed inviting the following persons to seats as reporters: Prof. D. M. C. Gault, "Daily Oregonian," Portland; Prof. T. J. Blake, "Daily Record," Salem; Hon. W. H. Odell, "Oregon Statesman," Salem.

The report of the Permanent Secretary was presented and read:

SECOND ANNUAL REPORT OF THE PERMANENT SECRETARY.

Mr. President and Members of the

Medical Society of the State of Oregon:

GENTLEMEN:

Herewith I have the honor to submit for your inspection the following report:

The duties performed in this office, for the last year, were as follows:

The Minutes have been neatly transcribed in a book kept for that purpose and marginal notes made so as to render it easy to refer to them. A copy of the same has been made for publication. Notwithstanding the different articles were arranged and afterwards proof read in this office, I am sorry to say several mistakes may be found.

I have sent a copy of our transactions to the Librarian of Congress, to the American Medical Association, to the Secretary of every State and Territory in the United States, to all State Medical Societies that it was possible to obtain their address, and have exchanged with every society that have sent proceedings to us.

I hope, in time, we will have the address of every State and Territorial Society in this country. I have kept a record

of all this in a permanent form, and the following is a list of our exchanges:

With the State Medical Society of	Arkansas	for	.....	1873
“ “ “ “ “	California	.....	1876	
“ “ “ “ “	Kentucky	.....	1876	
“ “ “ “ “	Connecticut	....	1876	
“ “ “ “ “	Kansas	.....	1875	
“ “ “ “ “	Maryland	....	1876	
“ “ “ “ “	New Hampshire	...	1876	
“ “ “ “ “	South Carolina	...	1876	
“ “ “ “ “	Vermont	.....	1871-2-3	
“ “ “ “ “	West Virginia	.....	1876	
“ “ “ “ “	Wisconsin	.....	1876	
“ “ “ “ “	Rhode Island	...	1874-6	
“ “ “ “ “	Pennsylvania	....	1876	
“ “ “ “ “	Maine	.....	1876	
“ “ “ “ “	Nebraska	.....	1876	

These make, with those sent to the different State and Territories, over sixty-five exchanges. Added to this number those sent to the members, different Medical Societies, journals, prominent men, will amount to over one hundred copies.

Attached to this report is a statement of the amount of cash received and disbursed, together with the vouchers.

According to the instructions of the Society I have purchased a desk for the use of this office at the cost of \$35. It is a great convenience, and enables me to keep systematically all the papers of the Society.

I have had ruled, printed and bound, a book, known as the "Record." It is ruled and headed in such a complete manner as to have a place alphabetically for the name, residence, place and date of graduation, by whom recommended, when proposed, when elected, when rejected, when definite or indefinitely suspended, and remarks. It is to be hoped that the members will take interest enough in the Society and themselves to see that their record is straight in the books,

for it can be corrected now, but in a short time no changes can be made, but the record will have to be accepted, right or wrong, for there will be no one to correct our mistakes, and it is our duty to leave a correct and clean history to the world.

There is a place for honorary members, their names, residence, when elected, and remarks.

There is also a place to give the name, residence, date of election, length of term, etc., etc., of all the officers and Board of Censors for each year. This book is so arranged as to last twenty-seven years, when it is hoped we will be able to replace it with something very much better, although I do not see how it could be improved at the present time.

The labors pertaining to this office have for the past year been more than ordinarily extensive; for not only the regular duties of the office have fallen upon me, but I have prepared for publication all the transactions, have collected all the money due the Society, and have also attended to all correspondence. None of this is due to any fault or neglect of the officers or committees, it being impossible for officers who are elected annually to become sufficiently familiar with the routine work necessary for the smooth working of the Society.

Therefore, these different duties that I have enumerated have necessarily fallen upon the Permanent Secretary. On account of having to prepare and superintend the publishing of the annual proceedings, it makes it necessary for the Permanent Secretary to pay all bills; as he therefore feels personally responsible, he is in duty bound to collect all the dues, if it is not done otherwise.

The work of the Corresponding Secretary is obliged to be done in this office, for the following reasons: Our transactions are all sent here for distribution, and it would be about as much work to send them to the Corresponding Secretary as to mail them directly to the members and different Societies, besides the extra expense.

Again, a majority of all the books, transactions, etc., sent to us, are sent here, from the fact that other Societies, having once learned the address of the Permanent Secretary, send directly to him rather than hunt up the address of the Corresponding Secretary, who is one year in one place, then in another.

This would make it necessary for me to mail at considerable expense all these books to him, so that he could perform the duties of his office. Some action should be taken by the Society for collecting the dues, or that labor transferred to the Permanent Secretary, with such action of the Society as would make their collection easier. The collection of such dues as were not paid at the annual meeting, has been a thankless task of some magnitude. I have written from one to six letters to each member in arrears, and am still unable to report the books clear.

In conclusion, I can but call the attention of the Society to the matter of collecting the dues, and some means provided for clearing the books of all the arrears; this once done, I think it will be possible to prevent so many from becoming delinquent.

In my last report, attention was called to radical defects in our Constitution and By-Laws. It is necessary that these errors and omissions be corrected, but time and attention must be given to it, so as to get them as nearly correct as possible; it is better for us to work under one slightly defective, rather than be changing every year.

All of which is respectfully submitted by

CURTIS C. STRONG,
Permanent Secretary.

PORTLAND, Oregon, June 11, 1877.

CASH AS PER BOOKS OF THE PERMANENT SECRETARY.

1876.		Dr.
July 1	To Cash from last year.....	\$ 7 25
" 5	" F. A. Bailey.....	5 00
" "	" H. Carpenter.....	5 00
" "	" E. R. Fiske.....	5 00
" "	" R. Glisan.....	5 00
" "	" H. C. Hall.....	10 00

Aug. 5	To A. C. Helm.....	\$ 5 00
" "	" J. L. Hill.....	5 00
" "	" J. W. McAfee.....	10 00
" "	" D. Payton.....	5 00
" "	" C. H. Rafferty.....	5 00
" "	" R. G. Rex.....	5 00
" "	" J. Reynolds.....	5 00
" "	" J. A. Richardson.....	10 00
" "	" L. L. Rowland.....	5 00
" "	" W. H. Saylor.....	5 00
" "	" J. P. Tate.....	10 00
" "	" J. Vite.....	5 00
" "	" M. Giesy.....	10 00
" "	" D. W. Cox.....	5 00
" "	" S. R. Jessup.....	10 00
" "	" J. W. Turner.....	5 00
" "	" M. Flinn.....	5 00
" "	" J. Nicklin.....	5 00
" "	" T. J. Lee.....	5 00
" "	" A. Sharples.....	5 00
" "	" W. C. McKay.....	5 00
Aug. 3	" J. T. Ghiselin.....	5 00
" 7	" C. H. Rafferty.....	5 00
" 9	" R. B. Wilson.....	5 00
Sept. 14	" E. I. Bally.....	5 00
Oct. 20	" O. P. S. Plummer.....	5 00
" "	" C. C. Strong.....	5 00
" 26	" H. R. Littlefield.....	5 00
Nov. 2	" W. B. Cardwell.....	5 00
" 3	" D. M. Jones.....	5 00
" 20	" H. E. Jones.....	5 00
" 24	" W. H. Watkins.....	5 00
Dec. 12	" F. B. Eaton.....	5 00
" "	" 18 Copies Transactions.....	2 25
1877.		
Jan. 25	" Alf. C. Kinney.....	5 00
Mch. 21	" G. E. Nottage.....	5 00
" "	" Adv. Bellevue.....	15 00
April 6	" D. B. Rice.....	5 00
" 17	" S. Parker.....	5 00
" "	" Discount on Silver.....	25
May 16	" T. W. Harris.....	5 00
" 17	" 6 copies Transactions.....	75
" 28	" D. M. Jones.....	5 00
" 29	" E. R. Fiske.....	5 00
June 8	" W. H. Ross.....	10 00
" "	" R. Glisan.....	5 00

\$285 50

1876.		VOUCHER	CR.
July 6	By C. H. Perkins.....	1	\$ 25 00
May 4	" I. F. Powers.....	2	2 50
" "	" Oregonian bill.....	3	2 00
" "	" Discount on Silver.....	5	20
" 17	" Rent of Hall.....	4	5 00
" "	" Discount on Silver.....	5	30
" "	" Copying.....	5	35 00
Nov. 2	" W. B. Cardwell.....	6	3 50
" 4	" I. F. Powers.....	7	35 00
" 24	" Postage Stamps.....	5	4 75
" "	" G. H. Himes.....	8	107 00
" "	" Postage Stamps.....	5	4 10
Dec. 12	" G. H. Himes.....	9	1 00
" "	" J. K. Gill.....	10	2 10
1877.			
April 2	" A. G. Walling.....	11	20 00
" 17	" Postage Stamps.....	5	3 00
June 11	To cash on hand.....		45 05

\$ 295 50

CURTIS C. STRONG,
Permanent Secretary.

On a motion made and carried, it was decided to place the name of W. C. McKay upon the record of members, he having applied and advanced the money (\$5) a few days after the adjournment of the Third Annual Meeting, and had received all the rights and advantages of a member during that time.

The members of the Board of Censors present, were instructed to act for the entire Board.

A resolution was introduced and carried to admit ladies, duly qualified, to membership in this Society.

Dr. A. Cutting, of Indiana, was introduced by the President to the Society, and invited to participate in the deliberations of the Society.

The Board of Censors made the following report:

"We, the Board of Censors, beg leave to report that we have this day carefully examined as to the qualifications of the following persons, applicants for membership:

- O. M. Dodson, M. D., of Malheur, Grant county.
- J. E. Davidson, M. D., of Independence, Polk county.
- O. D. Doane, M. D., of Dallas, Polk county.
- Miss Annie L. Ford, M. D., of Salem, Marion county.
- Miss Ella J. Ford, M. D., of Salem, Marion county.
- George J. Hill, M. D., of Portland, Multnomah county.
- Henry Lane, M. D., of ———.
- J. M. Pruett, M. D., of Pendleton, Umatilla county.
- W. P. Smith, M. D., of Harrisburg, Linn county.
- J. W. Starr, M. D., of Monroe, Lane county.
- W. F. Alexander, M. D., of Lebanon, Linn county.
- W. A. Cusic, M. D., of Gervais, Marion county.
- H. R. Homes, M. D., of Warm Springs Indian Agency, Wasco county.
- J. M. Morgan, M. D., of King's Valley, Benton county.
- J. M. Kitchen, M. D., of Stayton, Marion county.
- W. F. Morrison, M. D., of Empire City, Coos county.
- J. N. Power, M. D., of Port Townsend, W. T.
- Z. T. Dodson, M. D., of Dallas, Polk county.

J. E. Payton, M. D., of Drain Station, Douglas county.

W. W. Oglesby, M. D., of Weston, Umatilla county.

N. L. Lee, M. D., of Junction City, Lane county,

And find that they are regular graduates in medicine, and are the original and lawful owners of diplomas from duly recognized medical colleges. They have also complied with all the requirements of our Constitution and By-Laws. We therefore recommend that they be elected members of this Society."

Respectfully submitted,

J. P. TATE,

Chairman Board of Censors.

The Society, at this time, extended a general invitation to all regular physicians present, to participate in all discussions before the Society.

It was made the first order of business, upon the opening of the morning session, to-morrow the 12th inst., to at once proceed to the election of officers.

Reports from the Standing Committees were now declared in order, and the President proceeded to call for them in the following order:

1. *Practical Medicine and Medical Literature*—R. Glisan, M. D., of Portland, Chairman. No report.

2. *Surgery*—A. Sharples, M. D., of Salem, Chairman. Dr. Sharples asked further time to make his report, which was granted, with instruction to hand the same to the Secretary for the use of the Publishing Committee.

3. *Obstetrics*—F. A. Bailey, M. D., of Hillsboro, Chairman. No report. But an article upon this subject, by one of the members of this committee—Curtis C. Strong, M. D., of Portland—was received, and in the absence of its author, was read by title only.

4. *On Medical Topography, Meteorology, Endemics and Epidemics*—W. B. Cardwell, M. D., of Portland, Chairman.

Dr. Cardwell submitted a well written and exhaustive report upon this subject, which was read and referred to the Publishing Committee.

5. *On Indigenous Botany and the Domestic Adulteration of Drugs*—O. P. S. Plummer, M. D., of Portland, Chairman. No report.

6. *On Public Hygiene and State Medicine*—S. R. Jessup, M. D., of Salem, Chairman. Dr. Jessup made a verbal report. At the conclusion, he stated that he had not prepared a written report upon this subject.

7. *On Mental Diseases and Medical Jurisprudence*—J. T. Ghiselin, M. D., of Portland, Chairman. No report.

8. *On Medical Education*—W. H. Saylor, M. D., of Portland, Chairman. By the death of John Vite, M. D., no report. Dr. R. E. Fiske made a few remarks upon this subject.

On motion, Dr. O. D. Doane was elected Assistant Secretary *pro tem*.

The remainder of the morning hours was profitably spent, in listening to Dr. Hall, who, in response to a call, presented in a comprehensive manner his views upon the pathology and indications of treatment in diphtheria. He was followed upon this subject by Drs. Cutting, Tate, Sharples, McKay, D. M. Jones, Jessup, Doane, Richardson, Rice, Lane and Nicklin.

The hour for closing having arrived, the President declared the Society adjourned, to meet to-morrow morning at 8 o'clock.

SECOND DAY, JUNE 12—MORNING SESSION.

At 8½ o'clock the Society was called to order, W. H. Watkins, M. D., President, in the chair.

The first order, viz.: the election of officers, was taken up,

and, upon motion, postponed until after the report of the Board of Censors had been acted upon.

The report of the Board of Censors was now called for, and upon the vote, each person recommended by the Board was elected.

The members of the graduating class of the Medical Department of Willamette University, received as members, were granted further time for the payment of their dues.

The back dues of A. M. Belt, M. D., E. R. Fiske, M. D., and W. C. Warriner, M. D., were remitted.

The following persons were elected honorary members: A. M. Belt, M. D., Salem, Marion county; E. R. Fiske, M. D., Salem, Marion county; W. C. Warriner, M. D., Bethel, Polk county; R. C. Hill, M. D., Albany, Linn county.

The President declared the election of officers now in order, and appointed Drs. Sharples and Fiske tellers. Drs. H. Carpenter, L. L. Rowland, both of Salem, were nominated. Dr. Rowland having received a majority of all the votes, the President declared him elected President for the next year.

W. C. Kay, M. D., was the only nominee for Vice President, J. P. Tate, M. D., for Treasurer, C. H. Hall, M. D., for Corresponding Secretary, and in each case a motion was made and carried that the Secretary be instructed to cast the vote of the Society for those men, after which the President declared them elected to the respective offices mentioned.

The following were elected as the Board of Censors: Drs. J. A. Richardson, D. B. Rice, S. D. McAuley, A. C. Helm and W. B. Cardwell.

The following persons were elected delegates to the American Medical Association, which meets in the city of Buffalo, Erie county, State of New York, in June, 1878: Drs. C. H. Hall, J. P. Tate, H. Carpenter, W. H. Watkins and J. A. Richardson.

Dr. Rice, of Albany, moved that Portland be selected as the place for our next annual meeting; carried.

After reading his annual address, the retiring President, W. H. Watkins, M. D., conducted the President elect, L. L. Rowland, M. D., to the chair. Dr. Rowland made some appropriate remarks upon entering upon the duties assigned to him. At the conclusion of his remarks, Dr. Harvey moved that the Society tender Dr. Watkins a vote of thanks for the able and impartial manner with which he had ever directed the action of the Society, and for the interesting address just delivered; passed unanimously.

The Society now adjourned to 1 P. M.

AFTERNOON SESSION, 1½ P. M.

The Society was called to order by the President, L. L. Rowland, and opened with prayer by the Rev. C. V. Anthony.

The President announced the following Standing Committees for the ensuing year:

1. *Practical Medicine and Medical Literature*—Dr. D. B. Rice, Chairman; Drs. J. W. McAfee, W. H. Watkins, A. C. Helm, A. J. Nicklin.
2. *Surgery*—Dr. A. Sharples, Chairman; Drs. H. Carpenter, H. E. Jones, Alf. C. Kinney, R. Glisan.
3. *Obstetrics*—Dr. D. Payton, Chairman; Drs. J. P. Tate, H. Logan, C. C. Strong, R. B. Wilson, A. M. Belt.
4. *On Medical Topography, Meteorology, Endemics and Epidemics*—Dr. P. Harvey, Chairman; Drs. R. Glisan, W. H. Saylor, W. B. Cardwell, J. L. Hill.
5. *On Indigenous Botany and the Domestic Adulteration of Drugs*—Dr. R. G. Rex, Chairman; Drs. C. H. Hall, S. R. Jessup, W. C. Warriner, D. M. Jones.
6. *On Public Hygiene and State Medicine*—Dr. O. P. S. Plummer, Chairman; Drs. C. H. Rafferty, J. Reynolds, M. Giesy, T. J. Lee, J. Nicklin.

7. *On Mental Diseases and Medical Jurisprudence*—Dr. F. A. Bailey, Chairman; Drs. E. R. Fiske, M. Flinn, J. W. Turner, H. R. Littlefield, G. E. Nottage.

8. *On Medical Education*—Dr. J. A. Richardson, Chairman; Drs. W. A. Cusick, M. Giesy, A. J. McAuley, W. P. Smith.

9. *On Publication*—Dr. F. B. Eaton, Chairman; Drs. A. J. Richardson, A. C. Helm, O. D. Doane, W. H. Saylor, J. L. Hill, C. H. Hall.

10. *On Legislation*—Dr. H. Carpenter, Chairman; Drs. D. W. Cox, H. Lane, D. B. Rice, D. M. Jones.

11. *On Arrangements*—Dr. R. Glisan, Chairman; Drs. R. B. Wilson, W. B. Cardwell, W. H. Saylor, J. H. Ghiselin.

12. *On Finance*—Dr. W. H. Watkins, Chairman; Drs. R. G. Rex, W. H. Saylor.

In conclusion, he said that at the request of E. R. Fiske, he had been excused from active committee duties, and expressed a hope and conviction that next year each committee would have a report.

Dr. Rex reported an interesting case of surgery, which was referred to the Publishing Committee.

Dr. H. Carpenter, the agent of Dr. Ahl's porous splints, presented a number of them for the inspection of the members, and examined their advantages and uses, and recommended them, as in his judgment, superior to all other splints, for either fractures or dislocations.

The attention of the Society was called to the fact that since our last meeting, one of our active members had been called from the field of labor to the haven of rest, and upon a motion, a committee consisting of W. H. Saylor, M. D., E. R. Fiske, M. D., and J. A. Richardson, M. D., were appointed to draft resolutions expressing the esteem and sympathy of the Society. In a short time the committee, through

its chairman, Dr. Saylor, presented the following resolutions, on the death of John Vite:

WHEREAS, In the Providence of God we are called upon to mourn the sudden death of our much esteemed associate, Dr. John Vite, of Hillsboro, in Washington county, since our last annual meeting; therefore, be it

Resolved, That while we bow to the will divine, and sympathize with his relatives in our mutual loss, we cheerfully bear testimony to the unassuming worth of the deceased, and testify to his excellence of private and professional character.

W. H. SAYLOR,
E. R. FISKE,
JAS. A. RICHARDSON.

The resolutions were unanimously adopted, and ordered published in the transactions, and the Society instructed to send a copy, under the seal of the Society, to the family of our deceased brother.

Dr. Carpenter, in response to a call, explained the various plans proposed for the revision of the Pharmacopœia. At the conclusion of his remarks, he moved that a committee of five be appointed to express the opinion of the Society upon that subject. The President appointed Drs. H. Carpenter, W. H. Watkins, P. Harvey, J. P. Tate and J. Reynolds.

The Committee on Constitution and By-Laws—by R. G. Rex, M. D., Chairman—submitted their report, which was taken up section by section, altered and amended in various ways, and then adopted as a whole. (See Minute Book, page 370.)

A motion was made to print 150 copies of the revised Constitution and By-Laws, but afterwards amended, by directing the Publishing Committee to print it with the transactions.

So much of the report of the Permanent Secretary as related to Finances, was referred to the Finance Committee.

A motion prevailed, accepting an invitation, extended by

the Faculty of the Medical Department of the Willamette University, to attend the commencement exercises of the College, and be present at a reception and collation at the Cheme-keta Hotel.

The Society now adjourned, to meet to-morrow at 9 A. M.

THIRD DAY, JUNE 13—MORNING SESSION.

At 9 A. M. the Society was called to order, by L. L. Rowland, President.

Rev. Mr. Doane offered prayer.

Bill of E. M. Waite, of \$7.00, for printing, was ordered paid.

The Committee on Publication were instructed to receive all papers, and publish such as they might think would best promote the general aim and object of the Society.

A vote of thanks was passed, thanking the officers for their faithful and active efforts to promote the best interests of the Society.

It was moved and carried, that this Society extend a vote of thanks to the O. S. N. Co., O. C. R. R., and O. & C. R. R., for the favor of passes granted this Society.

After a pleasant and humorous speech by R. C. Hill, the Society adjourned, to meet in Portland the second Monday in June, 1878.

BOARD OF CENSORS.

J. A. RICHARDSON, M. D.,	- - -	Salem, Chairman.
D. B. RICE, M. D.,	- - - -	Albany.
S. D. MCAULEY, M. D.,	- - -	Stayton.
A. C. HELM, M. D.,	- - - -	The Dalles.
WM. B. CARDWELL, M. D.,	- -	Portland.

STANDING COMMITTEES.

PRACTICAL MEDICINE AND MEDICAL LITERATURE.

D. B. RICE, M. D., of Albany, Chairman.
Drs. J. W. McAfee, W. H. Watkins, A. C. Helm, A. J. Nicklin.

SURGERY.

A. SHARPLES, M. D., of Salem, Chairman.
Drs. H. Carpenter, H. E. Jones, Alfred C. Kinney, R. Glisan.

OBSTETRICS.

D. PAYTON, M. D., Salem, Chairman.
Drs. J. P. Tate, H. Logan, Curtis C. Strong, R. B. Wilson, A. M. Belt.

ON MEDICAL TOPOGRAPHY, METEOROLOGY, ENDEMICS AND EPIDEMICS.

P. HARVEY, M. D., Portland, Chairman.
Drs. R. Glisan, W. H. Saylor, W. B. Cardwell, J. L. Hill.

ON INDIGENOUS BOTANY AND THE DOMESTIC ADULTERATION OF DRUGS.

R. G. REX, M. D., Portland, Chairman.
Drs. C. H. Hall, S. R. Jessup, W. C. Warriner, D. M. Jones.

ON PUBLIC HYGIENE AND STATE MEDICINE.

O. P. S. PLUMMER, M. D., Portland, Chairman.
Drs. C. H. Rafferty, J. Reynolds, M. Giesy, T. J. Lee, J. Nicklin.

ON MEDICAL DISEASES AND MEDICAL JURISPRUDENCE.

E. A. BAILEY, M. D., Hillsboro, Chairman.
Drs. E. R. Fiske, M. Flinn, J. W. Turner, H. R. Littlefield, G. E. Nottage.

ON MEDICAL EDUCATION.

J. A. RICHARDSON, M. D., Salem, Chairman.
Drs. W. A. Cusic, M. Giesy, S. D. McAuley, W. P. Smith.

ON PUBLICATION.

FRANK B. EATON, M. D., Portland, Chairman.
Drs. A. J. Richardson, A. C. Helm, O. D. Doane, Curtis C. Strong, *ex-officio*, J. L. Hill, C. H. Hall, W. H. Saylor.

ON LEGISLATION.

H. CARPENTER, M. D., Salem, Chairman.
Drs. D. W. Cox, N. L. Lee, D. B. Rice, D. M. Jones.

ON ARRANGEMENTS.

R. GLISAN, M. D., Portland, Chairman.
Drs. R. B. Wilson, W. B. Cardwell, W. H. Saylor, J. T. Ghiselin.

ON FINANCE.

W. H. WATKINS, M. D., Portland, Chairman.
Drs. R. G. Rex, W. H. Saylor.

LIST OF MEMBERS. 1877.

Morgan, J. M.,	King's Valley,	Benton	Co.
Ross, H. W.,	Oregon City,	Clackamas	"
Flinn, M.,	Vancouver, W. T.,	Clarke	"
Turner, J. W.,	Vancouver, W. T.,	Clarke	"
Morrison, W. T.,	Empire City,	Coos	"
Dodson, O. M.,	Malheur,	Grant	"
Payton, J. E.,	Drain Station,	Douglas	"
Power, I. N.,	Port Townsend, W. T.,	Jefferson	"
Lee, Thomas J.,	Junction City,	Lane	"
Lee, N. L.,	Junction City,	Lane	"
Nicklin, A. J.,	Eugene,	Lane	"
Starr, J. M.,	Monroe,	Lane	"
Alexander, W. T.,	Lebanon,	Linn	"
Broughton, H. J.,	Albany,	Linn	"
Harris, T. W.,	Albany,	Linn	"
Hill, J. L.,	Albany,	Linn	"
Jones, D. M.,	Albany,	Linn	"
Rice, D. B.,	Albany,	Linn	"
Smith, W. P.,	Harrisburg,	Linn	"

Tate, J. P.,	Albany,	Linn	Co.
Belt, A. M.,	Salem,	Marion	"
Carpenter, H.,	Salem,	Marion	"
Cusic, W. A.,	Gervais,	Marion	"
Fiske, E. R.,	Salem,	Marion	"
Miss Ford, A. L.,	Salem,	Marion	"
Miss Ford, E. J.,	Salem,	Marion	"
Giesy, M.,	Aurora,	Marion	"
Hall, C. H.,	Salem,	Marion	"
Jessup, S. R.,	Salem,	Marion	"
Kinney, Alf. C.,	Salem,	Marion	"
Kitchen, J. M.,	Stayton,	Marion	"
McAfee, J. W.,	Salem,	Marion	"
McAuley, S. D.,	Stayton,	Marion	"
Payton, D.,	Salem,	Marion	"
Reynolds, J.,	Salem,	Marion	"
Richardson, J. A.,	Salem,	Marion	"
Rowland, L. L.,	Salem,	Marion	"
Sharples, A.,	Salem,	Marion	"
Baily, E. I., U. S. A.,	Portland,	Multnomah	"
Cardwell, W. B.,	Portland,	Multnomah	"
Eaton, F. B.,	Portland,	Multnomah	"
Ghiselin, J. T.,	Portland,	Multnomah	"
Glisan, R.,	Portland,	Multnomah	"
Hill, J. G.,	Portland,	Multnomah	"
Jones, H. E.,	Portland,	Multnomah	"
Nottage, G. E.,	East Portland,	Multnomah	"
Parker, S.,	East Portland,	Multnomah	"
Plummer, O. P. S.,	Portland,	Multnomah	"
Rafferty, C. H.,	East Portland,	Multnomah	"
Rex, R. G.,	Portland,	Multnomah	"
Saylor, W. H.,	Portland,	Multnomah	"
Strong, C. C.,	Portland,	Multnomah	"
Watkins, W. H.,	Portland,	Multnomah	"
Wilson, R. B.,	Portland,	Multnomah	"

Davidson, J. E.,	Independence,	Polk	Co.
Doane, O. D.,	Dallas,	Polk	"
Dodson, Z. T.,	Dallas,	Polk	"
Warriner, W. C.,	Bethel,	Polk	"
McKay, W. C.,	Umatilla,	Umatilla	"
Pomett, J. M.,	Pendleton,	Umatilla	"
Oglesby, W. W.,	Weston,	Umatilla	"
Helm, A. C.,	The Dalles,	Wasco	"
Homes, H. R.,	Warm Springs,	Wasco	"
Logan, H.,	The Dalles,	Wasco	"
Nicklin, John,	Warm Springs,	Wasco	"
Bailey, F. A.,	Hillsboro,	Washington	"
Cox, D. W.,	McMinnville,	Yamhill	"
Littlefield, H. R.,	Lafayette,	Yamhill	"
Baker, W. D.,	Address unknown.		
Lane, Henry,	Coos City,	Coos	"

HONORARY MEMBERS.

- Gibbons, Henry, Sr., M. D., San Francisco, California.
 Gibbons, Henry, Jr., M. D., San Francisco, California.
 Harvey, Philip, M. D., Portland, Oregon.
 Steele, Alden H., M. D., Olympia, Washington Territory.
 Belt, A. M., M. D., Salem.
 Fiske, E. R., M. D., Salem.
 Hill, R. C., M. D., Albany.
 Warriner, W. C., M. D., Bethel.

ADDRESS OF DR. W. H. WATKINS,

PRESIDENT OREGON STATE MEDICAL SOCIETY.

—
SUBJECT—ORIGIN OF DISEASE.
—*Gentlemen and Members of the Society:*

In addressing you, at this time, I have thought it not inappropriate to take a hasty view of the present tendencies of medical opinion as to the origin of disease. In 1670, Dr. Brady wrote to Thomas Sydenham, the father of English Medicine, "No physician hitherto has attentively considered the force and influence of the atmosphere upon human bodies; no one either hath noted the force it exerts in fermenting, altering and circulating the blood. It follows, of necessity, that such changes and alterations which the atmosphere undergoes from matters with which it is impregnated, must also be communicated to the blood and juices of the body, and be impressed upon the same; so that such and such depraved dispositions of the blood originate in such and such depraved constitutions of the atmosphere." Sydenham himself says: "It is in accordance with immutable laws, and by a scheme known to herself only, that parent Nature accomplishes the generation of all things, and many things, as she may bring forward from the abyss of cause into the open daylight of effect; it is in the deepest darkness that she veils her essences, their constituent differentia, their quiddities, and hence it is that each species of malady, even as each species of animal, and each species of vegetable, hath taken as its portion, its own proper affections, proper, permanent, unequivocal, derivative from its essence." Thus two hundred years ago wrote Thos. Sydenham, whose writings are an ever flowing fountain of knowledge and ever increasing source of delight. From that day to this the "essence" of disease has engaged the attention of the philosophic physi-

cian. Hypothesis after hypothesis has been constructed, beautiful as the fabric of a vision, but utterly worthless, simply because they were not true. Foundations were laid, however, upon which will be raised a superstructure, simple, grand, and complete. First, the natural history of disease has been studied, and the pathological effects investigated, until we are now able to take another step, and tell why, in the quaint language above quoted, "Each species of malady, even as each species of animal and each species of vegetable, hath taken as its own portion its own proper affections." From time immemorial, not only physicians, but the laity, have been acquainted with certain facts concerning intestinal worms. Tape worms have been known and recognized for ages, but it was only recently that the subject of parasitic disease, whether animal or vegetable, has been fully investigated and understood—and following this lead, important information has been obtained, and gives great promise of the future. In the earlier portion of the present century, the subject of entozoa engaged the attention of investigators, and curiously enough, in connection with the subject of spontaneous generation. These tape-worms were not known to possess either organs of generation, nor to deposit ova, and it was readily supposed they had neither father or mother. However, so recently as 1842, it was discovered that certain minute worms found in stagnant pools, were derived from parents unlike themselves, and they in turn became progenitors of worms, unlike either. Soon it was determined by a number of experimentors, that the hydatid cyst found in mealy pork and in the flesh of other animals, was merely the larval state of tape-worms, and these larvæ taken into the human stomach, either in drink or food, would soon develop into tape-worms. And moreover, that in the intestinal canal of man, these larvæ attained sexual maturity, each segment containing male and female organs of generation. But I wish to call your attention to one fact particularly. That is, the

disease termed hog measles is caused by these ova. After having been swallowed by the hog, each ova bursts its cell, bores its way through the tissues of the animal, sometimes finding its way into blood-vessels, where it is borne on by the blood current, to find a lodgment in the liver, brain, lungs, even, and throughout the whole muscular system, and then we have the hog measles fully developed. One disease is thus fully accounted for, though it is in one of the inferior animals, but the same diseased condition would be produced in man, were we in the habit of eating the segments of tape-worms. And this is what takes place in Iceland where fifteen per cent. of the whole population are thus affected by the *Echinococcus hominis*, in the larvæ of *Tenium Echinococcus*, being found frequently in all portions of the human body, producing a disease of an extremely painful nature, and sooner or later ending in death. I will close the subject of the tape-worms as a cause of disease by mentioning the fact that the staggers, in sheep, is caused by the embryo of the *tenium* finding lodgment in the brain of the sheep. The destructive disease in sheep, known as "the rot," is caused by parasites called liver flukes. Several varieties of these flukes have been found in man, and they are known to produce inflammations of a very serious character, in the urinary passages, in the bowels, producing hemorrhages and exudations, followed by an extreme anæmic condition. I have seen these flukes affecting persons in Oregon.

The diseases produced by the *trichina spiralis*, owing to frequency—symptoms similar to some continued fevers; have attracted a wider attention than any other owing their cause to entozoa. The *trichina* disease, as it is called, is unquestionably very old, but has generally passed for typhoid fever. The *trichina* first became known about fifty years ago, but received little attention up to 1860, when quite a number of persons were taken sick at the same time, after eating of a piece of pork, one of whom died from the disease. Upon

examining her muscles, they were found dotted over with specks, which were ascertained to be groups of *trichina*, lying free about the muscular fibres. This girl, in the first instance, was supposed to have typhoid fever, but as the disease progressed, severe pains of an acute character came on, her limbs contracted, and finally in great agony she expired, some thirty days after attack. Some of her flesh was fed to rabbits, and soon the *trichina* disease caused their death, and other rabbits, fed with the flesh of this rabbit, took the same disease. The *trichina spiralis* as found in the muscles, develops in the mucous of the stomach and intestines, into the fully matured *trichina*, where they send forth an innumerable progeny, which migrate, find their way to the muscles, where they become encysted, as we found them in the first instance. Thus we have another disease, the origin of which is unquestionable, and one which has created and does create great interest among physicians who are looking for the origin of disease. I will not detain you, to draw the picture of diseases caused by entozoa having their habitation in the bowels as the *sclerostoma duodenale*, of those occupying the bronchia, the kidney, and of the cellular tissue, but will simply remark that the number is quite large, some of which, as to their natural history, we are not fully informed, but I must not forget to call your attention to a very old acquaintance, scabies, or in plain English, the itch, known and been a common affection in every neighborhood in the civilized world, characterized by small papules or vesicles, accompanied by intense itching. It is singular that this affection was known to arise from the burrowing of an insect beneath the epidermis more than two hundred years ago; but this fact, so important, was lost sight of, and though often since, the earlier portion of this century a subject of discussion, was not fully settled till 1834, and then by a student of medicine. The natural history of this insect has been fully investigated by numerous dermatologists, and it has been found that the itch insect is capa-

ble of being transferred to animals, where it thrives, and, indeed, is said to be identical with the itch insect of the cat, lion, sheep, horse, and dog. So here we have an important and very annoying skin disease, proved to be dependent on an animal parasite. Surely we are making headway as to the origin of disease. There is, however, another class of diseases produced by parasites—those heretofore mentioned have been animal—those we shall now examine are vegetable. Something over thirty years since, the potato rot made its appearance, and the crop was of so much importance, furnishing subsistence to millions, and being destroyed over so large a portion of the United States, England and Ireland. Especially in Ireland was its destruction so great, that it produced a famine, which resulted in untold suffering, and enlisted the sympathies of the Christian world. Scientific investigators began to examine the cause of this fearful blight, and after many years it was ascertained to be the result of a fungus called the peronospora infestans. This fungus penetrates the epidermis through the absorbents (stomata), thus reaching the cellular structure of the potato, leaf, or stalk, where it grows and soon produces fruit or spores. These spores soon produce seeds (zoos spores) which by means of their cilia are carried abroad. By means of rain they are carried to the potato tuber, as well as to the potato top. When the coming season the potato is planted, the micelium grows up through the potato stalks and leaves, and there fructifies in numbers quite unimaginable. It has been computed that a single square inch upon the leaf will furnish three million of zoos pores, ready to go forth upon their work of destruction. No wonder that whole fields, counties, States, are affected suddenly and irretrievably by this fearful blight, especially when it is considered that within three days after the reception of the seeds of this fungus, by the absorbents of the leaf, or by the spongioles of the roots of the potato plant, the fungus has matured, bearing fruit and sending out zoos pores on their errand of destruction.

Of a similar nature is the onion blight, which in a few days will destroy whole fields, and when it has once made its appearance it is not safe to plant in onions again for many years. The yellows in peaches is also produced by a fungus.

Thus we see that disease in plant life does not mean simply that the plant lacks vitality and vigor, but is produced by other plants which prey upon it, are poisonous to it, destroy it. The investigation is interesting as pointing out the manner by which disease may be propagated in animals and in man. Moreover it is quite possible that diseases in plants of fungoid origin, may be transferred to man.

But supposing that a person, affected by disease, should throw off germs of contagious nature, anything comparable with the spores that multiply in such vast numbers in the potato blight, we could readily imagine the explanation of the pestilence which often marches over the world.

Frequently, in the writings of the older pathologists, we find parallels drawn between the process of fermentation, as we see manifested in yeast and in vinous productions, to the processes we see manifested, by diseases of a specific character, in man. The simple facts concerning fermentation have been known from the earliest times. The housewife has made, or, as she expressed it, raised her bread by this process. But its true inwardness was not established and understood till within the last forty years. In 1837, a French chemist examined the globules of yeast and ascertained they were of a plant structure about 2500 of an inch in diameter and that they multiplied by budding, and he advanced the opinion that the process of fermentation was produced by this plant. He says: "It is probably by some effect of their vegetation that the yeast globules destroy the equilibrium of the elements of sugar." But it is only recently, that it has been ascertained that all processes of fermentation are dependent on fungous cells, and that the fungous, which produces beer is distinct from that which produces wine, and

that which produces bread, distinct from either. In a word, these yeast globules or yeast cells, are absolutely living plants. Pasteur, whose name is inseparably connected with this subject, declares: "The yeast globules are actually living cells capable of producing the transformation of sugar, just as the mammary gland in a living animal transform the ingredients of the blood into the ingredients of milk."

The investigations and discussions on this subject were long continued and somewhat acrimonious; but it is now a settled scientific fact, that a fermentable fluid will not ferment in the absence of the yeast plant, and that the yeast plant will only multiply in the presence of a fermentable fluid. Liebig, himself, finally gave up the controversy, and in 1871, says: "There no longer remains any doubt as to the nature of the ferment of beer and wine. It is a cryptogamic vegetation, more or less fully developed." Let us now see what has taken place admittedly by all authorities. In a saccharine liquid, a few cells of the yeast fluid is added. These cells immediately begin to multiply, and in so doing they decompose the sugar, appropriate certain elements for their own growth and multiplication, and leave a residuum of alcohol and carbonic acid. After taking up all sources of nutrition, the cells cease multiplying—but a single cell introduced into a similar fluid will produce like results. A little time ago we saw that a cryptogamic vegetation produced a wide-spread destruction of the potato plant. That other diseases of vegetable growths were produced in like manner: and now we have seen that a vegetable cell would decompose a saccharine fluid and change its character entirely, leaving as a net result a vast multiplication of its own specific cells.

More singular, however, than any fact heretofore ascertained is, that other processes, such as putrefaction, which we have supposed took place simply because exposed to the air, and in consequence, became disorganized, is dependent on the vital action of minute organisms called bacteria—these cells in-

roduced into an albuminous fluid will multiply, appropriating to themselves such constituents as are necessary for their production and growth and will continue to increase so long as food for their sustenance is supplied—and here again we have two essentials necessary to putrefaction. First—the animal or nitrogenized substance. Second—The addition to the animal substance of bacteria, and the resulting putrefaction is certain, being the worm work of the bacteria.

In the great canning establishments on the Columbia, it is not essential to exclude the air, but the bacteria cells must be excluded; and if they are excluded, putrefaction will not take place, so that this far we are on solid ground—that whenever we find putrefaction taking place, we may be certain bacteria cells are present and doing their appropriate work.

One more step in advance and we have made a prodigious stride in grasping the origin of a class of diseases of great importance, the etiology of which has been very obscure, and this advance has been fully demonstrated. The bacteria cells have been introduced into the body of animals during life and have been found to produce altogether similar effects as when they are introduced into any albuminous substance deprived of life. In 1863 and 1864, Duvaine showed that the blood of sheep, affected with certain fatal diseases, contained bacteria, and that this contaminated blood introduced into the healthy blood of other healthy sheep produce a like disease, causing death. After this fact was ascertained, experiments were entered upon which have developed facts truly astounding. It was not only shown that putrescent blood would produce fatal disease when introduced into the circulation of a healthy animal, but it was shown that after the blood in this manner had passed through several animals, its poisonous and infectious properties were immensely increased. For instance, bullock's putrefied blood injected into the cellular tissue of a rabbit required to produce death, 1-100 part of a drop, but when this process was repeated twenty-five times; then the infectious

properties were so much increased that one trillionth part of a drop, when introduced into the cellular tissue of a rabbit, produced death in twenty-four hours. A second rabbit, inoculated with the blood of this one diluted to 1-50 died in twenty-four hours. A third rabbit, inoculated with the blood of the second, diluted to 1-100, died in twenty-three hours. A fourth, inoculated with the blood of the third, diluted to a millionth, died in fifty-two hours, and the fifth inoculated with a solution of a billionth became ill but recovered. These results are astonishing, but they have substantially been verified many times.

The relation these facts bear to the spread of infectious diseases is readily comprehended. Many of us recollect the first controversies, upon the subject of the relationship of erysipelas and child-bed fever; and the infectious character of both, which swept over the country a third of a century since. We now know the almost absolute impossibility of eradicating what has been termed hospitalism, after it has gained a foothold. You may shut up a ward in a hospital, you may scrub it with boiling water, you may paint it or whitewash it, you may scatter your disinfectants, but in spite of you it will remain. So late as 1874, Mr. Erichsen wrote that of deaths following amputation, pyemia was fatal in 33 per cent. of primary amputations, 44 per cent. of secondary amputations, and in amputations for disease 34 per cent. Truly formidable figures! Mind this does not include those who died from shock or exhaustion, but from the terrible scourge pyemia. Now this is certainly fearful enough, but Mr. Erichsen says it does not include those who died from erysipelas, low cellulitis, and other forms of septic disease.

Now, when we consider that erysipelas and low cellulitis are substantially the same in origin as pyemia, we should imagine ourselves insane if we trusted our precious selves in University College, though we were to receive the eminent professional aid of so distinguished a surgeon as Mr. Erichsen.

The cause of this terrible mortality is termed hospitalism, not that it does not occur out of hospitals, but because it is much more common in them than out of them. And the reason unquestionably is that these bacteria are so minute that they float in the air, lodge in the water, rest on everything used about a hospital, and by these agencies find access to wounds, and by reasons before mentioned produce death. That this is in all probability the case, is shown by the fact that in deaths after amputation, in private practice, only about five per cent. are from pyemia.

But another class of cases is still more in point. I allude to childbed fever. It is a well known fact that hospitals, for lying-in women, have been failures throughout the world, owing to the mortality caused by this terrible complaint.

The statistics compiled by Lefort, show that of two million of women confined in Europe, one-half in hospitals and one-half in private practice, that of those confined in hospitals one in 29 died, while of those confined at their homes the mortality was only one in 212—a difference astonishing, and to be accounted for only by the poisonous character of these septic germs. It is well known that the operation for ovariectomy in hospital compared with private practice, shows like results.

The results of amputations, during the last German-French war, proved the same there, deaths greatly preponderating amongst those in hospital, compared with those who were in the slightest kind of huts. Mr. Berkly Hill stated that in these huts he did not find a single case of pyemia. And Guthrie, in his account of the Peninsular war, states of 291 primary amputations done in the field, only one in twelve died; while of 551 secondary operations, performed in hospital, 265, or about one-half, died. These facts led physicians to believe that this fearful comparative mortality was produced by over-crowding. But if the facts which I have brought before you, are facts, then it follows that bacteria

found entrance to wounds, and thence poisoned every person operated on in the wards of the hospital. And now there can be little doubt that if there were no bacteria, there would be no pyemia, septicemia, or hospital gangrene—or septic erysipelas.

Many years ago, I had reason to know that over-crowding had little to do with puerperal fever. I was called in consultation, to see a lady, on her death-bed, from puerperal peritonitis. Her attending physician complained to me that this disease was very prevalent, and you can imagine, very fatal. He had attended five patients recently, and our patient was the only one alive of the five. I took him aside, and then learned, after severe questioning, that he in the first instance attended a case of phagedenic erysipelas, and to complete the matter, after his patient died, he held a post-mortem examination. Immediately thereafter he attended a woman in confinement. She died, of course she did—three more followed, and the fifth was ready! I said to the physician, you are carrying this disease all over the country; (these victims were from five to twelve miles apart) it started with your case of erysipelas. After a very warm expostulation on my part, he stopped attending this class of cases entirely, and I am happy in stating that the epidemic stopped also. I now know, what I did not know then, that he carried bacteria cells from one patient to another, and that in the persons of these unfortunate women, these cells multiplied without number, and carried them to the grave.

Small-pox, for ages, has been the similitude for contagion. And now it has been ascertained by experiments, fully confirmed, that the small-pox poison exists in minute cells, capable of reproducing themselves, in a similar manner with bacteria. These cells are 2500 of an inch in diameter, are roundish in form, and have received the name of micrococcus. They are living organisms, multiply by cell division, and one cell, which may find a lodgment in the human system, will

produce small-pox. And singularly enough, it has been shown that the fluid portion of the small-pox pustule, provided these cells are excluded, is perfectly harmless, and will not convey disease. But another disease, the opprobrium of medicine, is now known to owe its virulence and its cause to a like organic cell. Diphtheria has been known from the earliest times; it has swept, time and again, throughout the civilized world. In 1821, its history and characteristics was fully elaborated by Bretonneau. He recognized the fact, that the membranous exudation was the poison by which it was contagious, and that it was only when portions of this membrane came in contact with the mucous membrane of the throat, or with the skin, denuded of its epithelium, that the poison became effective. But only recently, Oertel and Hueter have shown that not only the membrane, but the underlying parts, and the blood, even, contained vast numbers of cells or organisms, altogether like bacteria, but which have been named micrococci. These micrococci, when introduced into any portion of the system, divide by cell division, producing probably first local disease, and finally a constitutional one. It is a disease not confined or affected materially by climate, is not particularly affected by season of the year, and is not changed by local conditions of dryness or dampness, or by salubrity of location, even. But if the micrococci cells are received in a soil suitable for their propagation, they will multiply in vast numbers, and find their way into all parts of the system, by means of blood currents, and otherwise. There is not the slightest probability that any person will be taken down with diphtheria unless some of these cells, by the air breathed, or water drunk, or other means, is introduced into the system. Having had diphtheria does not prevent a second attack, as is the case with many other contagious diseases, such as small-pox, measles, etc., and it may be mentioned that the bacteria in diphtheria are of different forms, and each of these forms seem to serve a special purpose.

These micrococci show great tenacity of life. Exposure to

a freezing mixture, below zero, failed to affect their vitality, for they were capable of propagation after twenty-four hours of such exposure. They have been boiled for a quarter of an hour, with absolutely no injury to their vitality. They will multiply in a solution of quinine, chlorate of potash, or alum, while they are slightly affected by solution of corrosive sublimate, of sulphate of iron, or sulphate of copper. Lugol's solution only prevented their further multiplication.

So extraordinary is the vitality of these organisms, and so indistructible, that for the present medical science is held at bay. But one positive advance has been made in our knowledge, and bye-and-bye it will bear fruit. For the present, we know that where there are no micrococci there is no diphtheria; and the safest plan, when diphtheria makes its appearance, is to place our children in quarantine. The profession is acquainted with the controversies which have often taken place, as to the contagiousness of typhus and typhoid fevers, one class contending for, the other against, and each appealing to facts, which appeared utterly irreconcilable. In the earlier portion of this century, typhus and typhoid were supposed to be the same disease. They are now known to be entirely distinct, and that typhus is contagious in the same sense as small-pox, (that is from person to person) while typhoid is contracted in an entirely different and very singular manner. It may be stated that typhoid never originates spontaneously, but always from germs originating in some case of typhoid fever. That by some means these germs are conveyed to the intestinal canal, where they find congenial surroundings, cause the ulcerations of peyers and other glands, characteristic of typhoid, multiply exceedingly, and are expelled from the system by the alvine evacuations.

I shall not detain you by relating the controversies upon this subject, but shall content myself by stating what appears to be the ascertained facts of the case. You will recollect

that in treating of the subject of trichina spiralis, it was stated that the encysted trichina must be taken into the stomach, where multiplication took place. Now this appears to be the case with typhoid. By some means—either food, or drink, or air we breathe—the typhoid fever poison must be taken into the system in the like manner with the trichina. A person does not take the typhoid poison into his system by waiting on a person sick with typhoid, but the poison is contained in the discharges from the bowels, and after undergoing some ferment—for the fresh ejecta will not convey the poison—then either water, or food, or air, becoming the medium of conveyance, the disease is produced in any person receiving the typhoid poison. So far as I am informed, cells of the typhoid have not as yet been discovered, but the analogy to other diseases of similar character in which they have been discovered, is apparent.

Of a similar nature, so far as the manner of its propagation is concerned, is cholera. That it is directly contagious from person to person, is admittedly not true; but it is equally true, that cholera does not originate of itself. Its march can be followed like that of an army.

How are we to harmonize these apparently opposing facts? Probably by the hypothesis that the cholera poison requires a period of incubation—a period in which the cell, if cell it be, can germinate and mature, outside the body; and when perfected, it is ready to plant in some uninfected person, where it will bear abundant fruitage. The same remarks are probably true of epidemic dysentery. Typhoid fever, cholera, dysentery, are caused by specific germs, which require time to mature externally before they can convey their peculiar poison to healthy bodies; at least, this is the more prevalent opinion—the only hypothesis answering all the terms of the problem—and unless we conceive of these specific germs, we are unable to create any satisfactory hypothesis as to the origin of these several diseases.

Supposing the doctrine accepted that each disease has its own specific germ, which is thrown off from the diseased person in innumerable numbers, that each germ is possessed of life and power of reproduction, when received in favorable circumstances in the human organism, and we can understand the widespread extent and enormous fatality of such diseases as small-pox, diphtheria, typhoid and typhus fevers, yellow fever; the septic fevers, such as attend the puerperal state, infest hospitals, and those terrible pestilences which from time immemorial have arisen in the East and marched with steady and uninterrupted tread in the path of commerce and intercommunication around the world. The plague which in the fourteenth century made its appearance in China and carried to the grave one-fourth of the whole population, spread through the western portions of Asia, around the Caspian and Mediterranean seas, extended north through Spain, Portugal, France and England, everywhere proving nearly as fatal effects as in its native home. In quite a number of the cities of Europe, from a fourth to a third of the entire population were carried to the grave. And in the great epidemic which visited London, the history of which has come down to us illustrated by the genius of DeFoe, no less than one hundred thousand fell before the pestilential scourge.

Gibbon declares that "It depopulated the earth in the time of Justinian, that it was not till the end of a calamitous period of 52 years that mankind recovered their health, and that during three months, five, and at length ten thousand persons died each day at Constantinople, that many cities of the East were left vacant, and that in Italy the harvest and vintage withered on the ground."

Such facts as these can be fully explained upon the theory of living organisms as the source and seminary of contagious diseases, such as we know produces blight in the vegetable kingdom, such as we know produces putrefaction, such as we know produces small-pox and diphtheria, such

as we know produces the whole class of septic diseases, and it is difficult to imagine, even, any other satisfactory solution.

Hippocrates, the romulus of medicine, declared that Nature determines diseases. We now know that in many, and probably in all, diseases of a contagious nature, the essence of the disease is determined by the character of the germ; that these germs are vital; that wherever they find a congenial lodgment, they produce each its specific disease.

If the views I have presented are correct, the medicine of the future will be largely preventive in its character; but we may hope, that as we are enabled more fully to understand the character of these low forms of organic life, which have wrought such destruction throughout the world, wherever man has found a habitation, that in the vegetable or mineral kingdoms, chemistry may yet find, for us, some agent or agents destructive of these organisms, or at least prove as potent as the cinchonia barks have in the cure of the intermittent and remittent fevers, in rendering innoxious the inhalation of malarial poison; or another may reveal to us some potency which shall render these septic germs inert, and thereby place his name by the side of Jenner among the benefactors of the race.

DR. W. H. WATKIN'S ADDRESS AT COMMENCEMENT OF WILLAMETTE UNIVERSITY.

Mr. President, Ladies and Gentlemen:

In addressing you at this, "The 11th Commencement of the Medical Department of the Willamette University," I have thought it not inappropriate to recall to our minds some of the reasons which have required an especially instructed corps, for the sole purpose of administering to the bodily ills and afflictions, which follow poor humanity from the cradle to the grave; to mark some of the benefits accruing from such

a dedication of professional ability, in the past, as indicating what may reasonably be expected in the future.

In the earlier ages, in the infancy of society, the office of lawgiver, priest and physician, was exercised by the head of the family, and long after the province of lawgiver had become distinct, the duties of priest and physician were exercised by the same person. Nor was this union unnatural. The priest was a man of education and refinement. He had leisure for study and reflection; he held in his hand the solace of religion, and gathering together the knowledge of his times, administered alike to the mental and physical woes of the community.

In Greece, the God of medicine and prophecy was Apollo, and his son Esculapius, "the blameless physician," went about healing all manner of diseases.

From Hippocrates, the seventeenth in descent from Esculapius, we date the regular art and science of medicine.

From that time, in some portions of the world, devotees have followed its fortunes and sought out its mysteries. But it was not only in the age of mythology that the religious teacher and the physician have been united in the same person. In the early history of New England, it was no uncommon event for the minister of religion to unite to his ordinary parochial duties the practice of medicine. Conscientious and true men as they were, they acquired a knowledge of practical medicine, and in their day, well discharged the duties of piety and humanity to their suffering brethren. The first medical publication in America was written by Thomas Thacher, a clergyman of Boston, and was entitled "A Brief Guide in Small-Pox and Measles." Inoculation was introduced into Boston by Cotton Mather, the celebrated divine; and not very long after, another celebrated preacher—Nathaniel Williams—published a volume upon small-pox and its treatment. But gradually, in all societies, both ancient and modern, the division of toil, rendered necessary by advancing

civilization, severed the union so natural and withal so beneficial. And now we have the profession of divinity, law and medicine, separate and distinct, and whatever of advance there may be in either, must be made by those especially qualified and endowed by calling and culture for the task; and I may say that as each had a common origin, so each can be true to itself only by being true to the others, and remembering that neither can progress by caprice or assertion, but that each and all are governed by law, which can not be changed or vitiated, because the foundation of each is in the eternal order and fitness of things. That the science of medicine has been crude, often inextricably interwoven with the imaginations, superstitions, sorceries, even, of the people, need not be denied. But my purpose at this time is to claim for the medical profession recognition at the bar of public opinion, gained not only by hard service in behalf of the public welfare, but by grand and lofty achievement. Since the era of the reformation, science, mathematical, astronomical, geographical, mechanical, has made vast and rapid strides, and everywhere we note the triumphs of labor and genius illustrated by such discoveries as the law of gravitation, compelling the created universe, a new world painted out by Columbus, the whole science of chemistry evolved from the crude but alluring myths of the alchemists, far transcending in its simple truths the golden glory they vainly invoked and vainly strove to realize; the transmutation of the baser metals into gold. The astronomer leaving behind the Ptolemaic system of the olden time, weighs the planets in his balance, with his telescope sweeps within the field of his vision the gorgeous panorama of the skies, and with mathematical precision marks the orbit and compass of the spheres. The electrician, seizing upon the simple facts discovered by Volta and Galvani, has chained the lightning of the skies, and answered in the affirmative the interrogatory in Job—"Canst thou send lightnings, that they may go and say unto thee, here we are?"

Unquestionable and important as has been the advance in every branch of knowledge, I hesitate not to affirm that progress in the art and science of medicine has kept full and equal step in the march of improvement. And right here I wish to note, that whatever of advance and improvement there has been, has taken place in the ranks, and as the necessary result of the labors of the profession. In fact, it would be a marvel were it otherwise, and it would be difficult to point out any important discovery by which pain is alleviated, life saved, or prolonged, outside the pale of regular medicine. I know we are often informed that we adhere to old antiquated opinions, that our eyes are fixed on the past, while our gaze should be upon the future. But those who have marked the mutation of medical opinion, who understand the difficulties which impede the way of medical investigation, who know that what has been accomplished has been born of toil and labor, and that the pathway of medical progress is lined with the wrecks of theories ingenious and promising, but utterly worthless, because they are not true. Will agree that wisdom demands the utmost conservatism, both in theory and conduct. We have no right to adopt every new notion, whim or caprice, which often has only its novelty for its single recommendation.

We hold in our hands the lives and health of the community, and we have no right to experiment or trifle. The places where we tread are holy. They are sanctified by the love and devotion of family and friends. Our acts are full of import, and it would be an act of criminality and madness, to stand at the bedside prescribing other than well-known remedies for the case in hand.

To the great mass of busy practitioners, the path of safety is in the well worn, settled highway of experience and carefulness. Certainly, we should be not only willing, but ready to receive, cordially, new discoveries and new modes of practice, but only on proof ample, complete and unquestionable.

It has often been repeated, as a measure of reproach, that the profession received the announcement of the great discovery of the circulation of the blood, by the illustrious Harvey, with cold, unyielding criticism. They certainly were right in not receiving this new theory till the facts upon which it rested had been thoroughly examined and submitted fully to the test of experiment, and found to accord with all the facts of the problem. Beside, Harvey himself lived to reap both fame and fortune at the hands of his cotemporaries. Time and investigation are essential to the solution of all important questions in medicine, as in every other branch of science. A determination to know what is in physiology and pathology, and a full reception, in medicine, of the truth that whatever benefits is good, has led the profession along a pathway illuminated by discovery and refulgent with the light of science. It has given us descriptive and minute anatomy, to which there is little to add. Thus endowed, Laennec and Hope were enabled to develop the art of auscultation and percussion, by which we are enabled to examine the thoracic viscera, ascertain absolutely the condition of the lungs, the lesions existing in the heart, its size, the condition of its valves, the consequent obstruction to the circulation, and finally certainly to determine results. Our knowledge here is exact, and is an advance, from the times of our fathers, sufficient of itself to give to diagnosis of the diseases of the chest the august claim of being one of the exact sciences.

The researches of Bright regarding organic lesions of the kidney, mark a days' journey in medical discovery, which required vast labor, a love of knowledge for knowledge' sake, and has resulted in unquestionable benefit to the human family, and may fairly be claimed as an advance in exact science.

A century since, definite knowledge of the eruptive fevers, their origin, history, probable termination, was unknown. Eruptive fevers, measles, chicken-pox, scarlet fever, etc., were

mixed in inextricable confusion, while fevers, intermittents remittents, typhus and typhoid, distinct in origin, history, character, anatomical lesions and results, were to a greater or less extent indiscriminately classed together. We now know, absolutely, that they are no way allied, but are distinct as to producing cause, different in their course; that each is attended by its own specific lesions, and by peculiarities attending recovery, and consequently each requires treatment especially adapted to its essential character. The advance made in all other fields of investigation pale before the triumphs attending study of the anatomy and functions of the various portions of the nervous system.

The grand and important discoveries made by Marshal Hall and Sir Charles Bell as to the minute anatomy and functions of the brain and nervous centres, the pointing out the motor and sensitive tracts in the spinal cord, that nervous power originates in the cellular or cineritious portions, that wherever this cellular or gray matter is found, whether in the brain, spinal cord, or in the ganglions distributed in various portions of the system, there nervous power originates; that the white portion was merely for conducting impressions either to or from the gray substance. The discovery of the reflex action of the spinal cord, that in man the processes of animal life are carried on by special nervous centres, independent of the will; that many of our daily actions, as walking, writing, singing, though controllable by the will, are to a great extent mere automatic actions, and have their centres in the spinal cord. The absolute proof that ideas, imagination, perception, memory, reason, power of will, the faculty of speech, all have their seat in the gray portion embraced in the convolutions of the cerebrum. The discovery of the exact tracts followed by certain nervous influences, as shown by Brown Sequard; the investigations of Virchow, proving the cellular structure of the brain and nervous centres, all together mark an era in the history of scientific thought as

important as was the discovery of the law of gravitation, by Newton. It was an immense advance in physiology and medicine, and large and wide as its influence has been, its promise for the future is larger and wider still. It struck the fountain rock of knowledge, from it has proceeded streams pure and abundant, enriching vast fields of study and research, prophecying in the near future, to answer all honest inquiries as to nervous organization throughout the whole animal kingdom, and to give us a clear insight into the recesses of many, now obscure, mental problems. These are not mere hypothesis, but facts known and proved, and as readily explained as we explain the procession of the equinox. But the caviller in medicine, says, I do not doubt your physiological knowledge, your acquirements in pathology, the exactness of your attainment in the history and tendencies of disease, but undeniably the weak point in medicine is the treatment of disease. To this we reply, that unquestionably for proper treatment, this preliminary knowledge is essential, and here our attainment is certain and exact beyond all cavil. But, let us see what legitimate medicine has given to the human family, in the prevention and cure of disease. A hundred years ago, a pestilence was abroad throughout the world, which in every generation carried to the grave one in ten of the whole human family. City, town and country, were alike subject to its devastations. A student of medicine, in the office of John Hunter, the prince of English surgeons and pathologists, learned of some undefined belief, among the cow-herds of Sudbury, that persons having contracted a certain disease, from the cows they had been milking, were exempt from the contagion of small-pox. He investigated the foundation for this singular belief, by many years of patient, scientific research. His labors resulted in a complete demonstration, that kine-pox was a safe and certain protection against small-pox contagion. And if the profession of medicine had never added another name than that of Edward Jenner, to the benefactors of the race, it would be entitled to

be held in ever grateful remembrance, for this discovery was made, and could hardly have been made by any other, than a "Doctor in Medicine." Throughout the world, in temperate climates, along the borders of great rivers, over vast areas of plain and prairie, affording homes for millions, malarial diseases abound.

That we, of the present day, little realize what malarial fevers mean, can be gathered by examining the death-roll of nobility of England, before the discovery of the cinchonia barks, it was no uncommon event for the leading personages of the mother country to die from a simple ague. Oliver Cromwell, the Great Protector, died from a regular tertian ague, and it can readily be imagined that an ounce of quinine might have materially changed the course of English history.

"For he, while all men peered and gazed upon the future's empty space,
Had strength to bid above the void, the oracle unveil its face;
And when his voice could rule no more, a thicker weight of darkness fell,
And tombed in its sepulchral vault the wearied master of the spell."

But the Jesuit missionaries, carrying with them into the wilds of South America the knowledge and attainments of the medical art, drew attention to the febrifuge properties of the cinchonia barks, they were examined and adopted by the profession in Europe, and a class of fevers heretofore the opprobrium of medicine, yielded to the inherent virtues of these wonderful barks. But for this grand febrifuge, large areas of incomparable fertility, abounding in resources beneficial to man, would be exceedingly insalubrious or absolutely uninhabitable. But it may be said, in common parlance, this is old, very old. But the introduction of chloroform, banishing pain from the surgeon's table, and alleviating the throes of maternity, is not old. The use of chloral hydrate, compelling sleep, to abide the couch of pain and nervous prostration, is not old. The certain effects of the bromides in epilepsy and allied nervous disorders, the use of digitalis in giving energy and power to the failing heart, is not old. The use of

electricity and galvanism, restoring paralyzed limbs to action, and lost functions to efficacy and power, is not old. The invention of the Ophthalmoscope, whereby we may examine the internal eye—of the Laryngoscope, the useful and accurate results obtained by the use of the thermometer in medicine; all these are not old, but mark the advancing strides of our art in the present day. The decreased mortality during infancy, and the increased longevity of the whole people, as shown by life insurance tables and mortuary reports tell strongly in favor of modern medicine. Time and your patience forbid that I mention the unparalleled achievements of surgery during the present century—and I am the less inclined to enter on this subject because the triumphs of surgery are to no inconsiderable extent physical, and can be seen and appreciated by all men; and while men, in every age, have been doubters in medicine, no one questions the validity of the claims of surgery.

Candor, and not only candor, but truth, compels me to say that often the profession has been taught some very useful lessons from the charlatans which afflict every age.

At the very dawn of modern surgery—"The celebrated Sympathetic Powder" shook to its foundation the then prevalent theories concerning the healing of wounds. It was then the custom to stuff a wound full of lint or charpie and cause it to heal by slow granulation; but the discoverer of this famous powder affirmed that if it was applied and rubbed on the sword or instrument inflicting the wound, it would only be necessary to bring the wounded parts in close conjunction and the wound would heal without the usual stuffing with lint, &c. By and by, some surgeon suggested that healing might take place if the wounded parts were drawn together and placed at rest, and the magical sympathetic powder not rubbed on the offending sword. Surgery learned an important lesson, and medicine has been taught quite as important a truth from the rise of Homœopathy, viz: That all

human ills are not to be cured by looking wise, writing cabalistic prescriptions and dosing the patient with every nasty drug of the Pharmacopœia.

I have no hesitation in asserting that the principle thoroughly appreciated that nature is the great restorer, and that if we would extend to the utmost limits the value and efficacy of our art, we must walk in nature's ways, even though we wish to counteract nature in her unkind moods, and that often Nature, unaided by drugs of any kind whatever, is sufficient to bring back health and vigor, is ample compensation for the infatuation which seized the public upon the subject of infinitesimal doses in medicine. Homœopathy, like Sir Knelims Digby's sympathetic powder, will certainly pass from the real of practice, and the memory of men. Let us ever remember, that Nature, (not the doctor) makes the means. Shakspeare declares in winter's tale—

"Yet Nature is made better by no mean,
But Nature makes that mean. So, over that Art
Which you say, adds to Nature, is an art
That Nature makes. * * *

This is an art
Which does mend Nature, changes it, rather; but
The art itself is Nature."

To the young men now about to be admitted to the ranks of an honorable profession, I can not promise great reward in riches or honor. I may hope, however, that you may fare better than did Apollo, the God of Physic, for it is related that Daphne fled his presence when she learned he was a doctor; but, perhaps, had the lovely priestess of the Delphic shrine lived in the present age, she might have consented to be a doctor's wife, or even assumed to practice the mystic art. By a law of Providence, which can not be evaded, the high places, now filled by your seniors, must soon be occupied by others; they may be yours, if you work and toil, but there is no highway to eminence. I beg you not to be improvident

of the future, or regardless of the duties and responsibilities which Providence may devolve upon you. Be certain, that if true to your parchment, which declares you a "Doctor in Medicine," if you neither neglect your patients or your books, you are sure of moderate success and decided usefulness. Despite many vexations, of unrequited toil, frequently of marked ungratefulness, or at least lack of appreciation, you will have many moments of gratification which other men never know. To see the toil-worn, sinking forms of men, victims of disease and injury, under your skillful touch, throw off the cerements of the grave, and like Tabitha, at the command of the Master, come forth to renewed usefulness, and life is yours. "The deaf hear and the blind see," was the proof of the Divinity of Him who conquered Hell and the Grave. It is to be the test of your call to the Divine art of healing. I bid you welcome to a common field of labor and reward, and if the opinion of one who for over a quarter of a century has experienced its anxieties and responsibilities, but realized to some slight extent its pleasures and gratifications, be of worth to you, you have it when I say to you, in all sincerity, that I ask no higher or better epitaph than—"He was a Christian man and good physician."

REPORT OF CASES FROM ST. VINCENT'S HOSPITAL, PORTLAND, OREGON.

BY R. G. REX, M. D.

The total number of cases admitted to the hospital during the time included in this report, from June 1, 1876, to June 1, 1877, has been 427, of which 342 were males and 85 females. The total number of deaths was 33. The cause of death in the cases terminating fatally, were as follows: Aneurism, 3; phthisis, 8; typhoid fever, 4; cancer, 2; pneumonia, 1; diphtheria, 2; cirrhosis of liver, 1; pelvic abscess, 2; empy-

ema, 1; cerebral hæmorrhage, 2; tetanus, 1; retention of urine and cystitis from enlarged prostate, 1; otitis media, 1; obscure, 4. In the four cases last mentioned, death was due to some affection of the nervous system; in one instance, apparently brought on by the excessive habitual use of alcohol, and in another by the abuse of morphine.

The following were the diseases treated, in the more important cases: Organic heart disease, 4; chronic eczema, 2; Bright's disease, 5; intermittent fever, 15; articular rheumatism, 9; chronic ulcer, 10; aneurism, 4; venereal, 15; alcoholism, 22; phthisic, 21; measles, 4; cancer, 5; typhoid fever, 30; facial erysipelas, 7; chronic hepatitis, 2; paralysis agitans, 1; pneumonia, croupous, 6; epilepsy, 1; diphtheria, 7; tubercular meningitis, 1; pelvic abscess, 2; cerebral hæmorrhage, 2; tetanus, 1; disease of spinal cord, 2; pleurisy, 3; inflammation of middle ear, 1; surgical cases, 46; ophthalmic, 8; miscellaneous cases of minor importance, and those of which an accurate record is wanting, 197.

In giving a more detailed description of these cases, those in which the circulatory system has been the seat of disease, may first be reviewed.

It will be observed that there were four cases of aneurism; the vessel affected in all of these cases was the aorta; three of them terminated fatally. In one, the pulsating tumor was felt just to the right of the sternum, in the infra-clavicular region. At the post-mortem, a tumor about four inches in diameter was found at the commencement of the transverse portion of the aortic arch. It had caused death by pressure on the trachea and œsophagus, and general disturbance. Another case was similar to the foregoing in the size of the aneurism, and the symptoms previous to death. It was seated at the middle of the transverse portion of the arch, and had produced a marked protrusion forward of the upper portion of the sternum, to which, at the post-mortem, its anterior wall was found to be adherent. In another case, the aneurism

was fusiform, extending from the commencement of the descending aorta to the diaphragm. It was about two inches in diameter at its widest portion. It eventually ruptured, the blood passing out into the left pleural cavity. A gradual hæmorrhage had apparently taken place from it into the left lung for several days previous to the final rupture, blood being coughed up at intervals in considerable quantities. The aorta and smaller arteries were found to be otheromatous and quite frail, from ossification, or more properly, calcification, of their walls.

In these three cases the treatment adopted was mainly limited to the use of narcotics, to mitigate the distressing pains and dyspnœa which harrassed the patients for a long time previous to death.

In the fourth case, the aneurism was seated in the descending aorta, just below the diaphragm. It produced a considerable amount of gastric disturbance, but gave rise to no other serious symptoms. The acetate of lead was administered, with a view to forming a coagulum in the sac, but the patient did not remain in the hospital long enough to obtain any result.

The two fatal cases of cerebral hæmorrhage did not possess any features of unusual interest, so far as the hæmorrhage itself, and the symptoms depending immediately upon it, were concerned. In both cases, one or two strokes of incomplete paralysis preceded the final attack, and in both cases fresh clots were found in the left lateral ventricle, and older ones in the substance of the left cerebral lobe. One of these cases, however, presented some pathological features rarely met with. At the post-mortem, a large number of dense, white tumors, were found scattered through various muscles. They ranged in size from that of a pea to a walnut, and were more abundant in the abdominal than in any other muscles. A large number were also found attached to the pulmonary pleura, and scattered through the lungs; some were found in

the walls of the auricles of the heart. The left kidney was as large as the head of a three weeks' old infant. None were found in the abdominal or cranial cavities. These neoplasms seemed, in all instances, to be an outgrowth from the intercellular tissue; in the muscles they were seated between the muscular fibres. The enlargement of the kidney was apparently due to hypertrophy of the connective tissue. A small portion of the upper end of it was unaffected. On cutting into the enlarged portion, numerous small, cheesy masses, were found disseminated through it. These growths were entirely of a benignant nature. Some of them, situated in the more superficial muscles, were distinguishable before death, and produced a little pain by pressure on surrounding parts; the most painful one was situated in the occipito-frontalis aponeurosis, near the occiput. It had, by pressure, caused absorption of the bone, amounting almost to perforation of the cranium. The tumors were more numerous, and larger, on the pleural covering of the lungs, than any where else; but no cough, pain, or other symptom, had existed to lead to a suspicion that the lungs were involved in any pathological process, and on examination, no solidification or other evidence of inflammatory action, beyond slight adhesions, was found in either lung. There had been no pain in the region of the kidney, or other indication of renal disease. A diastolic murmur was heard over the aortic valves previous to death. The diagnosis of insufficiency of these valves was confirmed by the post-mortem.

These tumors first began to form, as nearly as could be determined, a few months previous to death. They probably had some connection with the atheromatous degeneration of the arteries, which led to cerebral hæmorrhage, but the exact manner of their origin is difficult to determine.

In all the cases of organic heart disease which were under observation, insufficiency of the aortic valves was the principal lesion. All had the usual accompaniments of cardiac

hypertrophy. In one of the cases, which occurred in an old man, and was of long standing, a moderate degree of anasarca, and a troublesome bronchial catarrh, had resulted. The action of the heart was very irregular. As there was no hope of affording any material benefit by medical treatment, he did not remain long in the hospital.

In one of the cases only, the patient had suffered from a previous attack of inflammatory rheumatism. An acute endocarditis appeared to be in progress when he entered the hospital. As is well known, one of the points of interest in this disease is the liability to embolism of the smaller arteries from the detachment of small pieces of the granulations which result from the inflammatory process on the edges of the valves.

In the case under consideration, the patient, a middle-aged man, occasionally experienced pains in the extremities, which would come on suddenly, were deeply seated, and would gradually disappear after a few days. On one occasion, he showed me a finger which had been affected in this way some hours previously. On examination, a faint, dark spot, could be detected near the end, situated deeply beneath the skin. He also suffered from headache at times, but had never had any paralysis. These symptoms were considered to be due to small emboli, detached from the heart, which fortunately, however, had not happened to enter any important vessel of the brain of sufficient size to produce paralysis. It should be mentioned that these points were all on the right side of the body, in the right leg or arm, but never in the left. This peculiarity would appear to be inconsistent with the supposition that they were due to emboli, as it is difficult to understand why the emboli should all be thrown to the right side, and none to the left.

In the category of diseases of the respiratory system, there are twenty-one cases of phthisis pulmonalis, six of croupous pneumonia, and three of pleurisy with effusion.

The first of these diseases is unfortunately too familiar to every physician, in all its forms and stages, to justify any detailed description in this article of cases, none of which have presented any new or unusual features.

In all cases where cavities of any size had formed previous to entering the hospital, the course of the disease was slowly but surely toward a fatal termination. Where no serious ulceration of the lungs had taken place, the patients generally improved, owing mostly to the better diet and more favorable hygienic influences which surrounded them in the hospital.

Some of these cases, however, might be more properly considered, perhaps, cases of chronic bronchitis, or catarrhal pneumonia, but as the chronic bronchial affections are mostly liable to eventuate in phthisis, they are set down as cases of incipient consumption.

The treatment in the hopeless cases of phthisis, as those may be considered where there is marked ulceration of the lungs, and the strength of the patient reduced, has been solely palliative. The aim has been to control the night-sweats, the pain and the loss of appetite, which generally accompanies phthisis in its advanced stages, distressing the patient and hastening the fatal termination of the disease. The persistent diarrhoea which is frequently observed in advanced phthisis has not occurred in any of the cases under consideration. The night-sweats have been, in many instances, controlled by aromatic sulphuric acid, in doses of ten drops every three or four hours; but the oxide of zinc, in one grain doses, repeated occasionally, has been found more effective; and in one case, where both these remedies failed, the sulphate of stoptia, in doses of one one-hundredth of a grain, was used with success. The preparations of opium have been relied upon mainly to subdue the pains, depending mostly on accompanying pleuritis, which in some cases have been very severe and constant. Generally the sulphate of morphia has been given by hypodermic injection, and although this is the

most effective method of overcoming the pains, yet if once commenced, it is extremely difficult to discontinue its use, as the patients speedily acquire such a greed for it that they are in constant misery without it. It is now used only as a last resort in cases where it is impossible for the patient to obtain sleep without it.

The impairment of digestion is the most obstinate complication in advanced phthisis, and at the same time the one most important to remedy. The fluid extract of gentian, and tannic acid in two grain doses three times a day, have been used in some cases with apparent advantage.

One case occurred, in the hospital, in which recovery appeared to have taken place from advanced phthisis. A young man, aged 21, entered the hospital, June 25, 1876. He had a slight cough, dulness, and bronchial respiration at the apex, and occasional moist rales at the lower portion of the right lung; left lung normal; loud vesicular respiration over its entire surface. The heart was on the right side, its apex near the right nipple, and its base directed upward and inward toward the sternum, from this point. He stated that a few years previously he had been very low with consumption, and had had a bad cough for a long time, but had nearly recovered from it. He had had near relatives, who had died of consumption. He was troubled with severe persistent headache when he entered the hospital. His general health was good. It is probable that extensive ulceration of the right lung had taken place, resulting in contraction, and drawing the heart over into its abnormal position. The liver was in its natural place on the right side, so that it was not a case of reversion of the internal organs, as sometimes occurs.

Of the six cases of pneumonia, only one terminated completely by resolution; two by suppuration, one of which recovered completely; the other, in which it was a complication of typhoid fever, was improved, but not fully recovered, when the patient left the hospital. One case terminated fatally.

The patient was a woman, who was addicted to the habitual use of alcohol, and so, as usual in such cases, fell an easy victim to the disease. In the case which terminated by resolution, the sulphate of atropia was administered in small doses three times a day; in the others, tonics and stimulants were administered. In view of the fact, however, that the natural tendency of the disease is to recovery, it is difficult to determine whether the remedies employed in a limited number of cases are of any special benefit or not.

In one of the cases of pleurisy, the effusion was purulent; in the other two, serous. In the former case, the empyema was complicated with pneumonia symptoms, and terminated fatally in a few days.

Both cases of serous effusion, still remain under treatment in the hospital. In one, the effusion is diminishing, under the use of diuretics; in the other, the patient, a fisherman, aged 30 years, entered the hospital with a severe attack of pulmonary hæmorrhage. On account of the importance of keeping him at perfect rest, no careful physical examination was made at that time. Gallic acid was administered in doses of ten grains every three or four hours, and in a few days the hæmorrhage entirely ceased. On examination, the left thoracic cavity was found to contain a large quantity of fluid. Diuretics were administered, but the fluid kept increasing, and caused considerable dyspnœa. I then made use of the aspirator, and withdrew twenty-seven ounces of fluid, with immediate relief of the dyspnœa. A considerable amount of fluid still remained in the pleural cavity, to be removed, if necessary, by a subsequent operation. It was not deemed prudent to remove the whole of the fluid at once, as the sudden expansion of the lung might induce another hæmorrhage.

The cases in which the disease was localized in the digestive organs, were comparatively few. There were a number of cases of a simple dyspeptic character, and four of a more serious nature. In one of the latter, the patient, an old

lady, was subject to severe attacks of pain about the stomach, almost daily. Every few days she would vomit a large quantity of a watery fluid, accompanied sometimes by material resembling coffee-grounds. She was emaciated and sallow, but quite strong, notwithstanding the severity of her disease. Her suffering was somewhat palliated, while in the hospital, by relieving the obstinate constipation which aggravated her complaint. As her symptoms were considered to be due to a cancer, seated in the stomach or upper portion of the intestinal canal, no prospect of any material relief could be afforded her, and she accordingly left the hospital, but has since died.

Another case was similar to the last mentioned, but the pain was much less severe; the patient was dropsical and jaundiced, and the liver enlarged; the vomiting was so persistent that it could be controlled only by keeping her constantly more or less under the influence of morphine. The primary disease in this case was supposed to be cancer, involving the liver and stomach. The patient died, but a post-mortem, unfortunately, was not allowed. In the third case, the patient, a man aged 48, entered the hospital, much emaciated, with a cachectic appearance, and troubled with obstinate constipation and distress after eating. Vomiting was not a prominent symptom in this case, and no tumor could be felt in the abdominal cavity, though it is likely that in this case, also, the primary disease was cancer. All medication seemed to be useless, and the patient left, after a short time, but has since died.

There was one case of cirrhosis of the liver. The patient was an inebriate. He had a great deal of accites and hæmorrhagic discharges from the bowels, resulting from the obstruction of the portal circulation, from the effect of which he ultimately died.

There was another case of obstinate vomiting, in which there was also constant eructation. As the patient had par-

tially lost the use of his lower extremities, and there was great tenderness over the dorsal portion of the spine, and aphonia, the gastric symptoms were considered to be due to an affection of the dorsal portion of the spinal cord, probably myelitis. The patient improved somewhat under the use of fluid extract of ergot, a teaspoonful three times a day, but he did not remain long in the hospital.

During the year there have been five cases of abuminuria, depending on Bright's disease of the kidney. In one case it was of syphilitic origin, and the patient improved under the use of iodide of potassium.

Another case was that of a fisherman, who entered the hospital with an indolent sore, resulting from a felon, on one of his fingers. The hand and arm became œdematous, and soon after ascites and general anasæra set in. The ascites increased to such an extent that it became necessary to withdraw the fluid, by means of a trocar and canula. Albumen in large quantity, and epithelial casts, were found in the urine. Considerable improvement was obtained by the use of tonics.

A case in which nephritis was a sequel to scarlet fever, terminated in recovery. The patient was a boy, ten years of age.

In connection with the cases of nephritis, just described, may be mentioned an interesting case of ascites, in which the abdomen had been tapped several weeks before the patient, a woman, aged 23, entered the hospital, and the opening made by the trocar had never healed up, so that a constant serous discharge was taking place from the abdomen, which was very offensive, and had reduced the patient almost to a skeleton. This case may be taken as a caution not to use too large a trocar for paracentesis abdominis, where the abdominal walls are very thin.

Idiopathic skin diseases have been rare, with the exception of chronic ulcers, of which there were ten cases. These

were treated mostly by strapping with adhesive plasters, with satisfactory results. In some, which were of syphilitic origin, a marked benefit resulted from the use of iodide of potassium, in six or eight grain doses, three times a day.

A case of chronic eczema recovered speedily after the administration of liq. potass, arsenit, and the use of baths containing a small proportion of chloride of sodium.

A considerable number of cases have been under treatment, in which the nervous system was the part chiefly affected. Some of those depending on organic lesions in the nerve centres, have been already referred to, under the head of cerebral hæmorrhage. There remains to be considered here, a case of tubercular meningitis, which improved slightly during the short time it was under observation; and a case of myelitis, which was admitted to the hospital, with the following history and symptoms:

The patient, a man aged 41, perceived about six weeks previously, a gradual loss of control and perversion of feeling in the lower extremities, and pain in the back and sides. At the time of his admission, he could scarcely walk, or even move himself in his bed, without great pain. He had a feeling of numbness in both his lower limbs, together with alternate sensations of heat and cold. On pressing the point of a pin moderately against the leg, reflex action would be excited, but no pain would be felt. On pressing it suddenly into the skin, however, a severe pain would be felt over the whole side, extending to the shoulder. The whole left side of the abdomen and lumbar region, was extremely tender on pressure, and the seat of constant pain. A feeling of constriction was felt around the left side, at the level of the lower dorsal vertebra. The patient was very costive, and had incontinence of urine, due to paralysis of the bladder. On introducing a catheter, a large quantity of urine was withdrawn, and his misery thereby somewhat relieved. He was enjoined to lie perfectly quiet, and a teaspoonful of fluid extract of

ergot was given three times a day. He has improved to such an extent as to be able to sit up the most of the time, but still remains in the hospital.

The majority of the cases of nervous disorders, not due to organic lesions, had their origin in the immediate use of alcohol, in some form. Twenty-two cases of this class were admitted during the year. Nervous irritability, causing insomnia, and in many instances delirium tremens, was the condition to be removed. Good results invariably followed the use of bromide of potassium, combined with chloral hydrate, sulphate of morphia being also sometimes added in small proportion.

A severe case of epilepsy was under treatment for a few weeks. It occurred in a boy, aged 14, and was of long standing. It was improved by the use of bromide of potassium, in large doses.

An interesting case of chronic tetanus, apparently of traumatic origin, was under treatment for some time, but finally terminated in death.

A girl, aged 9, received an injury about the head by a fall, which, however, was passed by at the time without any particular attention. Three weeks later, symptoms of tetanus began to manifest themselves, and soon afterwards she was removed to the hospital. At this time, she had but little control of any of her muscles. She could swallow, and move her arms and legs slightly. Once or twice a day, usually after eating, she would have a severe spasm, in which all her muscles would become rigid, with opisthotonos and dyspnoea. These attacks became more frequent and severe, and she finally died, 13 days after her admission. Narcotics, bromide of potassium, calabar bean, and other remedies, were administered, but all without avail.

The cases of typhoid fever treated in the hospital were mostly of a mild type. Out of thirty cases, three died. In one of the fatal cases, death was the result of a persistent

diarrhoea, which it was impossible to check. Large doses of opium and astringents, which in all other cases have been effective, failed entirely in this one. Several days after his admission, the urine was examined, and found to be filled with albumen, a complication of so serious a nature as to leave but little hope for recovery.

In another case, death was due, apparently, to the intensity of the fever, the temperature about the tenth day being 105° in the axilla, with low, muttering delirium, and subsultus tendinum. At the post-mortem examination the characteristic ulceration of peyer's glands were found just commencing.

The third fatal case was that of a girl, aged 4 years, in whom the fever had already subsided, but the nutrition failed to be restored, and the patient continually grew weaker and more apathetic, indicating the existence of some complication, affecting most likely the brain or spinal cord.

In all cases of typhoid fever, the treatment has been entirely expectant, except that aromatic sulphuric acid is usually administered during the whole course of the disease, to support the appetite and aid digestion. The most frequent symptom requiring special medication, has been diarrhoea. The only remedy usually required for this was tinct. opii, in doses of fifteen or twenty drops, given every three or four hours, until the diarrhoea is checked. Restlessness at night, with a dry or hot skin, is corrected by the administration of a Dover's powder, repeated as occasion requires.

The oxide of zinc, in one grain doses, has been mainly relied upon for checking profuse perspiration. Where it fails, stropia is used, beginning with the one one-hundredth of a grain, repeated not more than once in three hours, and gradually increasing the dose, if necessary, up to the one-fiftieth of a grain.

To effect a reduction of the temperature, where there is high fever, cold is employed, by means of the sponge bath, or packing in the wet sheet. Although not always satisfac-

tory in its results, it has been sufficiently so to justify its use whenever life is threatened by the intensity of the fever.

Seven cases of Diphtheria were received in the hospital during the year, two of which terminated fatally, one of them being already moribund at the time of its reception. Six of the cases all belonged to one family. The children attacked ranged in age from 10 to 22 years. In five, the disease had apparently reached or passed its acme at the time of their admission to the hospital. In the other, a boy 16 years of age, the disease was advancing. There was high fever, the fauces and laryngeal mucous membrane were much swollen, but the respiration was not seriously impeded. The symptoms gradually increased in severity and soon after the respiration became difficult. The difficulty of breathing affected mainly the expiratory act. Inspiration was comparatively easy, but the expiration was slow and labored. Rales were distinguishable over the entire chest. Death being imminent from asphyxia, tracheotomy was performed with the hope of relieving the dyspnoea, at least temporarily, and prolonging life, although the history of tracheotomy in this affection affords but little grounds for expecting any permanent benefit from it. The difficulty of respiration was, however, but little relieved by the operation. The inspiration was easy but the expiration labored as before and the patient died several hours after. A post-mortem examination was made and the larynx found to be almost closed by the swelling of the mucous membrane. The mucous membrane of the entire bronchial tract had a strongly inflamed appearance and the lung tissue was partially filled with effused fluid. In this case the extension of the inflammation to the lungs had apparently affected the elasticity of the lung tissue, the main element in expiration, so that no relief could be afforded by tracheotomy. The medical treatment in these cases consisted in the administration of the chlorate of potassa in large doses and local applications of sulphurous acid and chloral hydrate in solution.

There were in all nine cases of Inflammatory Rheumatism, mostly cases of moderate severity.

Various methods of treatment were adopted. Alkalies, quinia, salicin and salicylic acid were made use of. When the alkaline method of treatment was adopted, the acetate of potassa was the agent principally given, in doses of thirty grains three times a day, increased until the urine became alkaline. Where quinia was used, fifteen to twenty grains were given during twenty-four hours. Salicin and salicylic acid were given in doses of ten grains every two or three hours. The two latter remedies, especially salicylic acid, yielded the best results, though in some instances both of these failed to afford relief quickly enough to allow of the improvement being fairly attributed to the remedies employed.

There were five cases of Facial Erysipelas. In one of them, only, it was accompanied by a high fever. In the others there was no serious general disturbance. All recovered in one or two week's time. In two cases the disease terminated in the formation of an abscess near the point where it first commenced.

The treatment consisted in the local applications of tinct. opii, combined with sol. plumb. acetat, and, sometimes the use of iron, internally.

The limits of this article will not allow of more than a brief notice of the more important surgical cases that have come under observation. There were, in all, forty-six cases requiring surgical attention.

Of the cases requiring operative interference, the following may be mentioned: One of castration. A man fifty years of age, received a blow on the right testicle, about a year previous to his admission to the hospital. It became enlarged and painful and a hydrocele formed, which was tapped. Afterwards the other testicle also became inflamed. At the time of his admission, both testicles were nearly as large as a hen's egg and quite hard, particularly the epididymis. As

the patient was unable to work, and no benefit could be expected from treatment, they were removed at his urgent solicitation.

They were both found to be tuberculous, the epididymis being filled with cheesy deposits from the size of a grain of wheat to that of a cherry. Nodules, resembling miliary tubercles were also found scattered through the substance of the testes. Although this condition is termed tuberculous degeneration of the testicle, it has no connection with genuine miliary tubercle or the tuberculous diathesis, but is purely a local affection. After recovering from the operation, the patient was strong and in good health in every respect.

A case of Cancer affecting the interior maxilla entered the hospital July 25, 1876. It was a recurrence of an epithelioma which had been previously extirpated.

The patient was a man aged 41. The lower maxilla on the left side was enlarged, the tissues around it thickened and a putrid, purulent discharge took place from a number of openings in the skin near it. An incision was made in such a way as to remove all the diseased tissue and expose the bone nearly from the symphysis to the angle of the jaw. The bone was found to be softened and broken down for two or three inches of its length. It was then thoroughly scraped, so as to remove every trace of the cancerous degeneration, a proceeding which left at one point nothing but a thin shell of bone to connect the posterior portion of the maxilla with the symphysis. The external wound was then closed, by means of silver sutures. In about a month the wound was nearly healed, and the patient left the hospital. He has had no return of the disease, so far as heard from, but its recurrence some time or other is to be expected.

One case occurred requiring extirpation of the eye. In August, 1876, a man, 40 years of age, was admitted, with a rodent ulcer as large as a half dollar piece, at the outer edge of the right eye, which he said commenced as a small pimple

four years previous. The eyelids were destroyed by it for a distance of a quarter of an inch from the outer cauthus. The ulcer also extended above the upper lid, half way across the orbit. The vision of the eye was destroyed. The cornea was ulcerated and opaque. The conjunctival folds were thickened, and protruded through the palpebral fissure. The eye was accordingly extirpated, and the galvano cautery applied to the surface and edges of the ulcer. Iodide of potassium was administered, internally, in doses of six grains three times a day. The appearance of the ulcer slowly improved, and was nearly healed when he left the hospital.

There was but one important amputation performed during the year.

A case of compound fracture of the tibia and fibula entered the hospital, complicated with erysipelas, which had started in several days previous to the patient's admission. The injury showed no tendency to repair, and after some time it became necessary to amputate close above the knee-joint. During the process of healing, a great deal of pain was experienced in the wound, and small abscesses frequently formed about the stump, but the patient eventually recovered completely.

It is impossible, in this article, to give a detailed description of all the cases, and accordingly the remaining surgical, venereal and ophthalmic cases will be passed by without further notice.

There have also been numerous interesting cases in the Synecological department, but as these have been under the more immediate charge of my colleague in the hospital, Dr. H. E. Jones, I am not able, from personal observation, to give any exact report of them.

REPORT ON MEDICAL TOPOGRAPHY AND
CLIMATOLOGY OF OREGON.

BY W. B. CARDWELL, M. D.

The State is bounded on the south by the 42d parallel of latitude, that divides it from California and Nevada on the north, by the Columbia river and the 46th parallel on the east, by Snake river and the meridian of 117 deg. 3 min. west of Greenwich, and on the west by the Pacific ocean. In outline it approximates to a parallelogram, comprising an extent of about 350 miles from east to west, and 270 from north to south, and an area of over sixty millions of acres, less than one-third of which is suitable for agricultural purposes. Nature has mapped out the State in two great and leading divisions, each having well marked distinctions in climate and productiveness. One of these lies on the east of the Cascade mountains, the other on the west. The eastern division is the more extensive by fully two to one, but the western is by far the best adapted to agricultural purposes. The principal rivers that drain the western division of the State are the Willamette, the Umpqua and Rogue rivers. The first of these pursues a northern course, and falls into the Columbia about 100 miles above its mouth; the other two cut through the Coast range and run into the sea in the southern portion of the State. The valley of the Willamette is near 200 miles long, by from 10 to 40 broad, and contains as fine a body of land as there is in the United States. The valleys of the other two pass through more broken regions, amid romantic scenery, and though less extensive, affords thousands of healthy, fertile and charming sites for farms and settlements. These valleys hold at present the bulk of population of the State; that is, the valleys of these three rivers and their tributaries, though east of the Cascade range the country is becoming settled, and is found to improve with cultivation. The surface of the State is very uneven, abounding everywhere with mountains, hills

and valleys, usually well timbered in the western division of the State, while in the interior there are broad stretches of level land, clothed with wild sage, juniper brush, bunch and other grasses, and but little timber. In the middle and eastern divisions most of the timber is found on the hill-sides, though some of the streams are skirted with it in the plains. The plateaus in the interior are raised from one to five thousand feet above the sea level, and are in some parts too elevated, dry and cold for agricultural purposes, though commonly affording good pasturage for sheep and cattle. The geological formation of most of the State is igneous, consisting of basaltic rocks piled up along the Coast, Cascade and Blue ranges, to the height of many thousands of feet. Snake river is skirted by similar heights, and rocks of the same character are found in other and less elevated parts, either scattered in loose disjointed fragments, or spread out in broad and massive beds, as along the plains of the Columbia, and elsewhere. The leading geological feature of Oregon is this vast outpouring of lava, or melted rock, that seems to have occurred in tertiary times, and even since, over the greater part of it—an outpouring, perhaps, unequalled in any other part of the world. This eruption was attended with mighty upheavals, in many instances throwing up mountains higher than the clouds, where their sides and summits gleam with perennial snow. The loftiest and most extensive of these mountains run in chains nearly north and south. Such are the Coast and Cascade ranges in the western section, and the Blue mountains in the east. There are minor ranges running in other directions, in transverse, oblique and curved lines, so that in some parts these elevations cannot be grouped into systems, according to the points of the compass. This is especially the case in the southwest corner of the State. This disturbed condition of the surface of course tends to give diversity to the climate, as well as grandeur and variety to the scenery. The plateaus or tablelands to the southeast of the Cascades, are far more elevated than they are in the north.

Upper Klamath lake, lying 130 miles inland, is near five thousand feet above the sea; and other lakes, of which there are a number in that region, are still higher, while the plains of the Columbia hardly attain one-fifth of that elevation. This greater altitude in the south than in the north, counteracts the effects that would otherwise result from difference of latitude, and the south division of the State has, for the most part, a colder climate than the north, though the extremes are separated by an interspace of nearly 300 miles, while the southeastern section, extending up to the 46th degree of latitude, is in the heart of a fine wheat and fruit growing region. The country towards the south line, though bounded by the parallel of 42, is comparatively unproductive east of the Cascades, chiefly from its greater elevation.

To resume our geological sketch: next in extent to these igneous deposits come those of the tertiary period. These occupy the Willamette valley proper, as well as the valleys of some of its tributaries, a considerable portion of the Umpqua valley, patches here and there on the flanks of some of the igneous upheavals, and a large portion of the central and medio-southern regions. Some of this is fresh water tertiary, and some marine; that in the central parts of the State being mostly fresh water, and having its lime and sandstones largely intermingled with organic remains, among which are leaves of plants, mostly ongioperms, as the oak, ash, willow, etc., unlike the vestiges of earlier plants; and many remarkable relics of the animal life of the period, among which are those of animals more or less allied to the elephant, hog, deer, camel, rhinoceros, hippopotamus, horse and other kinds, though all differing widely from genera and species now existing. The sites of most of our western rivers appear to have then been arms of the sea, and the interior to have been largely made up of lakes and swamps, the shores and shallower parts of which supported a luxuriant growth of arboreal and other vegetation that afforded sustenance to im-

mense numbers of beasts of many kinds. To judge by the quantity of paleozoic remains found, this seems to have been the garden of the world—a primeval Eden of animal life.

Deposits of the cretaceous era are found skirting the sides of the upheaved basalt in many places, as on the Umpqua in the west, on the Blue mountains region in the east, and cropping out on the west side of the range that runs along by Snake river, in the neighborhood of Burnt creek; this last, viewed from the distance of a mile, seems like true chalk, and we are informed, is so. If so, it is one of the very few chalk beds in the United States. Coal has been found overlaying the cretaceous in many places, as in the vicinity of Coos Bay, on the Santiam in Linn county, near Astoria, and other places, though but little has yet been done in searching for this most valuable of all minerals. Prospecting for gold and silver is more tempting, from the promise of sudden wealth that it holds out—a promise but seldom redeemed, however. The coal-beds of the State belong to the lignite formation of the lower tertiary. Some of it makes good fuel, but is inferior to the carboniferous coal of the Eastern States.

Semi-crystalline schists, or slates, are found in some places, in the vicinity of eruptive rocks. These schists are mostly metamorphic, found from sedimentary strata changed by heat and pressure. Among these schists in quartz veins, is found most of our gold, though this root of all evil may be found in veins of any of the rocks, and occasionally in the soil and gravel, from the decomposition of the rocks. Gold and silver were first deposited in veins or fissures, caused by eruptive disturbances, and we consequently find them, in places, only in districts that have been subjected to these disturbances, such as the Coast, Cascade, Blue, Calapooia, and other mountains.

Soils are formed from the decomposition of the rocks. Sandstones give a corresponding soil, clay slates give a tough,

argillaceous soil, and that furnished by the decomposition of basalt or lava, especially when intermingled with calcareous matters, furnishes the best of soils. This is the condition of the soil over almost the whole of our State, and it is not surpassed in fertility by any country in the world, of equal extent. The salubrity of a region depends upon its immunity from injurious extremes of temperature, an atmosphere exempt from septic and contagious matters, on its fertility and the purity and due supply of its water. In all these particulars, Oregon is, without doubt, the most favored portion of the United States. It suffers as little as any part of the world from epidemic and endemic diseases. From the absence of pestilential swamps, and its mild and genial temperature, it is remarkably free from malaria and its consequent diseases. In Portland, intermittents are occasionally found to prevail, from the pernicious practice of laying the streets and sidewalks with plank, which, in a moist soil, decays and makes an artificial swamp. This, from the abundance of basaltic rock in the hills around, could be easily remedied, and then it would become one of the healthiest cities in the world, "a consummation devoutly to be wished."

In regard to longevity, the inhabitants of Oregon appear to be particularly favored. While the mortality of the United States is set down at fifteen per thousand annually, and that of most of the cities nearly double that, the mortality of Oregon is reckoned at only ten per thousand. If this is true, it is not excelled in salubrity by any extensive region on the globe. It does not seem that altitude makes any difference in this particular.

The Cascade mountains form the dividing line between districts possessing more sharply defined climatic contrasts than the north and south divisions of the State. While the region lying between these mountains and the sea-coast, comprising one-third of the State, has a sufficient rainfall, and even a superabundance during the winter months, the country

on the other side experiences a deficiency of moisture. The weather during the entire year is dryer on the east side of those mountains than on the west, but the deficiency is only felt in the summer and autumn, when the ground presents a parched and sear appearance, which the scarcity of timber makes more striking. On this side crops are not to be relied on without irrigation, though some of the moister valleys are remarkable for their fertility. These have a natural irrigation, the moisture being supplied by the neighboring hills. The Wallowa and Grande Ronde valleys, on the north-east, may be ranked among the most beautiful and fertile regions in the world. It is the opinion of some, and I believe a well founded one, that the extreme dryness of the eastern plains will, in a great measure, disappear under cultivation. The drouth being caused by non-condensation, owing to the heat of the surface of the earth in summer, it is held that by turning it over with the plow it will furnish a cooler and more absorbing surface, and that this condenses the moisture in the air and precipitates it in the form of dew and rain. This is not altogether theory, but is found to be confirmed by practice.

As you recede from the ocean, the difference of temperature in summer and winter becomes more marked, for which we will attempt to give the reason:

Situated between the 42d and 46th degrees of north latitude, almost at the extreme north of the United States, Oregon might be expected, judging from the temperature of the Eastern States, to have a cold climate. Such, however, is not the case—on the contrary, its climate is remarkably mild and uniform. The temperature of a country lying in the variable zones is not governed solely by its latitude and elevation; its situation in regard to adjoining large bodies of land or water has much to do with it. If such a country is situated on the eastern side of a continent, or other large body of land, it will manifest considerable extremes of heat and cold. On

the other hand, if situated on the eastern side of an ocean or other large body of water, it will possess a climate remarkable for its mildness and uniformity. In latitude above 25 or 30 deg. the prevailing winds are from the west, below that they are mostly from the east.

To explain the causes of these atmospheric currents would carry us beyond our restricted limits—suffice it that they are so. If at any time this prevailing course is interfered with, and the winds become deflected in another direction, it is owing to causes of limited and transitory nature. These interruptions are called by meteorologists winds of aspiration; the regular currents are spoken of as winds of propulsion. These winds of propulsion sweep across our continent, in almost continuous streams, from the Pacific to the Atlantic, carrying with them much of the mildness and uniformity of temperature of the vast body of water over which they blow. Even a body of water as small as Lake Michigan has a marked effect on mitigating the extremes of temperature of the winds that pass over it, and the peninsula of that name has a more uniform climate than the country round about it. Large masses of water change their temperature but slowly, while the surface of the land becomes heated or cooled quickly. On this account the winds, in passing over the continent, become much warmed in summer and cooled in winter, in the changeable belts, and the lands lying to leeward experience extremes of temperature in proportion to their remoteness from the mitigating influences. Rainfall is governed by similar causes. The winds passing over the Pacific become impregnated with its moisture, as well as moderate in temperature, and when they strike the coast of Oregon in the winter season their moisture is condensed and precipitated, because the surface of the land is colder than the sea. On the other hand, in summer the warmth of the land is greater than that of the water, consequently but little condensation of atmospheric moisture then takes place. The west coast of North

America is situated under somewhat similar circumstances in regard to climatic influences, to the west coast of Europe, consequently it has a corresponding climate. Europe, however, is the warmer region, because the Gulf Stream, that carries with it some of the warmth of the tropics, sweeps more swiftly across the Atlantic than the Japan current does across the Pacific. Still the difference is not very marked, and Western Oregon enjoys a very similar climate to that of France, and the productions of these two countries are also similar.

The isothermal zone of from 50 to 55 Fah't is considered to be that best adapted to the human race; within this are found most of the great centres of learning, commerce, industries, the arts and civilization. The isothermal line of 50 strikes the Pacific Coast north of the mouth of the Columbia river, thence as it climbs the slope it inclines towards the South, running nearly along Snake river it passes Salt Lake and following very nearly the line of the Pacific railroad to Omaha, it keeps on nearly in the same parallel past the southern bend of Lake Michigan and strikes the Atlantic somewhat north of the latitude of 40 deg. near New York City. Thus we see that the Pacific Coast in latitude 50 is nearly as warm as that of the Atlantic in the latitude of 40 deg. Not only is it warmer here than in corresponding latitudes in the East, but the extremes of heat and cold are much less. While in the latitude of 40 in the Eastern States the thermometer often rises to above 100 Fahr't in summer and falls to 20 below zero in the winter, in Western Oregon it is seldom or never seen as high as 90 or as low as zero. The mildness and dryness of our summers makes them less adapted to the cultivation of Indian corn than are the moist and sultry summers of the Eastern States, a deficiency that is more than paid for in the much superior wheat crops raised here. The fruits of the temperate zones, especially those that are averse to climatic extremes, thrive remarkably well in this

State, and the regularity of the seasons in regard to sun and rain conduces to a corresponding regularity in the crops, a failure in them having never been known.

The following table gives a summary of the climatology of Oregon. They are the averages taken from a series of records kept at Portland and will be found to give a pretty accurate estimate of what may be looked for in any year. The latitude of the place is 45.30 north, longitude 122.27 west, and altitude at about from 50 to 100 feet:

January, 40° F.	Spring, 51° F.	Spring, 7.50 inches.
February, 42 "	Summer, 64 "	Summer, 1.75 "
March, 48 "	Autumn, 52 "	Autumn, 14.00 "
April, 49 "	Winter, 40 "	Winter, 30.25 "
May, 59 "	Year, 52 "	Year, 53.50 "
June, 63 "		
July, 65 "	<i>Weather,</i>	<i>Barometer,</i>
August, 64 "	Fair, 148 days.	Highest, 30.65
September, 61 "	Cloudy, 70 days.	Lowest, 29.43
October, 51 "	Rainy, 145 days.	Mean. 30.04
November, 44 "		
December, 39 "		

It is essential in a description of the medical topography of a country to give an account of its mineral waters. Of these there is no lack in this State, though but few of them have as yet been analyzed and their contents made known. We cannot speak from personal observation of any of these waters except those called the Soda Springs on the South fork of the Santiam, the Linkville Springs near Lake Klamath and the Snowden near Drain's Station on the O. C. R. R. There are a great many so-called soda springs on the Santiam, all pretty much alike. Most of them bubble up through "pot-holes" in the bed of the river and are therefore only available at lower stages of the water. They contain but a small amount of solid matter, most of which is chloride of sodium, or common salt. They possess a brisk and pleasant taste from the large amount of carbonic acid. They can-

not possess any very decided medicinal properties. The term soda spring is derived from their sparkling character like soda water from the fountains. The most efficient medicinal waters in the State are those, we believe, of the Snowden spring. Of these we have been furnished with an analysis, which is as follows: The specific gravity of the water is 1.01 by Baume's Hydrometer. On evaporation it yields 435 grains of solid matter to the gallon, of which 173 grs. are chloride of sodium, 145 grs. chloride of magnesium, 115 grs. chloride calcium and a small per centage of carbonate of lime and iron. It contains a large amount of carbonic acid, giving it a fresh and pleasant taste when fresh from the spring, but after standing some time it acquires a saline and bitter flavor. From this analysis it is seen the water has a resemblance to Cheltenham and Harrowgate Spas in England. The therapeutic effects to be expected from its use are alterative, deobstruent and laxative, according to the quantity drunk, but laxative only in considerable quantities. From this statement the members of the profession may decide for themselves in what complaints the water is most likely to be beneficial.

CONSTITUTION.

ARTICLE I.—TITLE OF THE SOCIETY.

This Association shall be styled—THE OREGON STATE MEDICAL SOCIETY.

ARTICLE II.—OBJECT OF THE SOCIETY.

The objects of the Society shall be—The advancement of knowledge upon all subjects connected with the healing art; the organization of the profession in connection with the American Medical Association; the elevation of the character, and the protection of the interests and rights of those engaged in the practice of medicine; and the study of the means calculated to render the medical profession most useful to the public and subservient to the interests of humanity.

ARTICLE III.—OF MEMBERS.

SECTION 1. To entitle a person to membership in this Society, he must be a graduate of a respectable medical school—one entitled to representation in the American Medical Association, and of a good moral and professional reputation.

SEC. 2. *Honorary members* shall consist of such distinguished savants, or others, as may be deemed worthy of the compliment. They shall receive their appointment by a vote of the Society and upon a motion of some member present.

ARTICLE IV.—ELECTION OF MEMBERS.

SECTION 1. Every candidate for membership shall be proposed in writing by one or more members, who shall have a personal knowledge of his qualifications.

SEC. 2. Every proposition for membership shall state the place, date of graduation, and any other date which may be of any assistance to the Censors in coming to a correct judgment.

SEC. 3. Every proposition for membership shall be referred to the Censors, who shall make a careful and impartial examination as to the character and standing of the candidate proposed, and shall report at a regular meeting as to his eligibility for membership; when, if two-thirds of the members present vote in his favor, he shall be declared duly elected.

SEC. 4. No candidate, after being rejected, shall be again proposed within twelve months thereafter.

SEC. 5. Candidates for membership shall be elected by ayes and nays, unless a motion be made and carried to elect by ballots.

The presiding officer shall appoint two tellers, who shall collect the ballots in a ballot-box. No member present shall fail to vote, unless excused by the Society. When all the members present have voted, the tellers, after counting the votes deposited, shall hand their written report to the President, who shall then announce the result.

SEC. 6. A member elect, before being admitted to the full privilege of membership, shall sign the Constitution and By-Laws of this Society—a copy of which he shall be entitled to—pay the initiation fee, be present at one of the meetings and make the requisite declaration. But if he shall neglect or refuse to comply with these conditions for the space of fifteen months, his election shall become void.

SEC. 7. When a member elect is presented for admission into this Society, the presiding officer shall address him as follows:

“Having been duly elected a member of the Oregon State Medical Society, you do solemnly declare that, so long as you continue a member of the same, you will comply with all the laws and regulations, and use your best endeavors to promote its objects.”

To which the member shall respond affirmatively.

ARTICLE V.—CERTIFICATE OF MEMBERSHIP.

Every member shall receive a certificate of membership, signed by the President and Secretary, in the following words, to wit:

“THE OREGON STATE MEDICAL SOCIETY—

“This is to certify that has been elected a member of this Society, on the day of A. D. 18..

“In testimony whereof, the seal of the Society and the signatures of the President and Secretary have been hereunto affixed, this ... day of ... 18...

“....., M. D., Secretary., M. D., President.”

ARTICLE VI.—RESIGNATION OF MEMBERSHIP.

The resignation of members shall be made in writing, to be accompanied by a certificate from the Secretary that all dues to the Society have been satisfied. But no member shall be permitted to resign while charges are pending against him.

ARTICLE VII.—CENSURE AND EXPULSION OF MEMBERS.

SECTION 1. If any member shall violate the laws or regulations of this Society, upon a charge in writing against him being presented to the Censors, it shall be their duty to investigate the charges, and, if after due investigation, they consider them sustained, they shall make a written report, with their decision, to the Society at its stated meeting; at the same time notifying the accused member of the time and place of the trial and the nature of the charges which have been preferred against him. If the accused member shall then refuse or fail to exculpate himself, he shall be reprimanded, suspended or expelled, by a vote of two-thirds of the members present. After hearing both

sides of the case, the member on trial shall then retire, when a vote shall be had.

SEC. 2. The vote shall be by ballot.

ARTICLE VIII.—OFFICERS OF THE SOCIETY.

The officers shall be a President, Vice President, Librarian, Secretary, Corresponding Secretary, Treasurer and Board of Censors, who shall be elected by ballot at the stated meeting in June of each year, and shall serve until their successors are elected and qualified.

ARTICLE IX.—MEETINGS OF THE SOCIETY.

SECTION 1. The regular meetings of the Society shall be held on the second Monday of June in each year.

SEC. 2. The Society year shall commence on the first of July.

SEC. 3. Special meetings of the Society may be called by the President; and the presiding officer or Secretary shall be bound to call a special meeting at the written request of any five members.

SEC. 4. For the transaction of ordinary or regular business of the Society, nine shall constitute a quorum; but for scientific and literary purposes, unless objections be made, a quorum shall be presumed.

SEC. 5. For the election of officers, members, delegates; for altering the Constitution or By-Laws, or for reprimanding, sustaining or expulsion of a member, half of the active members must be present.

ARTICLE X.—FUNDS OF THE SOCIETY.

SECTION 1. An annual contribution of three dollars shall be due and payable yearly.

SEC. 2. Members elect, upon signing the Constitution and By-Laws, shall pay the Secretary an admission fee of five dollars (\$5), which amount shall be in full for dues for the first year.

SEC. 3. Every member neglecting or refusing, for six months, to pay the amount of his dues or fines, shall be charged ten per cent. additional; and if in arrears at the close of the year—application for the amount having been made by the Secretary—he shall be reported to the Society as delinquent, with the amount of his arrearages; and in case payment be not made within three months thereafter, he shall forfeit his right of membership, which forfeiture shall be duly reported to the Society by the Secretary.

ARTICLE XI.—CODE OF ETHICS.

This Society adopts as part of its regulations, binding upon all its members, the Code of Ethics adopted by the American Medical Association.

ARTICLE XII.—AMENDMENTS.

This Constitution shall not be altered or amended unless the proposed alteration or amendment be made in writing, at one regular meeting, and receive the assent of two-thirds of the active members present at a subsequent annual meeting.

BY-LAWS.

ARTICLE I.—OF MEMBERS.

SECTION 1. Any physician or surgeon who shall procure, or have any interest, in a patent for a remedy or instrument of surgery, or who shall sell, deal or prescribe patent remedies or nostrums, or who shall enter into an agreement with an apothecary to receive pecuniary compensation or patronage for sending his prescriptions to said apothecary, or who shall prescribe a remedy without knowing its composition, or who shall hereafter give a certificate in favor of a patent remedy or instrument, shall be disqualified from becoming or remaining a member.

ARTICLE II.—DUTIES OF OFFICERS.

SECTION 1. The President shall preside at the meetings of the Society; preserve order; call and declare all votes; decide questions of order, (subject to an appeal of the Society), performing such other duties as custom and parliamentary usage require; shall be entitled to vote on all questions, and when the vote is even, he shall declare the question lost. Immediately after the annual election, the retiring President shall deliver an address upon some medical topic, after which he shall conduct his successor to the chair. He shall also fill, by appointment, all vacancies that may occur from death or other cause.

SEC. 2. The Vice President, when called upon, shall assist the President in the performance of his duties, and, during his absence, or at the request of the President, shall officiate in his place.

SEC. 3. The Secretary shall serve as a member of Committee on Publication; shall keep fair, legible and correct minutes of the Society proceedings, which, when approved, he shall transcribe in a book kept for that purpose. He shall have charge of papers belonging to the Society; collect all moneys due from the members, paying it over to the Treasurer, taking his receipt for the same; and keep an account of all delinquencies. He shall make a written report at the close of his term of service. He shall be the custodian of the seal of this Society.

SEC. 4. The Corresponding Secretary shall give due notice of the time and place of the next meeting; shall hold correspondence with other permanently organized societies, and see that all the published transactions are promptly distributed.

SEC. 5. The Treasurer shall receive all moneys from the Secretary; pay all orders when signed by the President and countersigned by the Secretary; he shall make an annual report of the financial condition of the Society.

SEC. 6. The Librarian shall keep a list of all books, papers and pamphlets, how and where obtained; take charge of all the specimens, and perform such other duties as the Society may direct from time to time.

SEC. 9. The Censors shall inquire into the character of all candidates for

membership, and report in writing as to their eligibility. They shall investigate any disagreement which may occur between members and endeavor to bring about a harmonious settlement. When a member is charged with an infringement of the laws of the Society or the Code of Ethics, the Censors shall fully and impartially investigate the same, and if they deem the charges well founded, shall report the case to the Society at its next stated meeting, together with their decision—giving the requisite notice as per Article VII., Section 1, of the Constitution.

ARTICLE III.—STANDING COMMITTEES AND THEIR DUTIES.

SECTION 1. The following standing committees, each composed of three or more members, of whom the first named is chairman, shall be nominated at every annual meeting by the President elect, for the purpose of preparing and arranging business for each ensuing year, and for carrying into effect the orders of the Society not otherwise assigned, namely:

- On Practical Medicine and Medical Literature;
- On Surgery;
- On Obstetrics;
- On Medical Topography, Meteorology, Endemics and Epidemics;
- On Indigenous Botany and the Domestic Adulteration of Drugs and New Remedies;
- On Public Hygiene and State Medicine;
- On Mental Diseases and Medical Jurisprudence;
- On Medical Education;
- On Publication;
- Of Arrangements.

SEC. 2. The Committee on Practical Medicine and Medical Literature shall prepare an annual report on the most important improvements effected in this State in the management of individual diseases; the improvements and discoveries which may have been made in Anatomy, Physiology, General Pathology and Therapeutics.

SEC. 3. The Committee on Surgery shall prepare an annual report on all the important improvements in the management of surgical diseases effected in the State during the year, and, as far as can be ascertained, the number of capital operations performed, with their results.

SEC. 4. The Committee on Obstetrics shall prepare an annual report on the important improvements in the Obstetrical art, and in the management of the diseases peculiar to women and children effected in the State during the year, together with such remarks touching these subjects as they may think proper.

SEC. 5. The Committee on Medical Topography, Meteorology, Endemics and Epidemics, shall prepare an annual report on the peculiarity of the soil and climate of the different sections of this State, with the diseases to which they are subject; also, the endemics and epidemics which have prevailed throughout the State during the year.

SEC. 6. The Committee on Indigenous Botany and Domestic Adulteration of Drugs, shall prepare an annual report on the indigenous medical Botany of the State of Oregon, paying particular attention to such plants as are found to possess valuable medicinal qualities, and are not accurately described in standard works, with the localities where they are found—also, to report on the quality of drugs brought to our market with the view to correct the evils arising from the extensive introduction and sale of spurious and sophisticated articles.

SEC. 7. The Committee on Public Hygiene and State Medicine, shall prepare an annual report on all subjects germane to this important branch of medical science.

SEC. 8. Committee on Mental Diseases and Medical Jurisprudence. This committee shall report on psychological questions, and on such matters appertaining to medical jurisprudence as in their judgment may be deemed advisable.

SEC. 9. The Committee on Medical Education shall prepare an annual report on the general condition of medical education in the State of Oregon as compared with the medical advancement of medical science in other States of the Union. They shall report on the several medical institutions of the State, their course of instruction, the practical requirements for graduations, the modes of examination for conferring degrees, and the reputed number of pupils and graduates at each during the year, and such other matters as they deem worthy of consideration in reference to medical education and the reputable standing of the profession.

SEC. 10. The Committee on Publication—of which the Secretary must constitute a part—shall have charge of preparing for the press, and of publishing and distributing such of the proceedings, transactions, to the members of the Society, as may be deemed worthy to be published.

CHAIRMAN OF COMMITTEES.

It shall be the duty of the Chairman of each standing committee, to assign to members of the committee within one month after their appointment, special subjects for study and investigation, and they shall report to the Chairman.

ARTICLE IV.—VOLUNTARY CONTRIBUTIONS.

SECTION 1. After the reading and discussion of the annual reports, or at any other period during the meetings of the Society by the vote of two-thirds of the members present, it shall be the privilege of any member to present to the consideration of the Society, either orally or in writing, communications on medical subjects, reports of interesting cases, or such other matters as may be deemed of interest to the profession; which communications may, on motion, be referred to the Committee on Publication, and if deemed by them worthy of preservation, shall appear among the proceedings.

ARTICLE V.—DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

The Society shall annually appoint, to represent it in the American Medical Association, one delegate for every ten members, and one for every additional

Oregon State Medical Society.

fraction of more than half this number, whose certificates of appointment shall be signed and duly authenticated by the President and Secretary.

ARTICLE VI.—COMMITTEES.

SECTION 1. All special or standing committees, except when otherwise ordered by a vote of the Society, shall be nominated by the presiding officer, subject to the approval of the Society.

SEC. 2. A majority of a committee shall constitute a quorum for business.

ARTICLE VII.—ELECTIONS.

SECTION 1. The annual election of officers shall take place in the morning of the last day of the meeting of each year.

SEC. 2. The candidate receiving the majority of the votes cast shall be declared elected.

ARTICLE VIII.—ORDER OF BUSINESS.

The following Order of Business is presented, which shall at all times be subject to a vote of a majority of all the members in attendance, and except temporarily suspended, shall be as follows:

SECTION 1. At the stated time, the Society shall be called to order by the President.

SEC. 2. Calling of the roll.

SEC. 3. The reading of the correspondence.

SEC. 4. Reception of visitors by invitation.

SEC. 5. The election of officers and the place for the next annual meeting.

SEC. 6. The Inaugural and Valedictory of the Presidents. The Secretary's and Treasurer's reports.

SEC. 7. Reports of standing committees shall next be in order; then, special committees.

SEC. 8. Reading and discussion of voluntary contributions.

SEC. 9. Unfinished business, and attending resolutions are now in order.

SEC. 10. New business; appointments of and instructions to the standing committees.

SEC. 11. Reading of the minutes of the session about to conclude.

SEC. 12. At special meetings, no other business except such as shall have been specified in the notice for the same, shall be transacted.

SEC. 13. In all other matters not otherwise provided for, this Society shall be governed by the usual rules of order of legislative assemblies, and as laid down in Cushing's Manual.

ARTICLE X.—ALTERATIONS OR AMENDMENTS.

The By-Laws may be altered or amended at a regular annual meeting, by vote of two-thirds of the members present.

S. D. SMITH.

THOMAS SMITH

Occidental Hotel,

Corner of First and Morrison Streets, }
Opposite Headquarters Dep't Columbia, }

PORTLAND, OREGON.

Renovated and Newly Furnished. Free Coach to and from the House.

S. D. SMITH & THOMAS SMITH, Proprietors.

HOME FOR THE FRIENDLESS,
Portland, Oregon.

The above Charitable Institution was built in 1872 by the LADIES' RELIEF SOCIETY of this city.

It is designed as a Home for Friendless or Orphaned Children until good homes can be secured for them elsewhere. Persons desiring to adopt Children can do so by applying to the President or Secretary, and giving satisfactory reference.

W. H. SAYLOR, M. D.
Attending Physician.

Mrs. Capt. J. C. AINSWORTH, Pres't.
Mrs. Amory HOLBROOK, Sec'y.
Mrs. WILLIAMS, Matron.

St. Vincent's Hospital
PORTLAND, OREGON.

This Hospital, established and conducted by the SISTERS OF CHARITY, affords to patients the advantages of a healthful and pleasant resort, careful and experienced nursing and regular medical attendance.

HENRY E. JONES, M. D., and R. G. REX, M. D.,

Are engaged as attending Physicians, but patients are allowed the privilege of being treated by any regular Physician they may desire.

The Hospital is entirely unsectarian in character—no distinction being made on account of creed or country.

French or German spoken with patients who do not readily understand English.

For further information, address either of the attending Physicians, or

SISTER TERESA,
Superior in Charge.

T. A. DAVIS.

F. K. ARNOLD.

T. A. DAVIS & CO.,
Wholesale Druggists,

And Dealers in

PAINT, OIL, GLASS, ETC.,

71 Front Street,

PORTLAND, OREGON.

S. A. NEPPACH,
DRUGGIST,

Corner First and Oak Sts.,

PORTLAND, OR.

CHAS. HIRSTEL & CO.,
Importers and Wholesale Dealers in
Books and Stationery,
NOTIONS, TOYS, ETC., ETC.,
No. 75 Front and 76 First Sts.,

PORTLAND, OR.

Agents for John Foley's Gold Pens and Pencils, Carew Papers, Colgate's Soaps, Wostenholm's Celebrated Cutlery, School Books and Toys, Yankee Notions.

S. J. BARBER, D.D.S.

T. L. NICKLIN, D.D.S.

BARBER & NICKLIN,
DENTISTS,

109 First Street,

PORTLAND, OREGON.

Barley

PROCEEDINGS

OF THE

Fifth Annual Meeting

OF THE

Oregon State Medical Society,

HELD AT PORTLAND, JUNE 18 AND 19, 1878.

PUBLISHED BY THE SOCIETY.

CURTIS C. STRONG, M. D., SECRETARY,
PORTLAND, OREGON.

Vol. V.

PORTLAND, OREGON:
PUBLISHING HOUSE OF HIMES THE PRINTER.

1878.

NOTE.

The OREGON STATE MEDICAL SOCIETY, while formally accepting and publishing the reports of the various committees or voluntary papers read at this session, does not hold itself responsible for the opinions, theories or criticisms therein contained.

REPORT OF PUBLISHING COMMITTEE.

To the members of the Oregon State Medical Society—

GENTLEMEN: Your Committee, in presenting to the Profession the fifth volume of the transactions of the Fifth Annual Meeting, have to report :

That they have published all reports and papers presented to them or received by the Society, and that the fifth volume, although not seeming to be larger than the last, is, in fact, the largest and best one ever published by the Society.

The following improvements have been made, which we hope will increase the value of the volume, and receive the approbation of the members.

The Table of Contents is placed upon the first page of cover, to facilitate quick reference to any article, not so much on account of the members, who have interest enough in the Society to look the volume over carefully, but to call forth more attention from strangers in other States. Attention is called to our list of members, the new feature being the addition of place and date of graduation; also, to the "Official Register," which gives the list of officers elected each year from the date of organization to the present time.

Wishing to hold in remembrance the memory of our deceased members, the Committee have prepared a list of all who have died up to this time. While we rejoice that the list is so short for the four years the Society has been in existence, we hope that it will not be the sorrowful duty of our successors to add to it very largely.

The Committee have no excuse for the late appearance of this volume for two reasons: First, it is several months

earlier than any other one heretofore issued; and secondly, that what delay has occurred, has been due to the fact that members did not come prepared to hand their papers directly to the Secretary, but had them more in the form of notes, sufficiently plain for them to read, after which they took their papers home to rewrite and expand.

The following suggestions are made to persons writing reports or articles:

1. Write only on one side of your paper.
2. Leave a space of two inches at the top of each sheet.
3. Fasten them together at the *top*.
4. Notify the Secretary forty-five days before the annual meeting, of the title of your article and of its *completion*.

5. On the *first* day of the Session, hand all *reports, articles or papers*, to the Secretary, properly prepared for printing; this will ensure their being presented at the proper time, and enable the Committee to proceed without delay. The Committee have awarded the printing to the lowest bidder and have ordered five hundred copies, which the Secretary will distribute.

All of which is respectfully submitted.

O. P. S. PLUMMER, M. D.
 WM. B. CARDWELL, M. D.
 CURTIS C. STRONG, M. D.

FIFTH ANNUAL MEETING

OF THE

OREGON STATE MEDICAL SOCIETY.

First Day.

NONPAREIL HALL, June 18, 1878.

At 11 o'clock, the Society was called to order by the President, L. L. Rowland, M. D.

Curtis C. Strong, M. D., Secretary, called the roll, and there being a quorum, the meeting was opened with prayer by O. P. S. Plummer, M. D.

In the absence of the Chairman, W. H. Saylor, M. D., read the report of the Committee of Arrangements.

The report was received and referred to the Publishing Committee.

J. A. Richardson, M. D., Chairman of the Board of Censors, reported favorably upon the application of James W. Howard, of Canyon City; Charles H. Merrick, M. D., of Can-

NOTE.—The time for the annual meeting of the Oregon State Medical Society is on the second Monday of June, but this being the day of the State election, it was agreed that the meeting should take place on the third Tuesday in June, 18th inst. With that understanding and agreement, the physicians of Portland met at the office of the Secretary and were called to order by him in the absence of the President. W. H. Watkins, M. D., was elected President *pro tem*. Upon calling the roll it was found that a quorum was not present, whereupon the Society adjourned, to meet in Nonpareil Hall, in the city of Portland, June 18, 1878. In order to avoid misunderstanding this note is inserted, and the word "adjourned" omitted in the present proceedings of the Society.

PORTLAND, OR., June 18, 1878.

CURTIS C. STRONG, M. D.,

Sec. O. S. M. S.

yonville; Frank B. Rinearson, M. D., of Oregon City; M. D. Jennings, M. D., of Astoria. Their names were called, one by one, and each elected.

Upon motion of P. Harvey, M. D., the Society adjourned to meet at 2 o'clock P. M.

AFTERNOON SESSION.

2 O'CLOCK, P. M.

The President, L. L. Rowland, M. D., called the Society to order and the Secretary called the roll.

The minutes of the morning session were read and approved.

The Secretary read a communication from the Rt. Rev. B. Wister Morris, inviting the Society to visit the Good Samaritan hospital. The communication was received and the invitation accepted.

R. G. Rex, M. D., extended a verbal invitation to visit the St. Vincent hospital, which was accepted.

The President stated that it was his sad duty to announce to the Society the death of two of our members since the last meeting, Eugene Rufus Fiske, A. M., M. D., a charter member, who had been placed upon the list of honorary members at the last annual meeting of the Society. Dr. Fiske was born June 4, 1816, and died August 28, 1877, at his residence in Salem.

Joseph P. Tate, M. D., of Albany, was one of our charter members, and up to the time of his death was an active member of the Society. Dr. Tate died at Albany, where he had so long labored, on the 14th of June, 1878.

Dr. Plummer spoke of his pleasant acquaintance with Dr. Tate, and particularly of his last visit only a few days before

his death. He moved that a Committee on Resolutions be appointed.

The President appointed as that Committee, Drs. O. P. S. Plummer, W. H. Watkins, J. A. Richardson. In a short time they presented the following:

WHEREAS, It pleased the Great Physician, on Friday last, June 4, 1878, to promote our late co-laborer, Joseph P. Tate, M. D., after an onerous practice of many weary years duration, to the eternal rest of the true; therefore, be it

Resolved, That we have lost from our ranks a high-minded practitioner and Christian gentleman, one who ever commanded respect and admiration for his many noble qualities of heart and mind, and who the better known was the more esteemed and loved.

Resolved, That while we are once again reminded of the weakness of our humanity, we rejoice in the knowledge that our brother, long a sufferer in the flesh, was healed of the blemish of sin, and gone to the undoubted possession of that reward which, thank God, we are permitted to hope shall one day be ours.

O. P. S. PLUMMER,
W. H. WATKINS,
JAMES A. RICHARDSON,
Committee.

It was voted to receive the resolutions and that they be engrossed upon the minutes.

The Secretary was instructed to send a copy to the family of the deceased, and to have them published in the Albany and Portland papers.

C. H. Hall, M. D., moved that a committee of three be appointed to prepare a suitable expression of the Society on account of the death of Dr. Fiske.

On that Committee were appointed Drs. C. H. Hall, H.

Carpenter, W. H. Saylor. The Committee in a short time presented the following:

WHEREAS, Our coadjutor, E. R. Fiske, M. D., late of Salem, Oregon, has died since our last annual meeting, and in attestation of his many virtues as a Christian gentleman and scientific physician of much more than ordinary attainments and extensive experience, be it

Resolved, That in the death of Dr. Fiske, this Society has lost one of its most distinguished members and the profession one of its most eminent lights.

Resolved, That we will ever hold his memory in the highest regard for his excellent council and inherent value as a citizen and physician of great skill and worth.

Resolved, That a copy of these resolutions be published in the daily papers of Salem and Portland, and a copy sent to the widow of the deceased.

C. H. HALL,
H. CARPENTER,
W. H. SAYLOR,
Committee.

Dr. Richardson made the following additional report recommending for membership R. G. Ebert, M. D., of Portland, Simeon Josephi, M. D., of East Portland, and James T. Auger, M. D., of McMinnville. Upon a separate vote each was elected.

The Society next proceeded to the annual election of officers, resulting as follows:

H. Carpenter, M. D., of Salem, President; F. A. Bailey, M. D., of Hillsboro, Vice President; L. L. Rowland, M. D., of Salem, Librarian; Curtis C. Strong, M. D., of Portland, Secretary; O. P. S. Plummer, M. D., of Portland, Corresponding Secretary; W. H. Watkins, M. D., Treasurer.

Board of Censors—Drs. J. A. Richardson, The Dalles,

Chairman; D. B. Rice, Albany, R. G. Rex, Portland, W. D. Baker, Astoria, C. H. Hall, Salem.

Delegates to the American Medical Association—Drs. L. L. Rowland, Salem, W. H. Watkins, Portland, R. Glisan, Portland, W. B. Cardwell, Portland, O. P. S. Plummer, Portland, J. A. Richardson, The Dalles, C. H. Hall, Salem, F. A. Bailey, Hillsboro.

A vote was taken to select from the following locations, a place for the next annual meeting: Portland, Salem, The Dalles, Albany, and resulted in the selection of Portland.

Dr. R. G. Rex, moved that the chair appoint a committee of three to examine the Constitution and By-Laws, to correct any mistakes, if any exist, made in copying or printing. Lost.

Having called Dr. Plummer to the chair, the President, L. L. Rowland, M. D., proceeded to deliver the annual address, which was listened to with marked attention. At the close, he introduced the President elect, H. Carpenter, M. D., who proceeded to give a short history of different medical societies he had been connected with and his part in their organization. He then assumed the chair and proceeded with the regular order of business.

Dr. Watkins moved that the thanks of the Society be, and are hereby, tendered to the retiring President, L. L. Rowland, M. D., for the faithful and efficient manner in which he had discharged the duties of the office, and for his able address.

Dr. Glisan moved that the address be referred to the Publishing Committee, with instructions that the same be published in the Transactions.

Both motions unanimously prevailed and it was so ordered.

The Secretary, Curtis C. Strong, M. D., then read his annual report.

F. A. Bailey, M. D., moved that the report be received. Carried.

Dr. Richardson made the following motion: "That all members who refuse to furnish the Secretary with their record, be stricken from the roll of membership of this Society."

Passed and so ordered.

He also moved that the dues of W. D. Baker, M. D., be, and that they are hereby, remitted to the amount of \$10, being the dues for the two years he was a member without his knowledge or consent.

Passed.

Dr. Plummer stated that he had proposed the name of Dr. J. H. Boughton, who was elected a member of this Society on the 14th of September, 1875, but had never openly affiliated nor paid dues, although frequently notified, and moved that his name be dropped from the roll of membership of this Society for the non-payment of dues.

Passed and so ordered.

The Society now adjourned to meet at 7½ o'clock P. M., at the office of R. Glisan, M. D.

EVENING SESSION.

DR. R. GLISAN'S OFFICE, }
7½ o'clock P. M. }

The President, H. Carpenter, M. D., called the Society to order, and the Secretary called the roll.

The next order of business was the reports of the different committees, which were called in their regular order.

PRACTICAL MEDICINE AND MEDICAL LITERATURE.

The Chairman, D. B. Rice, M. D., was absent.

Dr. Plummer stated that he had a paper from Dr. Rice, which, although it might not be considered in the light of a special report of this committee, yet it related to this subject.

Dr. Watkins moved that it be received, read by title and referred to the Publishing Committee.

Carried

Title of article, "Quality of Typhus and Typhoid Fever."

SURGERY.

A. Sharples, M. D., of Salem, Chairman.

Dr. Sharples stated to the Society that he had not prepared a written report upon this subject. He stated that some method should be adopted by the Society to obtain a history of all surgical cases occurring in the practice of members of the Society, as he was convinced that surgical cases were influenced favorably by our climate.

OBSTETRICS.

D. Payton, M. D., of Salem, Chairman. As he was not present, there was no report from the committee.

ON MEDICAL TOPOGRAPHY, METEOROLOGY, ENDEMICS AND EPIDEMICS.

P. Harvey, M. D., Portland, Chairman. Dr. Harvey not present. No report.

ON INDIGENOUS BOTANY AND THE DOMESTIC ADULTERATION OF DRUGS AND NEW REMEDIES.

R. G. Rex, M. D., Portland, Chairman. Absent. No report.

ON PUBLIC HYGIENE AND STATE MEDICINE.

O. P. S. Plummer, M. D., Portland, Chairman. Dr. Plum-

mer read a report on Hygiene, which was referred to the Committee on Publication. The report referred mainly to the sanitary condition of Portland, which called out the following remarks from Dr. Watkins:

MR. PRESIDENT: I have listened with a good degree of interest to the report of your committee on Public Hygiene, etc. Though the general lay of the ground in this city is favorable to surface drainage, and, in fact, is much more cleanly than most other cities of like age and population, still physicians, every now and then, meet with cases of disease consequent on uncleanly customs and filthy surroundings.

Some years since, a lady whom I was attending, not a resident of this city, was taken suddenly with a profuse choleraic discharge, attended with great prostration, finally ending in complete collapse, and in the course of fifty-eight hours death supervened. The same day this lady was taken ill, a child in the family with which she was boarding, was taken so sick, that the nervous system was entirely prostrated by the first shock of the disease, the child being entirely unconscious on my arrival. The next day a second child was similarly attacked and in comparatively short time death, in both cases, closed the scene, both presenting about the same symptoms, the most alarming being profound coma and an uncontrollable diarrhea. A third child taken with similar symptoms recovered. Upon inquiring the cause of this alarming outbreak of disease, I could learn nothing; but, ascertaining that the children had been playing the day before the attack by the side of the house ordinarily not frequented. I commenced an exploration and discovered a small opening in the top of the ground some three inches wide by three feet long. Upon placing my face near the opening, I experienced the most offensive and sharpest odor. It was an old cess-pool of over twenty years of age, covered over with boards, one of which had decayed and allowed the foul animal poisons to rise into the open air.

The lady, the first victim, slept in the chamber with an open window directly over this opening in the cess-pool, and the children played in the vicinity thereof some three hours. Comment is unnecessary. One adult and two children, were suddenly removed from our midst, by, in the parlance of the day, the inscrutable way of Providence, while the simple truth was, that three persons were borne to their graves because some one was too stingy or too lazy to fill up this hole in the ground with solid earth, but instead covered it with thin boards, and a slight covering of earth. Will people never learn without National hotel horrors all over the land, that there is no poison so poisonous as the effluvia of putrescent excreta, and that sanitary regulations, to be systematically enforced, is a proper thing for legislation.

MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

F. A. Bailey, M. D., Hillsboro, Chairman, presented a report upon this subject, which was read, and referred to the Committee on Publication.

Dr. Watkins spoke as follows :

The phase of disease to which Dr. Bailey has drawn attention, especially those of a continuance of morbid sensibility, after all lesions had been removed, was one of interest and one of great practical importance. As Dr. Bailey has noticed, this peculiarity is most apt to occur in cases of chronic character and long standing. Now, in all or many of these cases, impressions of a special kind have been made on the nervous centers, which may be allied to those impressions or changes in the nervous centers which give a person a particular walk or hand writing, or other physical characteristic, the result of long continued habit. In the case of disease of any portion of the organism, this disease may and probably does produce actual change of the cellular elements of the nervous centers which will remain sometime after all evidences of diseased action has been removed. While the chronic complaint, as

the Doctor says, has been removed, the changes in the nervous centers (and it is by means only of those nervous centers that we have any consciousness) have not been removed and can only be removed by time. There can be but little doubt that what we call memory is produced by the impressions producing actual physical change in the cellular elements of the brain. So in disease like changes in the cellular elements are produced. And as in memory these impressions through not being recalled lose their vividness, so the impressions of disease or injury, after a while, not being renewed, because the disease or injury is cured, will in like manner become evanescent and fade away. To accomplish this result is the work of the physician, by arousing interest in new objects, by travel, pleasure, business—anything which, so to speak, will enable the nervous centers to forget old physical ills—by enabling pleasant and agreeable impressions to replace them in the wonderful tablet of the nervous system.

MEDICAL EDUCATION.

J. A. Richardson, M. D., Salem, Chairman, stated that he had not prepared a report upon this subject, having been informed that the annual address of the President would be upon this subject, and knowing the thoroughness of the President, he felt that there would be but little to say that would not be a repetition.

ON PUBLICATION.

W. H. Saylor, M. D., Portland, Chairman, read the report prepared by his committee and published in the Fourth Annual Proceedings. The report was read and adopted. The thanks of the Society were voted the committee for the manner in which they had discharged their duties.

ON LEGISLATION.

H. Carpenter, M. D., Salem, Chairman, called F. A. Bailey, M. D., to the chair. He then made a verbal report, urging united action upon this matter.

Dr. Sharples made some remarks upon this subject and promised his individual support both in and out of the legislature.

ON ARRANGEMENTS.

Already reported.

FINANCE.

W. H. Watkins, M. D., Portland, Chairman, asked further time which was granted.

Dr. Plummer moved that the suggestions of the Committee on Hygiene and State Medicine be referred to the Legislative Committee. Carried.

* Dr. Watkins moved that all the members of this Society be, and they are hereby, earnestly requested to report all surgical, together with all interesting medical cases. All reports of surgical cases to be sent to W. H. Saylor, M. D., Portland, Chairman of the Committee on Surgery. Medical cases to be sent to W. H. Watkins, M. D., Portland, Chairman Committee on Practical Medicine and Medical Literature. Or all reports can be sent to the Secretary, Curtis C. Strong, M. D., Portland, Oregon, who will acknowledge their receipt and distribute them to the proper persons. Carried.

Dr. Sharples moved that the Committee on Surgery be instructed to furnish the Publishing Committee a blank form, properly prepared, for obtaining the history of surgical cases; such blank, when approved by the Publishing Committee, to be published and distributed by the Secretary. Carried.

Also that a similar blank, emanating from the Committee on Practical Medicine and Medical Literature, be published and furnished in like manner. Carried.

F. A. Bailey, M. D., presented an article upon Diphtheria, which was read by title and referred to the Publishing Committee. Also a "Report of Fracture of the Radius and Ulnar, with treatment." The Doctor being invited, read the

article, which was then received and referred to the Publishing Committee.

Dr. Watkins related the history of a Uterine Fibroid, which was removed by the use of ergotine.

Adjourned to 9½ o'clock, A. M.

Second Day.

MORNING SESSION, 9½ O'CLOCK.

Called to order by H. Carpenter, M. D., President, and opened with prayer by Dr. Rowland.

After roll-call, the minutes of the preceding day were read and after a few corrections were approved.

Dr. Rex, Chairman of the Committee on Indigenous Botany and the Domestic Adulteration of Drugs and New Remedies, was called to report for that committee. The Doctor said that he had not prepared a written report, but would prepare one in time to appear in the Proceedings of this year. It was ordered that he be granted further time, and that he hand his report to the Publishing Committee as soon as possible.

[The report has not been received.—PUB. COM.]

The Doctor in his remarks referred to Chittum Bark and Oregon Grape Root, from both of which he had prepared extracts, and to the mineral springs in Oregon.

Further remarks were made upon these subjects by Drs. Parker, Saylor, Richardson, Strong and Plummer, which resulted in the following motion by Dr. Saylor :

That Drs. Rex and Richardson constitute a committee to report on the location and means of reaching them, character,

quality, quantity and medicinal properties of the Mineral Springs of Oregon. Carried.

Dr. Richardson read the history of three cases occurring in his obstetrical practice. The first was a case of spontaneous version. The second, inverted uterus. The third, septæmia.

The cases were interesting, and were listened to with attention.

The papers were all received and referred to the Publishing Committee.

Dr. Watkins made a few remarks upon a case occurring in his own practice in this city. A perfectly healthy lady in her third confinement was taken in natural labor. Everything progressed favorably, and she was delivered of a still-born child. Shortly afterwards she complained of severe pain in the right hypochondriacal region, which kept coming and going, but seemed to indicate no unpleasant symptom, until the patient commenced to sink, and soon died, the womb remaining contracted all this time. The speaker was inclined to attribute death to rupture of the uterus and the escape of blood into the peritoneal cavity. No post-mortem was held.

Dr. Saylor reported a case of atersia vagina, operated on by himself and Dr. Cardwell. The operation was performed by cutting the bands of stricture, dilating the canal and afterwards keeping it open by dilators. It was now several weeks since the operation and at present the canal was sufficiently patent.

Dr. Strong made a few remarks upon removing the after-birth before the womb stopped its expulsive efforts after the birth of the fœtus. He also stated that he had used Pulling's Funis clamps for fastening the cord, and that they seemed to answer the purposes required, that he was in the habit of using them and then, at his leisure tying the cord in the usual manner.

Dr. Hall presented the following:

Resolved, That this State Medical Society respectfully represent that it is essential to the advancement of medical science and the general good of the public, that dissections be permitted under proper restrictions—therefore we, the Oregon State Medical Society, respectfully request that the State of Oregon, at its next legislative session, pass a law authorizing dissections and regulating the practice of medicine—and that a State Board of Health be established.

Passed unanimously.

Each member was requested to use all honorable means to have passed the above wholesome laws, relating as they do to the great good of the people and the elevation of the profession.

The President announced the following Standing Committees:

1. *Practice of Medicine and Medical Literature*—W. H. Watkins, M. D., Portland, Chairman; Drs. Curtis C. Strong, R. B. Wilson, H. E. Jones, O. D. Doane.

2. *Surgery*—W. H. Saylor, M. D., Portland, Chairman; Drs. A. Sharples, W. A. Cusic, R. G. Ebert, C. H. Raffety.

3. *Obstetrics*—J. Reynolds, M. D., Salem, Chairman; Drs. C. H. Hall, R. Glisan, D. B. Rice, S. R. Jessup.

4. *On Medical Topography, Meteorology, Endemics and Epidemics*—P. Harvey, M. D., Portland, Chairman; Drs. C. H. Merrick, J. A. Richardson, W. P. Smith, W. D. Baker.

5. *On Indigenous Botany and the Domestic Adulteration of Drugs, and New Remedies*—R. G. Rex, M. D., Portland, Chairman; Drs. J. M. Kitchen, M. Giesy, S. Parker, F. B. Eaton.

6. *On Public Hygiene and State Medicine*—O. P. S. Plummer, M. D., Portland, Chairman; Drs. J. L. Hill, D. M. Jones, M. Flinn, D. W. Cox.

7. *Mental Diseases and Medical Jurisprudence*—F. A. Bailey, M. D., Hillsboro, Chairman; Drs. J. A. Richardson, S. Josephi, L. L. Rowland, N. L. Lee.

8. *Medical Education*—C. H. Merrick, M. D., Canyonville, Chairman; Drs. G. E. Nottage, John Nicklin, H. Lane, H. R. Homes.

9. *Publication*—O. P. S. Plummer, M. D., Portland, Chairman; Drs. W. B. Cardwell; Curtis C. Strong, *ex officio*.

10. *Arrangements*—W. B. Cardwell, M. D., Portland, Chairman; Drs. O. P. S. Plummer, W. H. Saylor, R. G. Rex, J. T. Ghiselin.

11. *Legislation*—A. Sharples, M. D., Salem, Chairman; Drs. D. Payton, S. R. Jessup, D. M. Jones, C. H. Hall.

12. *Finance*—R. Glisan, M. D., Portland, Chairman; Drs. R. B. Wilson, W. H. Watkins.

Dr. Watkins moved that a committee of three be appointed to attend the examination of graduates at the commencement of the Medical Dept. of Willamette University. Carried.

The President appointed on that committee Drs. F. A. Bailey, D. B. Rice and J. Reynolds.

The following communication was received from the Dean of the Medical Department of Willamette University:

To the Members of the Oregon State Medical Society:

The Faculty of the Medical Department earnestly request that you will kindly favor us in the building up of our Museum and improvement of our means of instruction by forwarding to us any *pathological specimens* of interest, or anything which will add value to our collection.

Respectfully,

O. P. S. PLUMMER, M. D., *Dean*.

W. H. Watkins, Chairman of the Finance Committee, made the following report:

MR. PRESIDENT:—Your Committee on Finance respect-

fully report that they have examined the financial exhibit of the Secretary, Curtis C. Strong, M. D., and find it correct.

W. H. WATKINS,
R. G. REX,
W. H. SAYLOR,

Committee.

The following amendments to the Constitution were offered, and according to Article XII., were laid over:

By W. H. Watkins, M. D.:

Article IX., Sec. 1. Striking out the whole of that Section and in its place inserting—"The regular communication of the Society shall be held at such a time in May or June as the Society may elect, or the Committee of Arrangements may designate.

By L. L. Rowland, M. D.:

Article VIII. be changed by inserting the word "Permanent" before the word "Secretary," as occurring after the word "Librarian," making the Article read as follows: "The officers shall be a President, Vice President, Librarian, Permanent Secretary, Corresponding Secretary," &c.

By R. G. Rex, M. D.:

Article XII.—by striking out the words "annual meeting," as occurring after the word "subsequent," and inserting in their stead the words, "sessions of the same," making it to read as follows: * * * "of the active members at a subsequent session of the same."

Also, by the same person, to amend Article III., Sec. 1 of the By-Laws by striking out the words, "On Indigenous Botany and the Domestic Adulteration of Drugs and New Remedies"—inserting in lieu thereof—"On the Therapeutic Resources of the North Pacific Coast."

Dr. Bailey moved that the Secretary be, and he is hereby, authorized to employ a clerk to copy the minutes and that the be borne by the Society. Carried unanimously.

Dr. Rowland moved that a synopsis of the minutes be published in the daily papers. Carried.

Also—that this society extends its thanks to the O. & C. R. R., O. C. R. R. and the O. S. N. Co., for half fare rates extended to members of this Society.

Dr. Richardson presented the following:

Resolved, That this Society hereby tender its hearty thanks to our Secretary, Curtis C. Strong, M. D., for the very efficient and satisfactory manner in which he has discharged the duties of his office. Passed unanimously.

Adjourned.

SECRETARY'S REPORT.

Mr. President, and Members of the Oregon State Medical Society:

GENTLEMEN:—Bryant, who has written many things of value, and who has referred to our own particular land and river, represents Time as a huge wave—

"A Mighty Hand from an exhaustless urn,
Pours forth the never-ending Flood of Years
Among the Nations. How the rushing waves
Bear all before them! On their foremost edge,
And there alone is life."

That wave has now brought to our view another anniversary, our fifth, and with it your Secretary's Report.

The medical journals teem with ways and methods of making medicine palatable, and our Homœopathic neighbors have this advantage, that they can make their medicines pleasant or at least, tasteless. But that nepenthe with reference to a secretary's report I have never found, so, with your accustomed fortitude, patience and kindness, the dose will have to

be taken plain, unadulterated and bitter,—it cannot be sugar-coated, although like them, it may pass undigested.

With reference to the duties pertaining to this office, I can add but little to what was said upon that subject in my last year's report. I have kept up in the best manner possible our list of exchanges, and have endeavored to systematize and enlarge it, but owing to the action of the Society in abolishing the office of Permanent Secretary and that of the Committee on Publication, in not having put upon the cover of our Transactions the address of any one, I have failed to receive exchanges from some societies that formerly sent us their transactions, owing, no doubt, to the objections Secretaries have of sending to a former official, whereby their labor and book are thrown away.

To remedy this, I would suggest that some suitable person be chosen and elected with the understanding that he shall be re-elected from year to year, and let him mail all our Transactions, receive exchanges and do all the duties prescribed in our Constitution, Article II., Section 6.

With his name and address printed plainly upon the cover of our Transactions, and having the office permanently, we may hope to keep up and complete our list of exchanges—otherwise, I should recommend that all effort in that direction be abandoned.

The following is our list of exchanges received since my last report :

1. Arkansas.....	State Med. Society, Trans. of	1873
2. California.....	“ “ “	1877
3. Connecticut.....	“ “ “	1877
4. Colorado.....	“ “ “	1876
5. District of Columbia,	“ “	1877
6. Kansas.....	State “ “	1875
7. Kentucky.....	“ “ “	1876
8. Maryland.....	“ “ “	1877

9. Maine.....	State Med. Society, Trans. of	1877
10. Massachusetts.....	“ “ “	1877
11. New Hampshire....	“ “ “	1877
12. Nebraska.....	“ “ “	1876
13. New Jersey.....	“ “ “	1877
14. Pennsylvania.....	“ “ “	1877
15. Rhode Island.....	“ “ “	1877
16. South Carolina.....	“ “ “	1877
17. Vermont.....	“ “ “	1873
18. Wisconsin.....	“ “ “	1877
19. West Virginia.....	“ “ “	1877
20. Washington Ty....	“ “	1874

I have been able to obtain some address or other of the State Societies of the following States and have sent them our Transactions but have not been able to receive any reply :

1. Illinois State Medical Society.
2. Indiana State Medical Society.
3. Iowa State Medical Society.
4. Ohio State Medical Society.
5. Michigan State Medical Society.

With perseverance, it may be possible to overcome all these difficulties and we may yet obtain a complete exchange list—an object much to be desired.

If it had occurred to me to have read and made notes of worthy articles in our exchanges, as they were received, I should have been able to have given the Society a more desirable and useful resume from the Transactions received.

I. CALIFORNIA.

In the Transactions of this State Society, I find much to commend. Besides the usual reports upon Practice of Medicine, Surgery and Obstetrics, there is a well written report upon Medical Education, by John Mills Browne, M. D., together with a complete supplementary report by Arthur B. Stout, M. D. Both will repay reading.

Joseph F. Montgomery, M. D., has quite an exhaustive report upon Public Hygiene and State Medicine: I find very few committees, but have good reports, presented by their chairman, and almost half the volume is filled with interesting articles and reports of cases.

II. CONNECTICUT.

This volume is largely made up of reports from county societies, and there are many articles of interest and value.

A commendable feature is a biographical sketch of the early members of one of their county societies.

III. DISTRICT OF COLUMBIA.

The Transactions of this Society are presented to us in the form of a quarterly journal, in which, after the Transactions are printed, are published such miscellaneous articles as may be presented. An article upon Elongation of the Cervix Uteri, together with the discussion upon its amputation, contains many points both instructive and interesting.

A discussion upon Cancer of the Abdominal Organs, seems to have called out considerable talent and interest.

IV. MARYLAND.

The President, Professor Christopher Johnson, M. D., in a portion of his annual address, treats of two subjects of great interest to the medical profession, viz: The Question of Sacredness of Confidential Communications before the courts and the Position of Medical Experts when subpoenaed to appear in court and testify. The article is one of importance and is likely to be of special interest to any one of us. I cannot make any notes that would do the subject justice.

The annual oration by Prof. S. Weir Mitchell, M. D., of Philadelphia, contains many truths.

It is especially interesting as showing the many changes that have taken place in the method of treating diseases, within the recollection of one man.

Good reports upon the general subjects usually reported to standing committees, fill the volume.

V. MAINE.

This volume opens up to us the subject of Materialism as treated allopathically, by George F. French, M. D. The article shows much study and painstaking on the part of the writer, to present to his society something worth preserving.

Article IV., History of Ovariectomy in Maine, should suggest a good idea to us.

Following it, let a competent person be selected to write the history of some one operation in surgery, or any disease, or any subject germane to medicine of general interest, in this State. By doing so each year, the Society will finally have collected a valuable history of medicine, while it is still within the recollection of man to give its origin in this State.

VI. MASSACHUSETTS.

All we have from this State is a medical communication of the Massachusetts State Medical Society, Vol. XIII., No. 3, which contains, besides the formal proceedings of the society, but one article, "The Annual Discourse," a review of medicine, its work and worth, by John R. Bronson, M. D. This article seems to contain many gems of thought.

VII. NEW HAMPSHIRE.

The Transactions of this Society do not impress me favorably, for they countenance the use of paper which the Massachusetts State Board of Health—Third Annual Report, 1872, page 18—have shown contain arsenic in poisonous quantities. This seems to us as if the teachings of that most useful Board did not have the desired effect upon that society.

This seeming defect, however, does not take away the point from several readable articles. None more so than one by the President, Prof. A. B. Crosby, A. M., M. D., upon the Ethical Relation of Physician and Patient. He relates the following anecdote:

A nobleman from the country, as a last resort, once consulted Mr. Abernethy for rheumatism, and having paid an unusually large fee, left the office rejoicing that he should now get relief. "Here, you fellow," shouted the brusque surgeon, "come back here, if that prescription does your rheumatism any good and let me know, I have it like hell and I can't find anything that will relieve me."

We will find any article written by this man, now numbered with the dead—died August 10, 1877, from apoplexy—interesting as well as instructive. His brother, A. H. Crosby, M. D., has a readable article on Orthodoxy and Heterodoxy in medicine.

VIII. NEW JERSEY.

The land of luscious peaches, comes to us laden with many good things, which even if they do now and then taste slightly bitter, have the true flavor of the ripe fruit.

The Physician Physically, Mentally and Morally Considered, at the hands of J. V. Schenk, M. D. He seems to "wear the glove of velvet even though it cover the hand of steel."

A long essay on the care of the skin as a means of preventing and curing disease, is presented by A. W. Rogers, M. D.

The reports upon the usual topics of medicine, complete the volume in a favorable manner.

IX. PENNSYLVANIA.

Among the various resolutions adopted by the Society, is one requiring all county societies to elect a committee of three whose duty it shall be to examine all applicants for admission as students of medicine, under the tuition of members of the society; also to require all students to enter into a contract to read medicine three years; and all are to urge them to attend only such schools as require rigidly a three year course of study.

This well established Society—this being their twenty-eighth annual meeting—like our young one, seems to think herself pregnant with a State Board of Health, and is laboring hard to accomplish that desirable object.

The addresses upon obstetrics, surgery and hygiene, are all well written. After several other reports and articles, comes the transactions of their various county societies. In fact, the volume is so replete with good things, that I am unable to do more than say, read and see for yourself.

X. RHODE ISLAND

Comes to us only in a small pamphlet, called "The Communications," which contains a sketch of their Minutes, Articles of Incorporation and By-Laws—in fact it seems but little more than an index to a more complete volume.

XI. SOUTH CAROLINA.

The President in his address bewails the lack of members in attendance, but it seems to me they somewhat make up for that in their zeal. Like some who, having miscarried once, cannot again conceive and carry to full term; so this State, having once lost a promising State Board of Health, seeks again the good fortune of having the chance to rear and bring up the State Baby.

The report of the Committee on State Medicine, presented by their chairman, Manning Simons, M. D., seems an exhaustive article upon that subject, as it relates to the work in their State.

XII. WEST VIRGINIA

Opens with the resolution, "That we recommend the formation of county or district societies throughout the State."

The address of E. A. Hildreth, M. D., enters largely into the legal status of physicians and surgeons in the various States of the Union.

In Virginia, Oregon and Tennessee, it is claimed that a fee or license being paid into the State Treasury, is sufficient to authorize one to practice.

So far as it relates to this State, they have the cart before the horse—all that seems necessary here is for the doctor to get the fee.

The following are among some of the subjects treated of: Meteorology, Medical Botany, Geology, Mineral Springs, State Board of Health, Vital Statistics and Elevation in Pulmonary Diseases in West Virginia.

Upon first looking at this book I thought it small, but after the Minutes and President's Report are taken out, I find sixty-two pages well filled with articles, reports of cases, etc., all in small type.

XIII. WISCONSIN.

The last of our exchanges for 1877, is presented in a very neat and attractive form of over 150 pages of closely written matter, and certainly does credit to the Publishing Committee.

The meeting was enlivened with music by the Capitol City band, then the mayor of Madison delivered the address of welcome. The meeting was then formally opened by an address from the President.

The reports are numerous, well written, and thorough.

We now come to the consideration of the wants of our own Society.

The experience of the Society in the past makes it especially desirable that strict attention be paid to Article IV., with reference to applications for membership. I have had to write a number of letters in order to correct the "Record," and as surprising as it may seem, some think that it is an unnecessary piece of impudent interference on the part of your Secretary.

I now have it reduced to twelve who have not furnished me with their record, and with, perhaps, one exception, I expect to close the list at this time; and if, hereafter, you will receive no one who has not filled out the blank provided for that purpose, and signed the same, you will save your Secretary much trouble and preserve the records of the Society in good shape.

Also to Article X., Section 3.

This relates to arrears. I herewith present a list of all who have not paid their dues for over one year, notice having been given that they were delinquent.

W. D. Baker,	dues for 1875 and 1876,	-	-	\$10 00
S. D. McAuley,	" " " "	-	-	5 00
A. I. Nicklin,	" " " "	-	-	5 00
H. J. Boughton,	" " " "	-	-	10 00
H. Logan,	" " " "	-	-	5 00
Total,	-	-	-	\$35 00

With reference to the name of Dr. Baker, I will say that he has paid his dues for the year ending June 30, 1878, and reported to me that he was elected without his knowledge or consent, and that for a long time the matter of dues was unknown to him, we not having his address. I would therefore suggest that his delinquency of \$10 be remitted.

With reference to the balance, it is very hard for me to say what, in my opinion, should be done. While it does not seem fair toward those who have contributed from year to year, and thus borne the brunt and burden of the day, and enabling the Society to maintain a successful financial condition, still it would be desirable if this matter could be settled.

I hardly think that there is a name upon the list that would not cheerfully pay the dues for 1877 and 1878. If this is done, with care and effort upon the part of your officers, I am inclined to believe that all further trouble could be avoided.

I therefore submit this without recommendation, but urge that some action be taken upon it.

To avoid trouble and delay, ever since my term of office, all moneys have been collected and paid out from this office. It seems almost impossible to avoid this, for by doing it we expedite and simplify matters.

I herewith submit a report of all moneys received by me, and all paid out, with the accompanying vouchers:

CASH AS PER BOOKS OF THE SECRETARY.

1877.			
July 1.	To cash from 1876.....	\$45 05	
Sept. 7.	A. C. Helm.....	5 00	
" "	J. E. Payton.....	5 00	
" "	A. J. Nicklin.....	5 00	
" "	A. Sharples.....	5 00	
" "	J. N. Lee.....	5 00	
" "	J. M. Pruett.....	5 00	
" "	D. W. Cox.....	5 00	
" "	J. L. Hill.....	5 00	
" "	J. P. Tate.....	3 00	
" "	J. E. Davidson.....	5 00	
" "	Miss E. A. J. Ford.....	5 00	
" "	O. A. Doane.....	5 00	
" "	W. C. McKay.....	3 00	
" "	S. D. McAuley.....	5 00	
" "	S. R. Jessup.....	3 00	
" "	W. F. Alexander.....	5 00	
" "	Miss A. L. J. Ford.....	5 00	
" "	D. Payton.....	5 00	
" "	C. H. Hall.....	5 00	
" "	Premium on gold.....	1 00	
Oct'r 16	R. G. Rex.....	3 00	
Nov'r 1	C. C. Strong.....	3 00	
" 10	G. J. Hill.....	5 00	
Dec'r 12	L. L. Rowland.....	3 00	
" "	Transactions.....	3 00	
" 13	W. P. Smith.....	5 00	
" 26	Advertisements.....	35 00	
" 27	M. Giesy.....	3 00	
" "	W. B. Cardwell.....	3 00	
" 29	J. T. Ghiselin.....	3 00	
1878.			
Jan'y 2	W. F. Morrison.....	5 00	
" 4	F. A. Bailey.....	5 00	
" 12	W. A. Cusic.....	5 00	
" "	C. H. Raffety.....	3 00	
" "	T. J. Lee.....	3 00	
" "	D. B. Rice.....	3 00	
" 31	R. B. Wilson.....	3 00	

Feb'y 1	W. D. Baker.....	3 00
" 2	O. P. S. Plummer.....	3 00
" 4	O. M. Dodson.....	5 00
" 16	H. Carpenter.....	3 00
" 19	Avd. Bellevue.....	15 00
April 9	H. R. Howes.....	5 00
June 6	Advertisements.....	15 00
" 12	O. M. Dodson.....	3 00
" "	J. W. Howard.....	5 00
" 14	W. H. Saylor.....	3 00
" "	Advertisements.....	15 00
" 17	Harry Lane.....	5 00
		\$308 05

1877.		Voucher.	
August 1.	By express from Salem.....	1	\$ 25
" "	Stamps.....	1	3 00
" 3.	Express.....	1	25
" "	Paper.....	1	50
Sept'r 18.	Copying.....	1	20 00
" 20.	Printing at Salem.....	2	7 00
Oct'r 13.	Copying.....	1	8 00
Dec'r 31.	Stamps.....	1	10 00
" "	Paper.....	1	1 00
" "	Mucilage.....	1	25
" "	Mailing expenses.....	1	3 00
" "	Express.....	1	50
" "	Discount on silver.....	1	2 50
" "	Printing 500 Transactions.....	3	128 00
Feb'y 28.	Seal—H. C. Hudson.....	4	5 00
April 1.	Diplomas.....	5	11 00
" "	Stamps.....	1	3 00
June 6.	Printing—Com. of Arrangements.....	6	3 00
" 14.	".....	7	7 50
" "	Envelopes.....	8	3 65
" 15.	Phys. and Surg., U. S.....	1	10 00
" 17.	Cash to balance.....		80 65
			\$ 308 05

SYNOPSIS—1877, 1878.

DR.		CR.	
Cash from last year.....	\$ 45 05	Express and Mailing.....	\$ 4 00
Dues and membership.....	174 00	Stamps.....	16 00
Advertisements.....	80 00	Transactions—500.....	128 00
Sale of Transactions.....	3 00	Copying.....	28 00
Premium on gold.....	1 00	Discount on silver.....	2 50
Harry Lane.....	5 00	Exp. Com. of Arrangements.....	14 15
		New Diplomas.....	11 00
		New Seal.....	5 00
		Miscellaneous.....	18 75
		Expenses.....	\$227 40
		Cash on hand.....	80 65
	\$308 05		\$308 05

ESTIMATE OF INCOME FOR THE YEAR ENDING JUNE 30, 1879.

Dues from the members, as the roll now stands, \$350. If we deduct from that the sum made up as follows: Baker, \$10; Boughton, \$5; McAuley, \$5; A. I. Nicklin, \$5; and Reynolds, \$5—total \$30—we have left \$320.

I have not deducted but \$5 from Dr. Boughton, and none from Dr. Logan's account, for the reason that all the others have paid part of their dues; but they had accumulated without their knowledge, while the two latter have never paid a cent toward the support of the Society since it was re-organized, although notified after of the amount of their dues.

To this amount we add \$85.00, which can be readily secured for advertisements; this makes \$400.00 which the Society can readily expect to receive. This leaves us our initiation fees to make up for any we are unable to collect. Although we ought to collect without trouble \$305.00, at least, of our dues, after making the above deduction of \$45.00 in full, so that the receipts of the Society should be about as follows:

Dues from members,	- - - - -	\$320 00
For advertisements,	- - - - -	85 00
Cash in the hands of the Secretary,	- - - - -	75 00
Total,	- - - - -	\$480 00

ESTIMATE OF EXPENSES FOR THE YEAR ENDING JUNE 30TH, 1879.

500 Transactions of the fifth annual meeting,	- - - - -	\$150 00
Necessary copying,	- - - - -	25 00
Stamps and stationery,	- - - - -	25 00
Prize for best essay on any Surgical subject,	- - - - -	25 00
Prize for best essay on any Medical subject,	- - - - -	25 00
Prize for best essay on any Obstetrical subject,	- - - - -	25 00
Total,	- - - - -	\$275 00

This leaves a balance of \$200, which, after paying all incidental expenses, should leave a balance of \$100 at the close of this year.

I have made all the items of income small and those of expense large, so I do not think there can be any mistake in the estimate.

In the estimate I have included \$75 for prizes, divided into three portions, one assigned to each of the main chairs. If this plan should prove successful, next year we could give it to three other chairs, so that in time all would have a chance to compete.

A bench of judges might be organized in this way: Let the Medical Department of Willamette University elect one, this Society one, and the two shall choose the third from the body of this Society.

Article III., Section 10 of the By-Laws, plainly marks out the duties of chairmen of committees, and particular attention is at this time called to that subject.

For if we are to have good reports—while it is imperative that all should work—the chairman is under obligations, not only to himself but to the Society, to stimulate the committee to action and then present the articles to the Society in a proper form for digestion, that the mental status of all of us may be improved.

I firmly believe that if they would do their duty in this matter, the articles from which the Publishing Committee have to select would be increased in quantity as well as quality, and instead of not having enough, the Committee would have an occasion to distinguish themselves in the selection of articles for publication.

In conclusion, gentlemen, I have to thank you all for the kindness you have regularly shown me.

For the past six years I have been Secretary of some Se-

society or other, and have at all times found that the main work will necessarily fall upon that office. If to any I have seemed officious, I beg their pardon, and present as my excuse the anxiety I have always felt to get the Society thoroughly organized and in good working order.

At the close of this year, which will also close my term of service, I hope to see all in perfect working order.

The work has been hard and trying, but at all times I have tried to do my duty to the best of my knowledge and ability, and my failures have not been from a lack of willingness to do my whole duty to the Society.

Thus, in closing this year's work, I take my leave of you all, with the expectation that the work will fall upon one more capable of performing it.

At all times I shall do all in my power to advance the best interests of the Society.

Again thanking you all, I respectfully submit this my Third Annual Report.

CURTIS C. STRONG,
Secretary Oregon State Medical Society.

LIST OF OFFICERS.

<i>President</i>	H. CARPENTER, M. D., Salem.
<i>Vice President</i>	F. A. BAILEY, M. D., Hillsboro.
<i>Librarian</i>	L. L. ROWLAND, M. D., Salem.
<i>Secretary</i>	CURTIS C. STRONG, M. D., Portland.
<i>Corresponding Secretary</i>	O. P. S. PLUMMER, M. D., Portland.
<i>Treasurer</i>	W. H. WATKINS, M. D., Portland.

Board of Censors.

JAMES A. RICHARDSON, M. D., The Dalles, Chairman.
D. B. RICE, M. D., Albany.
R. G. REX, M. D., Portland.
W. D. BAKER, M. D., Astoria.
C. H. HALL, M. D. Salem.

Standing Committees.

Practical Medicine and Medical Literature.—W. H. Watkins, M. D., Portland, Chairman; Drs. Curtis C. Strong, R. B. Wilson, H. E. Jones, O. D. Doane.

Surgery.—W. H. Saylor, M. D., Portland, Chairman; Drs. A. Sharples, W. A. Cusick, R. G. Ebert, C. H. Raffety.

Obstetrics.—J. Reynolds, M. D., Salem, Chairman; Drs. C. H. Hall, R. Glisan, D. B. Rice, S. R. Jessup.

Medical Topography, Meteorology, Endemics and Epidemics.—P. Harvey, M. D., Portland, Chairman; Drs. C. H. Merrick, J. A. Richardson, W. P. Smith, W. D. Baker.

Indigenous Botany and the Domestic Adulteration of Drugs and New Remedies.—R. G. Rex, M. D., Portland, Chairman; Drs. J. M. Kitchen, M. Giesy, S. Parker, F. B. Eaton.

Public Hygiene and State Medicine.—O. P. S. Plummer, M. D., Portland, Chairman; Drs. J. L. Hill, D. M. Jones, M. Flinn, D. W. Cox.

Mental Diseases and Medical Jurisprudence.—F. A. Bailey, M. D., Hillsboro, Chairman; Drs. J. A. Richardson, S. Josephi, L. L. Rowland, N. L. Lee.

Medical Education.—C. H. Merrick, M. D., Canyonville, Chairman; Drs. C. E. Nottage, Harry Lane, John Nicklin, Reese Holmes.

Publication.—O. P. S. Plummer, M. D., Portland, Chairman; Drs. Wm. B. Cardwell, Curtis C. Strong.

Arrangements.—Wm. B. Cardwell, M. D., Portland, Chairman; Drs. O. P. S. Plummer, W. H. Saylor, R. G. Rex, J. T. Ghiselin.

Special Committees.

Legislation.—A. Sharples, M. D., Salem, Chairman; Drs. D. Payton, S. R. Jessup, D. M. Jones, C. H. Hall.

Finance.—R. Glisan, M. D., Portland, Chairman; Drs. R. B. Wilson, W. H. Watkins.

Medicinal Springs of Oregon.—R. G. Rex, M. D., Portland, Chairman; J. A. Richardson, M. D.

To attend the Examination of the Medical Department Willamette University.—F. A. Bailey, M. D., Portland, Chairman; Drs. D. B. Rice, J. Reynolds.

⊙ Denotes deceased members.

ACTIVE MEMBERS.

NAME.	POSTOFFICE ADDRESS.	PLACE AND DATE OF GRADUATION.
Alexander, W. F.	Lebanon	Medical Dept. Willamette University, Honorary Degree, June 12, 1877.
Auger, James T.	McMinnville	Jefferson Medical College, Philadelphia, Pennsylvania, March, 10, 1877.
Belt, A. M.	Salem	Medical Department Willamette University, Hon'y Degree, March 4, 1869.
Baker, W. D.	Astoria	Medical Department Willamette University, March 3, 1868.
Baily, E. J., U. S. A.	Portland	Jefferson Medical College, March, 1844.
Bailey, F. A.	Hillsboro.	Medical Dept. Willamette University, March 4, 1870. Toland's College, S. F.
Carpenter, H.	Salem.	College Physicians and Surgeons, University of Iowa, February 26, 1856.
Cardwell, Wm. B.	Portland.	Bellevue Hospital Medical College, N. Y., 1867.
Cox, W. D.	McMinnville	Medical Department Willamette University, May 30, 1876.
Cusick, W. A.	Gervais.	do do 4, 1867.
Davidson, J. E.	Independence.	Mar. 4, 1867.
Doane, O. D.	Dallas.	May 30, 1876.
Doan, O. M.	Prairie City	June 12, 1876.
Dodson, Z. T.	Dallas.	
Eaton, F. B.	Portland.	Pacific Medical College, San Francisco, Cal., November 4, 1875.
Ebert, R. G.	Lebanon	Bellevue Hospital Medical College, N. Y., March, 1878.
Fiske, E. R., A. M.	Salem.	Medical Department, Harvard University, March 11, 1863.
Flinn, M.	Vancouver, W. T.	Medical Department Willamette University, March 4, 1872.
Ford, Miss A. L.	Salem.	do do June 12, 1877.
Ford, Miss E. A. J.	Salem.	do do June 12, 1877.
Giesy, M.	Aurora.	March 3, 1868.
Glisan, R.	Portland.	University of Maryland, Baltimore, Md., March 20, 1849.
Ghiselin, J. T.	Portland.	University of Maryland, Baltimore, March 5, 1855.
Hall, C. H.	Salem.	Medical Department Willamette University, March 3, 1868.
Hill, J. L.	Albany.	Medical Department Willamette University, March 4, 1871.
Helm, A. C.	The Dalles	Bellevue Hospital Medical College, N. Y., March 1, 1871.
Harris, T. W.	Albany.	Linn County Medical Society, Toland, Cal.
Hill, G. J.	Goldendale, W. T.	Medical Department Willamette University, June 12, 1877.
Holmes, Reese	Warm Springs	do do June 12, 1877.

Active Members—continued.

38

NAME.	POSTOFFICE ADDRESS.	PLACE AND DATE OF GRADUATION.
Howard, J. W.	Canyon City	Medical Department Willamette University, Mar. 4, 1873.
Jessup, S. R.	Salem	do Mar. 3, 1868.
Jones, D. M.	Albany	do July 25, 1867.
Jones, H. E.	Portland	Bellevue Hospital Medical College, N. Y., 1869.
Joseph, S.	East Portland	University of California, San Francisco, Cal., November 5, 1877.
Jennings, M. D.	Astoria	University of Virginia, Albermarle County, July 2, 1869.
Kinney, Alf. C.	Astoria	Bellevue Hospital Medical College, N. Y., March 1, 1872.
Kitchen, J. M.	Stayton	Medical Department Willamette University, June 12, 1877.
Littlefield, H. R.	Dayton, W. T.	Rush Medical College, Chicago, Illinois, February 1, 1870.
Lee, T. J.	Junction City	University of St. Louis, St. Louis, Mo., March 2, 1876.
Logan, H.	The Dalles	St. Louis Medical College, St. Louis, Mo., March 12, 1872.
Lee, N. L.	Junction City	Medical Department Willamette University, March 4, 1871.
Lane, Harry	Marshfield	Medical Department Willamette University, May 31, 1876.
McAfee, J. W.	Salem	Medical Department University of California, San Francisco, Cal., Mar. 12, '63.
McAuley, S. D.	Stayton	Medical Department Willamette University, Salem, Or., March 4, 1868.
McKay, W. C.	Pendleton	Medical Department Willamette University, Honorary Degree, March 4, 1872.
Morgan, J. M.	King's Valley	Medical Department Willamette University, June 12, 1877.
Morrison, W. F.	Empire City	Medical Department Willamette University, June 12, 1877.
Merrick, C. H.	Canyonville	Charity Hospital Medical College, Cleveland, Ohio, February 24, 1864.
Nicklin, A. I.	Eugene	Medical Department Willamette University, March 4, 1872.
Nottage, G. E.	East Portland	University of California, San Francisco, Cal., October 29, 1874.
Nicklin, J.	Amity	Medical Department Willamette University, March 4, 1873.
Oglesby, W. W.	Umatilla	Medical Department Willamette University, June 12, 1877.
Parker, S.	East Portland	Medical Department Harvard University, Boston, Mass., March, 1876.
Payton, D.	Salem	Keokuk, Iowa, February 22, 1860.
Plummer, O. P. S.	Portland	Jefferson Medical College, Philadelphia, Penn., March 7, 1857.
Payton, J. E.	Drain's Station	Medical Department Willamette University, June 24, 1877.
Prnett, J. M.	Pendleton	Ohio Medical College, Hamilton County, Ohio, March 1, 1875.
Powers, I. N.	Port Townsend, W. T.	

Oregon State Medical Society.

Reynolds, J.	Salem	Miami Medical College, Cincinnati, Ohio.
Richardson, J. A.	Salem	{ Toland Medical College, San Francisco, Cal., 1866. { Bellevue Hospital Medical College, N. Y., March 1, 1870.
Rowland, L. L.	Salem	Medical Department Willamette University, March 4, 1872.
Raffety, C. H.	East Portland	Medical Department Willamette University, March 4, 1869.
Rex, R. G.	Portland	University of Michigan, Ann Arbor, Mich., June, 1871.
Rice, D. B.	Albany	University of Missouri, McDowell School, St. Louis, Mo., March 2, 1874.
Ross, H. W.	Oregon City	Rush Medical College, Chicago, Ill., February 16, 1853.
Rinearson, F. B.	Oregon City	Medical Department Willamette University, June, 1878.
Strong, C. C.	Portland	Bellevue Hospital Medical College, N. Y., March 1, 1872.
Saylor, W. H.	Portland	{ Medical Department Willamette University, March 4, 1869. { Bellevue Hospital Medical College, March 1, 1876.
Sharples, A.	Salem	Jefferson Medical College, Philadelphia, Penn., March 4, 1864.
Smith, W. P.	Albany	Toland Medical College, San Francisco, Cal., Nov. 3, 1875.
Starr, J. M.	Monroe	
* Tate, J. P.	Albany	Miami Medical College, Hamilton County, Ohio, 1868.
Turner, J. W.	Vancouver, W. T.	Medical Department Willamette University, March 4, 1872.
* Vite, J.	Hillsboro	St. Louis Medical College, St. Louis, Mo., 1870.
Watkins, W. H.	Portland	Buffalo Medical College, Buffalo, N. Y., 1849.
Wilson, R. B.	Portland	University of Virginia, June 29, 1849.

Oregon State Medical Society.

Honorary Members.—Gibbons, H. Sr., M. D., S. F., Cal.
Gibbons, H. Jr., M. D., " "
Steele, A. H., M. D., Olympia, W. T.
Harvey, P., M. D., Portland, Or.

Honorary Members.—Belt, A. M., M. D., Salem, Or.
* Fiske, E. R., M. D., Salem, Or.
Hill, R. C., M. D., Albany, Or.
Warriner, W. C., M. D., Bethel, Or.

39

Official Register from the Time of Organization.

1874.

President, Alfred C. Kinney, M. D.; Vice President, J. L. Hill, M. D.;
Secretary, C. H. Hall, M. D.; Corresponding Secretary, J. Reynolds,
M. D.; Treasurer, L. L. Rowland, M. D.

1875.

President, R. Glisan, M. D.; Vice President, O. P. S. Plummer, M. D.;
Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, W. B.
Cardwell, M. D.; Treasurer, L. L. Rowland, M. D.

1876.

President, W. H. Watkins, M. D.; Vice President, D. B. Rice, M. D.;
Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, A. C.
Helm, M. D.; Treasurer, L. L. Rowland, M. D.

1877.

President, L. L. Rowland, M. D.; Vice President, W. C. McKay, M. D.;
Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, C. H.
Hall, M. D.; Treasurer, J. P. Tate, M. D.

1878.

President, H. Carpenter, M. D.; Vice President, F. A. Bailey, M. D.; Li-
brarian, L. L. Rowland, M. D.; Secretary, Curtis C. Strong, M. D.;
Corresponding Secretary, O. P. S. Plummer, M. D.; Treasurer, W. H.
Watkins, M. D.

Deceased Members.

Those dying during the year, in *Italics*.

John Vite, M. D.	Dec. 11, 1876.	Aged, 46 years.
E. R. Fiske, M. D.	Aug. 28, 1877.	" 61 " 2 months.
J. P. Tate, M. D.	June 14, 1878.	" 55 " 7 "

ADDRESS OF DR. L. L. ROWLAND,

President Oregon State Medical Society.

Medical Education--Preliminary and Collegiate.

*Mr. President and Fellow-Members of the
Oregon State Medical Society:*

Profoundly appreciative am I of the professional consid-
eration shown me in my election to presidential honors, prom-
inent among which is that of the delivery of this address. I
should, however, have shrunk from duties thus superadded to
those imposed by my being Dean of the Medical Department
of Willamette University and State Superintendent of Public
Instruction, but from deference to the kindly solicitations of
the worthy gentlemen who did me this honor.

My present relationships to community have induced me,
quite naturally it is though, to choose as my to-day's subject,
Medical Education—Preliminary and Collegiate.

I beg to premise, in a word introductory, that it shall be my
constant and earnest endeavor so to unfold the importance,
nature and claims of the subject as to render it more thor-
oughly understood, and hence more fully appreciated. In
order to this, it shall be my great aim to dispense with all
poetic fancies, theoretic possibilities or even far-fetched proba-
bilities, and to deal in stubborn facts and realities, looking
alone to the solemn verities of practical professional life. It
will be contended that notwithstanding we are accomplishing
much in the line of medical education, yet we, as responsible
and patriotic citizens of a free and powerful nation, are called
to a nobler work and assured of grander results. It is very
pleasurable, however unwise, to measure ourselves by our-

selves; but, as true and intelligent friends of liberal education, we must view the subject in the light of the educational history of the world. American citizens, whatever may be said to the contrary, are, in aggregate, eminently practical; that is, they are theoretically practical, at all events, although they are, it must be confessed, practically very theoretical. They, for instance, insist, as a rule, that nothing should be learned that may not be directly useful in the future duties of the chosen vocation. Why, say they, require the youth to study Greek or Latin unless it be expected that he must teach it or otherwise have a direct, practical use for this knowledge? American versatility and adaptiveness are proverbial. They are in a high degree of the "rough and ready" sort; and, as some one (possibly some ill-natured foreigner) has suggested, "they are too often rougher than ready." If there arise a demand for a Greek grammar, our intrepid and invincible Yankee, if it be regarded a paying enterprise, will at once study Greek, write the book and rush his commodity into market; but this study and knowledge would, even then, be esteemed valuable only in so far as it should enable him to produce this book. Our medical student, likewise, values study only just in so far as it furnishes him the necessary facts and principles in order to the practice of his profession. Why learn arithmetic, algebra and geometry as preliminary to medical study? Of what value is a knowledge of grammar, rhetoric and logic in acquiring a knowledge of medicine? May not one understand anatomy without a previous knowledge of the orthography or etymology of the names of the various organs? May not the student understand and describe most accurately the anatomy of those muscular sacs situated at the base of the heart exterior to the ventricles, notwithstanding his taste, forsooth, impels him to spell them o-r-a-c-l-e-s? Why need he care what resemblance, fancied or real, these organs may have to either a temple, a mouth, or a dog's ear? Ah! these paragons of practicality may deem themselves capable of cashiering all the established principles of elementary science; yet it

is quite safe to predict that after a few years' fruitless strugglings, or rather suicidal flounderings, they will spend their time largely in complaining that a cold world is inappreciative and heartless. It is, as a rule, the grossest injustice, therefore, viewed even from this stand-point, to admit to matriculation the youth destitute of some suitable preliminary qualification.

Besides, mental culture, which is accomplished to a large degree during the process of acquiring a knowledge of these elementary sciences, is indispensably necessary as a pre-requisite to a professional comprehension of the science of medicine. Ask that thrifty, intelligent farmer, looking ever for most valuable crops: "Why, sir, do you plow that land—and so deeply, too—once, twice, thrice before planting?" "This I do," he wisely answers, "to cultivate, enrich, render productive this soil from which I know I shall be rewarded with a most abundant harvest." Just so, too, must the mind be cultivated—deeply plowed with sturdy thoughts—in order to best mental results.

Physical development is attained by slow and steady steps, and that, too, by our physical activities and repeated efforts. The mind is similarly developed and rendered, if you please, muscular and masterly by mental activities. Thoughtfulness is not the result of mental acquisitions, but of intellectual culture—mental effort. Superficial acquirements and limited culture is the hot-bed of quackery.

"By ignorance is pride increased,
They most assume who know the least."

The unfinished edifice needs still the scaffolding, and the uncultivated physician needs all the helpful influence of his code of ethics, while the instructed, disciplined and refined brother rises above the trammellings of professional ethics. Enlarge his horizon and refine his vision, and he will see as he is seen.

Education means, literally, evolving or leading out, from

the Latin *e—from*, and *duco—I lead*; and when applied to the process of intellectual growth, it signifies the awakening of the dormant faculties of the mind and leading them out into the vast universe of boundless activities. It is, therefore, the chief province of the educator, whether text-book or professor, to act the noble part of the intelligent and bold pilot, in conducting the enterprising capabilities of the soul out into the shoreless ocean of original thought.

Education is neither knowledge nor learning. It is not, indeed, in any legitimate sense, either the necessary antecedent or consequent—the cause or result of learning or knowledge. It may be the concomitant, and indeed it very often is such. Euclid was educated to the highest degree; and still our youth may acquire, while yet in their teens, all the knowledge this giant mind possessed. He thought; our youth “cram.” He was educated; our youth are learned.

Wisdom is the result of education; knowledge, that of learning. Wisdom is brain-muscle, resulting from arduous brain-labor and brain-sweat; while knowledge is an accumulation of facts and statistics stuffed away, it may be, in a passive mind.

——“Knowledge dwells
In heads replete with thoughts of other men;
Wisdom in minds attentive to their own.”

We learn, in order that we may acquire knowledge; we are educated, in order to be enabled to bring that knowledge to market.

Many minds are educated, invigorated and ennobled during the process of acquiring but a limited modicum of literary attainments. Circumstances very often bring persons in contact with objects that awaken thought. Facts, which in themselves may be valueless for any future scientific or professional use, may subserve a royal purpose in arousing a passion to investigate, increasing the ability to reflect and emboldening the resolve to act. Thus are prepared many successful master

workmen in our noble profession. Dr. Dudley, by his indomitable energy, placed himself at the head of his profession as a lithotomist, notwithstanding his fearful want of suitable preliminary qualification for the responsible duties of his profession. As a professor, also, Dr. Dudley attained, and for many years maintained the foremost rank in the Medical Faculty of Transylvania University, notwithstanding his bad grammar. Many other similar instances might, likewise, be given. These, however, are the exceptions. The rule is far otherwise. Let all, therefore, be duly qualified.

The preceding hints pre-suppose the practical necessity of proper mental habits. The great Carlyle has rather quaintly, but very truthfully, said, “Man is a bundle of habits.” That venerable church father, St. Augustine, with no less truth, advances that “Habit, if not resisted, becomes necessity.” A well-known Greek proverb assures, (permitting me to complete this logical chain of quotations) that even “The gods themselves do not fight against necessity.” Mrs. Sigourney, speaking of the power of habit, says, “In youth, it may seem to us like the filmy line of the spider; in age, like the fly caught in its toils, we struggle in vain.” Hence appears the fatality of evil habits.

Good habits, on the other hand, are *par excellence*—the keys to all success in this great work of man’s humanity to man. Demosthenes, the greatest of Grecian orators, copied the history of Thucydides eight times with his own hand, that he might acquire the habit of thinking in that classic author’s admirable style. A distinguished writer, who is always apt to speak to practical purpose, says, “If we repeat any kind of mental effort every day at the same hour, we at last find ourselves entirely upon it, without premeditation when the time approaches.” What a bright and hopeful beacon to expectant youth is found in the indomitable energy of this master of Grecian oratory! How infinitely important, then, that one should form those habits of mind so contributive to intellectual

growth and maturity. How important, too, that these habits, so invaluable, should be formed in early youth, and especially before commencing the study of the grandest aggregation of sciences known to mortal man!

It may be conceded that Napoleon I. became a mighty giant without the ability to spell correctly the ordinary words of his mother tongue; that Andrew Jackson became a successful leader of armies, notwithstanding he always chose to spell the little word *all* with the two letters *o* and *l*; that Professors Dudley and Richardson maintained for many long and useful years, a proud rank in a noted medical college, although they cruelly murdered the King's English during every lecture; yet it is infinitely safer and more to the credit of our noble profession that all aspiring to its honors should be suitably prepared for its study.

"Learning by study must be won;
'Twas ne'er entailed from sire to son."

The American Cyclopædia says, "The requisites for admission to American medical schools, where any exist, can generally be met by the preparation received in a common school or academy." To this, I, for one, do not at present very seriously object. I could wish for more; but if this were more positively required, our system of medical education would be in a more healthful condition. Then we might hope for something even better.

In Italy the applicant for admission to the medical school must have completed the studies of the lyceum—Greek, Latin, Italian, history, geography, philosophy, chemistry, mathematics, natural history and mechanics. "In France the standard of admission is even higher." "In Great Britain admission to the medical schools is preceded by a thorough examination." Germany requires a greater thoroughness than any other European State. It is pleasant also to state that the outlook with us is very encouraging indeed; for in Amer-

ica attention is being directed in the same line. Old Harvard's requisites for admission for 1878 are these:

All candidates for admission, excepting those who have passed an examination for admission to Harvard College, must present a degree in Letters or Science from a recognized college or scientific school, or pass an examination, in June or September, in the following subjects:

1. **LATIN.** The translation of easy Latin prose. French or German will be accepted, however, as a substitute for Latin.

2. **PHYSICS.** Candidates will be required to show such a knowledge of this subject as may be obtained from Balfour Stewart's elementary works on Physics.

The examination will be conducted in writing; and, in judging the work of the candidate, the spelling, grammar, and construction will be considered.

Toland Medical College requires in general terms that applicants shall furnish "satisfactory evidence, showing them to be of good moral character and of appropriate elementary education." The Medical School of Maine announces for 1878: "Candidates for matriculation will be required to give evidence that they possess a good English education." Willamette University, our own school, provides that "Every person desiring to attend as a student of medicine in this University, shall first satisfy the Dean of the Medical Faculty that he is possessed of the elements of a good English education." The adoption and observance of this law by our college last year very materially diminished the attendance it would otherwise have enjoyed; but this was, it is believed, more than compensated for in the improved character of the work accomplished. Most American colleges, however, say but very little, and do even less, in respect to requiring a suitable preliminary education.

Aside, moreover, from the inestimable advantages that a suitable preliminary education affords the student in facilitating a more speedy and thorough comprehension of medical science, it yet answers a more valuable purpose, if possible, in

refining the heart and liberalizing the mind, and harmonizing consequently, the profession. All liberal education, indeed, is promotive of catholicity of sentiment. There is some truth as well as poetry in Pope's statement that

"Shallow draughts intoxicate the brain,
But drinking largely sobers us again."

I deem Dr. Christie too bold, and possibly incorrect, in saying in an essay read recently before a medical society, "That the conduct of a majority of medical men, outside of the beneficial influences of medical societies, to one another, is absolutely piratical and damnable, and as destitute of morality as the Chinese are of virtue;" yet it will hardly be claimed by any that the fraternity subsisting between practicing physicians and surgeons of the same communities, is remarkable for general and continuous geniality. It certainly requires a vast deal of liberal culture to induce the cheerful observance of the Golden Rule: "As ye would that men should do unto you, do ye also to them likewise." Culture's hand weeds out the choking tares of base selfishness and scatters the verdure of kindness; for man's nature is

———"A soil which breeds
Or sweetest flowers or vilest weeds;
Flowers lovely as the morning's light,
Weeds deadly as an aconite."

But members have listened with so much respect and patience to what has been said on preliminary medical education, it is hoped they may not become wearied with what remains, which will be devoted to college medical education.

The important event of transition in the medical profession from the pleasant scenes and jubilant engagements of college life, so free from all responsibilities, to the unseen trials and thankless labors that loom up in the dim vista of the uncertain future, burdened with terrible responsibilities; from the theoretic investigations in college halls amid friendly suggestions and cautionings, to the practical applications amid the

stern realities of the heartless word beyond; from the student's dreamy expectations of, and preparations for, such an era, to an oppressively emphatic realization of the same, *is laden with almost superhuman consequences*. He must go forth and discharge the onerous duties arising out of this sacred relationship thus newly imposed, whether well or poorly prepared for his responsible task. Whether he or his *Alma mater* should be held responsible for results of ignorance or neglect, I stop not now to inquire. I leave professors to reflect.

The physician enjoys not the unbridled freedom of his compeers in the sister professions. For, while the minister, by a series of gradations from the stammerer among the back-hills to the scholarly occupant of the polished pulpit under the tall spire of the city church, attains to his honorary D. D.; while the teacher, who may have teased every vocation for a livelihood and left it disgraced, turns school-master, with no dreams of having to defend himself against the charge of malpractice, and soon secures the equivocal title of *professor*; while the lawyer, who, finding the legal profession already crowded and encumbered, forsooth, with a superabundance of unappreciated talent, is driven by a burning patriotism upon an Indian hunt where promotion is secured and he is made *captain* or *colonel*; yet the physician, after a tedious preparation for college matriculation, must trudge through years of arduous study and toil, when he is graciously permitted to go forth with fear and trembling as a humble conservator of the health and happiness of his people. But however unfair and disproportional this exaction may appear, still I presume to say that a deeper philosophy underlies the whole affair than is dreamed of in our hasty conclusions. For while the teacher may have the time for a cool and full deliberation upon all affairs arising out of his sacred relationships; while the minister may spend days and weeks and months upon the subject to be brought before his people; while the lawyer may enjoy ample time amid his library for drawing up, examining and revising his brief; yet

the physician is called to prompt and positive action, without a moment for consultation or even deliberate reflection. How supremely important, then, to be prepared for such an emergency before entering the field of active duty and responsibility! How important that the college should do its duty!

There is a growing demand for more and better college instruction. From the beginning, the American Medical Association "has demanded," says an able writer, "a higher standard of preliminary education for medical students, longer terms of study, longer courses of college and hospital instruction, a higher standard of attainment for the degree of doctor in medicine, and strict adherence to the established code of ethics. If all these things have not been attained, it is quite certain that the medical profession is more and more impressed with their importance and necessity. One after another the best and most respected medical colleges are yielding to the pressure of opinion and of events, and are falling into line with the advanced views of educated physicians. We do not yet see the millenium of medical matters very near at hand. We are afraid we may have to wait for that; but we see plainly enough, progress in the right direction."

It were well that we heed these wise admonitions. The "three-term course" should be speedily adopted in our own institution of medical learning. This done, there would be more time for practical instruction, careful reading and vigorous reflection—a want hitherto most seriously felt. There would be time, then, for the student to work as well as for the professor to talk; and hence there would be more instruction, and proportionally less lecturing—more real education, and less mere college-cramming.

A moment's retrospection of the history of medical education in the United States, reveals some interesting and important facts. The clamor of the alarmist should not be wholly disregarded. There are not wanting evidences of retrogressive tendencies. The Cyclopædia Education, speak-

ing of the College of Philadelphia, founded in 1765, and King's (now Columbia) College, founded in 1767, says: "These two faculties, the only ones established before the Revolution, were possessed of very meager means and appliances of instruction, but they placed their standard of requirements very high, much higher than it has since been, or is even now, held. The principal rules of the New-York faculty were: (1) a preliminary examination, in Latin and some branches of natural philosophy, was required of all matriculants who had not taken the degree in arts; (2) after the year's study and one complete course of lectures, the bachelor's degree was allowed; (3) after another year and a second full course, students twenty-two years of age were admitted to examination for the doctorate, and they were required to publish and publicly defend a thesis on some medical subject. The examinations were conducted after the pattern of the University of Edinburg, the regnant medical school of that day."

A brighter day, however, is dawning on our horizon. An appreciative world applauds now only best results. However grudgingly time may be allotted to all else, the universal one voice cries *take time to prepare for duty*.

The time of college study, in France, is fixed at four years for the degree of M. D. The licensing bodies in Great Britain require four years' study for the degree of M. D. In the German Empire, Austria and Switzerland, no specified time is fixed for attaining this degree, but it generally takes five years. The growing tendency of American colleges is to lengthen the course of instruction. Harvard University requires, in order to the degree of M. D., a three years' course of college instruction; and Toland Medical College, to the credit of the Pacific Coast be it stated, put herself upon record as requiring the same as Harvard. Many other colleges, also, are preparing to do likewise.

Medical education is a plant of slow growth. The future

usefulness of many a bright, promising youth, has, in my opinion, been worse than wholly destroyed by the peculiar method of college instruction to which he has been subjected. For two or three years he has done scarcely anything but listen to orations on anatomy, physiology, materia medica, etc., etc.

It will be remembered, doubtless, by some, that a few years ago it became quite fashionable for certain quack teachers to perambulate the country, lecturing on geography, arithmetic, English grammar, etc. They quite boldly professed to teach the whole of one of these sciences during the course of twenty lectures; and well they might, if a college professor can teach anatomy in sixty lectures, or even in twice or thrice sixty. The intelligent, practical community, however, probed, condemned and rejected these pretentious, twenty-lecture grammarians. Would it be considered improper to suggest that medical colleges might profit by the lesson? Is the most splendid lecturer always the most successful teacher? I remember, as my best teachers, those who were accounted the poorest lecturers. Why is it some of our best medical professors, as well as our most successful practitioners, are very limited in preliminary education and exceedingly wanting in all that is supposed to enter into the constituency of a successful lecturer? The lecturer is not necessarily a teacher; and the converse is also equally true.

The teacher often reminds the student that he has continuous use for his text-books, instilling thus the principles of attention, research and accuracy. Thus instructed, he is not haunted in the green-room with those "vague and misty perceptions of medical truth," concerning which brilliant professors so often talk with such an evident relish. Such students are imbued with deepest respect for text-books; and this respect ripens into love; and this love, furthermore, weds them to their books for life. While, however, the student is married to his library, yet he is not enslaved by it. It is ac-

cepted as "an help-meet for him," to "serve and obey till death them do part." Books are most inestimable blessings in the hands of the earnest, diligent student, merely as helps; nevertheless, they are simply helps, and nothing more. A certain ancient king, having collected a vast library, wrote in high-relief characters over the entrance door—*Physic for the soul!* Just so; these are the medicines, or rather aliments of the intellect, but no part of the soul itself. Books are as food to the mind, nursing and developing even to the most robust maturity of intellectual health; but to mature and attain legitimate heights of greatness and goodness, must be the outgrowth of the inherent germ of Heaven's primal planting. While, therefore, I would appreciate suggestions, appropriate information and respect authorities, on the one hand, yet, on the other hand, I would tamely swear in the words of no man, "*Amicus Plato, amicus Socrates; sed magis amica veritas,*"—"Plato is my friend, Socrates is my friend; but truth is more my friend."

One cannot, however, too forcibly emphasize the practical utility—nay, rather the sternest necessity—of a constant recurrence to text-book instruction, as a fundamental principle, during the whole process of education not only, but during the entire professional life as well. "It is a folly to think of being wise alone," says a learned French writer; and certainly none but the veriest simpleton can presume that he has a monopoly of good sense. Indeed, the professional gentleman's text-book should be his inseparable *vade mecum* all life long. This is especially true of the young. It is true, books cannot obviate the necessity of original, personal thought; still, these may perform the office, at least, of the sign-board and mile-post in directing and encouraging bold, independent thought on the highway to ultimate truth. Books are not the *sanctum*, much less the *sanctum sanctorum* of science and art; nevertheless they serve admirably as a sort of sign, token and pass-word whereby he, who has long wandered in darkness, may gain

admission into the sacred arcana of their mightiest and most splendid temples. They are the keys of the kingdom of wisdom in the hands of our professional Peters, with which her ponderous portals are thrown wide, inviting entrance into her royal magnificence and to richest feasts of soul.

Text-books may contain old-fashioned notions, and appear to some non-progressive; but, says a Latin proverb, *via trita, via tuta*—which means, in plain English, that the well-beaten, much-traveled path is often vastly more trustworthy than the newly-blazed way. They may also contain errors; but he that reads must reason.

Again, we have the encouraging Latin injunction, "It is of the utmost importance to be able to derive instruction from the madness of another." Besides, while adventurous originality may be pardonable in the aged, yet inexperienced youth should ever pray in the words of Propertius, "Let me strike waters with one oar, and with the other scrape the sand." "Hope humbly, then; with trembling pinions rise."

In conclusion, permit me to urge that the Medical Department of Willamette University, whose best interests this Society will ever guard, labor assiduously and continuously for best possible results in thorough, critical medical education. It has been deemed wise by the Faculty, and concurred in by the Trustees, to remove the College from Salem, where it has accomplished nobly in the past, to Portland, as a more suitable location, where, it is believed, it will achieve grander results for the future. Portland is the chief city of the great Northwest, and she is fast growing into leading prominence and importance on the entire Pacific. Her claims as a center of medical education, will, therefore, be speedily and cheerfully recognized; and this Faculty will, no doubt, industriously utilize to their amplest extent these boundless facilities and resources at their command. Our legislature will, doubtless, at an early day, take such action as to facilitate the process of obtaining material for the successful study of Practical

Anatomy. Such ought legitimately to be laid under contribution to practical science. This consummation, moreover, so devoutly to be wished, may also, with reason, be expected. Thus favorably situated and thoroughly panoplied, may the Medical Department of Willamette University go forth in this noble "work of faith and labor of love;" and may this Society "stay up" her hands while the powers of darkness shall be "discomfited," and while the cause of humanity shall "prevail."

REPORT OF THE COMMITTEE ON HYGIENE AND STATE MEDICINE.

BY O. P. S. PLUMMER, M. D.

GENTLEMEN:—I have no advancement to report in matters of public hygiene. Our prosperous young State is as yet without even a Board of Health. As in my mind I pass in review the hygienic condition to-day of our leading cities and towns, I feel convinced that only because of our extraordinarily favorable locations and surroundings are we spared from very much of the sufferings which result, as naturally as effect follows cause, from an almost total ignoring of the simplest laws of hygiene.

While the maxim is so thoroughly, so fully established, that proper food, air and cleanliness are absolutely essential to the long continuance of our organisms in a condition of even comparative health, the fact stands so plainly before us that none need fail to see it that in this our own fair city of Portland, noted for her favorable situation, for her progress, for the intelligence and enterprise of her people, we have sewage facilities but little better than none, what sewers we have being not what they should be, and a large part of the city de-

void of any, or what is perhaps *worse*, subjected to the noxious effluvia which emanate from surface drains along the sides of our street walks. Pass with me, to-day, through our cross streets, see and smell this surface drainage, enter with me the back yards of hundreds of our homes, homes of intelligent people, too, of people who know the risks to which they and their little ones are exposed, if they would but ponder, and wonder that we are not visited with a very plague. Visit the homes that have been robbed, especially, of precious lambs of the fold, and ask yourselves how much of these sorrows are the result of the violations of these simple laws.

Visit with me not only the homes of Portland, but of every town, village and hamlet in our fair State, see the dish-water, chamber-slops, and what not, cast upon the grounds in the back-yards to trickle and filter into, and contaminate the drinking water of the household.

See the musty, decaying, fuming vegetable slums in the cellars, which are constantly emitting their noxious gases to penetrate the homes, even to the very attics, and wonder not that the inmates of that place die of diphtheria or of some other blood-poison disease.

O! the innocent ones who have been slaughtered upon the altars of our, criminally, unhygienic homes! One almost sickens at the thought of the misery which a little attention to the cleanliness and purity of these homes might avert.

And what is our duty as medical men, as not only restoring but guarding agents of the public health? What can we do for the preservation of the health and happiness of our fellows, yea of our own dear ones, for the case is our own?

We must call the attention of the masses to these subjects. We must agitate and re-agitate upon our theme—mankind is prone to carelessness in regard to these matters.

Wholesome legislative enactments should be sought, obtained and enforced—yes, enforced to the very letter.

A State Board of Health should be established and maintained. Some one, or some body of men, must look after these matters, else naught will be accomplished; the old adage, "what is everybody's business is nobody's business," holding especially true in such a case as is ours.

Until all this is done carefully, judiciously and continuously, our whole State, and especially our commercial city of Portland, must and will continue to pay, and dearly too, the penalties attached to our crimes.

I suggest that this body select a committee of gentlemen whose duty it shall be to prepare for presentation to our next legislature (and to use all honorable means in their power to secure its passage) an act to establish a "State Board of Health," with powers and authorities similar to those bestowed in our older and larger States.

REPORT OF THE COMMITTEE ON MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

BY F. A. BAILEY, M. D.

As chairman of the Committee on Mental Diseases and Medical Jurisprudence, I beg leave to report—that although letters were sent to the other members of this committee with a request that they furnish to the chairman any information in their possession that they thought proper or desired embodied in his report to the society, no papers, nor any thing bearing on this important subject, have yet been received by me from any of my co-laborers on this committee. One of our members, however, I have understood, had intended making a lengthy contribution on Medical Jurisprudence, but, as you

are already aware, was taken from his labors by the unsparring hand of death.

It has often occurred to me that mental diseases have not received that degree of careful and attentive study on the part of the profession that they deserve. This observation I make especially of those slight degrees of mental aberration so frequently met with and so often overlooked by the profession. If they were of a degree sufficient to render the patient a fit subject for an insane asylum, they would receive proper attention, for this class of cases is sufficiently studied by physicians, but constituting a different shade of mind disease from insanity proper, but little attention has generally been given to these cases. Aside from the importance of the subject in a medico-legal point of view, there is no doubt but that our success in the treatment of many obscure diseases of the body would be much more satisfactory, if we should be at more pains and trouble to ascertain carefully the condition of our patient's mind. In many instances we find no small amount of trouble, after an ailment is entirely removed, to convince the patient that he is really well. There may be no perceptible physical lesion, and yet our patient will persistently claim that he is not yet cured. We must look in this class of cases to a certain mental condition—a diseased state of the mind—and this abnormal condition of the mental faculties prevents our unfortunate patient from realizing, through his perceptive faculties, that the original lesion, to which we had directed our treatment, is removed. This is more especially the case in certain chronic diseases of long standing. He has had the disease fastened on his organism so long that, like old established habits that have become second nature, he almost fancies he could not live without it, and he finds it difficult to bring himself up to a realization of the fact that his disease is gone, that it is not there. The part that *was* affected still conveys to his sensorium the impression that he formerly received from a diseased portion of the body or an organ. An apt il-

lustration may here be made from what has occurred, time and again, in the practice of every physician of much experience, when a foreign body, long embedded in the tissues, has been removed, still leaves the impression on the patient's mind that it is there yet. And so, also, of those deceptive nervous impressions felt by one who has had a limb removed. He feels the limb is still there, and is only convinced to the contrary when the more reliable sense of sight is brought to testify in the matter. In these abnormal mental conditions the patient will generally stoutly contend with the physician that the original disease is not entirely removed, and, unless the latter is on his guard, may be misled into continuing a course of treatment for an ailment that does not longer exist in his physical organism, when, in fact, all the treatment called for should be directed to the removal of a mental condition, or disease, if you choose to term it such. This treatment is of course, in a great measure, of a moral nature.

One of the chief causes of the success of quackery in these latter days is the close study its devotees make of human nature and men's mental weaknesses, and their quickness to discover imaginary diseases, then, with so-called remedial agents that perhaps do neither good nor harm, they ply their patient with arguments and flattery, and put in most of their time in a pretty successful effort to convince him that he has "got well." They study the patient's mental weakness carefully, and as soon as he is convinced that he is well, their work is done, and we all know who gets the credit of having effected a "wonderful cure after every appliance known to science had failed."

I am firmly of the opinion that the profession, and hence the community at large, would be much the gainer by a more careful study of diseases of the mind, and especially of those slight deviations from a normal condition of the mind brought about by previous chronic physical diseases of long standing, and so often overlooked by the profession.

The persistence with which that strange and irregular train of symptoms known as hysteria sometimes continues, after every known cause of origin is removed, is no doubt familiar to every member of this Society; and I hazard nothing in saying that this is but another illustration of the correctness of my position. The cause of the attack in the first place may have been ulceration of the os, chronic metritis, prolapsus, or something else, and yet, much to the chagrin of the attending physician, and to the alarm of anxious friends, the attacks continue after the complete removal of every perceptible lesion upon which this abnormal phenomena depended.

A certain disordered mental condition is never thought of; a diseased condition of the sensorium, brought about by previous disease, now removed, is entirely overlooked, and yet had it been discovered, the patient would in all probability have been relieved, and all anxiety on the part of friends quieted, while the physician's reputation would have been saved unjust imputations, and what is still better, some flourishing quack deprived of the pleasure of fleecing another unwary victim.

ADDRESS OF WELCOME.

BY W. H. SAYLOR, M. D., OF THE COMMITTEE OF ARRANGEMENTS.

*Mr. President, and Gentlemen of the
Oregon State Medical Society:*

By request of the Chairman of the Committee of Arrangements, it is my pleasant duty upon this, the occasion of our fifth annual meeting, to welcome you to our city, and to assure you that the profession of this city feel honored by your presence.

To you who reside in distant portions of the State, and have traveled many miles to be present at this meeting, we recognize a devotion for the *noble profession* that is truly worthy of emulation.

To those veterans whose heads are frosted by years of experience; whose faithful labors speak louder than words; whose names are as familiar as household words in the many happy homes throughout the State and country—we bid you welcome, thrice welcome.

To the younger members of the profession—you who have just been weaned of the lacteal fluid from the breast of your Alma Mater—we bid *you* welcome, and hope that you will profit by the wise counsel and rich experience of some of your seniors.

To those who have labored long and well for the advancement of medical education in our sister city, whose Alumni form a larger portion of our Society, we feel especially grateful.

To those medical gentlemen who, a few years ago, associated themselves together and formed the nucleus of our present State Medical Society—realizing, as they did, the wants and necessities of the profession—all honor is due.

In conclusion, let me again in behalf of the medical gentlemen of this city, bid you one and all a cordial welcome.

FRACTURE OF THE RADIUS AND ULNA, WITH TREATMENT.

BY F. A. BAILEY, M. D.

On January 2, 1878, was called to B. Z—, aged nine years, living in Centerville, in this county. He had fallen from a

tree, which he had climbed to a height of over fifty feet. The lad had been picked up in an insensible condition and carried to the house. I saw him five hours after the accident, and upon examination found the following lesions: Fracture of the radius and ulna of the right arm about two and a half inches above the articulation with the carpal bones, both superior fragments protruding from a wound on the ulnar side of the arm. Fracture of the left clavicle in the outer third, also wrist on same side badly sprained. The right side of the head had also struck the ground, and there was consequently considerable ecchymosis extending from the supraorbital ridge on that side up to about the junction of os frontis with right parietal. I proceeded at once to dress the boy's wounds, attending to the arm first. As he had now recovered consciousness sufficient to suffer a good deal, I administered chloroform to complete anæsthesia, before attempting reduction of the fracture. Finding the ulna broken in a somewhat irregular manner, with a number of small pieces of bone sticking out, I took bone nippers, trimmed down the sharp edges and removed several pieces of bone before reducing the fracture. The upper fragment of the radius, though protruding also, perhaps, an inch and a half, was broken off transversely, or nearly so, and without any comminution. Both bones, it will be observed, had not only protruded through the soft parts, but also through the clothing and on to the frozen ground; and as the arm was probably thrown outwardly in an instinctive effort to save the head, the ulna came with more force in contact with the ground, which accounts for its being more comminuted and irregularly broken. I first cleaned the wound and ends of the bone of all particles of dirt, etc., and then by extension and manipulation, forced the bones to resume their accustomed place. This done, the muscles were firmly pressed down in between the bones and held there for a short time to preserve the interosseous space. A splint on the palmar side with one on the dorsal side of the arm was now applied well padded, and secured by a roller. No initial

bandage, nor were any graduated compresses used to preserve the space between bones, both of which I have long since discarded. The fractured clavicle was dressed with a modification of Fox' method. I visited the patient every alternate day for two weeks, changing the dressings at every visit for eight or nine days. Erysipelas set in on the fifth day from the date of injury, commencing at the wound and extending rapidly upward. The treatment for this was the Tr. Ferri choridi, quinine and pot. chloras internally, with strong Tinct. Iodine locally. Continued to wash out the wound with carbolyzed glycerine twice daily. The erysipelas was brought under control in four or five days, but fluctuation being felt about an inch above the inner condyle, an abscess was opened, which discharged freely. The patient continued to improve from this time, and in eight weeks' time was able to use the arm to a considerable extent. At this writing, April 4th, he has entirely recovered the use of the arm. There is scarcely any deformity, while pronation and supination are preserved. There was, however, some slight discharge from the wound when I last saw him, which was early in April, as the wound through which the bones protruded had not fully healed.

This case is not presented as showing anything very remarkable, but it is, I think, a good illustration of the fact that very good results may be obtained under somewhat unfavorable circumstances, and by dispensing entirely with the graduated compresses. It is, however, of vast importance, and I think indispensable, to follow the directions of Hamilton and press the bones well apart, and likewise be careful *not* to apply an initial bandage. If these precautions are attended to, the bones will remain sufficiently apart to preserve pronation and supination, upon which we all readily understand the usefulness of the limb so much depends.

DIPHThERIA AND ITS TREATMENT.

BY F. A. BAILEY, M. D.

This disease has been, I see, attracting considerable attention lately, which is no doubt owing to the fact that for one or two years past it has been remarkably prevalent in different parts of America. All are pretty generally agreed on one or two facts about this dangerous malady. First—that it is one of the most fatal diseases that flesh is heir to; and second—that it is highly contagious.

No one, I believe, at all informed on the subject, pretends to dispute the fact that it is due to the development of the Bacterian germ. It is one of those "septic" diseases and closely allied to erysipelas. But when we come to speak of treatment, we tread on uncertain ground, if we are to take the teachings of recent writers who record their experience in the various medical journals of the country. Some think it improper for one to offer anything for publication unless he has something new to give the profession. This no doubt deters one class of physicians from giving us their experience in the treatment of Diphtheria. Now, I do not propose to offer anything new in the treatment, but to direct the attention of the profession to the treatment already established, and the correctness of which I am bound to believe is abundantly sustained by experience and by admitted facts. I think too little attention is given, too little reliance placed in agents whose effects we are already acquainted with, in the search for, and experimenting with "something new." Every now and then some over-zealous practitioner rushes into print to exalt the virtues of some new method of treatment, or some new drug or prescription that proved efficacious in fifty or perhaps a hundred cases—"not one death in the entire lot"—and forthwith almost every physician that reads the communication drops everything else, and goes to treating the disease under the new regime, or with the new drug,

only to find and report—"well, it fails in my hands." Who does not observe by this that the average practitioner has no faith in being able to accomplish any good in his efforts to treat the disease with the remedies in general use. I must say that I do not share the opinion of those who think that our present materia medica does not furnish us reliable material with which to treat the disease. Nor do I find in the fact that some of the cases *will terminate fatally under any treatment*, ground for the belief that our treatment is wrong, or that it is not founded on scientific principles. No one pretends to dispute the fact that our mode of treatment of erysipelas, typhoid fever, etc., is founded upon correct principles, but it is well known that some cases of these diseases will terminate fatally with the very best that can be done. Now, according to the logic of those who believe that nothing known exercises a controlling influence in diphtheria, we ought to discard all of our present treatment in the above diseases and go off in quest of a *specific* for typhoid fever, erysipelas, small-pox and puerperal fever. I have treated forty cases of diphtheria in this county since October, 1877, with three deaths, and propose to give the treatment here. I think this a very low death-rate, although I am frank to admit that about one-half of these were mild forms of the disease. Having witnessed two other outbreaks of the disease in the course of sixteen years' practice, this I think compared favorably with the others as to severity. I have been able also to compare the results of the treatment below with the expectant method of treatment, as in this county during the same epidemic, and in the same locality, twelve cases were treated by a Homeopathic with nine deaths. The treatment should always be commenced with a mild purgative, consisting of Epsom or Rochelle Salts, or what I generally employ, a tablespoonful of Ol. Ricini with two grains Ipecac. The prima viæ should be thoroughly cleansed of all morbid material, as the success of subsequent antiseptic treatment will

depend greatly upon this. This done, the patient should be put on the following :

R
 Quinæ Sulphas 1 dr.
 Tinct. Mur. Ferri 4 dr.
 Syr. Limonis 2 fl. oz.
 Aqua Dest. 4 dr.
 M. S. : Teaspoonful in twice as much water every three hours.

In addition to this, the patient should be given every two or three hours from three to ten grains of chlorat. potass, rubbed up with loaf sugar. This is all the constitutional treatment needed internally, except to give wine and stimulants, beef tea, etc., under the same circumstances that they would be applicable in fevers. As to local treatment, I would by no means under-value this; it undoubtedly is of the highest importance. I know how difficult it is to remove that brownish, gray pellicle that sticks so tenaciously to the fauces, tonsils and uvula, and many agents employed for that purpose fail of their object, but nevertheless I know that washes do great good where they do not even remove it immediately. By the application of the wash given below, every three or four hours for the first twenty-four hours, we shall find the condition of the throat greatly improved even in very bad cases. The wash I employ is :

R
 Tr. Mur. Ferri 1 fl. oz.
 Pot. Chloras 1 dr.
 Acid Carbolie 10 gr.
 Glycerine 1 fl. oz.

M. S.

For local application as follows :

Saturate the sponge on the probang with some of the solution, and apply wherever there is false membrane. This requires considerable tact and perseverance on the part of the one using the probang. The tongue should be held down by a depressor, the probang washed out and dipped in the solution again. This should be persevered in until every part of the mucous membrane covered with false membrane

is touched with the solution. This should be done by the physician, as the attendants will seldom wash out the throat as it ought to be done. If the child be under two years of age, the solution may be reduced half by the addition of two ounces pure glycerine. In very young children, if the physician does not attend to this matter of washing the throat, and in fact in all of his patients, he will find his death-rate in this disease much larger than it is pleasant to contemplate. Every physician of much experience will bear me out in the statement that many children are lost from the difficulty attending the washing out of the throat. There is one other point to which I wish to call attention, and that is the placing of those who are exposed to the disease on prophylactic treatment. Put them on a course of quinine, iron and pot. choras; attend to diet, keep the bowels regular. This should be attended to two or three weeks before the disease makes its appearance, and though it may not prevent an attack even in a majority of those exposed, it will render the disease much milder. This, at least, is my experience. I had five cases of paralysis following the attack. This was treated principally with nux vomica. Another matter of much importance in the local treatment is to diminish the strength of the wash as the false membrane begins to come off, and when it has entirely disappeared, a gargle of common salt or tannin in glycerine may be substituted for the first. Much of the success of the treatment will depend largely on the attention to detail on the part of the physician. I do not claim, however, with all this that every case is curable, but am confident that with this course properly carried out, the mortality in diphtheria may be brought down to its minimum. The mortality under proper treatment, it seems to me, ought not to exceed ten per cent. even in epidemics of exceptional severity. I have not entered into a consideration of the cause, nature, etc., of the disease, as that would have been foreign to the objects of this paper, but would merely refer those who would

like something more on the subject, to the excellent monograph of Dr. Slade, of Boston.

INTERESTING OBSTETRICAL CASES.

BY JAS. A. RICHARDSON, M. D.

Mr. President:—I desire to report to the Society three cases of Obstetrics, which have come under my observation since our last meeting. They are all very rare, and to me very interesting cases, and I trust they will not be without some interest to the Society. The first was one of spontaneous version.

Mrs. N—, aged 26, strong and healthy, was confined Jan. 10, with her third child. Her previous labors had been completed with no unusual trouble. Saw her at 6 o'clock A. M., and learned that she had been in labor about three hours. Made a vaginal examination, and found the os dilated sufficiently to admit readily my index finger, and while the presenting part was too high and difficult for me to reach, rendering a positive diagnosis difficult, yet I was quite confident that I had a head presentation and that everything was all right. The pains continued feeble but regular every four or five minutes. At 8 A. M. I made another vaginal examination, and found the os dilated to the size of a trade dollar, the vertex plainly presenting. The patient being tired of the bed, I allowed her to get up and walk round the room, after which she took a cup of coffee; but when she returned to the bed, to my great disgust, the pains had entirely ceased. At 10 A. M. the pains returned with greatly increased force, soon after which I made an examination and found the water gathering

and the os well dilated, but was unable to feel the round tumor-like body that I was so sure two hours before was the head presenting. In fact, nothing was to be found below the upper strait of the pelvis, and it was with much difficulty that I could reach the child at all. I was at great loss to know just what the condition of my patient was, but as labor was progressing, I decided to wait until the os was fully dilated before making further interference. About 1 P. M., thinking the time had come for me to do something, I ruptured the membranes, which was followed by the gush of an unusually large quantity of water, after which I was able clearly to make out my diagnosis, and found what I will describe as a back and shoulder presentation. Having a large roomy pelvis to work in, and taking advantage of the temporary rest or relaxation, which almost always follows the discharge of a large amount of liquor amnii, I was enabled to right the position and bring the head down into the pelvis, after which the labor terminated as usual.

The points of interest in this case are: First, the rareness of such cases, and the fact that the position was righted and the head brought down first—a course contrary to the law laid down in all, or nearly all, of our text-books. While I would not presume to found a law upon one case alone, or to differ with our great lights in the profession, or deny the fact that in a small, or even an ordinary pelvis, with any degree of rigidity of the uterus, that my course would probably be attended with failure, yet I do claim that it is not always necessary to turn in these cases. I think that my success in this case was largely due to the fact that I operated immediately after the discharge of the water during the temporary relaxation of the uterus, which so frequently follows such phenomena.

CASE II.—INVERSION OF THE UTERUS.

The second case I wish to present, was one of inverted uterus.

Mrs. A—, a mother of two children, strong and healthy. Had no unusual trouble in first and second confinements, save considerable post partum hemorrhage. Thinking that she might again have similar trouble, at the proper time, that is, a few minutes before the expulsion of the child, I gave her two drachms of tinct. ergot. Labor progressed as usual, and after about six hours I delivered her of a fine boy, cut the cord and turned him over to the nurse, by which time I noticed that my patient was in great distress, complaining of a terribly distressing pain low down in her bowels. Upon examination, I found she was flowing very freely. Placing my hand upon the hypogastrium, low down, I felt a large flabby tumor, which I took to be the uterus with placenta retained; and from the profuse hemorrhage, I supposed the placenta partly detached. Observing that my patient was rapidly failing, I introduced my hand into the vagina, and found it filled with the placenta, firmly held in place by some means which I could not readily define. On a more careful examination, however, I found a complete inversion of the uterus, from which, as rapidly as possible, I detached the placenta; and then, converting the four fingers of my right hand into a cone, I placed them against the inverted fundus uteri, making steady pressure, at the same time making counter pressure over the hypogastrium with my left hand. I was soon gratified to feel the uterus relaxing, and in a few moments I had replaced it and secured firm contraction by introducing into its cavity a rag wet in water and covered with pulverized alum, which, fortunately, was at hand. All this was accomplished in five minutes, and not one moment too soon, for my patient had already fainted from the shock and loss of blood. However, under the free use of stimulants, she soon revived. Involution went on satisfactorily to completion, leaving no bad results as far as I am able to see at present. The question is, what was the cause of this inversion?

The cord was very short and was coiled around the child's

neck. The latter part of her labor was very rapid, not giving me time to remove the coil from around the child's neck; and in my efforts to do this, I may have made strong traction upon the fundus of the uterus at a time when there was nothing to oppose or prevent its coming down. This, with the fact that in her previous labors there was considerable inertia of the uterus after the expulsion of the child, which would lead us to expect the same condition in this case, was, in my judgment, the probable cause of the inversion.

In the future I shall, at least, be very careful how I make traction upon the cord before the completion, as well as after labor.

CASE III.—SEPTÆMIA.

My last case was one of Septæmia, caused by a dead and decomposing child.

I was called Feb. 15th, 2 A. M., to see Mrs. W. A. Strong, and previous to this a healthy woman, of full habits, and mother of four children. She was supposed then to be eight months pregnant, but had never felt any motion or life. On my arrival, I learned that she had been feeling unwell for several days, complaining of headache and general malaise, but refused to have a physician as she said she was not sick enough to call a doctor. On the 14th, at 9 P. M., she felt quite sick at her stomach, and vomited some—soon after which she went to bed saying she would be all right in the morning. Soon after 10 P. M., with little or no apparent change, she went into convulsions. In consequence of their living a long way in the country I did not see her until 2 A. M., the 15th inst., about four hours from the time she had the first convulsion, during which time she had been having convulsions every twenty minutes.

When I entered the room she was having a convulsion which lasted about five minutes when she again relapsed into profound stupor, with pupils contracted, pulse hard and full, that

is, for a pulse of 140, with more or less rigidity of the muscles. Supposing that the convulsions were caused by reflex irritation of the uterus, and aggravated by the plethoric condition of her system, I immediately and rapidly abstracted 20 ozs. of blood from her arm. The wonderful force with which the blood mounted like a geyser to the ceiling, clearly demonstrated the necessity of that operation.

This bleeding I had confidently hoped would relieve her, but in this I was greatly disappointed when I saw her again go into a convulsion quite as hard as the one I had just witnessed. I prescribed large doses of bromide of potash and morphia, which had the effect to lessen the frequency of the convulsive attacks, but not their force. I kept up this treatment for four hours, during which time I gave her one gr. of morphia and 120 grs. of potas. bromide. We then placed her under the influence of chloroform, which we kept up for several hours with decidedly good effect.

In consultation with Dr. Jessup, we decided to bring on labor, to accomplish which we ruptured the membrane and attempted to forcibly dilate the os with our fingers, but after a fruitless effort of three hours we abandoned it—for, although the patient was completely under the influence of chloroform, the whole of the uterus was in a chronic spasm; and so strong was this spasmodic action that it was with much pain and suffering that we were enabled to retain our fingers in the os.

At 7 P. M., the 16th, the patient was resting quietly, with pulse 120—had had no convulsion for several hours, in fact, none since we placed her under the influence of chloroform, which we now discontinued, and as soon as she rallied from the chloroform, she gave some symptoms of consciousness.

Ordered liq. ammonia acetat., ʒ dr. every hour. At 1 A. M. the patient was better, answered some questions and recognized her husband. The os was slightly dilated and the rigidity of the uterus had all disappeared. Bowels moved

freely from a liberal dose of calomel and rhei. Continued the liq. ammonia acetat. At 7 A. M. the patient was about as at 1 A. M.

Continued with little change till 11 A. M. when labor came on, and at 3 P. M. terminated by the delivery of a dead child in an advanced state of decomposition, much of the epidermis having slipped off. Its smell was exceedingly offensive. Its appearance was that of a child at seven months. Immediately after delivery the patient had a slight convulsion which was readily controlled by the chloroform. From this time her skin rapidly turned yellow with purplish spots, her countenance became hippocratic, pulse ran up to 150 or 160, and very feeble. Her bowels became tympanitic and very tender; mental faculties remained about the same, that is, when roused up, she recognized some of her friends; but it was quite evident that death was near at hand, and at 7 A. M. she died in a slight convulsion, just 16 hours from the time she was delivered.

Dr. S. R. Jessup was with me all the time after the first six hours and rendered valuable counsel and service.

DUALITY OF TYPHOID AND TYPHUS FEVERS.

BY D. B. RICE, M. D.

Some twelve years since, after a residence in Oregon of some ten months, having seen several cases of fever called typhoid, and having seen many cases in Illinois, and in the army during the late war, of a similar character, and not having the more prominent symptoms of enteric fever, but to my mind they were evidently of a typho-malarial character. I

then hastily wrote a short article that I read to the Linn County Medical Association, on the subject of fevers, but more especially on continued and contagious and bilious or malarial fevers, embracing typho-malarial. Trying to show, what I believe to be the fact, that they belong to two different classes of fevers, and originate from different sources.

My object then was to show the difference between enteric and typho-malarial fevers. That the former, or enteric, had its origin, as a general thing, almost exclusively in animal filth, or emanations therefrom, or of animalcula, and from direct contact with the disease, like all the great family of contagious and continued diseases.

Typho-malarial fever had its chief origin from miasma. Though when miasma is complicated with animal filth, bad drainage and impure water, it may be more or less changed or modified in its features, and closely resemble enteric fever; but such is merely an exception, and not the rule. But that typho-malarial fever, in its essential features, origin, nature and pathology, is more clearly allied to the family of bilious fevers, with which all physicians residing in the newly settled portions of our country are so well acquainted, especially in the West and South-west, where the soil, composed of rich alluvial deposit, produces an immense growth of vegetation. In such localities we see bilious fever in all its varieties.

The same theory will be my present theme. I am convinced that enteric fever and typho-malarial fever belongs to two distinct classes of fevers, as I stated them to do twelve years ago, and as I now firmly believe them to do, and have their origin in two different sources, the one of a zymotic origin giving rise to the different forms of fever of a continued character, and without any curative or abortive remedies yet known to the profession, the other class quite amenable to both curative and abortive remedies, well known to the profession, and that the latter is and has been the prevailing disease of this country for the last twelve years.

I shall now proceed to speak of the nature, cause, diagnosis, their pathology, and allude to the treatment merely in aid of their diagnostic points. Also, treat of their points of resemblance as well as their differences.

Enteric fever I would define, (to be brief), as arising from some specific cause (for the want of a better known source, I would say animalcula) attended by irregular chills, or more properly rigorous headache, frequent and irregular pulse, early diarrhœa, successive crops of rose colored spots—more common over chest than elsewhere, fullness, resonance, tympanitis and tenderness of the abdomen, gurgling of the iliac fossæ—most commonly the right side, dry, brown and fissured tongue, delirium, prostration, and terminates in from twenty-one to thirty-five days, unless by accidental contingencies, such as perforation, hemorrhage, or some such untoward event, death stops proceedings sooner.

As to typho-malarial fever, I will not now stop to describe it, as that will be done under the head of diagnosis and pathology, from their similar and differential stand-points, classing it with billious fevers.

Enteric fever, under certain conditions and circumstances, pervades the whole civilized world. It visits the abodes of the wealthy and the lowly. The question naturally arises, from what source does this wide-spread disease have its origin? I will quote the article referred to that I read twelve years ago. I said: "Upon this point there has been much discussion without, as I conceive, arriving at any definite conclusion. It is true, we may say, that it is owing to bad drainage, bad sewage, etc.

"But the question naturally arise: Why do not the causes, under all circumstances, produce continued fever? Why did miasma at an earlier day, in the newly settled portions of our western or Mississippi states, produce billious fever, and the same localities afterwards produce typhoid or enteric fever?"

I frankly confess I cannot tell, but will soon give my theory or views of it.

"There are two causes generally for the origin of enteric and bilious fevers, other causes originating from or commingling with these two: the first, miasmatic; the second, animalcula. The first of these, the miasmata, is so familiar with the physicians of this locality that a description of it would be out of place here. As to the second, or zymotic, it is, as it strikes me, not as yet reduced to a very definite state, yet sufficiently so as to entitle it to a place among the different physical subjects, if not theories.

"I would confine this cause to that peculiar kind or variety that produces enteric fever. I say this kind, because there must be a variety of kinds somewhere developed affecting the different structures or parts—some the glandular, some mucus, skin, etc. The whole family of contagious and continued fevers pervades the whole civilized world, and have a zymotic or inoculative stage, quite different from bilious fevers which do not have the inoculative stage but are often sudden in their invasion.

"You may ask how it is that this class of causes produces diseases so varied, so wide-spread, and yet each variety preserving a distinct form of disease, and has done so from the earliest history of medicine. In our imperfect state of knowledge of this subject, I can only answer by analogy in regard to other products in the physical world. Has not the acarus scorbei or the sarcopsis homines of Raphael been the prime source of the psoriasis or itch from time immemorial, without change in any of its properties or essentials, and that whenever it finds suitable subjects for its production, it germinates and reproduces rapidly—just the same now as in all ages, countries and climes.

"Who knows but that these animalcula or causus morbei that produce these zymotic diseases, including enteric, with all the

family of contagious and continued fevers, like all other beings, come forth in their own kind, fulfill their appointed time and destiny, and then give place to others, which, if they find subjects and circumstances adapted to their peculiarities or variety, also germinate, come forth, run their appointed course, as their predecessors, and thus give rise to a variety of the forms of continued fevers."

Such were my views twelve years since. I would mention trichinia as having come more prominently to light since that time. I would also refer to a report of Mr. Simons, on the Experiments of Dr. Klein, in the Monthly Abstract, Philadelphia, May No., 1876, pages 208 and 209. I will quote a few isolated sentences. It states: "It should be noted that the facts which have been put together by the most able and experienced pathologists, tend to show that the contagion of enteric fever is due to a specific and living organism which, when transmitted from a diseased to a healthy individual, produces the same disease in the latter; and, further, that the chief, if not the only vehicle of poison are the injecta of the bowels of an infected person." Again, in concluding this notice of the report, it states: "Yet a perusal of the facts recorded by Dr. Klein can leave but little doubt as to their reality; and, in the opinion of Mr. Simons, whose judgment in such matters carries great weight, the interpretation which has been to them seems to follow as an inevitable consequence." I think at present few doubt it. Twelve or fifteen years ago it was considered a wild idea. I have long believed that enteric and other continued and contagious diseases must have some other origin than merely a local one, because of its extensive sway over such a variety of climes, visiting the low lands as well as high mountain regions of pure air and water, where there is an entire absence of the ordinary causes supposed to produce it. In support of my views upon this point, I will quote from Dr. Stokes' late lectures on fevers, as published in the *Medical News and Li-*

brary, of Philadelphia, not taking time to quote from Drs. Lyons, Hudson and others, bearing on this subject in its causative effects.

Dr. Stokes says: "That the removal of those recognized causes does not by any means arrest or prevent it—nor do they always generate it—but that its proximate cause must depend upon some other unknown cause." See Stokes, pp. 40 and 41.

Again, pp. 23 and 24, he says: "A great deal has been written on the proximate cause of fever, and theory upon theory has been promulgated. We are, however, at this moment as ignorant of the proximate cause of fever as we were in the time of Cullen, or even long before him. It may be expected, looking at the advance of medical knowledge, that the proximate cause or causes of fever will yet be discovered, but it is a general and justifiable opinion that essential fevers result in most cases from the introduction of a poison into the system. The whole of the phenomena of poisoning by organic matter seems to point out a close analogy between fevers and those diseases in which a poison is introduced into the system."

On p. 33, he says: "That almost all cases of acute essential diseases are contagious, I have long believed. The amount or degree of contagiousness varies according to many circumstances, such as the nature of the malady, the amount of exposure, the physical condition of those exposed, and the character of the epidemic."

Again, p. 35, he says: "The paramount doctrine which has prevailed in England ascribes epidemics to a want of cleanliness, over-crowding, and so on, while the cessation of local outbreaks of disease after the adoption of a sanitary reform is appealed to in proof that the evils in question are solely from removable causes. But the argument is defective as regards essential diseases which run their appointed course and then disappear. The experience of all great epidemics establishes this great fact."

Again, on p. 37: "That fever in Ireland at least depends on some general atmospheric change which affects the whole island simultaneously, independent of moisture of the soil, height above the level of the sea, or any other circumstance connected with mere locality."

I think there is a general as well as local cause for continued or contagious fevers. As to the source of miasmatic or malarial fevers, including typho-malarial, no one acquainted with them can doubt their local origin, and it is unnecessary to treat it further at present; and I think the diagnosis between the two classes can be made as clear as their causes.

In order to make the diagnosis between the two classes, I will take enteric and typho-malarial, as they perhaps approach each other more closely than any other two, yet I think they can be shown to be quite different. The former, or enteric, belongs to the continued and contagious fevers. It has a regular period of invasion or incubation, produced by some zymotic cause, and runs through a more or less regular period, and one great and fundamental principal is that it is in the strict sense of the word incurable by any means we know of. It never has yet been cured, and according to the best authors on this subject, cannot be. It can be aided to, a safer and a speedier termination by close attention, careful watching, and diligently supporting the patient, and promptly meeting the first uprising of local or organic trouble.

The other class, the bilious, is clearly amenable to both the curative and abortive treatment, by remedies well known and recognized by the medical profession. I admit that the two classes resemble in many points, and without careful and close attention might be taken one for the other, especially where to malarial influences there are causes added capable of producing enteric fever. But these cases are so rare they seldom produce any difficulty. To note the points of difference, as well as of value as of similarity, the continued fever at the

start is accompanied by a kind of irregular chilly sensation, more like rigours than a regular chill, such as is common to almost all the varieties of bilious fevers. There is seldom a continuance of chilliness after the fever is once developed, seldom or never any regular chill or perioddicity. There is seldom any fall of temperature after the fever is once established.

In typho-malarial, as we have it in this country, there is almost always a distinct chill at the start, and a fall of temperature after a shorter or longer period, recurring in twenty-four or forty-eight hours, and if closely watched this perioddicity, by the aid of the thermometer, can be distinctly traced throughout a large majority of cases unless local inflammation supervene, then the fever becomes continued.

The condition of the bowels is another point of resemblance of each other in their disturbed state, as is often the case with both these fevers during their progress, and upon slight or hasty examination might pass for the one or the other. But by a close investigation of the surrounding causes the prevailing diseases the time the bowel trouble commences and the want of early tympanities and the entire absence of it in typho-malarial, and more gastric disturbance the darker discharges the absence of the ochre colored stools generally clear up the diagnosis on this point.

The mental condition affords another point of contrast between them. In malarial it is more prominent at the start than in enteric, and towards the close, if of a fatal termination, falls into a low state, approaching passive coma. Day by day this increases, from which condition it seems almost impossible to arouse the patient. It is only in the early part of the day he seems conscious. In enteric the mind is not so prone to delirium at first, but grows so, gradually and seems to be taken up with some incoherent thought; but when spoken to and roused up is slow and sluggish yet rational. When

both have approached near to a fatal termination there is more constant muttering or incoherent talk than in typho-malarial.

In point of temperature of surface they also resemble, but I have already mentioned one point of great diagnostic value between them, viz.: the temperature especially in the earlier periods of the disease. It is one that has never yet deceived me. Many years since, after we had been visited with an epidemic of enteric fever, and its partial disappearance, I was enabled to treat many cases of typho-malarial fever with the curative and abortive plan, while many physicians, in many respects my superiors, treated all cases of fever, except intermittent, as incipient enteric. I hope you will excuse any apparent egotism on my part in saying that the neglecting of the early opportunity of the abortive treatment until inflammatory symptoms, and consequently continuous fever, has set in, has been the cause of the loss of many valuable lives. And by its being early carefully and promptly carried out, I have never lost a case of malarial fever, nor had one to run into a continued form in this country.

I would not have mentioned this were it not that I look upon this as one of the strongest proofs of my theory, as well as of great diagnostic value. I repeat that in enteric fever, after the fever is once raised to its ordinary height, there is but little change of temperature, when carefully tested with the thermometer, throughout the whole course of the fever. In typho-malarial, there is quite a change of temperature observed throughout the course of the fever unless there should supervene inflammation with organic lesions, which is generally, if not always secondary, and hence the cause of continued fever in this variety. The rose colored spots are more marked, more constant and continuous, and are, in fact, one of the characteristic features of enteric fever. Sometimes they do occur in typho-malarial, but are rare exceptions.

The tongue is often brown at the commencement of mala-

rial fever, not apt to be so in enteric. In the latter, more apt to be white or red than in the former, also more fissured.

Tympanitis occurs early in enteric—the recti muscles soon become rigid—tenderness iliac fossæ more common in right side. In malarial tymanitis much less frequent, seldom before secondary symptoms or inflammation sets in, and then not confined to either side, sometimes central.

There is a peculiar condition of the lungs in enteric fever, shown by a peculiar sonorous sound during respiration, to which I will refer when treating of its pathology.

Age is another point of diagnosis. Enteric fever being a disease of the middle aged, seldom if ever occurring in childhood or very advanced age. I have never seen a well marked case in any one over 45 years of age, but will refer to this with some reasons for the opinion, when treating of the pathology of these fevers. I am aware that I tread upon delicate ground in this assertion, for I have often been called in consultation with good physicians to see their cases of typhoid fever, so pronounced by them, occurring in the tender infant and at the extreme age of 70 or 80 years. But truth should be the great aim in our profession, and it should certainly be our duty to call things by their right names if possible, and these cannot be typhoid or enteric cases.

PATHOLOGY.

As to the pathological condition or difference between enteric and typho-malarial fevers, space will only admit of a brief allusion to some of the more prominent points between them. The latter, or typho-malarial and bilious fever, will claim our attention first, although Dr. Hartshorn in his *Essentials of Medicine*, 4th edition, p. 367, considers it as having its origin in the late war, and may be now considered altogether a matter of past history. He says it was the result of a threefold causation, which were malarial influence, crude poison, and scorbutic taint. With due regard to the high standing of Dr.

Hartshorn, as well as other eminent authors, it is perhaps an error too common to look upon diseases from too limited a stand-point. I think such is the case in this instance. Any intelligent observer who has closely and carefully watched the many changes, phases and the different features of fevers the last thirty-five or forty years in our rich western prairie states as they were settled and step by step brought under cultivation until the whole country was subdued to man's use, saw that just as those states underwent the process of civilization, so the diseases, which were of a bilious character, underwent changes also.

1. The intermittent fever, (ague.)
2. The remittent, (simple.)
3. Pernicious, (congestive;) and so on up to the gastro-intestinal or continued form approaching so closely to our fevers *here called typhoid*, (typho-malarial,) that it would be more difficult to show the difference between the latter or typho-malarial and bilious fevers, pathologically, than between typho-malarial and enteric fevers. While I admit the occasional blending or running together of the two latter fevers, it is so seldom as to claim but little attention.

Not so with typho-malarial and bilious fevers—for it is no uncommon thing to have them both in the same family and at the same time; some having simple intermittent, some remittent, and some continued, or typho-malarial fever.

Not so with well developed enteric fever. I think it certainly never occurs epidemically in connection with common bilious fevers and ague; I mean in a country practice such as we had in the Western States and have here in the Willamette valley. I have said they were pathologically different, that is, enteric and typho-malarial fevers. But the latter approaches so closely to a bad or fatal case of remittent fever in its pathological condition as to make it extremely difficult to distinguish between them—so difficult it would require some knowledge of the history of the case to make the diagnosis.

In both these, (typho-malarial and bilious fevers,) the liver, spleen, stomach and bowels are the most prominent parts affected. There is hiccup in both during the course of the disease, especially towards the latter part of protracted cases. And on post-mortem examination of either of these fevers, we find more or less obstruction to the gall duct after hiccup has occurred, the stomach and bowels more or less congested, the mucous coat of the stomach and sometimes the upper part of the bowels more or less destroyed or absorbed—so I will class typho-malarial and bilious fevers causatively, pathologically and therapeutically together, and endeavor to show the difference between them and enteric fever pathologically.

While there are many points that upon slight or undue investigation might lead to the confounding of the two diseases together—in each forms of fever there is apt to be disturbance of the bowels—in enteric it is earlier in the disease, probably from the irritated condition of the small intestine. In malarial fever it is seldom before the later periods of the disease.

Hemorrhage is another point of resemblance in one sense and not in another. In malarial fever it is generally earlier than in enteric, in which it seldom takes place until after ulceration has occurred. Ulceration may occur in both, though very seldom in malarial. It is more of the abrasion of the mucous membrane of the stomach and upper part of the bowels than actual ulceration. Hemorrhage is perhaps owing to this early congestion of the intestines, I might say, congestion of the portal circulation. The ulceration in enteric is necessarily later, owing to certain morbid changes or processes that the bowels have to pass through during the course of the disease—in fact, this process and change constitute the essentials of this fever.

Dr. Lyons, who I consider excellent authority, in his treatise on fever, from whose work I shall make several quotations, as they coincide so well with my former treatise on this point,

On p. 181 says: "In the ulceration of the mucous surface of the intestines in typhoid fever the pathological changes are of a well defined character, pass through regular changes, occur in groups upon certain parts of the intestines, and occupy a specific anatomical situation. In the same case it is common to find a regular and progressive series of pathological changes in the solitary and aggregated follicles. Thus in one part of the intestine we observe the follicle raised prominently above the surface by the infiltration of typhoid matter, and in other parts, softening and evacuation of this matter is going on, while in a still further stage we find ulcers forming which burrow deeply into the substance of the mucous membrane, expose the muscular coat, and may, and often do, finally end by penetrating the peritoneum itself. Ulceration of the mucous membrane of the intestines is the rule in typhoid; it is not absent, in my opinion and experience, in five per cent. of this fever in its pure form."

Again, on p. 259, he says: "It may be said that in no case of pure typhoid fever, taking indiscriminately all those subjected to post-mortem examinations, has a perfectly healthy state of the mesenteric glandular apparatus of the intestines been found. Peyer's glands participate largely in the various morbid changes observed."

Again, on p. 224, he says: "The more common examples of typhoid we meet with are undoubtedly those in which there is a development of the specific rose colored lenticular spots at some period between the eighth and twelfth day of the disease. Concurrently with this, and it may be even from the very outset, symptoms of intestinal irritation with abdominal heat, tenderness, pain on pressure, and diarrhea more or less constant, with or without ileo cæcal gurgling, will have been manifested in a great number of instances. In such cases it is to be understood that the intestinal lesion progresses *pari passu* with the primary fever."

These statements certainly agree with the statement I had

heretofore made as to the time necessary for enteric fever to run its course. Quite different is this from that form called by many typhoid in this country. That has no definite period to run its course. It may terminate in six, twelve or fifteen days if there is no inflammation or organic change. If such complications do occur, there seems to be no regular or ordinary period of termination.

I mentioned age as a diagnostic point between enteric and typho-malarial fevers. I am sorry I have only space to allude to it here. My own conviction and experience are decided, that enteric fever is, as a general thing, confined to the middle-aged, and in support of this opinion I would refer to Dr. Lyons' treatise on fevers, 1st London edition, pages 208 and 209, as to the development, nature, duration and decline of the glands of Peyer, which is about the age of puberty, and decline about forty-five years of age. I would also refer to page 233 for the regular pathological development of typhoid fever as affecting Peyer glands. He says: "The solitary and aggregated glands (patch of Peyer) are, as we before mentioned, those chiefly and primarily engaged in the typhoid lesion." I will mention his first four points as to their order of development, etc.:

1. The congestive stage.
2. The stage of typhoid infiltration, or stage of crude deposit.
3. The stage of softening, and rejection of the typhoid matter.
4. The stage of genuine typhoid ulceration with or without it, direct consequences, perforation, peritonitis, etc.

And now in regard to age of the subjects of this disease. On page 230, he says: "It is even admitted of a question whether it is possible that typhoid fever can occur in association with the special intestinal lesions we are about to consider in persons past forty-five or fifty years of age. Clinical

experience corresponds with the instructions of physiology in this respect, for no well verified examples of typhoid fever are found on record. It would be fair to admit of some exceptions to the above as to the age of the subjects of this disease, but they are only rare exceptions."

I think, from all the foregoing reasons, we are justified in the following conclusions:

That enteric and malarial fevers belong to two distinct classes. The first, arising primarily from animal filth or animalcular poison, producing a zymotic effect upon the subject, and when once originated reproduces a similar disease in others, exposed to its influence, and is occasionally very general throughout the civilized world. And that it is not under the control, in its ordinary course, of any abortive or curative means known at present, while malarial, including typho-malarial, the continued fever of this country, arises from local causes, commonly called miasma or malaria, and is amenable to both abortive and curative treatment, with remedies well known to the medical profession. I have no space to say anything about the treatment, which is necessarily as different as are the two classes of fever.

PROCEEDINGS

OF THE

SIXTH ANNUAL MEETING

OF THE

Oregon & State & Medical & Society,

Held at Portland, June 12 and 13, 1879.

PUBLISHED BY THE SOCIETY.

CURTIS C. STRONG, M.D., PERMANENT SECRETARY,
PORTLAND, OREGON.

Vol. VI.

PORTLAND, OREGON :
PUBLISHING HOUSE OF HIMES THE PRINTER.

1879.

NOTE.

The Oregon State Medical Society, while formally accepting and publishing the reports of the various committees or voluntary papers read at this session, does not hold itself responsible for the opinions, theories or criticisms therein contained.

REPORT OF THE PUBLISHING COMMITTEE.

To the Members of the Oregon State Medical Society:

GENTLEMEN:—Your Committee, in presenting to the Society the transactions of the Sixth Annual Meeting, have to report:

That they have received from the Permanent Secretary, Curtis C. Strong, M. D., a copy of the minutes, other papers and all reports or articles presented to the Society.

That they have had printed all the reports and articles received, and feel gratified at the increase of interest shown in the Society.

The Committee wish to call the attention of the members to the importance of having all their reports or articles completed and placed on the Secretary's desk at the opening of the meeting, or as soon as they arrive.

In this way the transactions could be out in three weeks and the work of the Secretary made much easier, as he has had the same trouble this year of running or writing for the articles.

The names of the Chairmen of the Committees are in heavy-faced type, as well as the words "No report," to call especial attention to their failure—the Committee feeling that the Society should take some steps to have a written report from all the Committees.

The following suggestions are made to persons writing reports or articles:

Oregon State Medical Society.

1. Write only on one side of your paper.
2. Leave a space of *two inches* at the *top* of each sheet.
3. Fasten them together at the *top*.
4. Notify the Secretary fifteen days before the annual meeting, of the title of your article and of its *completion*.
5. On the *first day* of the Session, hand all *reports, articles or papers*, to the Secretary, properly prepared for printing; this will ensure their being presented at the proper time, and enable the Committee to proceed without delay. The Committee have awarded the printing to the lowest bidder and have ordered five hundred copies, which the Secretary will distribute.

All of which is respectfully submitted.

O. P. S. PLUMMER, M. D.
 WM. B. CARDWELL, M. D.
 CURTIS C. STRONG, M. D.

ADDRESS OF WELCOME.

BY DR. W. B. CARDWELL, CHAIRMAN OF THE COMMITTEE
 ON ARRANGEMENTS.

*Mr. President, Ladies and Fellow-Members of the Oregon
 State Medical Society:*

As Chairman of, and on behalf of, the Committee of Arrangements, it is my agreeable office to gladly welcome each and all of you to the city of Portland, and to extend a cordial greeting on this our sixth annual re-union.

We thank you for your presence here to-day, and sincerely hope that you will experience no regrets from your visit.

We desire to express our gratitude to the Great Giver of life that no member has been taken from our ranks during the year gone by, and that to-day we enjoy the privilege of again coming together for scientific discussion, and to unite our labors for the advancement of the science of medicine, the amelioration of suffering mankind, and to promote the best hygienic measures for the preservation of the public health. What more worthy incentives to action than these? We may pleasingly dwell on that noble speech of Cicero, "That nothing so nearly approaches the character of the gods as giving health to our fellow-men."

It is with feelings of pride and satisfaction that we can record a prosperous growth of this Society, and we confidently anticipate each succeeding meeting will bring a new impulse of advancing prosperity; from the broad and fruitful field of medicine each willing member can surely contribute something of interest to add to the general fund of knowledge.

A membership of a State Medical Society is now deemed an essential requisite to every respectable practitioner of medicine, and constitutes his passport to the confidence of a discerning public. We hope to see an increase of members from the recent graduates of the Medical School of this city.

Hoping that the utmost harmony and good feeling will prevail during the present Session, and that you will all be both pleasantly and profitably entertained, I now submit the programme of the further order of our exercises.

SIXTH ANNUAL MEETING

OF THE

OREGON STATE MEDICAL SOCIETY.

First Day.

HALL OF THE MEDICAL DEPARTMENT OF THE
WILLAMETTE UNIVERSITY,
PORTLAND, June 12, 1879. }

The time set for this meeting by the Committee of Arrangements having arrived, the Society was called to order by the President, H. Carpenter, M. D., and was duly opened with prayer by D. B. Rice, M. D.

W. B. Cardwell, M. D., Chairman of the Committee of Arrangements, presented the report of that Committee in the form of an address of welcome.

Curtis C. Strong, M. D., Permanent Secretary, then called the roll,* when it was found that a large number of members were present.

The following applications for membership were received: James Browne, M. D., LL. D., Roseburg; J. R. Bayley, M. D.; F. A. Caullbron, M. D.; George Ferris, M. D.; J. B. Lee, M. D., all of Corvallis; Mrs. Callie Charlton, M. D., East Portland; E. P. Fraser, M. D., and William Jones, M.

*NOTE.—The names of those present will be omitted from this volume, for the reason that the roll-call does not truly show who were present; hereafter this will be avoided by the Secretary, who will keep a register so that the members can record their names.

D., of Portland; H. V. V. Johnson, M. D., and W. S. Tharp, M. D., of McMinnville; Mrs. Jennie L. Parrish, M. D., and J. D. Hoyt, M. D., of Salem; A. J. Giesy, M. D., of Aurora; J. F. Hendrex, M. D., Harrisburg; H. O. Williams, M. D., Junction City, and Mrs. E. L. Yeargain, M. D., St. Helens. All the names being read to the Society, they were referred to the Board of Censors.

Drs. Rice and Rex being the only members of that Board present, the President appointed Dr. Cardwell, which gave a quorum.

The Secretary read a letter from Dr. W. P. Smith, a member of this Society, containing his resignation, also one from the Linn County Medical Society relating to the expulsion of the said Dr. Smith. All communications upon this subject were referred to the Board of Censors. Also a letter of resignation from D. M. Jones, M. D., of Albany. It was moved and carried that as soon as all dues to the Society up to this year—July 1, 1878—are paid, the Secretary would be, and he is hereby, authorized to grant said resignation. The Secretary was instructed to so notify Dr. Jones at his earliest convenience.

The Secretary made a verbal report, which was accepted, and he was excused from making it in writing.

Dr. Glisan, Chairman of the Finance Committee, was granted further time in which to make his report. It was also ordered, that all reports from Standing Committees be deferred till to-morrow, and that miscellaneous business be now considered.

The President called for a report from the Committee appointed last year to attend the examination of the Medical Department of Willamette University. The Chairman, F. A. Bailey, M. D., of Hillsboro, not being in attendance, Dr. Rice, the only member present, stated that he had expected the Chairman to attend the examination, but as he had not done

so; there was therefore no report which he could present. The President spoke of the importance of the subject, and after some discussion it was agreed to refer the entire matter to the Dean of the Faculty, with instructions to present a written report. Soon after Prof. O. P. S. Plummer, M. D., Dean of the Faculty, presented his report.

Dr. Rex, Chairman of the Committee on Mineral Springs of Oregon, stated that he had the notes at his office, but had not completed his report, as he had not yet finished all his chemical examinations, as some of the specimens has been received only a few days; he was granted further time and instructed to hand the report to the Publishing Committee. Dr. Glisan spoke of the importance of this matter and hoped and expected that the Doctor would give it sufficient time and study to make it very full and complete.

Dr. Strong moved that we do now proceed to the consideration of voluntary contributions. Carried.

The President called Dr. Rice to the chair, and was excused for a few minutes.

Dr. Rex presented the following case:

About two years ago, while dancing, the patient experienced a sudden pain in the left hip, which, however, was of short duration, and no marked impairment in the use of the limb followed immediately. For sometime afterwards nothing unusual was observed except an occasional twinge of pain in the hip when stepping on it heavier than common, or in giving it some accidental twist. This tenderness has increased until, at the present time, the limb is almost useless, as the weight of the body on it, or any sudden jar, produces the characteristic pain in the hip. This has been the only subjective symptom in the history of the disease. The pain has never been felt when the limb was at rest, nor has it been felt in any other locality than in the hip. The motion in the hip-joint is not sensibly impaired. He can swing the leg freely

in every direction. On laying the patient down on a flat surface, the leg on the affected side seems to be about two inches longer than on the sound side, but on measuring from the ant. sup. spin. proc. il. to the malleoli the lengthening is found only to be apparent. By laying the patient on his right side and manipulating the left leg with the hand over the trochanters major a distinct feeling of crepitus can be obtained. There seems to be a slight degree of eversion of the foot. The diagnosis in this case appears to lie between hip-joint disease and fracture of the neck of the femur. On the one hand, the question arises: Could we have hip-joint disease without a greater degree of inflammatory reaction about the joint together with the production of crepitus? and on the other hand: Could we have a fracture of the neck of the femur without a greater degree of impairment of use of the limb? Interesting remarks were made upon this case by Drs. Littlefield and A. I. Nicklin.

The President, Dr. Carpenter, came in and took his place.

The Secretary read a paper presented to the Society by S. R. Jessup, M. D., upon "Puerperal Eclampsy," containing the history of five cases occurring in his practice from Feb., 1868, to Dec., 1878.

The paper being before the Society for discussion Dr. Glisan took the floor, followed by Drs. Strong, Plummer, Littlefield and Homes. The points noticed were: First—The number of cases occurring in ten years was considered unusually large, especially as compared to the experience of those engaged in practice in this city (Portland); some were inclined to attribute the difference to the general healthfulness of this city. Second—With reference to blood-letting, which was condemned by all. Third—The remedies employed were considered of the best, but some seemed to think the doses too small, and were inclined to attribute the recovery to the power of nature, others thought that as the cases recovered it went to show that the treatment was good. A

point noticed by one of the speakers was that, in case second, the patient was permitted to continue undelivered from one afternoon till the next forenoon, although she was having convulsions and "lay in a comatose condition" during the night.

The article was fairly discussed, in good faith and friendly feeling, and called out the best expression of opinion of any paper ever presented to the Society.

Dr. Saylor read a paper upon the following case: "Hemiplegia from Concussion with Extravasation, Actual Cautery as a remedial agent."

Dr. Strong related the following case: In June, 1878, A—fell the distance of thirty-five feet, striking upon his head, and was taken to the Good Samaritan Hospital in a comatose condition; he was seen for the first time sixteen hours afterwards, when upon making an examination I found a wound of the scalp over the frontal bone, which, upon a further examination, revealed a fracture and depression of that bone, situate almost on the mesial line, half way between the frontal eminence and the coronal suture, two and a half inches in length by one and a half inches in width. The scalp wound was freely enlarged and all depressed bones (over thirty pieces) carefully removed, the borders trimmed and a probe passed well under the edges, to discover any spicula; the dura mater was but slightly injured. Water dressing was applied and the patient put to bed; the pulse improved and in a short time, in fact before we got the wound dressed, the patient returned to partial consciousness. The subsequent treatment was such as generally laid down for such cases, using carbolized oil dressings after it commenced to heal. The patient was discharged in a few weeks, perfectly recovered, without any effect upon the mind, and up to the present time has had no convulsive or epileptic seizure. So well rooted is the belief that some plate, gold or silver is necessary,

that my patient could not be convinced but what I had failed in my duty to him in not putting one there.

Dr. Glisan said, "I consider the case just related by the Doctor to be of much importance, and believing, as I do, that as many cases as possible should be recorded in such form as to be available for future reference, I move that Dr. Strong be, and that he is hereby invited, to present to the Publishing Committee, in time to be inserted in the transactions of this year, a written report of the case just related by himself, and such other cases as he may deem of interest." Carried.

Dr. Rice called for an expression of opinion from the members upon Cinchonidia Quinidia and Cinchonia. Those who spoke upon this subject seem to agree about as follows: That they were of marked value, often acting pleasantly and with great benefit, that they often did not affect the patient as unpleasantly, nor did it require much, if any, larger doses than Quinine. The experience of Dr. Josephi of the Insane Asylum, Dr. Rex of the St. Vincent Hospital and Dr. Strong of the Good Samaritan Hospital, were almost exactly the same and agreed with the above description. Malt, maltine and dialysed iron were also spoken of and about the following opinion arrived at, the hospitals again closely agreeing: They were considered mild, useful preparations, sometimes, however, disagreeing with the stomach, making the person sick, but when administered with milk or other preparations were generally well borne, that they were often of value when the patient seemed unable to assimilate stronger remedies. The discussion of this subject was entered into with zeal, by Drs. Rice, Glisan, Rex, Josephi, Strong, Homes, Plummer and Fraser who discussed the subject in all its bearings.

A motion to adjourn till eight o'clock this evening having been put, was carried.

EVENING SESSION.

At 8 o'clock the Society was called to order by the President.

Dr. Rice called the attention of the Society to the case of Dr. Boughton (see vol. v., p. 10), where it appears that the Doctor was dropped from the roll of membership for the non-payment of dues; that this was an injustice to the Doctor, as his name was proposed without his knowledge, and that during a part of the time the dues were accruing he was out of the State. While the Doctor was in error in not notifying the Secretary, still it was an oversight, as he did not consider himself a member of this Society.

Dr. Plummer said that he had proposed the name of Dr. Boughton for membership, and although frequently notified by the Secretary had paid no attention, and it was for this reason that he made the motion he did at the last meeting; it now appearing that the Doctor was out of the State part of this time, he was anxious to have the matter healed if possible, as he considered the Doctor a gentleman of good standing in the profession and a person he would like to see an active working member of this Society.

Dr. Strong introduced the following, which was adopted:

WHEREAS, J. H. Boughton, M. D., was stricken from the roll of membership of this Society for the non-payment of dues; it now appearing to this Society that this was due to a misunderstanding of the Doctor's, and was without intended neglect, or intent to defrauding the Society of its just dues: Therefore, be it

Resolved, That all that portion referring to his expulsion be, and is, hereby repealed, and that the relation of Dr. Boughton to this Society be the same as any honorable medical gentleman not a member.

Resolved, That as the Board of Censors of that year (1875)

has passed upon his credentials and declared him eligible for membership, and the present Board agreeing—that Dr. Boughton be, and he is, hereby elected an active member of this Society upon his filling up the proper blank provided for that purpose and complying with the conditions of the Society.

The cases of Drs. W. P. Smith and T. W. Harris were referred to the Board of Censors, without written charges, as both have been examined by the Linn County Medical Society, their letter or report being accepted as fulfilling the conditions of our constitution upon that subject.

Dr. F. B. Eaton read an instructive and interesting article entitled, "Report of some Ophthalmic and Aural Cases."

Dr. W. H. Saylor read an article, being the report of a case of "Rheumatic Arthritis resulting in Fibrous Ankylosis of the hip-joint." Eight months duration.

The articles were both received, and it being quite late, no remarks were made upon them, the Society adjourning to meet at 9 A. M.

Second Day.

MORNING SESSION, 9 O'CLOCK.

The Society was called to order and opened with prayer by O. P. S. Plummer, M. D.

The Secretary read a letter from A. C. Helm, M. D., tendering his resignation, which was accepted. Several letters were read from Dr. J. W. Howard, including a case partially reported; the other matters suggested in his letters had been attended to by the Secretary.

The hour for the election of officers having arrived, the President appointed Drs. Littlefield and Eaton tellers.

D. B. Rice, M. D., of Albany, being the only person nominated for President, a motion was made that the vote of the Society be cast by the Secretary for Dr. Rice; this having been done, the Secretary declared Dr. Rice elected President for the ensuing year.

For Vice-President, Drs. R. Glisan and W. B. Cardwell, both of Portland, were placed in nomination, the first ballot resulted in a tie vote, and upon the second Dr. W. B. Cardwell received a majority and was declared elected.

Dr. C. C. Strong was elected Permanent Secretary.

For Corresponding Secretary, Drs. Fraser and Saylor were nominated; Dr. W. H. Saylor received a majority of all the votes cast and was declared elected.

Drs. Glisan and Plummer were nominated for the office of Treasurer, which resulted in the election of Dr. R. Glisan.

Dr. C. C. Strong was elected Librarian.

The election of the Board of Censors being next in order resulted as follows: Drs. W. H. Watkins (Chairman), F. B. Eaton and R. H. Littlefield, of Portland; H. Logan, of The Dalles, and C. H. Merrick, of Canyonville.

Dr. Carpenter named Salem and Dr. Rice named Albany as the place for the next meeting of the Society, but both expressing themselves in favor of Portland, the latter place (Portland) was selected.

The election of Delegates to attend the next meeting of the American Medical Association, which meets in New York city on the first Tuesday in June, 1880, was dispensed with and the President instructed to make the appointment if he found any of the members who were able or willing to go.

The retiring President, Dr. Carpenter, having called Dr. Plummer to the chair, proceeded to read his annual address. At its conclusion he conducted the President elect, Dr. Rice, to the chair.

Dr. Rice, upon taking the chair, made a few pleasant remarks, which he concluded by saying, that the first duty which devolved upon him to perform was of the most pleasant nature, stating that there had been handed to him a cane, which he had been requested, by the Alumni of the Medical Department of Willamette University, to present to their old instructor, Dr. Carpenter; he could only wish the task had fallen to the lot of one who could more worthily express the pleasant relations which existed between Dr. Carpenter and those who had received instructions from him.

Dr. Carpenter was so overcome that he could only say that he returned his hearty thanks and asked any there, who could speak for him, to do so.

Dr. Strong offered the following:

Whereas, The American Medical Association, at its last Annual Meeting, advised and recommended to all State Medical Societies to urge the formation of County or District Societies; that it advised all medical men to join such societies, and that hereafter no person be allowed to join the American Medical Association, either as a permanent or visiting member, who is not a member in good and regular standing of his State Medical Society: Therefore, be it

Resolved, That the Oregon State Medical Society, in furtherance of this highly commendable aim of the American Medical Association, recommend to all its members to form County or, at least, District Medical Societies, to report to this Society.

Resolved, That after the first day of July, 1880, the Oregon State Medical Society declares that it shall be considered unprofessional for any member of this Society to consult or hold any professional intercourse with any person claiming to be a doctor who has been in the State for a year, or more, and who may not at that time be a member of this Society, and that a violation of this rule shall subject such member to discipline.

Resolved, That County or District Societies be recommended to make similar provisions and to hold its members strictly to account if found consulting with persons residing in their district not members of their Societies, or if out of their district not members of the State Society.

The above resolutions were adopted by a unanimous vote, and seemed to meet the hearty approval of the members, several speaking upon this subject with much feeling.

The Standing Committees were then called for in the following order:

1. *Practice of Medicine or Medical Literature*—**W. H. Watkins**, M. D., of Portland, Chairman. **No report.**
2. *Surgery*—W. H. Saylor, M. D., of Portland, Chairman. The Doctor made the statement that his written report was not finished; he would therefore ask further time, which was granted.
3. *Obstetrics*—**J. Reynolds**, M. D., of Salem, Chairman. **No report.**
4. *Medical Topography, Meteorology, Endemics and Epidemics*—**P. Harvey**, M. D., of Portland, Chairman. **No report.**
5. *Indigenous Botany and the Domestic Adulteration of Drugs and New Remedies*—**R. G. Rex**, M. D., of Portland, Chairman. **No report.**
6. *Public Hygiene and State Medicine*—**O. P. S. Plummer**, M. D., of Portland, Chairman. **No report.**
7. *Mental Diseases and Medical Jurisprudence*—**F. A. Bailey**, M. D., of Hillsboro, Chairman. **No report.**
8. *Medical Education*—C. H. Merrick, M. D., Canyonville, Chairman, presented his report, which, upon motion, he read to the Society. The report received.

Special Committees.

Legislation—**A. Sharples**, M. D., Salem, Chairman.
No report.

Finance—R. Glisan, M. D., Portland, Chairman, reported as follows:

MR. PRESIDENT:—Your Committee on Finance beg leave to report, that we have examined the books kept by the Secretary and Acting Treasurer, Curtis C. Strong, M. D., and find that they are kept in a neat and correct manner; that we have examined all the vouchers and counted the money, and find that all is correct, the money of the Society is kept in the bank, and that we refer the members to the detailed report of Dr. Strong for the items.

R. GLISAN, M. D., Chairman.

Medical Springs of Oregon—R. G. Rex, M. D., of Portland, Chairman. The committee presented their report.

To attend the Examination of the Medical Department of Willamette University—**F. A. Bailey**, M. D., Hillsboro, Chairman. **No report.**

The following amendments to the Constitution and By-Laws offered last year and laid over for one year, according to the rules, were now taken up.

By W. H. Watkins, M. D.:

Article IX., Sec. 1. Striking out the whole of that Section and in its place inserting—"The regular communication of the Society shall be held at such a time in May or June as the Society may elect, or the Committee of Arrangements may designate." Carried.

By L. L. Rowland, M. D.:

Article VIII. be changed by inserting the word "Permanent" before the word "Secretary," as occurring after the word "Librarian," making the Article read as follows: "The officers shall be a President, Vice-President, Librarian, Permanent Secretary, Corresponding Secretary," etc. Carried.

By R. G. Rex, M. D.:

Article XII.—by striking out the words "annual meeting," as occurring after the word "subsequent," and inserting in their stead the words, "sessions of the same," making it to read as follows: * * * "of the active members at a subsequent session of the same." Carried.

Also, by the same person, to amend Article III., Sec. 1, of the By-Laws by striking out the words, "On Indigenous Botany and the Domestic Adulteration of Drugs and New Remedies"—inserting in lieu thereof—"On the Therapeutic Resources of the North Pacific Coast." Carried.

Adjourned to meet at 1 P. M.

AFTERNOON SESSION.

1 O'CLOCK, P. M.

The Board of Censors to whom were referred the cases of Drs. W. P. Smith and T. W. Harris, reported that they were of the opinion that this subject should be referred to the new Board, W. H. Watkins, M. D., of Portland, Chairman, and that they be allowed until next year to report. It was so ordered and the cases referred to the Board for this year.

Dr. C. H. Merrick spoke of the advantages of the metric system and offered the following:

WHEREAS, The decimal system of weights and measures has been adopted by the United States Government as legal; and

WHEREAS, The Surgeon General of the Marine Department of the United States Service has appealed to physicians for help in bringing the system into general use; therefore

Resolved, That this Society earnestly request its members to introduce the system in their several localities in all prescriptions and purchases of medicine. Adopted.

Dr. Watkins spoke of a case of uterine fibroid.

Dr. Plummer spoke of the reported birth of a perfect skeleton.

Both gentlemen were requested to submit their cases in writing.*

Dr. E. P. Fraser read an article on "Psycho Therapeutics," which was received.

A motion was made and carried that the Secretary be authorized to buy such books as he needed.

The President made the following appointments to fill the Standing and Special Committees:

Standing Committees.

Practice of Medicine and Medical Literature—W. H. Watkins, M. D., of Portland, Chairman; Drs. Curtis C. Strong, R. G. Rex, D. Payton and J. W. McAfee.

Surgery—H. R. Littlefield, M. D., of Portland, Chairman; Drs. W. H. Saylor, H. Carpenter and A. Sharples.

Obstetrics—R. Glisan, M. D., of Portland, Chairman; Drs. J. Reynolds, J. R. Bayley, J. F. Hendrex and Mrs. Jennie L. Parrish.

Medical Topography, Meteorology, Endemics and Epidemics—C. H. Merrick, M. D., of Canyonville, Chairman; Drs. J. L. Hill, J. A. Richardson, D. W. Baker and S. R. Jessup.

On the Therapeutic Resources of the North Pacific Coast—R. G. Rex, M. D., of Portland, Chairman; Drs. F. B. Eaton, J. B. Lee, J. A. Giesy and F. A. Bailey.

Public Hygiene and State Medicine—W. B. Cardwell, M. D., of Portland, Chairman; Drs. H. O. Williams, R. Homes, A. I. Nicklin and E. P. Fraser.

Mental Diseases and Medical Jurisprudence—E. P. Fraser, M. D., of Portland, Chairman; Drs. C. H. Merrick, W. S. Tharp, James Browne, LL. D., and J. D. Hoyt.

Medical Education—P. Harvey, M. D., of Portland, Chairman; Drs. J. M. Kitchen, J. E. Payton, C. H. Hall and H. V. V. Johnson.

*Drs. Watkins and Plummer have not furnished a report of these cases up to the time of going to press.

Publication—O. P. S. Plummer, M. D., of Portland, Chairman, and Dr. W. B. Cardwell.

Arrangements—W. B. Cardwell, M. D., of Portland, Chairman; Drs. S. Josephi, O. P. S. Plummer and W. H. Watkins.

Special Committees.

Legislative—E. P. Fraser, M. D., of Portland, Chairman; Drs. H. Carpenter and O. P. S. Plummer.

Finance—W. H. Watkins, M. D., of Portland, Chairman; Drs. R. Glisan and L. L. Rowland.

There seeming to be some misunderstanding as to the amount of dues paid to Dr. Hall, of Salem, in 1877 by Dr. A. J. Nicklin, the amount of \$8 was remitted from the dues of Dr. Nicklin.

A vote of thanks was extended to the O. S. N. Co., C. & O. R. R. and O. C. R. R. for half-fare rates granted the members, and to the Medical Department of Willamette University for the free use of their hall.

No further business appearing, on motion, the Society adjourned *sine die*.

CURTIS C. STRONG,

Permanent Secretary.

LIST OF OFFICERS.

<i>President</i>	D. B. RICE, M. D., Albany.
<i>Vice President</i>	WM. B. CARDWELL, M. D., Portland.
<i>Permanent Secretary</i>	CURTIS C. STRONG, M. D., Portland.
<i>Corresponding Secretary</i>	WM. H. SAYLOR, M. D., Portland.
<i>Treasurer</i>	R. GLISAN, M. D., Portland.
<i>Librarian</i>	CURTIS C. STRONG, Portland.

Board of Censors.

WM. H. WATKINS, M. D., Portland, Chairman.
F. B. EASTON, M. D., Portland.
H. R. LITTLEFIELD, M. D., Portland.
H. LOGAN, M. D., The Dalles.
C. H. MERRICK, M. D., Canyonville.

Standing Committees.

Practical Medicinæ and Medical Literature.—W. H. Watkins, M. D., of Portland, Chairman; Drs. Curtis C. Strong, R. G. Rex, D. Payton and J. W. McAfee.

Surgery.—H. R. Littlefield, M. D., of Portland, Chairman; Drs. W. H. Saylor, H. Carpenter and A. Sharples.

Obstetrics.—R. Glisan, M. D., of Portland, Chairman; Drs. J. Reynolds, J. R. Bayley, J. F. Hendrex and Mrs. Jennie L. Parrish.

Medical Topography, Meteorology, Endemics and Epidemics.—C. H. Merrick, M. D., of Canyonville, Chairman; Drs. J. L. Hill, J. A. Richardson, D. W. Baker and S. R. Jessup.

On the Therapeutic Resources of the North Pacific Coast.—R. G. Rex, M. D.; of Portland, Chairman; Drs. F. B. Eaton, J. B. Lee, J. A. Giesy and F. A. Bailey.

Public Hygiene and State Medicine.—W. B. Cardwell, M. D., of Portland, Chairman; Drs. H. O. Williams, R. Homes, A. I. Nicklin and E. P. Fraser.

Mental Diseases and Medical Jurisprudence.—E. P. Fraser, M. D., of Portland, Chairman; Drs. C. H. Merrick, W. S. Tharp, James Browne, LL. D., and J. D. Hoyt.

Medical Education.—P. Harvey, M. D., of Portland, Chairman; Drs. J. M. Kitchen, J. E. Payton, C. H. Hall and H. V. V. Johnson.

Publication.—O. P. S. Plummer, M. D., of Portland, Chairman, and Dr. W. B. Cardwell.

Arrangements.—W. B. Cardwell, M. D., of Portland, Chairman; Drs. S. E. Josephi, O. P. S. Plummer and W. H. Watkins.

Special Committees.

Legislation.—E. P. Fraser, M. D., of Portland, Chairman; Drs. H. Carpenter and O. P. S. Plummer.

Finance.—W. H. Watkins, M. D., of Portland, Chairman; Drs. R. Glisan and L. L. Rowland.

REPORT OF THE PERMANENT SECRETARY AND ACTING TREASURER.

During the last year, as heretofore, I have collected and paid out the money of the Society, and herewith submit my Fourth Annual Statement of all moneys received by me, and all that has been paid out, with the accompanying vouchers.

1878.			
June	17,	Cash as per last annual report.....	\$80 65
"	18,	J. M. Kitchen.....	5 00
"	"	C. H. Merrick.....	5 00
"	"	D. M. Jennings.....	5 00
"	"	S. E. Josephi.....	5 00
"	"	J. Reynolds.....	5 00
"	"	G. E. Nottage.....	8 00
"	"	H. Carpenter.....	3 00
"	"	J. A. Richardson.....	6 00
"	"	H. W. Ross.....	6 00
"	"	F. A. Bailey.....	1 00
"	"	W. D. Cox.....	3 00
"	"	O. D. Doane.....	3 00
"	20,	T. W. Harris.....	3 00
"	22,	J. T. Augur.....	5 00
August	10,	H. E. Jones.....	3 00
"	28,	R. Glisan.....	3 00
"	30,	C. H. Raffety.....	3 00
"	"	L. L. Rowland.....	3 00
"	"	S. R. Jessup.....	3 00
Sept.	2,	J. T. Ghiselin.....	3 00
"	7,	W. A. Cusic.....	3 00
"	9,	F. B. Eaton.....	6 00
"	"	Contribution by Dr. G. H. Chance.....	2 50
"	10,	J. L. Hill.....	3 00
"	11,	J. M. Pruett.....	3 00
"	"	M. Giesy.....	3 00
Oct.	15,	I. N. Powers.....	5 00
"	21,	John Nicklin.....	6 00
"	26,	O. P. S. Plummer.....	3 00
Nov.	7,	Transactions L. L. Rowland.....	2 00
"	11,	Advertising—O. P. S. Plummer.....	4 00
"	16,	R. G. Rex.....	3 00
"	22,	H. E. Jones.....	3 00
"	23,	C. H. Hall.....	3 00
"	26,	J. W. McAfee.....	6 00
"	28,	H. Logan.....	8 00
"	30,	D. B. Rice.....	3 00
"	"	W. P. Smith.....	3 00
Dec.	2,	J. E. Davidson.....	3 00
"	"	T. J. Lee.....	3 00
"	3,	D. W. Baker.....	3 00
"	18,	H. R. Homes.....	3 00
"	"	Transactions D. B. Rice.....	1 00
"	23,	D. Payton.....	3 00
"	"	Advertising—Bellevue College.....	15 00
"	31,	W. B. Cardwell.....	3 00

1879.			
Jan.	27,	J. L. Hill.....	\$ 6 00
Feb.	18,	M. Flynn.....	6 00
March	11,	W. F. Alexander.....	3 00
"	"	A. Sharples.....	3 00
"	12,	J. E. Payton.....	3 00
"	26,	W. C. McKay.....	3 00
"	27,	Harry Lane.....	5 00
April	14,	W. H. Saylor.....	3 00
"	22,	A. C. Helm.....	3 00
June	11,	A. J. Nicklin.....	6 00
"	12,	T. W. Harris.....	3 00
"	"	Advertisement—C. Hirstel.....	4 00
"	"	" Hodge & Davis.....	10 00
"	"	" Neppach & Co.....	4 00
"	"	" Cone & Mc Kercher.....	5 00
"	"	" Pfunder & Co.....	5 00
"	"	" J. K. Gill & Co.....	4 00
"	"	" Blumauer & Co.....	4 00

\$345 15

1878.			
July	5,	By Certificates for half-fare rates.....	1
Aug.	27,	100 three-cent stamps.....	2
"	31,	100 one-cent postal cards.....	2
Sept.	9,	Registering six letters and stamps.....	2
"	11,	Copying and necessary writing.....	2
Oct.	23,	Postage stamps.....	2
Nov.	5,	Printing 500 Transactions.....	3
"	22,	Postage stamps.....	2
"	30,	Printing letter heads.....	4
Dec.	3,	Stationery.....	5
1879.			
Feb.	11,	100 three-cent stamps.....	2
"	"	200 one-cent stamps.....	2
"	12,	Printing.....	6
May	8,	Rent of hall.....	7
June	12,	Cash on hand.....	140 65

\$345 15

SYNOPSIS—1878, 1879.

DR.			CR.
Cash on hand.....	\$ 80 65	Printing.....	\$ 19 50
Dues and membership.....	204 00	Stamps.....	18 00
Contribution.....	2 50	Copying.....	30 00
Sale of Transactions.....	3 00	Transactions—500.....	128 50
Advertisements.....	55 00	Stationery.....	3 50
		Rent of hall.....	5 00
		Cash on hand.....	140 65
	\$345 15		\$345 15

Respectfully submitted,
 CURTIS C. STRONG,
 Permanent Secretary.

ACTIVE MEMBERS. 1879

NAME.	POSTOFFICE ADDRESS.	PLACE AND DATE OF GRADUATION.
Alexander, W. F.	Walla Walla.....	Medical Dept. Willamette University, Honorary Degree, June 12, 1877.
Angur, James T.	McMinnville.....	Jefferson Medical College, Philadelphia, Pennsylvania, March 10, 1877.
Baker, W. D.	Astoria.....	Medical Dept. Willamette University, March 3, 1868. Bellevue Medical Col. 1869.
Baily, E. L., U. S. A.	Vancouver, W. T.	Jefferson Medical College, March, 1844.
Bailey, F. A.	Hillsboro.....	Medical Dept. Willamette University, March 4, 1870. Toland's College, S. F.
Brown, Jas., LL.D.	Roseburg.....	Royal Medical College, Belfast, Ireland, 1849.
Bayley, J. R.	Corvallis.....	Medical College, Hamilton, Ohio, March 4, 1851.
Carpenter, H.	Portland.....	College Physicians and Surgeons, University of Iowa, February 26, 1856.
Cardwell, Wm. B.	Portland.....	Bellevue Hospital Medical College, N. Y., 1867.
Cox, W. D.	Sheridan.....	Medical Department Willamette University, May 30, 1876.
Cusick, W. A.	Gervais.....	do do do
Caulbron, F. A.	Corvallis.....	Jefferson Medical College, Philadelphia, Pennsylvania, 1877.
Charlton, Mrs. Callie	East Portland.....	Medical Department Willamette University, Portland, Oregon, June 11, 1879.
Davidson, J. E.	Independence.....	do do do
Doane, O. D.	Dallas.....	do do do
Dodson, O. M.	Prairie City.....	do do do
Dodson, Z. T.	Dallas.....	do do do
Eaton, F. B.	Portland.....	Pacific Medical College, San Francisco, Cal., November 4, 1875.
Ebert, R. G.	Lebanon.....	Bellevue Hospital Medical College, N. Y., March, 1878.
Flinn, M.	Gervais.....	Medical Department Willamette University, March 4, 1872.
Ford, Miss A. L.	Salem.....	do do do
Ferra, George	Corvallis.....	University of Kentucky, Louisville, Ky., 1876.
Fraser, E. P.	Portland.....	College of Physicians and Surgeons, N. Y., March, 1861.
Giesy, M.	Aurora.....	Medical Department Willamette University, March 3, 1868.
Gisan, R.	Portland.....	University of Maryland, Baltimore, Md., March 20, 1849.
Ghiselin, J. T.	Portland.....	do do do
Giesy, A. J.	Aurora.....	Mar. 5, 1855.
Hall, C. H.	Salem.....	Medical Department Willamette University, June 11, 1876.
Hill, J. L.	Albany.....	Mar. 3, 1868.
		Mar. 4, 1871.

Active Members—continued.

26

Oregon State Medical Society.

NAME.	POSTOFFICE ADDRESS.	PLACE AND DATE OF GRADUATION.
Harris, T. W.	Albany	Linn County Medical Society, Toland, Cal.
Hill, G. J.	Goldendale, W. T.	Medical Department Willamette University, June 12, 1877.
Homes, Reese.	Warm Springs	do June 12, 1877.
Howard, J. W.	Canyon City	do Mar. 4, 1873.
Hendrex, J. F.	Harrisburg	do June 11, 1879.
Hoyt, J. D.	Salem	do June 11, 1879.
Jessup, S. R.	Salem	Medical Dept. Willamette University, March 3, 1868.
Jones, D. M.	Albany	do Bellevue Med. Col., 1871.
Jones, H. E.	Portland	do July 25, 1867.
Joseph, Simon E.	East Portland	Bellevue Hospital College, N. Y., 1869.
Jennings, M. D.	Unknown	University of California, San Francisco, Cal., November 5, 1877.
Johnson, H. V. V.	McMinnville	University of Virginia, Albermarle County, July 2, 1869.
Jones, William	Portland	Medical Department Willamette University, Honorary Degree, 187-
Kinney, Alf. C.	Heppner	Pacific Medical College, San Francisco, Cal., November 5, 1878.
Kitchen, J. M.	Stayton	Bellevue Hospital Medical College, N. Y., March 1, 1872.
Littlefield, H. R.	Portland	Medical Department Willamette University, June 12, 1877.
Lee, T. J.	Independence	Rush Medical College, Chicago, Illinois, February 1, 1870.
Logan, H.	The Dalles	University of St. Louis, St. Louis, Mo., March 2, 1876.
Lee, N. L.	Junction City	St. Louis Medical College, St. Louis, Mo., March 12, 1872.
Lane, Harry	Marshfield	Medical Department Willamette University, March 4, 1871.
Lee, J. B.	Corvallis	Medical Department Willamette University, May 30, 1876.
McAfee, J. W.	Salem	Medical Department Willamette University, Honorary Degree, 1877.
McAuley, S. D.	Stayton	Medical Department University of California, San Francisco, Cal., Mar. 12, 1863.
McKay, W. C.	Pendleton	Medical Department Willamette University, Salem, Or., March 4, 1868.
Morgan, J. M.	King's Valley	Medical Department Willamette University, Honorary Degree, March 4, 1872.
Morrison, W. F.	Empire City	do June 12, 1877.
Merrick, C. H.	Canyonville	do June 12, 1877.
Nicklin, A. I.	Eugene	Charity Hospital Medical College, Cleveland, Ohio, February 24, 1864.
Nottage, G. E.	East Portland	Medical Department Willamette University, March 4, 1872.
		University of California, San Francisco, Cal., October 29, 1874.

Nicklin, J.	Amity	Medical Department Willamette University, March 4, 1873.
Oglesby, W. W.	Weston	do June 12, 1877.
Parker, S.	Oregon City	Medical Department Harvard University, Boston, Mass., March, 1876.
Payton, D.	Salem	Keokuk, Iowa, February 22, 1860.
Plummer, O. P. S.	Portland	Jefferson Medical College, Philadelphia, Penn., March 7, 1857.
Payton, J. E.	Drain's Station	Medical Department Willamette University, June 24, 1877.
Prüett, J. M.	Pendleton	Ohio Medical College, Hamilton County, Ohio, March 1, 1875.
Powers, I. N.	LaConner, W. T.	Medical Department Willamette University, June 12, 1877.
Parrish, Miss Jennie L.	Salem	do June 11, 1879.
Reynolds, J.	Salem	Miami Medical College, Cincinnati, Ohio.
Richardson, J. A.	The Dalles	{ Toland Medical College, San Francisco, Cal., 1866.
		{ Bellevue Hospital Medical College, N. Y., March 1, 1870.
Kowland, L. L.	Salem	Medical Department Willamette University, Mar. 4, 1872.
Raffety, C. H.	East Portland	do Mar. 4, 1869.
Rex, R. G.	Portland	University of Michigan, Ann Arbor, Mich., June, 1871.
Rice, D. B.	Albany	University of Missouri, McDowell School, St. Louis, Mo., March 2, 1874.
Ross, H. W.	Oregon City	Rush Medical College, Chicago, Ill., February 16, 1853.
Rinearson, F. B.	Oregon City	Medical Department Willamette University, June, 1878.
Strong, C. C.	Portland	Bellevue Hospital Medical College, N. Y., March 2, 1872.
Saylor, W. H.	Portland	{ Medical Department Willamette University, March 4, 1869.
		{ Bellevue Hospital Medical College, March 1, 1876.
Sharples, A.	Eugene	Jefferson Medical College, Philadelphia, Penn., March 4, 1864.
Smith, W. P.	Unknown	Toland Medical College, San Francisco, Cal., November 3, 1875.
Starr, J. M.	do	
Turner, J. W.	do	Medical Department Willamette University, March 4, 1872.
Tharp, W. S.	McMinnville	Jefferson Medical College, Philadelphia, Penn., March 11, 1879.
Watkins, W. H.	Portland	Buffalo Medical College, Buffalo, N. Y., 1849.
Wilson, R. B.	Portland	University of Virginia, June 29, 1849.
Williams, H. O.	Palouse, W. T.	Medical Department Willamette University, June 11, 1879.
Yeargain, Mrs. E. L.	St. Helens	do

Honorary Members.—Gibbons, H. Sr., M. D., S. F., Cal.
 Gibbons, H. Jr., M. D., "
 Stealy, A. H., M. D., Olympia, W. T.
 Harvey, P., M. D., Portland, Or.

Honorary Members.—Belt, A. M., M. D., Salem, Or.
 Fiske, E. R., M. D., Salem, Or.
 Hill, R. C., M. D., Albany, Or.
 Warriner, W. C., M. D., Bethel, Or.

*Deceased.

Oregon State Medical Society.

27

Official Register from the Time of Organization.

1874.

President, Alfred C. Kinney, M. D.; Vice President, J. L. Hill, M. D.;
Permanent Secretary, C. H. Hall, M. D.; Corresponding Secretary, J.
Reynolds, M. D.; Treasurer, L. L. Rowland, M. D.

1875.

President, R. Glisan, M. D.; Vice President, O. P. S. Plummer, M. D.;
Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary,
W. B. Cardwell, M. D.; Treasurer, L. L. Rowland, M. D.

1876.

President, W. H. Watkins, M. D.; Vice President, D. B. Rice, M. D.;
Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary,
A. C. Helm, M. D.; Treasurer, L. L. Rowland, M. D.

1877.

President, L. L. Rowland, M. D.; Vice President, W. C. McKay, M. D.,
Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary;
C. H. Hall, M. D.; Treasurer, J. P. Tate, M. D.

1878.

President, H. Carpenter, M. D.; Vice President, F. A. Bailey, M. D.; Li-
brarian, L. L. Rowland, M. D.; Permanent Secretary, Curtis C. Strong,
M. D.; Corresponding Secretary, O. P. S. Plummer, M. D.; Treasurer,
W. H. Watkins, M. D.

1879.

President, D. B. Rice, M. D.; Vice President, W. B. Cardwell, M. D.;
Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secre-
tary, W. H. Saylor, M. D.; Treasurer, R. Glisan, M. D.; Librarian,
Curtis C. Strong, M. D.

Deceased Members.

Those dying during the year, in *Italics*.

John Vite, M. D.	Dec. 11, 1876	Aged, 46 years.
E. R. Fiske, M. D.	Aug. 28, 1877	" 61 " 2 m.
J. P. Tate, M. D.	June 14, 1878	" 55 " 7 "
* Mrs. E. A. Ford Robinson, M. D.	June 29, 1879	" 22 " 7 " 11 d.

* Mrs. Robinson died seventeen days after the adjournment of the society.

ADDRESS OF H. CARPENTER, M. D.

*President Oregon State Medical Society.**Gentlemen of the State Medical Society:*

Custom and the By-Laws of our Society alike, make it the duty of the retiring President to deliver an address either on some medical or surgical subject, or, at any rate, on a subject cognate to these.

Recognizing, as I do, the supremacy of custom, and acquiescing, as I do, in the requirements of our By-Laws, I dare not on this occasion shrink from the duty these authorities impose nor deviate from the course they prescribe. I have accordingly prepared and arranged a few thoughts which, with your permission and indulgence, I will now present to you as briefly as possible. The subject I have chosen is the "Oregon State Medical Society—What it has Done in the Past, What it Ought to Do in the Future."

In entering upon the sixth year of our existence as a State Society, we have reason to felicitate ourselves on the success of our organization. If we have not yet quite passed through the day of small things, we have at least made a most promising beginning. Our membership is steadily increasing from year to year, and our Society bids fair to become to every one of us a source of professional benefit, as well as professional pride. I am highly gratified at this state of our affairs; and I most heartily congratulate you not only on the auspicious circumstances that surround us on this our sixth anniversary, but also on the bright prospect before us and the career of usefulness that is destined to be ours. What our State Medical Society has done in the past may be best learned from a brief

review of its history. In September, 1874, seventeen physicians—most of them members of the Third Judicial District Medical Society—met in the city of Salem for the purpose of organizing a State Medical Society. The object of the meeting having been thoroughly discussed, a resolution was at length introduced and adopted by which the Third Judicial District Medical Society was merged into a State Society. A Constitution and By-Laws were then adopted, and in accordance with the provisions thereof the officers of the new State Society were elected; such was the manner of the organization of our Society. For some unaccountable, and hitherto unexplained, reason, the minutes of this the first meeting of our State Society were never published, and there is, in consequence, a hiatus or gap in the history of our Society, which is much to be regretted, and which, at some future time, may prove a very serious loss. The second annual meeting was held in September, 1875, in the city of Portland, with an attendance of seventeen members. The meeting was a pleasant one and a decided improvement upon the first. A majority of the members present took an active part in the discussions, and seemed to be thoroughly earnest in the work of the Society; yet the published proceedings of this meeting are brief, incomplete and unsatisfactory. Aside from the Constitution and By-Laws and minutes they contain but three short articles, which, it ought to be added, are well written. The President's address is omitted, as is also a report on the topography, meteorology, endemics and epidemics of Oregon. The President's address, it should be mentioned, was not delivered before the Society, but promised to the Publishing Committee. The third annual meeting was held in Portland on the 5th and 6th of July, 1876. At this meeting there was a marked increase of interest in the work of the Society. There was a fair attendance, too, but I regret to say the transactions fail to give the names of the members present, an omission, or neglect, for which there seems to be little excuse. The fourth

annual meeting was held in Salem on the 11th, 12th and 13th of June, 1877, with an attendance of twenty-four members, most of whom were among the oldest physicians of the State. Prior to this meeting the membership of the Society had increased to fifty-four, including five honorary members, and during the meeting there was an accession of twenty-four members, including three honorary. It was at this meeting that the Committee of Arrangements presented for the first time a regular programme for the government of the Society during its session. A lively interest was taken in the fourth annual meeting, and the members spoke with pardonable enthusiasm of the steady growth of the Society. Yet perfect harmony did not prevail. The general good feeling was disturbed by the sharp practice of a few members during the election of officers for the Society. This conclave or clique had apparently resolved to elect, at whatever cost, and by whatever means, to the presidency of the Society a man who was very young in the profession and absolutely without experience in its practice. Three times was the election postponed, in order, as subsequently appeared, that, in the meantime, new members might be received in sufficient numbers to increase the vote for their favorite candidate. These tactics were successful, and the candidate of the clique was elected. Such conduct, however, cannot be too strongly reprehended. It ought to be exposed and denounced with unsparing severity. It is unmitigated demagogism, pardonable perhaps in political tricksters, but totally inexcusable in the members of a scientific and liberal profession. It is violative of the letter as well as the spirit of the code of ethics, by which every man on entering our profession incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, to extend the bounds of its usefulness, and to entertain a due respect for its seniors, who, by their labors, have brought the profession to the elevated condition in which he finds it. But notwithstanding this disgraceful affair the meeting was plea-

sant and profitable, several valuable reports were read, and interesting discussion had on the pathology and treatment of diphtheria, and the revision of the Constitution and By-Laws. These discussions and reports, together with the President's address, would have made a very respectable pamphlet; but the Committee on Publication, for the purpose, it may be presumed, of adding interest to the proceedings, deemed it advisable to borrow an address and publish it along with the actual transactions. The fifth annual meeting was held in the city of Portland on the 18th and 19th of June, 1878, and was characterized by a fair attendance and by unbroken harmony in its sessions. The papers, addresses and reports at this meeting are all creditably written and afford very gratifying evidence of progress.

"What then has the Oregon State Medical Society done in the past?"

Not a great deal, perhaps, in the way of discovery; and yet in the field of investigation she has not been idle; nothing extraordinary, perhaps, in medicine and surgery; and yet in the triumphs of these arts, during the last decade or two, she claims an humble share; not a great deal, it is true, in the way of publishing medical books or medical journals; and yet to the professional literature of the day, she has been able to contribute a little. But she has done this—she has effected a thorough organization, and put herself in communication with sister societies throughout the Union and received recognition from them; and thus organized and recognized, she is ready, I trust, to start upon her career of usefulness, vigorous in spirit and full of resolution and hope.

This brings us to the question "What ought the Oregon State Medical Society to do in the future?"

When we fully realize that we are living in a State whose area extends 275 miles north and south, and 350 miles east and west, and contains 96,250 square miles or 61,000,000 acres of land; that our State has an area greater than the combined areas

of New York and Pennsylvania; that she contains untold mineral wealth and the finest timber in the world; that our representatives at the Paris Exhibition made a better showing of agricultural products than the representatives of any other State in the Union; when we realize that our State possesses all those advantages of soil and climate and commercial position which must inevitably give her a proud pre-eminence in the sisterhood of States, we should feel stimulated, as a body of physicians, to keep our part of the great field of medicine and surgery in the highest state of improvement. It should be our ambition and our aim not to lag in the rear, not to follow in the wake of improvement, but to press vigorously on and stand, if possible, on the very summit of the wave of progress.

Will we do this? Shall we be so stimulated? Are we prepared to make renewed efforts for the advancement of knowledge upon all subjects connected with the healing art? Are we prepared to work for the elevation of the character and the protection of the interests and rights of those engaged in the practice of medicine? Are we prepared to apply ourselves to the investigation of the means best calculated to render the medical profession most useful to the public and most subservient to the interests of humanity.

These questions, I presume, we are all ready to answer affirmatively. Permit me then to offer a few suggestions as to what our State Society ought to do in the future for the interests of medicine and humanity. The first suggestion I venture to make is, that this Society shall establish and maintain a medical journal; that this journal shall be called the "Oregon Medical Brief," and shall be published monthly; that it shall have one business manager, one editor in chief, and four assistant editors, the latter to be selected from different localities in the State. This will give the State Society an opportunity of having their minutes printed without any additional cost, and

will afford every physician the opportunity of reporting any cases of interest that may occur in his practice. We need a medical journal and ought by all means to have one, and I earnestly recommend to the Society the propriety of immediate action on this important matter. Another suggestion I beg to offer has reference to the American standard of medical education. The requisites for admission, "says the American Cyclopædia," to American medical schools can generally be met by the preparation received in a common school or academy. Now there ought to be a higher standard of preparatory education and a higher standard of attainment for the degree of Doctor in Medicine. The lowest standard in Europe is much higher than ours. In late years, however, there has been a gradual awakening on this matter, and at this moment there is a demand all over the country for more thoroughness in medical education. The American Medical Association has always urged this, but until recently their appeals were unheeded. Now, however, things are beginning to receive attention, and the best medical colleges of the land are one after another yielding to the pressure of opinion and events and wheeling into line on the side of longer terms of study, and longer courses of clinical training, and higher and more thorough attainments. In view of the fact that this north-west country will not be able for many years to come to support more than one medical college, I suggest and recommend that this Society do organize and establish, under the incorporation laws of Oregon, a State institution, to be called the "Oregon Medical College," with a faculty of eight professors, and as many adjunct and special chairs as may be required to carry out the advanced course of instruction adopted by the Medical Department of Harvard, the University of Pennsylvania, the University of California, and others, all the professors to be selected with special reference to their experience and ability to conduct their respective chairs, and to be chosen, as far as possible, from the member-

ship of the State Medical Society; the curriculum of study to embrace three courses; all applicants for matriculation to have sufficient literary attainments to enable them to readily understand the technicalities of the profession, their attainments being tested by an entrance examination.

For the purpose of meeting the requirements of the American Medical Association, and relieving the faculty of the entire responsibility of the examination of candidates for graduation, the State Society shall select four physicians of unquestionable integrity and ability, and of at least ten years experience in the practice of medicine and surgery, who shall constitute an advisory council to the college faculty, and shall take a part in the selection of that faculty as well as in the examination of all candidates for the degree of Doctor of Medicine, and shall report their action annually to the State Medical Society.

A college established on such a basis, and governed and conducted according to the plan I have suggested, would at once take a high rank among the colleges of the country, and thus wield a potent influence in the elevation of the standard of medical education throughout the west and north-west; its diplomas would be recognized both at home and abroad, and its alumni honored and respected wherever their lot might be cast. To some, perhaps, these suggestions may seem quite unnecessary; but after mature deliberation, and a careful survey of the matter from a practical standpoint, I am convinced that it is the true policy that medical men should have control of medical education, and that they should be responsible for the professional attainments of those who are to succeed them. Whatever will subserve the interest of the profession will redound, without doubt, to the interest of the public. In order to harmonize the interest of the Faculty of the Medical Department of the Willamette University, I suggest that a majority of the members of that Faculty be selected as professors

in the "Oregon Medical College," and the competent worthy alumni of the University receive the *ad eundem* degree of the new institution.

Another suggestion I have to make is one that involves the interest not only of the profession, but also of the public at large. It has reference to the best method of securing the enactment of a law creating a "State Board of Health and Vital Statistics;" several attempts have already been made in this direction, but without success, the failure arising, no doubt, from the want of efficient co-operation on the part of the profession. I therefore earnestly desire and request that this Society direct the Legislative Committee to prepare appropriate blanks setting forth briefly the object in view and the sanitary reforms to be expected therefrom; said blanks to be sent to physicians everywhere throughout the State, and to be accompanied with a special request that the blank be presented for signature to prominent citizens in the county, and then returned to the chairman of the committee, whose duty it shall be to draft a law similar to those adopted in other States, and present the same, with the signatures thus obtained, to the Legislature of Oregon for enactment.

Alabama, 1875; California, 1870; Colorado, 1876; Connecticut, 1878; District of Columbia, 1871; Georgia, 1875; Illinois, 1877; Kentucky, 1878; Louisiana, 1874; Massachusetts, 1869; Michigan, 1873; Minnesota, 1872; Mississippi, 1877; New Jersey, 1877; North Carolina, 1877; Tennessee, 1877; Rhode Island, 1878; Virginia, 1871; Wisconsin, 1876, have all enacted health laws according to the respective dates; and their delegates, through the powerful influence of the American Medical Association, were able to induce Congress to pass a law establishing a National Health Council, and the benefits of this establishment will apply to our own State in proportion as we seek to further our own interest.

Why can we not have health laws and a State Board of

Health? We can certainly have both, if we act promptly and energetically.

Let us urge and agitate on the platform and through the press until we secure the legislation we need, until we see sanitary reforms inaugurated in the drainage and water supply of cities, and the ventilation of public buildings; until we see the registration of births and deaths rigidly enforced; until we see, as a result of these measures, a diminution of the death rate and a marked improvement in the health and comfort of our citizens. And when we shall have secured these things we shall have fulfilled the mission of a true physician, which is to prevent disease as well as to cure it. And now, gentlemen, before I resign this chair to my successor, let me thank you for the patient attention with which you have listened to my address as well as for the courtesy and respect you have shown me while I presided over your deliberations. I am duly sensible of your kindness, and profoundly grateful for it. Let me entreat you to foster and cherish our State Society. Let not your interest therein flag. I feel assured that if we conform to its rules and regulations, we shall all be benefited both morally and professionally, and we shall gain such additional knowledge as will aid us in the practice of our high and noble, yet arduous, calling.

LETTER FROM DR. CARPENTER.

PORTLAND, July 9, 1879.

To the Committee on Publication of the State Medical Society of Oregon:

GENTLEMEN:—Will you be kind enough to give, for the benefit of the profession, the following a place in your transactions about to be published?

At the meeting of the American Medical Association, at

Atlanta, May 8th, the following resolution was unanimously adopted:

WHEREAS, The Superintendent of the Census requests that the physicians of the United States will aid him in making the mortality and morbidity statistics of the census of 1880 as complete as possible;

AND WHEREAS, It is of the highest importance to medical science and to public hygiene that this request shall be fully and universally complied with; Therefore, be it

Resolved, That the American Medical Association earnestly recommends to each and every physician in the United States, that he shall furnish such information as is requested by the Superintendent of the Census, and that he shall keep such a record of his cases for the year beginning June 1, 1879, as will enable him to make this information accurate and reliable.

The blanks for keeping the record will be furnished on application to Hon. Francis Walker, Superintendent of Census, Washington, D. C.

Very truly,

H. CARPENTER,

Member of the Committee on State Medicine and Public Hygiene.

PARAPLEGIA FROM CONCUSSION WITH EX-
TRAVASATION—ACTUAL CAUTERY AS A
REMEDIAL AGENT.

BY W. H. SAYLOR, M. D.

Mr. W. C., age 35. While acting in the capacity of longshoreman, and unloading the steamer Great Republic, in July, 1878, fell through the hatchway, a distance of twelve or fourteen feet. The fall rendered him unconscious for a few

moments. Examination revealed only a slight abrasion on the arm, knee and a small spot on the lumbo-sacral region. In a short time, however, he was enabled to go to work, and continued so to do for a couple of days. On the fifth day he complained of slight shooting pain along the terminal branches of the sciatic and anterior crural nerves, indicating the seat of the disease in the sacral and lumbar plexis. On the seventh day after the accident, he was admitted to St. Vincent Hospital.

Examination revealed slight tenderness, upon pressure, over the lumbo-sacral region for a space of four or five inches, also slight paralysis of the lower extremities. He was ordered to lie in a recumbent position and given a teaspoonful of fl. ext. ergot three times daily.

Three days after admission, however, there was complete paralysis of the motor and sensitive nerve of the lower extremities with relaxation of the sphincters. Ergotine was given hypodermically, in variable quantities, for the next two weeks, with quinine as a tonic, without any apparent improvement. Quinine, iron and strychnia was then given for two weeks longer without any change in the patient's condition. I decided then, now six weeks from date of injury (with complete motor and sensitive paralysis), to use the actual cautery which was applied on both sides of the spine as low down on the sacrum as possible (2d vertebræ), extending upwards to first lumbar.

Four days afterwards slight sensation was perceptible in the toes; the next day, slight motion, increased sensation and motion continued for two weeks, when the patient could walk by the aid of crutches, and at his own request was discharged from the hospital.

REMARKS.

I report this case, not that it presents anything new or striking, to direct the attention of the profession to the use of

a valuable remedy that seems, as with many others, to have been discarded of late years.

REPORT OF COMMITTEE ON MINERAL WATER.

BY R. G. REX, M. D.

To the Officers and Members of the Oregon State Medical Society:

Your Special Committee on Mineral Waters respectfully submits the following report:

In order to obtain the data for as full a report as possible on the subject of native mineral waters, an announcement was made through the public press requesting parties interested in mineral springs to forward samples of the water to the Committee for examination; the samples to be accompanied by a description of the general surroundings of the respective springs, the accommodations for visitors and any other points bearing upon the question of the value of the different springs as health resorts.

In response to the announcement samples of water have been received from sixteen different springs. Fourteen of these are saline and two sulphur springs. The principle points of difference in the saline springs are the relative quantities of mineral matter present in the water and the quantity of free carbonic acid present.

The chemical analyses given below includes an estimate of the total amount of mineral matter per gallon, and of the stronger waters an approximate estimate of the amount of the more important constituents per gallon. A description of the locality and surroundings of each springs, furnished by the parties sending the samples, is given with each analysis.

A specimen of water was received from a spring owned by Mr. Wm. Bonny, of Marion county. It is situated three-

quarters of a mile from the railroad, three miles south of Aurora. The spring is situated in a grove, with a trout stream near by. The water has considerable smell at the spring, probably due to sulphur. It contains about ten grains of mineral residue to the gallon.

A specimen received from Hodge, Davis & Co., of Portland, was not accompanied by any description of the spring from which it was taken. The amount of mineral matter it contained was very small.

Two samples of water were received from David Kitson, Dexter, Lane county, Oregon, one of which was from a hot spring and the other from a cold spring, the two being situated near together. They are situated about fifty miles from Eugene City, up the Willamette valley on the military road. There are hotel accommodations three and a half miles from the springs. There are bath rooms at the springs and suitable grounds for camping on near by.

The waters both have a smell of petroleum; this may possibly be due to the bottles in which the water was sent having at some former time contained petroleum. It is not stated whether the water at the spring has this characteristic or not.

One gallon of the cold spring water contains:

Total amount of mineral matter.....	256	grs.
Calcium chloride.....	48	"
Sodium chloride.....	180	"
Calcium and magnesium sulphate, insoluble matter, etc.,	28	"

One gallon of the hot spring contains:

Total mineral matter.....	314	grs.
Calcium chloride.....	64	"
Sodium chloride.....	208	"
Other matter.....	42	"

A specimen was sent by P. C. Renfrew, McKenzie Bridge, Lane county, Oregon, taken from Dr. Foley's spring, located 60 miles nearly due east from Eugene City, Lane County. A road has been constructed to this spring and bath houses

erected with conveniences for showering, steaming, swimming, and other baths; also, a boarding-house and a number of cottages. A large number of cases of rheumatic and neuralgic complaints, and cutaneous diseases are reported as having been successfully treated at these springs. The temperature of the water at the spring is 188 degs. Fah., the flow steady and the volume large. The surroundings are of a grand character, the neighboring stream well stocked with fish and the mountains with game. One gallon of the water contains:

Total mineral matter.....	186	grs.
Calcium chloride.....	90	"
Sodium chloride.....	75	"
Other matter.....	21	"

A specimen was received from A. S. Pinkham, Seattle, W. T., from a spring, or well rather, situated on Lake Union, one and half mile from Seattle. The water forms a light sediment after standing a short time, indicating the presence of a small proportion of calcium bi-carbonate. It has but little taste, and is reported to have cured the owner of rheumatics after using the water for over a year. It contains in one gallon:

Total mineral matter.....	11	grs.
---------------------------	----	------

A specimen was received from A. Hachaney, John Day City, from a spring located near that place, in the foot-hills of the Blue Mountains. Bath houses and hotel accommodations at the Springs. The water has a temperature of 120 degs. Fah. The water smells and tastes of sulphuretted hydrogen and is reported to be beneficial in cases of inflammatory rheumatism. One gallon contains:

Total mineral matter, mostly sodium, carbonate and sulphate, 13 grs.

Further information may be obtained by addressing Mr. Armstrong, Canyon City, Grant county, Oregon.

A sample was received from W. H. Smith, Fort Clatsop, Oregon, from a spring located six miles south-east of Astoria,

on Lewis and Clarke rivers; accessible at all times by boat, and three and a half to four miles from the beach. Fine sailing and trout fishing in the adjoining streams. The water after standing for some time becomes flat and insipid, owing to the escape of carbonic acid and precipitation of calcium and iron. It is said to have a constipating effect on those who drink it freely, and has been used with good effect in cases of diarrhœa. No especial accommodations for strangers at the springs. One gallon contains:

Total mineral matter.....	9	grs.
---------------------------	---	------

This does not include the precipitated calcium and iron, which is, however, very small in amount.

Another sample comes from J. T. Cooper, Wilbur, Douglas county, Oregon, who has several mineral springs on his place, situated one mile east of Wilbur Station, on the O. & C. R. R., and one mile north of the Umpqua river. The water is not as strong now as it is later in the season on account of recent rains. There are no accommodations for visitors nearer than Wilbur Station. One gallon contains:

Total mineral matter.....	352	grs.
Calcium chloride.....	190	"
Sodium chloride.....	128	"
Other matter, magnesia, alumina, silica, etc.....	34	"

A sample was received from Mr. Wilhoit, from his spring situated twenty-two miles from Oregon City, Clackamas county, Oregon, in the foot-hills of the Cascade range of mountains. During the summer a stage leaves Oregon City usually every other day for the springs. For further information address the proprietor, Mr. Wilhoit, Molalla P. O., Clackamas county, Oregon. The water is highly charged with carbonic acid gas, and accordingly contains a considerable quantity of calcium, iron and magnesium bi-carbonates. It has a very agreeable taste, and is said to act mildly on the bowels and kidneys. It has been bottled to some extent and

introduced into the market as a summer beverage. One gallon contains:

Total mineral matter.....	240 grs.
Sodium chloride.....	112 "
Iron, calcium and magnesium carbonates and chlorides, mostly calcium.....	104 "
Other matter.....	24 "

H. Kenyon & Son, Albany, Oregon, forwarded some water from a spring at Sodaville, in Linn county. One gallon contains:

Total mineral matter.....	144 grs.
Calcium chloride.....	"
Sodium chloride most abundant.....	"
Other matter, magnesia, iron, etc.....	"

It also contains free carbonic acid in considerable quantity, and some iron and lime present as bi-carbonate which deposits after standing for some time.

Another spring is situated in the upper end of Rogue river valley, Jackson county, Oregon, on the stage road leading from Ashland to Linkville and Lake View. There are accommodations for visitors at the house of Mr. and Mrs. D. C. Courtney, who have kindly furnished a sample of the water for analysis. One gallon contains:

Total mineral matter.....	80 grs.
---------------------------	---------

Principally chlorides of calcium and sodium, with a small proportion of magnesia, iron, etc.

A spring is found near Aurora, in Marion county, Oregon. A sample of the water sent by Dr. Giesy, of Aurora, was found to be similar in composition to the water of the Wilhoit spring in Clackamas county, with the exception that it contains but little free carbonic acid. One gallon contains:

Total mineral matter.....	256 grs.
Calcium chloride.....	112 "

The remainder is principally sodium chloride.

A sample was received from A. S. Noon, Sam's valley,

Jackson county, Oregon. There are no accommodations at the springs except good camping ground and healthy surroundings. The water contains 44 grains of mineral to the gallon, together with sulphuretted hydrogen which imparts a strong smell and taste of sulphur to the water.

Samples of water were received from two different springs on the farm of John W. Cullen, in Yamhill county, Oregon, about which further information may be obtained by addressing John W. Cullen, Island City, Union county, Oregon. They have the taste and smell of sulphur, and contain about eight grains of ordinary mineral to the gallon.

A mineral water is found on the farm of Mr. W. Allen, near East Portland, Multnomah county, Oregon, which has a slightly styptic taste, due to the presence of iron. The spring flows from a bed of iron ore, and contains in one gallon about six grains of carbonate of iron.

There are several springs situated along the base of the Cascade range, in Linn county, Oregon, which are substantially similar in their composition and properties to the Wilhoit spring in Clackamas county already described. They are thirty-five to fifty miles from the O. & C. R., on the road leading from Halsey to Prineville, in Eastern Oregon. There is a hotel for the accommodation of visitors at the springs, but no regular public conveyance to them.

This completes the review of the mineral waters sent in for examination, and will afford a fair idea of the variety and qualities of the mineral springs of this section; some of them, particularly the carbonated waters and the hot sulphur and saline springs, will doubtless prove to be of value in the treatment of many chronic diseases.

In the analytical portion of my work I have been materially aided by Mr. Frank Hepburn of this city; through his assistance the chemical examination has been more complete than the limited time at my disposal would enable me to make alone.

As this Committee has been continued for another year I take this opportunity of requesting members of the profession and others to send in water from any springs not yet reported, and also any information regarding the remedial efficacy of the different springs in special cases.

RHEUMATIC ARTHRITIS, RESULTING IN FIBROUS ANKYLOSIS OF THE HIP JOINT. EIGHT MONTHS' DURATION.

BY W. H. SAYLOR, M. D.

In July, 1878, J. D., age 17, was attacked with acute articular rheumatism in the hip, knee and ankle; it was attended with all the varied phenomena incident to this formidable disease, and continued without any apparent change in its character for over two months, although the patient was receiving the best medical advice and attention. Life being despaired of after the first month, the limb was allowed to assume any position that afforded the greatest amount of relief. As a result the thigh was flexed and abducted at a right-angle with the body. In this position the limb remained for eight months, inflammation gradually subsiding, leaving the hip in an ankylosed condition.

On the 9th of May, 1874, I took charge of the patient, and upon examination found the thigh in the position above described.

The patient was in a weak and feeble condition, but rapidly improving, the pain and inflammation having nearly all subsided. In consultation with Dr. Rex, it was thought best to postpone any interference for two weeks, allowing the patient to gain sufficient strength to undergo any surgical operation that might seem best at that time. Accordingly, on the 28th of May following, assisted by Dr. Rex, the pa-

tient was placed under the influence of chloroform, and a careful examination revealed slight motion in the hip joint, denoting fibrous union. It was also noticed that flexion of the thigh was caused principally by the tensor vagini femoris, and that abduction and external rotation was produced by the combined action of the psoas iliacus and obturator externus. In fact, the greater Trochanter was found exactly opposite the obturator foramer, and within a half inch of the tuberosity of the ischium. But two conclusions could possibly be arrived at: Either to amputate the thigh at the upper third, or to straighten the leg by forcible extension.

The first would have undoubtedly resulted fatally, owing to the prostrated condition of the patient, consequently, I decided upon the latter, with some misgivings as to the result.

I first forcibly adducted the thigh, when the fibrous union gave way. Gradual extension was then made upon the leg a direct line, until the limb was in almost a straight position, when from the rigid contraction of the psoas iliacus and obturator externus muscles the head of the femur was thrown out upon the dorsum of the ilium. This was easily reduced by flexion and rotation. Extension was again resorted to, when the leg was brought into the normal position of extension. A long splint was then adjusted and extension and counter-extension applied by means of a perineal band weight and pulley. This held the parts firmly in position for the next twenty-four hours, at which time I found that the perineal band was liable to produce an abscess, and that the splint was causing intense pain, with considerable inflammation from pressure against the body, consequently, the band and splint were removed, thus allowing the femur to roll outwards, in which condition it remains. Extension was, however, increased by weight and pulley. At this date, now four weeks from date of operation, the leg is of normal length, with good movement of knee and ankle, with slight movement at the hip joint, with every indication

of an ultimately good and useful limb, the foot and leg remaining permanently abducted.

PUERPERAL ECLAMPSY.

BY S. R. JESSUP, M. D.

I have the honor to present the following cases of puerperal eclampsy:—

In February, 1868, I was called to attend Mrs. C., who had been delivered of her first child some hours previous. The infant, a healthy male, was alive and doing well. The physician who was first in attendance had been gone some twelve hours, believing the patient to be dying and his further attendance unnecessary. I found her in a comatose condition, tongue swollen and protruding from her mouth, pulse feeble and about 140 per minute, breathing stertorous. On introducing water into her mouth she attempted to swallow. I learned upon inquiry that she had had thirty convulsions and had been freely bled. I immediately placed her upon the following:

R
 Liq. Ammon. Acet..... 3½ oz,
 Bromide Potass..... 1 dr.
 Sp. Ether Nit..... 2 dr.
 Dose—One tablespoonful every two hours.

It became necessary on the following day to employ the catheter to remove the urine, and once during treatment I administered chloroform to prevent a recurrence of convulsions. I also gave opiates to quiet restlessness a few times. But in the main the treatment consisted of the first recipe.

The second case occurred in June, 1868. I was called to see Mrs. T., in her sixth confinement, and found her in a convulsion. I immediately opened a vein but could get very little blood. I gave bromide of potass. during the night,

but the patient lay in a comatose condition, and in the morning had another convulsion, soon after which a child was born, a small female. I then put the patient upon the following:

R
 Liq. Ammon. Acet..... 2 oz.
 Potass Bromide..... 2 dr.
 Tr. Verat. Viride (Norwood's)..... 20 min.
 Dose—One teaspoonful every hour.

When this recipe was exhausted, I substituted sp. ether nit. for the verat. viride, and gave two teaspoonfuls every three hours. She passed copious amounts of urine after the first forty-eight hours, before which it was necessary to use the catheter.

Case No. 3 occurred in June, 1872. About 9 A. M. was called in consultation with Dr. Fiske to see Mrs. S., a patient in labor with her first child. I found her in a convulsion on my arrival, pulse 140, face swollen. We immediately opened a vein and took away about 20 ounces of blood. She had no more convulsions until after the child was born, at 3 P. M., one convulsion occurring during the removal of the placenta. She was put upon the following:

R
 Liq. Ammon. Acet..... 4 oz.
 Tr. Verat. Viride..... 25 min.
 Aqua Pura..... 2 oz.
 Dose—One tablespoonful every two hours.

She had no more convulsions, and made a good recovery.

The next case occurred in the summer of 1876—was a perinipara; had only three convulsions, which occurred before my arrival. I gave her the same treatment as the others, except she was not bled. She made a very good recovery.

My last case I was called to see early in the morning in December, 1878. She had just passed through her fourth convulsion. I immediately applied chloroform to her nose, and opening a vein drew away about 20 ounces of blood. I

then introduced the forceps, and removed a dead male infant. She came to her consciousness in about forty-eight hours. The plan of treatment was the same as before, with good results. In all the cases there was albumen in the urine; all were primiparas but one; in all the rate of the pulse was high; 130 to 140.

Bleeding was resorted to in all but one. In the record fourth, cases where least blood was drawn, while there were only three convulsions in each, consciousness was not fully restored for four days in one and three days in the other; while in the first with thirty, the third with six, and the fifth with four convulsions, consciousness was not delayed beyond forty-eight hours.

In the treatment of puerperal eclampsy, I am led to believe the lancet is first, chloroform to prevent spasm, or modify it. Liq. ammon. acetat., bromide of potass, sp. ether nit., and perhaps verat. viride, are the remedies to use.

“POST HOC, ERGO PROPTER HOC”—THE
TREATMENT WAS GOOD.

BY H. V. V. JOHNSON, M. D.

The history of this case was related to me by Drs. Fields and Quivey, of Sheridan.

Dr. Hudson was called to attend a case of parturition, and during the labor, or soon thereafter, convulsions began, when he placed a hot flat-iron to the perineum which stopped the convulsions and the patient was discharged. Drs. Fields and Quivey were called in a few days afterwards to treat the sores occasioned by sloughs from the effects of the hot iron.

They found the inside of each thigh excoriated, together with the lower half of labia majora and a large portion of clitoris. The sores on the thigh were $1\frac{1}{2}$ inches in width and 6 or 8 in length and nearly 1 inch deep. Granulations appeared healthy, but the patient was suffering severely from the passage of urine over the excoriated surface.

I advised them to use the catheter frequently, conducting the urine beyond the surface, and apply carbolized oil, simple cerate or any mild dressing that would not interfere with healthy granulations, and allow the patient to get well. Have heard nothing since from the case, and presume she is entirely recovered. How far the cicatrices may interfere with usefulness in after life, am not able to report.

But the point in the case is the cure of eclampsia by cauterization of the clitoris, for I do not think there was any need of cauterizing beyond the clitoris, that being the most sensitive organ. I am convinced that burning the top off that, would produce all the *benefit* that could probably be derived from the operation, but it is possible the further excoriation were accidental and caused by, or in consequence of, the unwieldy instrument at hand; be that as it may, the patient was cured or recovered, and that is sufficient proof of the efficacy of the treatment; and it is possible the cauterization should be as extensive in all cases as in this. In that case, should there be no “flat-iron” at hand, I would suggest branding the clitoris with a frying-pan, which is as sure to be at hand as a petticoat, and “where there is a woman there is a petticoat.” (See Meigs.)

I do not send this as a contribution to medical literature, but simply from philanthropic notions and for the advancement of medical science at least one step beyond the discoveries; in other words, the story is too good to keep, so I send it you, with this qualification—

“I cannot tell how the truth may be,
I say it as 'twas said to me.”

A verbal report of the case would have been appropriate at the time you were discussing Dr. Jessup's cures, but as I did not happen to think of it at the time, thought I would send it you anyhow.

PSYCHO-THERAPEUTICS.

BY E. P. FRASER, M. D.

Mr. President and Gentlemen:

I take the liberty to call your attention to what I regard a much overlooked and neglected field of scientific research, which, if fully appreciated, would mark an era in the history of medicine.

I wish to turn your thoughts, for a time, purely in the direction of the *mental* causes and *cure* of disease. In doing so, I realize that I am entering upon a dark and unknown field; that the foundation of psycho-therapeutics is yet hardly laid; and this paper is submitted in the hope that more luminous pens may elaborate what I shall merely attempt to sketch.

At the very outset, in our investigation of this subject, we find the ground cumbered with many conflicting, irrational, and illogical theories; a strange commingling of truth and error. We are told, on the one hand, that mind has no existence outside of the body; that it is but a secretion of the brain; that the evolution of thought is but the equivalent of involution and elaboration of food; that our knowledge begins and ends in cerebral phenomena, and that we have no right to attribute states of disease, or to direct our therapeutics to a mere abstraction.

On the other hand, we are told that the mind has a separate, distinct, and immaterial existence, and is not dependent upon the body, in any way, for the conditions of its operations; that it is never *really* affected by conditions of the corporeal organism, but that abnormal conditions of the body are only symptoms of a spiritual disease; and that remedies, to be of any avail, should be potentized by triturations, and certain methods of shakings, by which a dynamical or spiritual power is communicated to crude material substances.

These are extreme views, it is true, but we find many intermediate theories almost as absurd and bewildering, so that an attempt to analyze the mind itself, and demonstrate its relations to the body, requires no little patient toil and investigation. Now, if we will divest ourselves of all prejudices and preconceived theories, and apply the simple teachings of our own consciousness, we may be able to separate truths from their associated errors and bring them together in a systematic form, which will rationally explain the relation of psychical to physiological states and their phenomena.

The mind may, for practical purposes, be considered on three sides, making three grand divisions of its powers, viz: the intellect, the emotions and the will. These are somewhat arbitrary distinctions, and it is not certain that these functions have each a separate and local habitation; but we may infer an organic difference of some kind, from the fact that they may be affected disproportionately by disease. It is seldom that either is solely disordered, although emotional insanity of the worst kind may exist, without marked disturbance of the reasoning powers. So the will may be paralyzed, leaving the individual at the mercy of chance impulses, unable to restrain himself as reason directs; more commonly these functions are affected in succession, or in different degrees, during the same attack.

The intellect is that faculty which perceives or understands, which receives or comprehends the ideas communicated to it by the senses or by perception, and furnishes the groundwork for the operation of reason. It is, in one sense, the highest faculty of the human mind; that which distinguishes man from the brute, and constitutes his rational nature. It is that power by which we are enabled to distinguish truth from falsehood, right from wrong, and by which we combine means for the attainment of certain ends, etc.

Consciousness belongs to this faculty; in fact, belongs equally to all of the above three fold set of phenomena, for, if we know, we must be conscious of knowing; if we feel, we must be conscious of feeling; if we will, we must be conscious of willing. Thus consciousness is simply the condition of all mental energy.

Emotion is that state of feeling awakened through the medium of the intellect, and manifesting its existence by some sensible effect on the body. The manifestation of this faculty with which we are mainly concerned, in our consideration of this subject, is fear. The operation of fear, if uncorrected, is often attended with the most serious consequences, when disease is present or expected. On many persons the influence of fear is far more serious in its effects than the worst forms of the dreaded malady. In all epidemic diseases, especially plague and cholera, the terror they inspire has been, no doubt, quite as fatal as the infection; paralyzing the system and robbing the body of the natural elasticity of its nervous stamina, and the mind of the buoyancy of hope, making voluntary victims of those who, from age and strength, had the greatest probability of escaping.

Many interesting and convincing examples might be cited, if necessary, but I regard it as a conceded fact, that fear is a mental poison, in fact, the most potent of all antagonists to health and medicine. It has been said that *faith* has cured

more diseases than physicians have ever prescribed for, so fear is more destructive than the worst forms of contagion.

I will include in the next class of mental disorders, *despondency*, *melancholy* and an habitual tendency to gloomy prognostications of a disastrous future. These are simply delusions of the intellect, producing dejection of spirits, the loss of resolution, the abandonment of courage, the loss of hope, and a yielding to despair. The physical results of these morbid mental states are dyspepsia, constipation, dis-assimilation, nervous prostration, and a host of genuine diseases produced by these functional derangements.

The delusion of the intellect, next in order, is perverted imagination, or fancy. Imagination, in its proper sense and in its normal condition, may be defined as denoting, generally, that faculty of the human mind by which thoughts or ideas are produced at will; but in the condition above named, the intellect is deceived, the will paralyzed, and the unfortunate victim is at the mercy of his own perverted conceptions of physical ailments. The most prominent of the diseases arising from this mental disorder are hysteria, hyperemia of the brain, coma, convulsions, etc. While the above disorders may, and very often do, arise from perverted mental states, they may all be produced by purely physical causes. What I wish to demonstrate is the fact that the origin of very many of the diseases of the corporeal organism may be traced directly to mental disorders, and that mental diseases may often be traced to physical causes. When this is admitted, when we concede this intercommunication and correlation of physical and psychical forces, we must, of necessity, advance a step further and accede to the fact that our treatment of diseases must be directed to mental as well as physical disorders.

I do not wish to be understood as meaning that we are to employ, for psychical derangements, material substances, or substances potentized or triturated until they have been

rendered imperceptible to the senses of our gross material natures; nor do I maintain that we should administer material substances *directly* for mental disorders, but if we can trace a psychical derangement, or a delusion of the intellect, to a physical disease, we may be able to relieve it by the administration of material substances. On the other hand, when we can trace a physical disease to a purely psychical disorder, we must look to some other than a material source for a remedy. Nor is it necessary to know that the disease is of mental origin to avail ourselves of this immaterial power, for it is applicable, to a certain degree, in all cases, and under all circumstances.

What is this potent remedy, you ask? Let us return and push our analysis of the mind a step further. In doing so, we discover a new and independent power, a real entity capable of domineering over both mental and physical states. This innate intellectual energy of the human mind—the will—which, unfolding itself from all the other forces of the mind, radiates through the whole sphere of our activity, is a faculty which we are better able to feel than to define, and which we may appropriately designate as the purely practical faculty of man. Though a distinct power or energy of the mind, it blends itself with every other power, associates itself with our intellectual decisions on the one hand, and our emotional attachments on the other, but contains an important element which can not be resolved into either, or into both combined. In short, the *will*, when duly exercised, gives direction to all our thoughts and actions, and is that self-determining power which *makes* us what *we are*. That this and other faculties of the mind may be utilized in the treatment of a very large class of diseases, is beyond the power of candid investigation to dispute.

These immaterial faculties of man have been considered only with reference to their relation to and connection with

the material organism. The subject of the separate and immaterial existence of the mind, independent of the body, through which (in our present state of existence) it manifests itself, introduces us to a wholly different phase of thought, and opens a field of observation of which medical science cannot legitimately take cognizance. But all of our investigations, our experience, reason, and our inherent consciousness of our own physical and mental states, go to prove that the connection between the mind and body is such that each has, inherent in itself, a determinate relation to the other; that there is a correlation of the powers and forces of each, by which physical force can develop mental activity, and mind force can produce physical phenomena; that disease of the physical organism may produce mental derangements; and that abnormal states of the mind may develop diseases of the physical.

We see daily exemplifications of the modifying influences of psychical states upon the nervous system. We see it even in transitory emotions of the mind, a violent fright producing incapacity of motion; a violent fit of anger causing persons to bite their lips; a passing trouble producing a copious flow of tears, and I have met several persons who, in a sudden fit of anger, became suddenly jaundiced.

By analogy, then, we may presume that long continued emotions might produce more serious derangements, and observation proves this to be true. It is very often the exciting cause of hysteria, the symptoms, or rather the phases of which, are as the sands upon the sea shore. To classify and enumerate them would be a hopeless as well as a useless task. I will only mention a few of the most interesting ones. Hyperaesthesia is perhaps one of the most constant. The exaggerated sensibility may affect not only the skin and mucous membranes, but even the internal organs, when those motions of which we are ordinarily unconscious are not only felt but

may become painful. I once had a lady declare to me that she could distinctly feel the peristaltic movements of the intestines, and another that she could feel the bile pouring out into the duodenum.

Hyperaesthesia of the special senses is of frequent occurrence. Disorders of mobility are very common; so, also, are disorders of motility, to which would belong hysterical paralysis, which is manifested in loss of voice, loss of the use of some of the limbs, in hemiplegia, etc. These conditions are all produced by defective volition, a delusion of the intellect, and, if we can in some way arouse the will to a proper performance of its functions, these fancied ills will vanish like dew before the morning sun.

Very energetic measures are sometimes resorted to, in some hospitals, to induce the will to assert its supremacy. The treatment uniformly adopted in Heidelberg, especially for the coma and convulsions of hysteria, is to place the patient in the position of lithotomy, before the other members of her ward, and before the class of medical students, and the professor then carefully pencils her clitoris with a strong solution of nitrate of silver. One application is always sufficient.

The methomaniac and the opium habitué also afford interesting cases for the study of this subject. Methomania is said to be an irresistible desire to drink, and by some is supposed to be a form of insanity. There are many points of difference, however; the most prominent one is this: it is characteristic of lunatics that they are not conscious of their condition, but quite otherwise; but the methomaniac and the opium habitué are *keenly* alive to their debasements; they will thank you for your kindly advice to reform, and confess their abhorrence of their vice and threatening ruin, and then, as it were, deliberately, but, as it is claimed, irresistibly push on to destruction. It is true that insanity may exist in various degrees, and may participate, more or less, in illusion, hallucination,

delusion, mania, etc.; but in methomania and the opium habit, mania only is involved.

The common drunkard, though not a methomaniac, is, nevertheless, if judged by the fact of frequent intoxication, as much the victim of a sottish desire as he that is called a methomaniac, and (since these are all conscious of their besetments,) though apparently unable to curb their appetites, they ought not to be classed with the actually insane. The point that I wish to make is that reformation, in these and similar cases, must begin in the *will*, as the only available initiative force, and not through nutrition of brain substance.

Our treatment of these cases should not consist of temperance lectures, but in endeavors to expose the morbid fancy which holds them down with an iron grasp. To do this we must direct our efforts to the use of the *will* as our principal lever.

The physiological law is well known that violent reflex symptoms are also controlled by the will. During the late war, while advancing upon Corinth, the colonel of my regiment, who was at the time afflicted with ague, came to me one morning and said he was going to have another chill, and asked me if I could not give him something to arrest it. The cold stage of the disease had then fairly set in. At this moment the long roll was sounded, and the colonel said, "Well! never mind the medicine, doctor, I *wont* have the chill." He went to his quarters, immediately mounted his horse, and rode off to the front. The chill vanished at once, and he had no more. I have tried the same experiment myself, and with the same result.

The Prussian and German text books, on practice, tells us that the coughing fit in whooping-cough can be controlled by the will, and recommend the parent to *compel* the child to cease from coughing, and, if necessary, to enforce this demand, with wholesome sternness and severity. It is a com-

mon saying with the stern mothers of Scotland, that whooping-cough is only curable with the rod.

I would not recommend this harsh treatment of the little sufferers, but it serves to illustrate my point.

It may seem incredible that a man could, by mere self determination, resist the destructive powers of rabies, when it has once invaded the system to such a degree as to cause constriction of the throat, and difficulty in swallowing; but this incredibility will lessen when it is considered that a mental influence—potent enough to produce a given disease—may also arrest it. This is forcibly illustrated by a case in Michigan, officially reported, a few years since. A Mr. Crasse was severely bitten by a cat. Three months afterwards he was attacked by rabies, and looking the disease squarely in the face, he determined to throw it off; so taking his gun, he went in search of game; though he found none, yet every step was accompanied by a mental resolution that he would not succumb to the disease. On his return home in the evening, he felt much better, and in a day or two was quite well.

John Hunter was subject to spasm of his vital parts. By an effort of the will he could tell an affecting story without experiencing any spasm, but it acted upon his power of articulation; he had to stop several times during its relation. Similar instances might be adduced almost *ad infinitum*, affording the most ample proof of the mind's power, not only over emotions induced by bodily sensations or sensorial impressions, but even over involuntary muscles, through our emotional nature. We cannot, I think, refuse to give our assent to the fact of mental influences over bodily affections of every nature; nor to the still more demonstrable fact, that there is hardly any emotional affection or desire, however brought about or intensified by custom, that may not be subjected to the will, by which, of course, is to be understood that undeniable and irrepressible *ego*, or myself.

I fear that the tardiness with which we accept and apply this powerful adjunct to legitimate therapeutics, is often the result of our own professional prejudices. The student of medicine is taught the use not only of *ingesta* and *medicamenta*, but of *subjecta* and *circumfusa*, which include moral forces and the effect of the surroundings. These classic elements of treatment apply in varying proportions to all forms of disease; failure quite as often results from neglect of the last two, as from misuse of the first two.

The homœopathist practically ignores the *medicamenta*, if he honestly adheres to his infinitesimal theory, and succeeds, when he is successful, by treating the *patient*, and letting the disease take care of itself. All forms of quackery thrive by force of the *subjecta*, in spite of improper and useless medication. The vice of all kinds of irregular and exclusive systems of practice, is not in appealing strongly to the mind of the patient, but in deceiving the imagination with illusive hopes and fallacious theories, which react unfavorably, and produce a harmful scepticism, when discovered to be groundless. In this way positive medical science is made to share in the general disrepute, which should attach only to the special form of error in question.

There is a way of reaching disease through the mind which does not sacrifice the requirements of scientific truth. It would be very difficult, if not impossible, to lay down any definite or practicable rules by which this may be accomplished, and I shall only attempt to give a preface or mere framework, which may be filled up by each practitioner as his own judgment may dictate, with the acquisition of professional knowledge.

By quick sympathy, and a lively interest in the patient, as a member of the great human family, whose fate is important to all as well as to himself, by showing a critical knowledge of his disease, by an active use of remedies when they are in-

licated, and a masterly inactivity when they are not, his confidence, respect, and affection may be secured. This once achieved, with *truth* properly presented, a well directed and unobtrusive *sympathy*, a judicious exercise of *firmness*, *persistence* and *tact*, our influence over the power of the mind will be such that, though we cannot play the flute of Hamlet, we can play upon Hamlet himself. This is surely legitimate, and must prove a better foundation for treatment than the ever shifting promises and subterfuges of quackery. Psychotherapeutics, therefore, to be successfully applied and rendered of value to science, requires the best skill of the physician. It will need not so much energy as *guidance*; not so much enthusiasm as *wisdom*.

MEDICAL DEP'T WILLAMETTE UNIVERSITY, }
 PORTLAND, OGN., June 12, 1879. }

To the President and Members of the Oregon State Medical Society:

GENTLEMEN:—The Faculty of the Medical Department of the Willamette University have to report to your esteemed body that at the close of our Thirteenth Session we, after a thorough examination as to qualifications, etc., conferred the degree of M. D. (through the action of our Board of Trustees of course) upon nine individuals, each of whom had fully complied with all of the requirements which we deem pre-requisite to this expression of confidence in the integrity and proper qualification of each. We feel more than ever encouraged with the prospect of future usefulness and growth of *our* and *your* Medical Institution.

Very respectfully submitted,

O. P. S. PLUMMER, M. D.,
Dean for the Faculty.

REPORT OF THE COMMITTEE ON MEDICAL
 EDUCATION.

To the President and Members of the Oregon State Medical Society:

During the past few years the subject of medical education has attracted more than usual attention. To give even an index to the many speeches and carefully written articles upon that subject which have been uttered and printed during the past five years, would require considerable labor. We refer now more especially to speakers and writers who advocate a higher standard of accomplishments necessary for graduation in our medical colleges. Upon this point it is encouraging to note the unanimity of sentiment which prevails among speakers and writers in all parts of our country.

We are convinced that the demands of the profession are for more thorough discipline in the rudimentary departments of education, as well as the enforcement of more rigid rules in the examination of all applicants for the honorable degree of Doctor of Medicine. That degree is far too easily obtained. In this country especially, we have so rapidly manufactured doctors that, to use a commercial expression, they have become a "drug in the market" and cheapened the whole profession. Estimating our population at forty millions, we have an army of doctors numbering eighty thousand, "armed and equipped as *our colleges direct*," ready to attempt the "cure" of all the aches and ills of the nation. This estimate assigns to the care of each Physician an average of only five hundred persons, a number, under ordinary circumstances, far too small for the support of any respectable practitioner of medicine. The result is, that after a few years of trial, failure stares a large proportion of them in the face and they seek other and more lucrative occupations, leaving behind them a cloud on the name of the profession they were too hastily numbered

with. Sometimes a result far more discreditable follows. Rather than commence a thorough course of study and conquer a success; rather than abandon a profession, the conscientious practice of which they find themselves not qualified for, they rapidly descend to dirty work if not to positively criminal practices; thus casting not merely a cloud, but a decided stain on the whole medical fraternity as well as on themselves.

We know there are not wanting those who advocate unlimited freedom in registering in our profession. There are those who advocate, not the abolition of medical colleges, but all medical certificates and diplomas. Their arguments are that certificates and diplomas do not necessarily prove their holders to be competent and successful physicians; and that a medical education, whether acquired at the bedside or by the fireside in a log hut, is as important and valuable as that gained in the stately halls of a medical college. Such an education is all that the public demand of the profession. The test of experience is the best certificate and surety of ability. Every professional man, be he physician, lawyer, minister or school teacher, will certainly find his proper level after a few years jostling in the crucible of experience—will certainly rise or fall just as he has ability or lack of ability, in spite of a hatful of diplomas. Therefore the professions must be gauged by the rules applied to artisans; they who do their work best receive credit and wages in proportion.

These arguments, as every thoughtful person will notice, are of that kind called specious. They sound well and the statements, with some qualifications, are true. The premises are fairly stated, but the conclusions are erroneous. A diploma is no evidence that the holder is a successful practitioner, but to a large degree it *should* be. This is what we complain of and would correct. The diploma should be a testimony that the holder has passed through a long and sufficiently severe

course of study to entitle him to the confidence of those requiring his services. It should be proof that a critical and conscientious board of medical examiners has testified that the holder is qualified to assume the heavy responsibilities of the Physician. Our profession cannot be gauged by the rules applied to the blacksmith and the shoemaker. We are called upon to deal with exceedingly critical and serious matters, and the public have a right to know, in the absence of experimental knowledge, if we are competent to discharge the duties required of us. This knowledge should be conveyed by the diploma. In other words, the diploma should be so difficult of possession that, when presented, the public will receive it with confidence, and conclude that the holder may be entrusted with the management of the varying and vital conditions of life and health. It is the low grade of graduation, the too hasty examination, the easy facility of obtaining the degree of Doctor of Medicine which has not only lowered the profession in public estimation, but been the source of much chagrin and disappointment to those upon whom the degree has been conferred.

In this connection we take occasion to protest against the prostitution of the title so commonly practiced. While we respect medical knowledge and skill wherever found and however obtained, the right to be called "Doctor" is possessed only by those who have had that degree legally conferred upon them. And the man who unblushingly calls himself "Doctor," or encourages others to do so, when he does not possess a right to that name, is as dishonest as he who assumes the prefix of "Colonel" or "General" without the documentary evidence that he has the right to be so called. If we would be respected we must respect ourselves. The ignorant pretenders who brazenly put "M. D." to their names to spell "sody," "sweat oil" and "blew mas" in their prescriptions, who cannot tell mumps from erysipelas, dyspepsia from pleu-

ris, who declare they have treated cases of adhesive inflammation at the insertion of the internal rectus with the sphincter ani muscles, and seen young men with puerperal convulsions,—such pretenders, we say, do us but little injury, for their ignorance is so apparent that the public is not long in perceiving it. It is our recognition of them which lowers us without elevating them. Calling such men "Doctors" and counseling with them degrades us. They are not capable of imparting or receiving knowledge.

What is our treatment of the difficulties we have briefly allowed to? We find throughout the nation a large percentage of hurriedly made physicians and a much larger proportion of ignorant, unscrupulous charlatans who offer their services to the public. We find the public, in by far too many instances, inclined to employ quacks and humbugs in preference to modest, unassuming physicians. Flashy advertisements and unlimited bragging thrive where real merit starves. Can we remedy these evils? If we could command legislatures, could we effect anything good by legal enactments? Many of us are clamoring for the enactment of medical laws, and a number of States have yielded to our demands. We have read a number of these laws, and they seem to promise future good, but time must elapse before their use can be proven. The writer of this is inclined to think that the good expected to result from most of the so-called medical laws is over-estimated. The difficulty lies in the almost impossibility of enforcing them; yet to a large extent legal enactments can be of service to us and the public in suppressing the evils complained of.

The one great medicine we would employ, almost the only one having any power, is MEDICAL EDUCATION. Our medical colleges must be educated up to a proper realization of their duties. They must produce better results. As a rule their work has been by far too carelessly performed. We

would not put an impediment in the way of any aspirant for medical honors, but we would insist on ability and character as absolutely necessary for the procurement of them. Of what use are laws for the suppression of quacks and self-styled doctors when medical colleges confer the honorable degree of M. D. upon ignorant and incompetent men? Justice to the public and to the candidates for the degree, require that more time be given for the acquisition of medical knowledge, and a far more searching investigation made as to the qualifications of those furnished with authority to take charge of the public health. Most of the evils which now beset us would be removed by proper care in this direction.

Physicians already furnished with diplomas need education. They are not sufficiently united. Their interests are common, but their conduct is too frequently antagonistic. They lower the profession in the public estimation by not respecting each other. We cannot elevate ourselves by pulling down others. Detraction, fault-finding, sneering and every species of belittlement between members of the profession must cease if we want the public to respect us. Inordinate conceit, public boasting, flashy advertisements and every art indicative of the charlatan, should be carefully avoided.

Physicians must form societies for mutual improvement. In this sparsely settled country such societies are somewhat difficult of maintenance, but where two or more can meet in friendly, generous, open-hearted communion, receiving and giving ideas, counseling and encouraging each other, immense benefit will result. Physicians must form societies for mutual improvement, not merely to establish a fee-bill, but "for the more noble and glorious purpose" of communicating medical knowledge to each other, and improving themselves in all that pertains to the conduct of respectable members of the profession. We have to learn that, in order to keep up with the progress medical science is making, we must "study,

read and reflect." Our art and science is as progressive as that of any other, and the physician who does not read, well conducted medical Journals, soon becomes ignorant of current medical news and is left in the background, a disgrace to the title he claims. In times past, when medical knowledge was comparatively limited, the physician with a good memory could "carry his library in his head;" but such wonderful progress has been made in modern times that no human mind is capable of retaining one-half what it reads. Consequently repeated readings and references are necessary. Works of acknowledged authority should form the foundation of medical knowledge, but medical Journals are absolutely indispensable to the busy physician. They bring to our offices the latest news, and we are "posted" on new remedies and new methods long before they find a place in the Dispensatory or the text book. The energetic physician will not depend on his memory, but will "read up" and review almost every case he is called upon to treat, even the most simple.

The public need medical education. None but physicians know the vast amount of ignorance which clouds the public mind in regard to all matters medical. There is scarcely a disease in the whole catalogue of human ailments but the public have a remedy for. "For acute rheumatism," writes a physician of experience, "I took note of thirty-five 'sure cures' prescribed by a knot of loungers around the village store; and during a few years' practice in a large city I heard of no less than eighty-seven 'sure cures' for a disreputable disease."

We all know how pleasant it is to be called into an intelligent family, and how disagreeable it is to practice where ignorance and superstition prevail. Quacks and ignorant pretenders are seldom employed by respectable and well-informed families. They live principally upon the ignorance and credulity of the public. Let the public be educated and

these parasites on our profession will surely meet their proper fate. In this work we must act as teachers. It is for our interest that we do so. The physician who does not study to prevent disease and educate the public, does not do his duty to himself or the profession. Want of confidence in our ability to battle with disease and our good intentions towards prevention, are the main causes which induce the public to attempt their own medication. Patent medicines are swallowed by the gallon, and the most critical conditions are many times worse than not treated at all, simply because our profession does not command the respect it should. Men purchase ready-made clothing, but are careful to select such as will fit their forms. They buy patent medicines, made by the tons after one prescription, and think they will fit all the varying circumstances of the human system, regardless of age sex and temperament. Ignorant and unskillful midwives, who never saw so much as a picture of the anatomy of a woman, are entrusted with critical cases; and self-styled "doctors," who never passed an hour at the dissecting table, or studied anything more than "Dr. Somebody's Domestic Practice," are called to cases requiring the highest anatomical and medical knowledge and skill; when, if the men who employ these tinkers should have old watches which needed repairing, they would inquire very cautiously about the history and attainments of the watch tinker before entrusting their property to his hands.

The catalogue of inconsistencies and absurdities of the public in medical matters is very long. Our profession, in a large degree, is responsible for this. It should be our duty, as conservators of the public good, to battle with ignorance and superstition; strengthen the public mind as we would the body; practice no humbuggery ourselves nor allow it to go unrebuked in others. We may be misunderstood and misrepresented for a while, but conscious of being in the right, we need not fear the result.

We turn now to the subject of legal enactments in our favor. To what extent may they be of service? Legislatures can encourage medical education in various ways. Laws relating to our common schools form a large portion of the statute book. Common schools are protected and provided for, as of right they should be. In the statutes of every State we find laws protecting the birds, the fishes, the cattle, and on hundreds of other subjects of far less importance to the public welfare than that of medical education, but we find very little of real service to our profession. The laws in most States in regard to founding and supporting medical colleges are defective and unsatisfactory. Permission is given to open such colleges, but no provision is made for their support. The general government supports a school for teaching men how to kill each other, but none for saving life and health. States furnish arms for men and boys to play soldier with, but do not supply common schools with an elementary work on physiology and hygiene. The public require physicians to be well educated, yet the laws in regard to subjects for dissection, and public sentiment in regard to post-mortem examinations, seriously blockade our path to knowledge. Legislatures can do us a service without in the least encouraging the disreputable occupation of the resurrectionist, in fact can put a stop to that business, by passing proper laws whereby ample "material" can be obtained for all medical colleges. This would do much to advance medical education, and eventually eradicate that unreasonable objection some have to the examination of deceased friends.

Legislatures can assist physicians in the work of purging the ranks from disreputable and ignorant pretenders. While we cannot enforce a law prohibiting them from offering their services, or one forbidding the public to employ them, Legislatures can authorize us to form county or district Examining Boards, whose duty it shall be to cite for examination every practitioner of medicine or surgery in their several Jurisdic-

tions before them, and keep a list of all who are "worthy and well qualified," published in the county or district newspaper having the largest circulation. The Examining Boards to consist of five members; a Junior member to be elected at each State election and serve until graduated as Senior, similar to the law in regard to school directors. Such Boards to meet once every year, and the Legislature audit and pay actual expenses of the Boards, with advertising bill of the paper referred to.

The working details of such Boards can be easily defined. They would be composed of the best physicians and surgeons of each district, and the public, by a reference to the published list of names qualified to practice, would be protected from unscrupulous and ignorant "tinkers."

It may be asked, "why do not the physicians do this work now without legislative help?" No class of persons in the world do so much hard work for so little pay as physicians. This work is particularly for the public good, as much so as the examination of school teachers or the election of county school Superintendents. Therefore legislatures should, in a small degree, help in the work of caring for the public health, as well as for public education.

In conclusion, your Committee present a brief synopsis of the evils and the remedy suggested for each. We are well aware that the subject of medical education is a large one, and one about which a great diversity of opinions exist. One great desire is to propose something practical, and then excite our co-laborers to go earnestly and vigorously to work and put it into immediate operation. We spend too much time in talking about what ought to be done, not enough in putting good plans into practical execution.

OUR MEDICAL COLLEGES.

Let them rigorously and unflinchingly reject all who cannot pass a thorough and searching investigation in all the de-

partments of practical medicine and surgery. We omit details, believing the Faculty of every college amply qualified to adopt rules which shall secure this end.

OUR GRADUATES.

They must not think they can succeed without earnest, constant and systematic study and work. They must combine for protection. Concert of action and mutual support are as necessary to secure pay for services as to secure reputation. The day is passed when physicians were expected to work for nothing. No one can devote years of study and hundreds of dollars in books and instruments, and then become a public servant "just for the honor of the thing."

THE PUBLIC.

Drive away all false ideas and absurd notions on medical matters. Show them that it is cheaper to employ a good workman at a high price, than a "tinker" for little or nothing. Become teachers as well as practitioners. In a thousand instances ignorance stands in *their* way as well as in the way of the Physician. They must be taught that Physicians have rights which should be respected; that the service is not altogether from one direction. Would it not be well if our teachers, who are so lavish of advice and persistent in repeating rules for our conduct, should occasionally rebuke the public for their often cruel abuse and slanderous treatment of the faithful and conscientious Physicians?

LEGAL ENACTMENTS.

Importune the Legislature to help us as well as the birds and fishes; to help the public by helping us drive out the horde of druggists' clerks, physicians' stable boys and botch dentists who call themselves "doctors" and inflict irreparable mischief on the community.

In regard to the ninth section of Article V. of our Constitution, your Committee have but little to report. Letters

from different parts of the State indicate that while we have an honorable proportion of skillful and enterprising physicians, as compared with other States, there is much needed in the way of organized work. Very few of our graduates are members of the State Medical Society. This is certainly an evil which should be corrected. United action here would do much towards advancing public interests and elevating our profession.

We know of but one medical institution in the State—the Medical Department of the Willamette University, now located in Portland. Personal acquaintance with the members of the Faculty gives your Committee assurance that nothing will be left undone calculated to increase the reputation of the institution. It should be our pride, as Oregon Physicians, to point to the institution as among the best in the nation. With this ambition and desire we take the liberty, given us by the article and section referred to, to suggest that the qualifications for entering and leaving that institution should be as high and as strictly required as at any college in the nation. We risk nothing in remarking that the qualifications for *entering* the college are essential to an honorable exit. Proper care in this matter would save many persons who do not realize the duties and cares of the physician's life, from waste of time, money and the added mortification of rejection at the final examination. We are of the opinion that all applicants for admission to our medical colleges should be referred to an Examining Board composed of practical and professional business men, doctors, lawyers, ministers, school teachers and merchants, who shall impartially judge of the mental, moral and physical qualifications of the applicants and the probability of their ultimate success. The man or woman who does not possess energy enough to acquire a respectable common school education is not likely to add much to the honor, or the learning, of the profession as a physician.

We are also of the opinion that the examinations for the final degree should not be conducted exclusively by the Professors. To secure impartiality and a higher grade of medical attainments, the examining board should be composed of members of the Faculty, a committee appointed by the Alumni Association of the College, and a committee from the State Medical Society in about equal numbers, say five from each source. Questions to the candidates should be put by any member of the Board, and out of not less than two hundred important questions, embracing the various departments of medicine and surgery, not less than *eighty per cent.* should be correctly answered to secure the degree of Doctor of Medicine. The rigid enforcement of these or similar rules would, in a few years, effect a wonderful change in the condition of our profession and rescue it from the disrespect, if not contempt, with which it is now threatened. And your Committee are firm in the belief that if the Physicians of Oregon would adopt the suggestions herein contained and live strictly up to the rules of medical ethics, treat each other as if of one family, working for the general good, they would not only benefit themselves but the whole world by becoming models for others to pattern after.

C. H. MERRICK, M. D.,
G. E. NOTTAGE, M. D.,
HARRY LANE, M. D.,
JOHN NICKLIN, M. D.,
REESE HOLMES, M. D.,
Committee.

REPORT OF SOME OPHTHALMIC AND AURAL CASES.

BY FRANK B. EATON, M. D.

The following case of ocular paralysis present several features of practical interest, being of a nature which rendered its prognosis extremely unfavorable:

CASE 1. Paralysis of the right external rectus with preponderance of the inferior rectus, ostensibly due to uncorrected hypermetropia. Recovery under treatment.

Mrs. D., aet. about 50, consulted me April 3, 1879, giving the following history: Her sight has always been unusually good, though lately her eyes have been so sensitive to bright light that she has worn tinted glasses.

Has worn convex glasses when reading and sewing about six years. Five days ago she had a severe attack of gastralgia, to which she is subject, and directly after it her vision become suddenly blurred, and soon after double. On the following morning, immediately upon awakening, she noticed the double sight to be worse, and on attempting, found she could not read with or without glasses. The intolerance of light had increased. Her glasses have been too weak for a long time, and she has been accustomed to strain her eyes very much when regarding small objects, and in order to then see better has held them near and to the left side of the face, tilting the face to the left. These glasses did not center, the right lens standing so that the pupil was opposite the lower and inner quadrant. Has no pain in or around the eye.

Objective. S. with convex 48, = $\frac{20}{20}$; p. = 6 inches, convergence strong. Snellen No. 1, easily read at 15 inches, with convex 14 to the left or in the median line and above the plane of the base line, but as soon as the type was lowered

or carried to the right of the median line there was diplopia.

On moving a small, black object, circularly 18 inches from the eyes, also to the right, I could detect no limitation of motion in either eye of which I could be certain. Now covering the left eye, on fixation with the right, a secondary deviation of the left was very apparent, being one line upwards and inwards by careful measurement. Examining with a candle flame and slip of red glass, single vision was found to exist in the entire left half of the field, but diplopia occurred whenever the gaze was directed much downward in median line, or to the right of the same at a distance of three feet. The images were homonymous, the false standing eight inches above and two inches to the right of the true. There was no diplopia in the upper half of the field until the gaze was directed quite obliquely upwards and to the right; the images then showing a lateral but no vertical deviation. A prism of 8 degrees placed before the right eye, base upwards and outwards, fused the images, and in the same position before the left separated them. Throughout the images converged at their upper ends.

The above group of symptoms afforded a clear picture of paralysis of the right external rectus. The diagnosis of preponderance of the inferior rectus is based upon the absence of any symptoms of paralysis of any muscle save the external rectus, upon the upward convergence of the images, and upon the disappearance of vertical deviation in vision upwards to the right, these latter symptoms plainly indicating an abnormal inclination of the vertical meridian outward. Circumstances rendered the use of atropia for the exact diagnosis of the condition of refraction inconvenient. The only fact promising a favorable result of this trouble was that it was recent. Benedikt states (*Electrotherapie, Wien, 1868*) that when the absolute excursive capacity of the pupil is little

altered, but double vision is present in a great part of the visual field, the prognosis is unfavorable.

The treatment adopted consisted in the application of a galvanic current of 2-4 cells of Drescher's battery, at first daily, afterwards every other day, for a few seconds at each sitting; the positive electrode being applied to the forehead and the negative to the malar region and fifth nerve. In addition the diseased muscle was exercised by bandaging the left eye for a stated time every day; forced fixation was also enjoined. In the meantime all use of the eyes at a near point was forbidden. After the first four or five sittings, the galvanic current invariably caused an approximation of the images, (preserving the same relative positions of face and object at each sitting) amounting to two inches, which, however, was only temporary; during the first moments of fixation the false image would gradually recede to its original position, i. e., seven inches above and two inches to the right of the true. Vision was always clearer directly after the sitting. This unsatisfactory stage of treatment lasted for two weeks, at which time the patient began to complain of attacks of blurred vision in-doors. The asthenopic symptoms had led me to suspect the existence of a high degree of latent hypermetropia. Now, on examination I found Hm. $\frac{1}{8}$, which I corrected, directing the patient, however, to use the glasses only in-doors. Still there followed no permanent improvement, though the temporary effect of the battery increased. But soon the latent hypermetropia became not only manifest but absolute, and I directed the constant use of the glasses in and out of doors. At the following sitting I noticed the first permanent improvement, and the patient remarked that the bright light no longer annoyed her. In addition, at this stage of treatment, I decided upon a more systematic and regular exercise of the diseased eye, by a very simple method. The healthy eye being bandaged, I took a roll of paper, and standing a short

distance in front of the patient, the head being fixed, repeatedly moved the object from the median line directly outward to the right as far as the eye could follow by extreme effort, paused a moment, then carried it slowly back to the starting point. The motion was sometimes varied to a movement upward and outward, and the exercise continued at first for three minutes, but gradually increased at each sitting up to fifteen minutes, the patient being instructed to have the exercise similarly carried out three times daily at home. The effect in strengthening the diseased muscle was unmistakable, the images being closer together and the vision clearer after each sitting, and the act of descending the stairs, previously a difficult undertaking, owing to the increase of diplopia attendant upon looking downwards, became easy for some hours after the exercise. The ultimate course of the case is perhaps best described by the following abstracts from my notes :

SITTING OF MAY 12.—False image, $3\frac{1}{2}$ inches, nearly vertical. Applied one cell ten seconds. No effect. Three cells caused slight approximation. Exercised for ten minutes; false image now $2\frac{3}{4}$ nearly vertical.

MAY 20.—False image, four inches; Faradic current to upper and lower margins of orbit for three minutes; false image three inches; continued three minutes more, image $2\frac{1}{2}$ inches. Can now read fine print with glasses.

MAY 22.—False image, three inches. Three cells galvanic giving a current very perceptible to the patient, had no effect in fifteen seconds. Faradic current in ten minutes, approximated the images to two inches. Exercised; images now one inch.

MAY 26.—False image two inches. Faradic current applied fifteen minutes, fused the images. Diplopia re-produced by moving the object six inches to the patient's right.

MAY 28.—False image two inches. Faradic current fused images, but diplopia again provoked by moving object to patient's right. After exercising could not provoke diplopia in any way.

JUNE 1.—Could not provoke images.

REMARKS.—One of the chief points of interest in the above case is the question of etiology. The great majority

of cases of paresis of the abducens are of distinctly rheumatic origin, being accompanied by rheumatic pains in the effected side of the head. A careful analysis of the history and course of the above case leads me to infer that if the tension of accommodation and convergence resulting from uncorrected hypermetropia was not the prime, it was, at least, an important etiological factor.

Strabismus convergens, an affection characterized by an over-amount of convergence, which is spontaneously and consciously co-ordinated (*Stellwag, op., cit. p. 793*). Again, a greater demand is made upon the recti externi in maintaining parallelism of the visual axes with hypermetropia, than with emmetropia or myopia (*Schweigger, op., cit. p. 152*). In this condition of refraction the recti externi are all the time taxed nearly to the limit of their capacity (*ibid*). In the present instance there was exhaustion and loss of normal muscular energy and elasticity, rather than actual paralysis, brought about, it is presumed, in one eye, the right, by the habit above recorded, of straining the accommodation with the gaze to the left. To the persevering use of electricity, especially of the Faradic current, much of the success of the treatment was due.

Drs. Beard and Rockwell justly remark : "The tendency among physicians and patients is to abandon treatment in ocular paralysis without giving it a fair trial; they certainly demand as long, and, if we are to argue from the anatomical difficulties in the way, even longer treatment than analogous affections in other parts of the body." (*Op. cit. p. 539*.) The anatomical difficulties above mentioned were partly overcome by pressing the electrodes firmly upon the margins of the orbit until the current was felt in the periosteal nerves, and passed presumably through the orbit.

Criticism may be urged against the apparently careless and unsystematic methods of exercising the eye. Many author-

ities scarcely mention exercise, some leave it to the patient. Its efficacy, when carefully carried out, speaks for itself in the present instance.

At the meeting of the International Ophthalmological Congress, held in New York, in September, 1876, Dr. D. B. St. John Roosa advanced the opinion that blepharitis ciliaris is, in about 83 per cent. of the cases, connected with refractive errors. This is a formidable assertion, which, however, Dr. Roosa has to an extent substantiated by the history of a number of cases. The following case of my own is one in point.

CASE II. *Chronic blepharitis ciliaris with hypermetropia. Cured by correction of refraction.*

F., aet. 26, states that from early childhood he has suffered with redness of the eyelids, which adhere on awakening, from discharge.

Lately they have become worse, constantly itching, and the discharge is worse. Has never had any inflammation of the eyes. For some time past the eyes have become sensitive to bright light, and fine print is indistinct and seems to run together. Has used for a long time an ointment of yellow oxide, prescribed by an oculist.

On examination the lids were excoriated, hypertrophied and congested; the palpebral conjunctiva swollen and hyperaemic.

Refraction apparently normal. Near print, 20 in. Insufficiency of internal recti.

On instilling a solution of atropia, four grains to the ounce, into the eye, I found in one hour H. $\frac{1}{66}$. This was corrected, and the use of the ointment of the yellow oxide continued.

A few weeks after the lids were normal, and have continued so six months. Any attempt to use the eyes without glasses for reading, etc., is always accompanied with congestion and secretion of the lids.

Dr. Roosa calls attention to the necessity in most cases of paralyzing the accommodation in order to detect the existence of latent hypermetropia, as above.

CASE III. *Deafness from sub-acute catarrh of the middle ear. Recovery of hearing under treatment.*

R. B., aet. about 16, gives the following history: Had ear-ache on several occasions when a child; no discharge then or over. For the last six years have been troubled with nasal catarrh, since the beginning of which has had at intervals attacks of "stuffing" of the ears and deafness. By holding the nose and blowing he could sometimes relieve the stuffing sensation. He has a feeling as if something is in the ears and crackling sounds; voices sound muffled, and there is a constant sound of humming. Has to be constantly expectorating.

The present attack has lasted four or five days.

Objective.—Watch L. E. $\frac{8}{66}$, W. R. E. $\frac{31}{66}$.

Voice R. E., slightly impaired at 20 feet. V. L. E. do. Membra tympani of both ears congested, especially along the mallena; the membranes are thickened and opaque; no light spot visible.

The pharynx is follicularly inflamed, the condition extending to the posterior nares.

The rhinoscope shows no considerable accumulations of mucus, but the orifices of the eustachian canals are swollen

and filled with a glairy mucus, which runs from them; this is notably the case on the right side.

The middle ears were readily inflated by the eustachian catheter, but only with difficulty by Pollitzer's method. Hearing distance then: W. R. E. 35 inches; W. L. E. 10 inches.

The *diagnosis* was double sub-acute catarrh of the middle ear, with mucus in the tympanic cavities.

The *treatment* adopted was the daily use of a solution of borax and sodium bi-carb. in glycerine and water, by means of a post-palatal douche, and daily inflation by the eustachian catheter and Pollitzer's bag. In addition I sprayed the pharynx and nares every day with a solution of oleo-res. cubeb, following with a spray of nitrate of silver, 50 grs. to the ounce. I also cauterized the lower parts of the eustachian tubes with the same silver solution by the catheter. The douche washed out large masses of mucus, affording great relief, and in the course of a week the hearing improved, the injection of the membranes disappeared, and the patient was free from the "stuffing" sensation.

Hearing distance: W. R. E. 33 inches; W. L. E. 15 inches.

The right nostril was still swollen and sensitive, and mucus was still seen flowing from the right eustachian tube.

The above line of treatment was continued, and at the end of three weeks all discharge from pharynx and nares had ceased. It was difficult, however, to force air into the right tympanum; a wheezing sound during the attempts indicating that the tube was swollen. The application of a strong solution of nitrate of silver to the whole length of the tube resulted in its temporary closure from increased swelling and accumulation, but as the swelling subsided the air entered more readily than ever, the mucus escaped and the hearing rose on

that side to $\frac{11}{50}$. On the left side it had now reached W. $\frac{10}{50}$. Of course the application of a strong solution of silver to the tube was only justified by the rhinoscopic evidences of the presence of glairy transparent mucus which shows the implication of the mucus follicles.

The pharynx and nares have continued well, and the hearing has not deteriorated. The membranes appear nearly normal.

The history of this case has been detailed not only to demonstrate what treatment can accomplish, but to draw attention to a form of deafness which my observation leads me to consider unusually frequent in the humid valleys of Oregon. How often we hear individuals remark that now and then when they catch cold their ears are "stuffed up" and ring, and they cannot hear well. This they consider a trivial matter after it has passed, or has seemed to pass away. And so it would be if every person so afflicted could keep a correct record of his hearing, and would duly weigh the importance of the greater or less *permanent* impairment of hearing which each of these attacks leaves behind it, and which too often passes over to that stubborn, insidious disease, chronic catarrh of the middle ear. The general practitioner, rather than the aurist, can give the proper warning, for the latter generally undertakes the case when the golden opportunity for affording relief has passed.

CASE IV. *Foreign body in the external meatus for sixteen years. Removed.*

D. F. B., aet. 35, stage-driver, states that for some time he has been annoyed by the sensation as of something in his left ear. Has applied to two physicians who advised dropping in of various remedies; they did not examine the ear. W. L. E. $\frac{15}{50}$. Hearing in the ear bad for years.

On examination, the membranes were invisible; the canals

being full of wax which prevented me from distinguishing any foreign body. I proceeded to remove the wax by careful syringing from the left ear, dislodging a considerable quantity of wax in a few minutes, followed by a large plug of the same, and finally by a well preserved grain of wild oat. The ear appearing on examination still obstructed, the syringing was continued and another oat grain removed. The ear now appeared clean, the membrani tympani thickened and opaque. H. D. W. ²⁴/₆₀. The patient said that in 1861, when on a shooting excursion, he slept on the floor of a barn which was covered with wild oats.

A considerable quantity of wax was removed from the right ear.

The chief interest of this case to me was its exemplification of the marvellous inconsistency displayed by the physicians to whom the patient had previously applied. I doubt not they would have displayed commendable zeal in inserting a speculum into any other cavity, but in the above case they were content to prescribe in the dark, and allow a foreign body to destroy the function of an important organ.

I would earnestly suggest the *syringe* as by far the best appliance for the removal of foreign bodies from the ear. In nine cases out of ten it is all-sufficient for the purpose, if perseveringly used.

REPORT OF COMMITTEE ON SURGERY.

BY W. H. SAYLOR, M. D., CHAIRMAN.

To the President and Members of the Oregon State Medical Society:

As Chairman of the Committee on Surgery, I desire to make the following report upon that important branch of medical science:

I have examined the proceedings of our annual meetings for the past five years, and am unable to find anything but a "verbal report." I am consequently somewhat at a loss to know just what is or was expected of this committee by the Society. In compliance, however, with a resolution passed at our last meeting, I devised, and with the consent of the Committee on Publication, had printed and distributed to the various members of the Society a blank circular for the purpose of gaining surgical statistical information. As the design of the circular was original and the information to be gathered varied in character, it seemed impossible to arrange it so that it would embrace all surgical cases that might arise, consequently it was faulty in many particulars. I am pleased, however, to state that quite a number of the members have favored me with a report of their surgical practice, numbering in all some one hundred and twenty cases, of greater or less importance, some of which are extremely interesting in detail and well worthy careful perusal. Five first-class operations have been reported, two for strangulated hernia, two amputation of the thigh, and one amputation at the shoulder joint, with two recoveries and three deaths.

SURGERY FRACTURES.

Number.	CASE.	Fracture.	Simple.	Transverse.	Oblique.	Compound.	Combinated.	Inner 1/3.	Middle 1/3.	Outer 1/3.	Osseous Union.	Lig. Union.	No. Days after.	Age of Patient.	ATTENDING SURGEON.
1	Clavicle	"	"	"	"	"	"	"	"	"	"	"	42	7	C. H. Merrick.
2	"	"	"	"	"	"	"	"	"	"	"	"	7	7	Ballard & Ebert.
3	"	"	"	"	"	"	"	"	"	"	"	"	45	7	S. Josephi.
4	"	"	"	"	"	"	"	"	"	"	"	"	45	7	M. & A. J. Giesy.
5	"	"	"	"	"	"	"	"	"	"	"	"	71	7	C. C. Strong.
Number.	CASE.	Fracture.	Simple.	Oblique.	Transverse.	Compound.	Upper 1/3.	Middle 1/3.	Lower 1/3.	Condyles.	Surg. Neck.	Osseous Union.	No. Days after.	Age of Patient.	ATTENDING SURGEON.
6	Humerus	"	"	"	"	"	"	"	"	"	"	"	20	20	W. H. Saylor.
7	"	"	"	"	"	"	"	"	"	"	"	"	40	60	R. G. Rex.
8	"	"	"	"	"	"	"	"	"	"	"	"	90	60	"
9	"	"	"	"	"	"	"	"	"	"	"	"	12	12	M. & A. J. Giesy.
10	"	"	"	"	"	"	"	"	"	"	"	"	82	82	"
11	"	"	"	"	"	"	"	"	"	"	"	"	12	12	"
Number.	CASE.	Fracture.	Simple.	Oblique.	Transverse.	Upper 1/3.	Middle 1/3.	Lower 1/3.	Osseous Union.	Lig. Union.	No. Days after.	Promation.	Supernation.	Age of Patient.	ATTENDING SURGEON.
12	Radius	"	"	"	"	"	"	"	"	"	"	"	"	12	Ballard & Ebert.
13	"	"	"	"	"	"	"	"	"	"	"	"	"	30	N. L. Lee.
14	"	"	"	"	"	"	"	"	"	"	"	"	"	30	"
15	"	"	"	"	"	"	"	"	"	"	"	"	"	30	C. H. Raffety.
16	"	"	"	"	"	"	"	"	"	"	"	"	"	30	Ballard & Ebert.
17	"	"	"	"	"	"	"	"	"	"	"	"	"	30	W. H. Saylor.
18	Ulna	"	"	"	"	"	"	"	"	"	"	"	"	30	C. H. Merrick.
19	"	"	"	"	"	"	"	"	"	"	"	"	"	30	N. L. Lee.
20	Rad. and Ul.	"	"	"	"	"	"	"	"	"	"	"	"	16	Ballard & Ebert.
21	"	"	"	"	"	"	"	"	"	"	"	"	"	"	R. G. Rex.
22	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
23	"	"	"	"	"	"	"	"	"	"	"	"	34	4	C. C. Strong.

SURGERY FRACTURES.

Number.	CASE.	Fractures.	Simple.	Oblique.	Transverse.	Upper 1/3.	Middle 1/3.	Lower 1/3.	Inter-capsula.	Osseous Union.	Non-union.	No. Days after.	Shortening (in.)	Age of Patient.	ATTENDING SURGEON.	
24	Femer	"	"	"	"	"	"	"	"	"	"	90	1/2	12	N. L. Lee.	
25	"	"	"	"	"	"	"	"	"	"	"	60	0	12	M. & A. J. Giesy.	
26	"	"	"	"	"	"	"	"	"	"	"	90	1/4	12	R. G. Rex.	
27	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
28	"	"	"	"	"	"	"	"	"	"	"	66	1/4	12	"	
29	"	"	"	"	"	"	"	"	"	"	"	40	1	12	"	
30	Tibia	"	"	"	"	"	"	"	"	"	"	30	0	12	W. H. Saylor.	
31	"	"	"	"	"	"	"	"	"	"	"	40	0	10	M. & A. J. Giesy.	
32	"	"	"	"	"	"	"	"	"	"	"	60	0	40	R. G. Rex.	
Number.	CASE.	Fracture.	Simple.	Compound.	Combinated.	Oblique.	Transverse.	Upper 1/3.	Middle 1/3.	Lower 1/3.	Osseous Union.	Delays Union.	No. Days after.	Shortening.	Age of Patient.	ATTENDING SURGEON.
33	Tib. and Fib.	"	"	"	"	"	"	"	"	"	"	"	50	0	35	W. H. Saylor.
34	"	"	"	"	"	"	"	"	"	"	"	"	"	"	35	N. L. Lee.
35	"	"	"	"	"	"	"	"	"	"	"	"	"	"	22	R. G. Rex.
36	"	"	"	"	"	"	"	"	"	"	"	"	60	0	40	"
37	"	"	"	"	"	"	"	"	"	"	"	"	45	0	0	C. C. Strong.
38	"	"	"	"	"	"	"	"	"	"	"	"	"	0	0	R. G. Rex.
39	"	"	"	"	"	"	"	"	"	"	"	"	30	0	0	C. C. Strong.
40	Fibula	"	"	"	"	"	"	"	"	"	"	"	25	0	0	C. H. Raffety.
41	"	"	"	"	"	"	"	"	"	"	"	"	30	0	0	N. L. Lee.
42	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	C. H. Merrick.
43	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	C. H. Raffety.
44	"	"	"	"	"	"	"	"	"	"	"	"	"	"	54	Ballard & Ebert.

SURGERY DISLOCATIONS.

Number.	CASE.	Dislocation.	Head.	Forwards.	F. and Upwards.	F. and Downwards.	Backwards.	B. and Upwards.	B. and Downwards.	Downwards.	Age of Patient.	ATTENDING SURGEON.
45	Humerus	"	"	"	"	"	"	"	"	"	60	W. H. Saylor.
46	"	"	"	"	"	"	"	"	"	"		M. & A. J. Giesy.
47	"	"	"	"	"	"	"	"	"	"	45	W. H. Saylor.
48	"	"	"	"	"	"	"	"	"	"		C. H. Merrick.
49	"	"	"	"	"	"	"	"	"	"		C. H. Raffety.
50	"	"	"	"	"	"	"	"	"	"	25	W. H. Saylor.
51	"	"	"	"	"	"	"	"	"	"	35	R. G. Rex.
52	"	"	"	"	"	"	"	"	"	"	45	W. H. Saylor.
53	"	"	"	"	"	"	"	"	"	"	25	Ballard & Ebert.

Number.	CASE.	Dislocations.	Head.	Forwards.	F. and Upwards.	F. and Downwards.	Backwards.	B. and Upwards.	B. and Downwards.	Downwards.	Age of Patient.	ATTENDING SURGEON.
54	Radius and Ulna	"	"	"	"	"	"	"	"	"		C. H. Merrick.
55	"	"	"	"	"	"	"	"	"	"	12	Ballard & Ebert.
56	"	"	"	"	"	"	"	"	"	"	14	W. H. Saylor.
57	"	"	"	"	"	"	"	"	"	"		N. L. Lee.
58	Ulna	"	"	"	"	"	"	"	"	"		C. H. Merrick.
59	Femer	"	"	"	"	"	"	"	"	"	13	R. G. Rex.
60	"	"	"	"	"	"	"	"	"	"	17	W. H. Saylor.

SURGERY AMPUTATIONS.

Number.	CASE.	Amputation.	Middle $\frac{1}{3}$.	Upper $\frac{1}{3}$.	Lower $\frac{1}{3}$.	Recovery.	Death.	No. Days after.	Shock.	Inter-cur. Disease.	Radial Artic.	Age of Patient.	ATTENDING SURGEON.
61	Thigh	"	"	"	"	"	"	60	"	"	"	60	S. Josephi.
62	"	"	"	"	"	"	"		"	"	"	43	Ballard & Ebert.
63	Schoparts	"	"	"	"	"	"	30	"	"	"	30	R. G. Rex.
64	Fore-arm	"	"	"	"	"	"	4	"	"	"		C. H. Raffety.
65	Wrist	"	"	"	"	"	"		"	"	"		"
66	Shoulder Joint	"	"	"	"	"	"	1	"	"	"		C. C. Strong.

SURGERY HERNIA.

Number.	CASE.	Femoral.	Inguinal.	Direct.	Oblique.	Congenital.	Strangulated.	Reduced by Truss.	Operated for.	Adjusted Truss.	Recovery.	Died.	Age of Patient.	ATTENDING SURGEON.
67	Hernia	"	"	"	"	"	"	"	"	"	"	"		M. & J. A. Giesy.
68	"	"	"	"	"	"	"	"	"	"	"	"	30	W. H. Saylor.
69	"	"	"	"	"	"	"	"	"	"	"	"	35	"
70	"	"	"	"	"	"	"	"	"	"	"	"	55	"
71	"	"	"	"	"	"	"	"	"	"	"	"	12	"
72	"	"	"	"	"	"	"	"	"	"	"	"	30	"
73	"	"	"	"	"	"	"	"	"	"	"	"		C. H. Raffety.
74	"	"	"	"	"	"	"	"	"	"	"	"	40	"
75	"	"	"	"	"	"	"	"	"	"	"	"		"
76	"	"	"	"	"	"	"	"	"	"	"	"		"
77	"	"	"	"	"	"	"	"	"	"	"	"	7	C. C. Strong.
78	"	"	"	"	"	"	"	"	"	"	"	"		C. H. Raffety.
79	"	"	"	"	"	"	"	"	"	"	"	"	12	C. H. Merrick.
80	"	"	"	"	"	"	"	"	"	"	"	"		R. G. Rex.

SURGERY MISCELLANEOUS.

Number.	CASE.	ATTENDING SURGEON.
81	Cleft Palate	N. L. Lee.
82	Fracture Scapula	"
83	Atresia Vagina	C. H. Merrick.
84	Fracture, Tenth and Eleventh Dorsal Vertebra	C. C. Strong.
85	Trismus	"

NOTES.

Case No. 24 was a lady seventy-two years of age and quite feeble. Received the injury from falling from the sidewalk; distance, three inches from the ground. Treatment first by Dr. Ahl's Felt Splints and afterwards by plaster paris. Uses no counter-extended, and allowed the patient to set up in the bed from the first, whenever so inclined. She is now going about, with little if any shortening or deformity.

The "provisional callus" is well marked.

P. S.—I usually treat fractures with Ahl's Porous Felt Splints during the inflammatory stage, and afterwards, when the swelling is somewhat reduced, with plaster paris bandage, which has the advantage of forming a more perfect cast of the limb, and of being more firm, and sufficiently light if properly applied. It has always given perfect satisfaction in my cases.

Case No 30 was treated with lateral splints for the first days, and after by plaster of paris bandages.

Case No. 33, delayed union, was caused from a small spicula of bone lying between the fractured ends of the tibia; an incision was made at the end of six weeks, spicula removed, ends of the bone scraped, when osseous union took place.

Case No. 61 was a gunshot wound of the knee joint; was called eighteen days after the accident. The first physician called thought it best to amputate, but, patient remonstrating, the operation was deferred. On the morning of the 19th, day after accident, we found the joint in an inflamed condition; several fragments of the patella having already escaped, a large amount of offensive pus was constantly discharged by upper opening, no previous drainage having been made at the lower opening or point of entrance; patient was

very feeble, constant twitching of the muscles around the limb; feeble pulse (110 per minute), hectic, no appetite and restless. Administered chloroform and amputated. Ligature from the femoral artery came away on the eleventh day.

Case 65. Received a gunshot wound of the humerus. Seen for the first time five days after. Amputation at the shoulder joint; death forty-five minutes afterwards from shock.

Case 81 was successful, though I do not see the patient's speech is much improved as yet.

Case 82 sustained a frightful lacerated wound by a circular saw, which extended from the inferior angle of the left to the right scapulae, penetrating the chest. Death ensued in thirty-six hours.

Case No. 85 presented the following history, could not speak and did not know how to write: Showed a small wound on the arm and great immobility of the jaw. Diagnosis: lock-jaw; from which he recovered after several weeks' treatment. When he was able to talk, told me that he had been bitten by a monkey. It was with great difficulty that we could understand the patient. For instance, when he wanted to shave it was thought he wished to commit suicide, and he would often cry when unable to make us understand.

PROCEEDINGS
OF THE
SEVENTH ANNUAL MEETING
OF THE
Oregon State Medical Society,

Held at Portland, June 16 and 17, 1880.

PUBLISHED BY THE SOCIETY.

CURTIS C. STRONG, M.D., PERMANENT SECRETARY.
PORTLAND, OREGON.

Vol. VII.

PORTLAND, OREGON:
PUBLISHING HOUSE OF HIMES THE PRINTER.
1880.

NOTE.

The Oregon State Medical Society, while formally accepting and publishing the reports of the various committees, or voluntary papers read at this session, does not hold itself responsible for the opinions, theories or criticisms therein contained.

LIST OF OFFICERS :

PRESIDENT, F. A. BAILEY, M.D., Hillsboro.
VICE PRESIDENT, C. H. MERRICK, M.D., Canyonville.
PERMANENT SECRETARY, CURTIS C. STRONG, M.D., Portland.
CORRESPONDING SECRETARY, E. P. FRASER, M.D., Portland.
TREASURER, H. CARPENTER, M.D., Portland.

BOARD OF CENSORS :

R. GLISAN, M.D., Chairman, Portland.
J. T. WELLS, M.D., Portland.
F. CRANG, M.D., Forest Grove.
J. M. KITCHEN, M.D., Stayton.
J. A. RICHARDSON, M.D., The Dalles.

REPORT OF THE PUBLISHING COMMITTEE

To the President and Members of the Oregon State Medical Society:

GENTLEMEN :—Your Committee on Publication herewith beg to lay before you the transactions of the Seventh Annual Meeting of the Association.

In connection with the Permanent Secretary, Dr. Curtis C. Strong, they have examined the various reports and papers read before this meeting of the Society, and have made that selection of them for publication that they consider best adapted to carry out its views, trusting that in the candid judgment of the profession they may not be found discreditable to our young State and still younger Association.

There has, perhaps, been some unnecessary delay in bringing out these Proceedings, arising from tardiness on the part of some of the writers, who took manuscripts home with them and failed to return them with sufficient promptness. We venture to hope that a similar occurrence will not again take place. Manuscripts once before the Society, should not be taken away.

It is to be regretted that there were no reports from several of the Standing Committees.

PHILIP HARVEY, M. D.
E. P. FRASER, M. D.
F. B. EATON, M. D.
CURTIS C. STRONG, M. D.

Oregon State Medical Society.

ADDRESS OF WELCOME.

BY DR. SIMEON E. JOSEPHI, ACTING CHAIRMAN OF THE COMMITTEE ON ARRANGEMENTS.

Mr. President and Fellow-Members of the Oregon State Medical Society:

In the absence of the Chairman of the Committee on Arrangements, the pleasant duty has devolved upon me of extending to you all a cordial and hearty welcome to this the Seventh Annual Meeting of the Association.

It will, I apprehend, be denied by none that societies of the character of this, at whose meetings ideas and opinions are interchanged and the results of practical experience are given, tend to increase our store of knowledge upon particular branches of science, and are efficient aids in directing our footsteps toward the attainment of scientific truth. Societies, both literary and scientific, existed in antiquity and the middle ages, and in Germany and the Netherlands, as early as the fifteenth century, acquired prominence by promoting classical culture.

At the present time, throughout the civilized world, associations, not only for the propagation of knowledge, but also for the extension and protection of trades and commerce, exist and flourish. Doubtless much that we now know as scientific truth, would yet be hidden in obscurity, had it not been for the opportunity and stimulation afforded by these societies.

You have come together, at this time, to add to the great store-house of knowledge, to pick out the pebbles from the sands which bound the great ocean of the unknown, and place them in the ever-growing pyramid of the known. If you can succeed in adding even but a little to the means which we now possess, for the alleviation of human suffering, you will have accomplished a duty to mankind, the performance of which will prove its own reward.

Again, I welcome you, and trust that the session of 1880 may prove both instructive and enjoyable to all.

SEVENTH ANNUAL MEETING

OF THE

OREGON STATE MEDICAL SOCIETY.

First Day.

HALL OF THE MEDICAL DEPARTMENT OF THE }
WILLAMETTE UNIVERSITY, }
PORTLAND, June 16, 1880. }

This being the time appointed by the Committee of Arrangements for the meeting of the Society, the Permanent Secretary, Curtis C. Strong, M. D., called the Society to order, and stated that the President and Vice-President were absent, and that therefore it was in order to elect a President *pro tempore*.

Dr. Carpenter nominated F. A. Bailey, M.D., of Hillsboro. There being no other nominations, the vote was duly taken, which resulted in his election. Dr. Bailey, upon taking the chair thanked the Society for the honor conferred, hoping that the utmost harmony would prevail, and that he would endeavor to fairly and impartially preside.

The Permanent Secretary was instructed to call the roll, and a quorum being present, the President called for the report of the Committee of Arrangements.

Dr. S. E. Josephi, in the temporary absence from the city of the chairman, delivered an address of welcome, replete with kind wishes and bright hopes.

It was moved and carried, that Dr. Josephi be requested to reduce to writing the address just delivered, and that it be referred to the Publishing Committee.

The roll of the Board of Censors being called, Drs. F. B.

Eaton and C. H. Merrick alone answering, Dr. Strong moved that the President appoint three persons to fill the vacancies, and it was so ordered. The President appointed Drs. P. Harvey, O. P. S. Plummer and R. G. Rex.

The Secretary read the following applications for membership: Drs. E. M. Brown, Hillshoro, J. F. Calbreath, Lafayette, Frederick Crang, Forest Grove, J. W. Norris, Oregon City, C. W. Tower, Empire City, Jay Tuttle, Astoria, J. T. Wells, Holt C. Wilson, Portland, C. E. Thiesen, The Dalles and Wm. L. Wade, Salem, which were referred to the Board of Censors.

In a short time the Board of Censors reported as follows:

TO THE PRESIDENT AND MEMBERS OF THE

OREGON STATE MEDICAL SOCIETY:

Gentlemen:—We, the Board of Censors of the Oregon State Medical Society, submit the following report: We have examined the applications of the following named physicians for membership in the Society, viz.: Drs. E. M. Brown, J. F. Calbreath, F. Crang, J. W. Norris, C. W. Tower, Jay Tuttle, J. T. Wells, Holt C. Wilson, and Wm. L. Wade, and in our judgment, find them satisfactory, as indicating that they possess the necessary qualifications to become members of this Society, and do so recommend.

The application of Dr. C. E. Thiesen, of the Dalles, we find not properly filled or recommended, and we therefore advise the return of said application for correction.

F. B. EATON, M.D., Chairman,
C. H. MERRICK, M.D.,
PHILIP HARVEY, M.D.,
O. P. S. PLUMMER, M.D.,
R. G. REX, M.D.,

Board of Censors.

The report was received and the applications reported favorably, were individually presented to the Society, and upon a separate vote each was declared elected, and the recommendation in Dr. C. E. Thiesen's case was adopted. They also presented the following report:

TO THE PRESIDENT AND MEMBERS OF THE

OREGON STATE MEDICAL SOCIETY:

Gentlemen:—Last year the Board of Censors had referred to them for consideration the matter of the resignation of Dr. W. P. Smith, of Linn county; he was also charged with irregular practice, and they recommend that his resignation be accepted as the shortest and most practical plan for the solution of the case.

In regard to the charge of irregular practice preferred against Doctor T. W. Harris, formerly of Albany and now of Eugene City, we, in the absence of evidence, herewith present a letter written by himself upon the 15th of June, 1880, to Dr. O. P. S. Plummer, and submit his case to your Honorable Body without recommendation.

F. B. EATON, M.D., Chairman,
C. H. MERRICK, M.D.,
PHILIP HARVEY, M.D.,
O. P. S. PLUMMER, M.D.,
R. G. REX, M.D.,

Board of Censors.

The report was received.

Dr. Eaton stated that according to the letter to Dr. Plummer, above referred to, it was understood that Dr. Harris would send another communication; therefore, to grant time so that it might be received, he would move that the case of Dr. Harris lay over till to-morrow. Motion adopted.

Dr. Plummer moved that the resignation of Dr. W. P. Smith be, and is hereby, accepted.

After a general discussion, unanimous consent being given, Dr. Plummer withdrew the above motion and substituted the following:

WHEREAS, Satisfactory evidence of irregular practice by Dr. W. P. Smith, having been presented to the Linn County Medical Society, due notice of which having been served upon this Society, and such unprofessional conduct also corroborated by members of this Society in good standing and now present; therefore, be it—

Resolved, That said Dr. W. P. Smith be, and he is hereby, expelled from this Society for irregular practice.

Which motion prevailed.

The President directed a call of the Standing Committees to be made:

1. *Practice of Medicine and Medical Literature*—**W. H. Watkins**, M. D., of Portland, Chairman. **No Report.**

2. *Surgery*—**H. R. Littlefield**, M. D., Chairman. **No Report.**

3. *Obstetrics*—**R. Glisan**, M. D., of Portland, Chairman. **No Report.**

4. *Medical Topography, Meteorology, Endemics and*

Epidemics—C. H. Merrick, M. D., Canyonville, Chairman. Not present.

5. *On the Therapeutic Resources of the North Pacific Coast*—R. G. Rex, M. D., of Portland, Chairman. Not ready. Granted further time.

6. *Public Hygiene and State Medicine*—**Wm. B. Cardwell**, M. D., of Portland, Chairman. **No Report.**

7. *Mental Diseases and Medical Jurisprudence*—E. P. Fraser, M. D., of Portland, Chairman. Dr. Fraser presented his report, which was read, received, and referred to the Committee on Publication. The report was devoted to the consideration of insanity, its causes, course, care, diagnosis, treatment, prognosis, etc.

8. *Medical Education*—P. Harvey, M. D., of Portland, Chairman. Dr. Harvey read an interesting report upon this subject, calling attention to the lack of preliminary education in those commencing the study of medicine, ably showing the great importance of a more liberal preparatory training, and claiming that colleges made the best possible use of such material as was presented. The Doctor also gave an interesting account of the first Medical Colleges in this country. The report was received, and referred to the Publishing Committee.

A communication was received from the Medical Department of the Willamette University, through its Dean, Prof. O. P. S. Plummer, M. D., relating to the examinations, etc., stating that they had conferred the degree of Doctor of Medicine upon six men, whom they recommended to the confidence and care of this Society. Received, and referred to the Publishing Committee.

The afternoon hour having expired, the Society adjourned to meet this evening at 7½ o'clock.

EVENING SESSION.

At 7½ o'clock, the Society was called to order, by the President. The Minutes were read and approved.

Dr. Merrick apologized for the absence of the President, Dr. Rice, stating that professional business, of such nature as not to be put off or left in charge of another, had occurred, preventing his coming, but as Dr. Rice had made him the bearer of the Annual Address, it was read by Dr. Merrick. At its conclusion, Dr. Carpenter moved a vote of thanks to Dr. Rice, and that the address be referred to the Publishing Committee. Carried.

Dr. Rex, Chairman of the Committee on the Therapeutic Resources of the North Pacific Coast, being in attendance, presented the report of this Committee. The report was read, but at the request of the Chairman, he was permitted to retain it for further correction, it then to be handed to the Permanent Secretary, and to go to the Committee on Publication.

Dr. Merrick, Chairman of the Committee on Medical Topography, Meteorology, Endemics and Epidemics, presented his report, which, after having been read, was referred to the Publishing Committee.

There being no further Standing Committees to report, special communications were called for.

Dr. Glisan read a paper relating to the case of a young man who, through mistake, had taken an ounce of liquid carbolic acid. The Doctor stated that the point of peculiar interest in this case, was that it is the first recorded instance of recovery after so large a quantity had been swallowed. The paper was received, and referred to the Publishing Committee.

Dr. F. A. Bailey handed to the Secretary a paper reporting several cases of surgical interest, which, at his request, were read by title, "Report of some Surgical Cases occurring in the practice of F. A. Bailey, M. D., of Hillsboro, Oregon," and referred to the Publishing Committee.

Upon a motion duly made and seconded, the Society adjourned, to meet to-morrow morning at 9 o'clock.

Second Day.**MORNING SESSION, 9 O'CLOCK.**

The Society was called to order, Dr. F. A. Bailey in the chair. The reading of the minutes of the evening session dispensed with.

Dr. Wells read a paper upon the therapeutic uses of ergot. Also a paper giving the history of a successful case of ovariectomy, showing the tumor to the society for examination.

The articles of Dr. Wells were received, but being still in an unfinished state, are to be handed to the Secretary, and then go before the Committee on Publication.

Dr. Eaton read an interesting paper entitled "Clinical Contributions, (Ophthalmic and Aural)," which was received and referred to the Publishing Committee.

Dr. Carpenter presented and read a paper upon some cases of general interest in a surgical point of view. Received and referred to the Publishing Committee.

A communication was received from J. C. Hawthorne, M. D., Superintendent of the Oregon Asylum for the Insane, inviting the Society to visit that institution. The communication was received and the thanks of the Society extended to Dr. Hawthorne for his kind remembrance of the Association.

The time for the election of officers having arrived, the President appointed Drs. Eaton and Rinearson tellers.

The nominations for President finally left Drs. F. A. Bailey and C. H. Merrick in the field, and the election resulted in the choice of the former, whereupon the Permanent Secretary declared F. A. Bailey, M.D., of Hillsboro, elected to serve this Society as President, for the year.

For Vice President, C. H. Merrick, M. D., of Canyonville, was elected; Permanent Secretary, Curtis C. Strong, M. D., of Portland; Corresponding Secretary, E. P. Fraser, M. D., of Portland; Treasurer, H. Carpenter, M. D., of Portland.

The regular order of business was now suspended, and the Society proceeded to select the place for holding the next or

Eighth Annual Meeting. Portland was unanimously chosen, (the time is fixed either in May or June, as the Committee of Arrangements may elect.)

The election of a Board of Censors, resulted as follows: R. Glisan, M. D., of Portland, (Chairman); Drs. F. Crang, Forest Grove; J. M. Kitchen, Stayton; J. A. Richardson, The Dalles; J. T. Wells, Portland.

The President and Permanent Secretary were authorized to appoint, at any time during the year, any member found willing and ready to attend as delegate to the American Medical Association. This meeting will be held in the city of Richmond, Virginia, on the first Tuesday in May, 1881.

The President was granted further time to make the usual committee appointments, which in due course of time were presented, and are as follows:

Standing Committees.

Practice of Medicine—C. H. Merrick, M. D., of Canyonville, Chairman; Drs. W. H. Saylor, J. T. Ghiselin, J. T. Augur, Mrs. Callie Charlton, C. H. Hall, Geo. Ferra, W. D. Cox.

Surgery—J. T. Wells, M. D., of Portland, Chairman; Drs. H. E. Jones, Holt C. Wilson, A. Sharples, H. Carpenter, W. H. Saylor.

Obstetrics—R. B. Wilson, M. D., of Portland, Chairman; Drs. J. R. Bayley, H. V. V. Johnson, P. Harvey, A. I. Nicklin, Mrs. E. L. Yeargain, R. Glisan, W. A. Cusick.

Therapeutic Resources of the North Pacific Coast—R. G. Rex, M. D., of Portland, Chairman; Drs. J. A. Giesy, Mrs. Callie Charlton, J. M. Kitchen, J. E. Payton, J. W. McAfee, F. Crang, T. J. Lee, F. Lane.

Medical Topography, Meteorology, Endemics and Epidemics—W. D. Baker, M. D., Astoria, Chairman; Drs. Alfred C. Kinne, J. Nicklin, J. W. Howard, J. A. Richardson.

Public Hygiene and State Medicine—F. Crang, M. D., Forest Grove, Chairman; Drs. S. Parker, J. M. Pruett, D. B. Rice, O. P. S. Plummer, J. F. Calbreath, G. E. Nottage.

Medical Education—L. L. Rowland, M. D., of Salem, Chairman; Drs. H. Carpenter, W. H. Watkins, J. L. Hill.

Mental Diseases and Medical Jurisprudence—S. E. Josephi, M. D., of East Portland, Chairman; Drs. E. M. Brown, W. S. Tharp, H. Logan, W. F. Morrison, H. W. Ross, A. C. Kinney.

Publication—P. Harvey, M. D., of Portland, Chairman; Drs. E. P. Fraser, F. B. Eaton, C. C. Strong.

Committee of Arrangements—H. Carpenter, M. D., of Portland, Chairman; Drs. R. G. Rex, E. P. Fraser.

Special Committees.

Legislation—E. P. Fraser, M. D., of Portland, Chairman; Drs. S. R. Jessup, D. Payton, C. Hall, J. Reynolds.

Finance—Mrs. Callie Charlton, M. D., of East Portland, Chairman; Drs. R. Glisan, A. C. Kinney.

Delegates to attend American Medical Association—R. Glisan, M. D., of Portland; J. Reynolds, M. D., of Salem; J. R. Bayley, M. D., of Corvallis.

The Secretary stated that Dr. E. I. Baily, Lt. Col. U. S. A., had left the city, that up to that time he had always paid his dues promptly; he therefore would suggest that his dues be remitted, which was ordered.

The Secretary was also instructed to call the attention of delinquent members to Art. X., Sec III., and report accordingly.

Dr. Saylor stated that Dr. Ebert had passed the examination and received an appointment as Assistant Surgeon in the Regular Army, he therefore tendered his resignation, and would pay his dues to date. The resignation of Dr. Ebert was received.

Dr. Rex moved that all articles, reports, or communications, must be placed in the hands of the Permanent Secretary by July 1, and that they will not be published in the transactions unless received by that date. Adopted.

Dr. Fraser, Chairman of the Legislative Committee, presented his report, which was made the special order for 2 o'clock P. M.

Dr. Eaton offered the following: The Board of Censors having investigated, so far as practicable, the case of Dr. T. W. Harris, who was reported irregular in his practice, recommend that the consideration of the subject be postponed.

Dr. Plummer read a letter from Dr. Harris, dated Eugene, June 16, 1880, and the case was fully discussed by Drs. J. B. Lee, Harvey, Eaton, Strong and J. R. Bagley. Dr. Strong offered the following amendment to Dr. Plummer's motion: That the case of Dr. T. W. Harris, of Eugene, be referred to the Board of Censors, with instructions to make a thorough

examination, and if, in their judgment necessary, comply with all the requirements of Article VII., Section I., of the Constitution, and Article II., Section IX., of the By-Laws, so that the case may be properly brought before this Society at its next annual meeting, and in such a shape that the Society may act upon it intelligently. Adopted.

The attention of the Board of Censors having been directed to the case of F. B. Rinearson, as having advertised and otherwise violated the Code of Ethics, Dr. Rinearson was cited before them, and upon his pleading guilty to the charges and giving the Board every assurance that he regretted his course, acknowledged the wrong and would hereafter endeavor to live and practice as becomes an honorable member of this noble profession, therefore they recommended that he be excused from the charges. Adopted unanimously.

The Society now adjourned, to meet at 1 o'clock P. M.

AFTERNOON SESSION.

At 1½ o'clock, the Society was called to order by the President.

Dr. Carpenter wished to call the attention of the Society to the fact that nothing had been done in regard to the recommendations made in his address as President last year, he therefore asked that the chair appoint a committee of three to consider this matter and report at this meeting. The President appointed Drs. F. Crang, C. H. Merrick and J. T. Wells.

Dr. Rex wished to report several surgical cases occurring in the St. Vincent's Hospital, but as he had not finished the papers would ask further time, which was granted, the paper after being placed in the hands of the Secretary, to go to the Publishing Committee. The Doctor exhibited the following pathological specimen, and gave the following history: The patient was admitted to the Hospital, one evening, suffering with epileptiform convulsions; he died the next morning. The *post mortem* revealed an old fracture, with

depression near the posterior extremity of the temporal ridge, on the right parietal bone.

Dr. Bailey, having called Dr. Fraser to the chair, related the history of a *post mortem*, where he found that the death, which had been sudden, was the result of rupture of the splenic vessels.

Dr. Plummer moved that, as the case was one of some interest, Dr. Bailey be requested to reduce it to writing and present it to the Publishing Committee. Adopted.

Dr. Fraser offered the following :

Resolved, That all of that portion of the resolutions adopted at the last Annual Meeting of this Society, urging the formation of county and district Societies, etc., which declares it unprofessional to consult or hold professional intercourse with physicians not members of this Society, be and is hereby rescinded.

Dr. Strong stated that the resolution seemed to cover more than is intended, claiming that it wiped out the entire matter contained in the three resolutions adopted last year, when it is only desired to remove that portion relating to consultation; he, therefore, moved to amend, by striking out, "Urging the formation of county and district societies, etc.," making it read as follows: *Resolved*, That all of that portion of the resolution adopted at the last meeting of this Society, which is as follows :

Resolved, That after the first day of July, 1880, the Oregon State Medical Society declares that it shall be considered unprofessional for any member of this Society to consult or hold any professional intercourse with any person claiming to be a doctor who has been in the State for a year, or more, and who may not at that time be a member of this Society; and that a violation of this rule shall subject such member to discipline.

The amendment offered by Dr. Strong was carried, and the resolution as amended adopted.

The Permanent Secretary presented the name of E. I. Baily, M. D., Lt. Col. U. S. A., a member who has recently removed beyond the jurisdiction of this Society, stating that the Doctor, while a resident in this city, maintained in an honorable manner the relation of an active member. He therefore moved that Dr. E. I. Baily be elected an Honorary Member. Adopted unanimously.

Dr. Merrick, Chairman of the Committee to whom was referred the recommendation made by Dr. Carpenter in his annual address last year, presented the following report :

First.—We, your Committee appointed to examine the suggestions of Dr. Carpenter in his address, as published, beg leave to report that the plan to publish a Medical Journal seems practicable and important to the well-being of this Society and the Medical Profession. We, therefore, recommend that a special committee of five be appointed, with power to take the necessary steps to secure the publication of a Medical Journal, as suggested.

Second.—We recommend, in reference to the Oregon Medical College, that the subject be referred to a special committee of three, to confer with the proper officers of the Willamette University.

Third.—As to the subject of Medical Education, we recommend that a memorial be prepared by a committee of this Society, urging the importance of maintaining a high standard of graduation, and that higher preliminary attainments be required of all applicants for matriculation.

The report was received, and a motion to lay the entire matter on the table was lost.

Dr. Josephi moved that the first part of the report be indefinitely postponed. Carried, and the same action was taken with reference to the second.

Dr. Rex moved that the third section be adopted. This was unanimously passed.

The President appointed as that committee C. H. Merrick, M. D., Canyonville, Chairman, Drs. Philip Harvey and J. A. Richardson.

Dr. Plummer moved to amend Art. X., Sec. 1, by striking out three and inserting two, making it read, "an annual contribution of two dollars shall be due and payable yearly." Laid over for one year.

By Dr. Strong, to strike out all of Article XII., of the Constitution. Laid over for one year.

Dr. Carpenter moved that a committee of three be appoint-

ed to revise the Constitution and By-Laws—the President appointed Drs. R. G. Rex, H. C. Wilson and E. P. Fraser.

Dr. Fraser, as chairman of the Legislative Committee, presented a report and read two bills which the committee wish to present to the society for action.

First an act entitled "An Act to regulate the practice of Medicine and Surgery in the State of Oregon," and "An Act to establish a State Board of Health."

The first was taken up section by section and after some corrections was adopted.

The second was adopted as a whole.

Dr. Strong said that he was satisfied that the committee had faithfully and well performed the work intrusted to them; he, therefore, moved a vote of thanks to be tendered the chairman. Adopted.

Dr. Norris offered the following resolution:

Resolved, That the Legislative Committee be and are hereby authorized to have copies of their report to the society in 1881, printed and distributed to members of this society on the first day of the session of said year.

Dr. C. H. Merrick offered the following:

Resolved, That the sum of fifty dollars be paid annually to the Permanent Secretary for services incident to the duties of his office.

Adopted.

A vote of thanks was extended to the O. R. & N. Co., O. & C. R. R., and W. O. R. R., for half-fare rates granted the members, and to the Medical Department of Willamette University for the free use of their hall.

No further business appearing, on motion, the Society adjourned *sine die*.

CURTIS C. STRONG,
Permanent Secretary.

FIFTH ANNUAL REPORT OF CURTIS C.
STRONG, M. D., PERMANENT SECRETARY.

Mr. President, and Members of the Oregon State Medical Society:

GENTLEMEN:—It is with a feeling of pleasure and gratitude that I look back, over the five years I have held this office and note the steady, healthy growth of this, our Society. Lacking the ordinary ties and obligation of county societies, all our energies center here, and it is entirely owing to the general well directed interest of the members, and not that of any one person, that so much has been accomplished.

Of the seventeen medical gentlemen who met at Salem, Sept. 1st, 1874, one,* W. C. Warriner, never became a member, of the remaining sixteen two have died, viz.: Drs. E. R. Fiske and J. P. Tate, and one, A. M. Belt, has been placed in the list of honorary members, leaving of the original organizers thirteen on the roll as active members, all in good and regular standing.

At the present time we have ninety-five active and eight honorary members (this includes those received this session). Not only has our membership increased, but the working faculty of the Society is aroused, as will be seen both by the number and generally improved character of the articles, reports, etc.

One of my plans has been to have all articles, reports, etc., placed in my hands by the first day of the session, and I desire to call particular attention thereto, as it seems to me that the usefulness of the Society depends largely thereon, the purpose being to enable the Secretary, as soon as the meeting is properly organized, to read by title each paper, when, no objection being made, it is referred by the presiding officer to its appropriate committee; thus, all articles on surgical cases, to the Surgical Committee, etc. The various committees then meet and examine the papers; they shall then return to the Secretary each paper, together with a written report.

* Dr. Warriner was afterwards elected an honorary member.

The Society is now in a position to consider their recommendations, and can intelligently select such papers as are of sufficient merit or general interest to be read, and the time agreed upon when they shall be considered.

This accomplishes three good ends: First, the selection of the best; second, by having a time fixed for reading a paper upon some specified subject, the members are enabled to come prepared to take part intelligently in its discussion; third, prevents the valuable time of the Society being taken up by the reading of papers, perhaps well worthy of a place in the Transactions, but not of such a nature as to interest a majority of the members.

It might occur to some of the country members, that this would give the members here an undue advantage, as by seeing the papers they would have more time to prepare themselves.

I wish to state here, that all papers placed in my hands for presentation are treated as confidential matter, by being locked up in the desk of the Society, and no one is permitted to see or read them, nor do I ever take that liberty myself, my aim being that each member shall have an equal chance upon the floor.

Again, in this way, all papers, when presented, will be finished and ready for publication. It is as easy to have the papers done by the time of the annual meeting, as two or three weeks later. In proof of this, I give the testimony of all those who this year asked an extension of time, and without a single exception, all have said that they might have been ready if they had not procrastinated.

One of the main, if not *the* main, object of the Society, is to consider in an impartial, intelligent manner, medical subjects; and as we will be unable to discuss all articles, let us select the best, and in this way let us call out the learning and experience of our members. Very few, or perhaps I should say, that many of us, however well we might be posted upon the particular subject under discussion, would like an hour or two to refer to authors or statistics upon this or that point.

I, therefore, see no other way of accomplishing all this, than by adopting some such plan.

I have been working ever since I have been Secretary, to obtain the address of every State Medical Society in the United States. I am happy to say that this has finally been accomplished, and I am able to report that there are thirty-seven State Societies in existence, one State (Nevada) and all (eight) of the Territories, being without Medical organizations.

The members might be interested in knowing what becomes of the five hundred Transactions published each year. They are systematically distributed, upon the following plan: I have arranged a book, marked "Exchange List," which contains the name and address of the Secretary of the American Medical Association and each of the thirty-seven State Medical Societies. A copy is sent to the Librarian of Congress and to each of the State and Territorial libraries, together with the name and address of each member, active and honorary, all of which is kept as correct as possible.

From many of the State Societies we have received their Transactions in exchange, of which I keep a list, and arranged so that they may be consulted by the members.

I hope and expect this year, to obtain the name and address of every person practicing medicine in the State of Oregon; then, by a process of careful sifting, have the address of all regular physicians. By sending to each, properly prepared circulars and statements regarding the aims, objects and plans of this Society, I hope to induce many, if not all, to become members.

If the above review has in any manner been pleasant, I feel sure the members will be more than pleased with the financial condition of the Society.

Of the ninety-five members upon the roll, we find that twelve are one year back in their dues; this represents \$38. Three for two years, or \$18; eight for three years, or \$76; and one for four years, or \$14, who has never paid a dollar to the Society. I think that most, if not all, will settle with the Society soon.

Synopsis.

12 members are back one year, not including the present, and owe. . .	\$ 38 00
3 members are back two years, not including the present, and owe. . .	18 00
8 members are back three years, not including the present, and owe. . .	76 00
1 member is back four years, not including the present, and owes. . .	14 00
70 old members owe for the present year, ending June 30, 1881, @ \$3	210 00
3 new members owe for the present year, ending June 30, 1881, @ \$5	15 00
Total due the Society to June 30, 1881	\$371 00

The reason I have been so explicit in this, is to show that this Society is able to adopt a plan which, it seems to me, will aid the profession in this State to attain a higher standard of attainments, viz., the establishment of a prize fund, the interest of which shall annually be paid to the person presenting the best essay upon some subject of professional interest.

The Society might name several subjects, from which a writer may select, and after carefully preparing his paper, place upon it a monogram or device, and a separate envelope, marked with the monogram or device he may have selected, shall contain his name and address; the writer being an active member, in good standing, of this Society.

An impartial committee, appointed at the next annual meeting, shall examine all the papers, and grant the prize to the most meritorious, whose name can then be learned, for the first time, by opening the envelope marked with a similar design; so no favoritism can possibly be shown, and impartial justice done to all.

In this way, much latent talent can be developed and worked into active service. While it is true that only one or two can in this way share the prize, yet such of the other articles, if of sufficient merit, might be published or favorably mentioned in the Transactions of that year.

It is plain to see that the good done in this way is two-fold to him who reads, and doubly to him who writes.

In closing this report it is, to say the least, a small portion of our duty to acknowledge, with thankful hearts, the great blessing which our Society has received from the Great Physician of the Universe. For since our Transactions were issued last year, death has not invaded our ranks; and while

we cannot expect many such years, still we can all hope that the like blessing may attend us till again we meet.

In conclusion, let me thank the officers and members, one and all, for their uniform kindness to me; and while the discharge of the duties you have imposed upon me often call for unpleasant reminders from me, in the shape of duns, business notices, etc., I ask you to lay them to the office and not to the office-bearer, remembering that we should all have the best interests of the Society at heart, and when we have all united, the Society will become a mighty power in the land, and in many ways aid us in the discharge of our duties. With the hope that I shall be able to report greater progress next year, I take my leave of you.

REPORT OF THE ACTING TREASURER,
CURTIS C. STRONG, M. D.

During the last year, as heretofore, I have collected and paid out the money of the Society, and herewith submit my Fifth Annual Statement of all moneys received by me, and all that have been paid out, with the accompanying vouchers:

1879.		
June		Cash as per last annual report
" 12,		E. P. Frazer
" "		G. E. Nottage
" "		W. S. Tharp
" "		A. J. Giesy
" "		C. H. Merrick
" "		D. W. Cox
" "		Mrs. J. L. Parrish
" "		J. R. Bayley
" "		H. V. V. Johnson
" "		J. F. Hendrix
" 17,		R. G. Rex
" 18,		Mrs. C. Charlton
		\$140 00
		5 00
		3 00
		5 00
		5 00
		3 00
		3 00
		5 00
		5 00
		5 00
		3 00
		3 00
		5 00

REPORT OF ACTING TREASURER—Continued.

1879.			
June	20,	James Browne	\$ 5 00
"	25,	Wm. Jones	5 00
"	"	J. W. Howard	3 00
Aug.	13,	J. T. Ghiselin	3 00
"	"	R. Glisan	3 00
"	14,	O. P. S. Plummer	3 00
"	"	Advertising—O. P. S. Plummer	5 00
"	"	H. Carpenter	3 00
"	15,	F. A. Bailey	3 00
"	"	S. R. Jessup	3 00
"	"	Mrs. E. L. Yeargain	5 00
"	16,	M. Giesy	3 00
"	"	J. B. Lee	5 00
"	18,	W. A. Cusick	3 00
"	"	J. M. Pruet	3 00
"	19,	J. T. Angur	3 00
"	"	R. B. Wilson	6 00
"	"	J. E. Davison	3 00
"	"	T. J. Lee	3 00
"	"	F. Canthorn	5 00
"	20,	W. B. Cardwell	3 00
"	"	H. E. Jones	3 00
"	23,	Harry Lane	1 00
"	26,	W. D. Baker	3 00
"	"	C. H. Raffety	3 00
Sept.	1,	Reese Homes	3 00
"	19,	J. D. Hoyt	5 00
"	27,	Advertising—J. K. Gill	5 00
"	"	" S. G. Skidmore	5 00
Oct'r	17,	Sale of Transactions to C. H. Merrick	5 00
"	22,	Advertising, Bellevue	15 00
"	24,	R. G. Ebert	5 00
"	25,	John Nicklin	3 00
Dec'r	1,	N. L. Lee	6 00
1880.			
Jan'y	17,	G. R. Farrá	5 00
"	23,	H. R. Homes	3 00
Feb'y	17,	T. N. Powers	6 00
"	"	Z. T. Dodson	11 00
"	"	Advertising—Wm. Pfunder	5 00
"	"	" S. A. Neppach	5 00
"	"	" L. Blumauer	5 00
March	23,	One copy bound Trans., 5 yrs., to Z. T. Dodson	1 00
"	29,	H. R. Littlefield	9 00
April	5,	M. Flinn	3 00
"	7,	O. M. Dodson	6 00
"	12,	L. L. Rowland	3 00
"	20,	J. A. Richardson	3 00
"	29,	M. Giesy	3 00
"	"	J. A. Giesy	3 00
May	1,	John E. Payton	3 00
"	"	W. C. McKay	3 00
"	7,	F. B. Rinearson	5 00
"	28,	H. W. Ross	3 00

REPORT OF ACTING TREASURER—Continued.

1880.			
June	1,	James Browne	\$ 3 00
"	8,	J. W. McAfee	3 00
"	9,	J. W. Howard	3 00
"	11,	F. B. Eaton	3 00
"	15,	F. B. Rinearson	3 00
"	"	G. E. Nottage	3 00
"	"	J. M. Kitchen	6 00
"	"	D. B. Rice	3 00
"	"	J. M. Morgan	11 00
			\$455 65

CONTRA.

1879.		Voucher.	
June	14,	By express on desk there and back .. 1	\$ 50
July	5,	Postage 8 amps, 1c	1 00
"	"	Programme—Com. of Arrangements .. 2	7 00
Aug.	12,	Postage Stamps, 3 and 2c	5 00
"	"	500 Transactions, Vol. VI.—Himes .. 3	140 00
"	"	Copying	25 00
"	25,	Postage Stamps, 2 and 1c	8 30
1880.			
Jan'y	23,	Binding 10 copies Trans. for 5 yrs. .. 4	3 50
Feb'y	19,	Postage Stamps, 3c	3 00
"	"	100 Postal Cards	1 00
March	31,	100 Postage Stamps, 1c	1 00
April	20,	100 Postage Stamps, 2c	2 00
"	30,	100 Postage Stamps, 1c	1 00
"	"	100 Postal Cards	1 00
June	12,	Programme—Com. of Arrangements .. 5	7 50
"	15,	Stationery—J. K. Gill & Co. 6	5 00
"	"	Cash on hand	243 85
			\$455 65

SYNOPSIS.

Dr.		Cr.	
Cash from last year	\$140 65	Printing 500 Transactins ..	\$140 00
Dues and membership	264 00	Copying	25 00
Sale of Transactions	6 00	Stamps and express	23 50
Advertisements	45 00	Stationery	5 00
		Other printing	18 00
		Cash on hand	243 85
	\$455 65		\$455 65

DO THE MEDICAL AND THEOLOGICAL PROFESSIONS
STAND AS HIGH IN PUBLIC ESTIMATION NOW
AS THEY DID FORMERLY?

BY D. E. RICE, M. D.,

President of the Oregon State Medical Society.

Gentlemen and Ladies of the Medical Profession:

It is with feelings of gratitude to the Giver of all Good that I am permitted to again meet with the members of the Oregon State Medical Society. Another year of professional care and anxiety has passed, not, I trust, without its portion of pleasure as well as pain.

At this time would it not be proper to ask this question: Have we made advancement toward a higher position during the past year? No one who has given this question a thought, will deny that much valuable knowledge has been added to our profession, the usual result of careful and persistent labor. This fact will be admitted by all thinking persons, whether in our profession or not. Not only during the past year, but for the past thirty years, more particularly, is this the fact as regards instruments and appliances in the various departments of the science and art of surgery, physical explorations, anæsthetics, therapeutics, and hundreds of other things too numerous to mention. But, with all this progress, would it not be well to ask whether the medical profession stands as high in public estimation to-day as it did fifty years ago; whether it receives that respect and veneration it then received. I am inclined to think that such is not the fact. There is scarcely a man beyond middle age but who can call to mind his father's family physician, and the honored relation he sustained in the family and in public estimation. This relation was equal, if not superior, to that accorded to the clerical. In our day, both have lost standing and social influence. If the medical and clerical professions have lost

power in this direction, the question arises—Why is it so? Is it because they have not kept pace with the legal and scientific world in their march to higher attainments? Certainly not—for the medical profession has made far greater advancement than has the legal or clerical.

There are a number of causes which have had a tendency to bring the medical and theological professions into less repute and authority than they formerly possessed. These causes are of a two-fold nature, the one belonging to the age in which we live; the other resulting from the conduct of the members of the two professions. In the first, the result could not have been avoided. It was caused by the change, the great revolution which has taken place in the literary and scientific world, resulting in greater liberty of thought and shaking both the medical and theological professions to their very foundations. This revolutionary wave has not materially affected the legal profession. There have been no essential changes in law. Our lives, our rights, our property, are still held sacred and must not be trifled with. Cases involving any of these points are still guarded by unchangeable laws. But if doubt should be expressed, the subject is submitted to lawyers of known honesty and ability, and old and established precedents are brought to bear upon the matter in dispute. Lawyers are not called "old fogies" for holding to the great principles of law established centuries ago, and which came down to man amid the thunders of Mount Sinai. Clients are anxious to secure the services of lawyers, with liberal education, and whose research has made them familiar with ancient laws based upon principles which have become honored by time and experience. And when it becomes necessary for states or nations to change old or make new laws, it is not required that fundamental principles should be abandoned; neither are such important matters entrusted to the hands of "scrub lawyers," or "shysters," whatever may be their pretensions to learning and ability. The new laws are submitted to really learned and practical men, a council of lawyers competent to judge of their correctness and practicability. What would you think of an upstart of a

physician who would call Daniel Webster, the great constitutional lawyer of America, an "old fogy" for advocating the principles of some old but just law! No less ridiculous is the fact which most of us have seen, of some self-styled professor, school teacher or traveling lecturer, of whom there are so many now-a-days, who have a very slight knowledge of almost every thing, but are proficient in nothing, calling a dilyc an who has built up a world-wide reputation for learning and skill, an "old fogy" because he will not abandon the solid platform upon which he has established himself, and come down to the changing sands and narrow doctrines of the pseudo reformers of our time.

I have said there were causes for the lowering of the two professions of medicine and theology, growing out of the spirit of the age in which we live. These causes affect both professions somewhat alike. There is a striking analogy between the two professions growing out of their legitimate pursuits and surroundings. To illustrate, I will briefly allude to the creation of world and the creation of man. Man's intellectual and religious training, his present conditions and future destiny being the proper study of the minister of the Gospel, requires a thorough Biblical knowledge, a familiarity with the ancient languages and acquaintance with the arts and sciences, especially such as are directly connected with or concerned in the great scientific and religious conflicts of the day.

How closely allied in many respects are the studies and duties of the physician. His duties, though different in kind, to prepare him for the medical profession, should be as broad and extensive. When he commences the study of anatomy, that strange complex, yet harmonious whole, if he had never heard of a Bible his first thought would be, by whom and how was this body made? And as he enters upon the duties of his profession he considers his obligations and responsibilities to his fellow-beings from the period of conception to birth, from infancy to childhood and the development of woman or manhood, through middle age and down to the close of life. Having witnessed its physical development, its

mental and moral culture, he is deeply interested in caring and laboring for it in sickness, sorrow and suffering, through all the distress to which humanity is subjected, even to dissolution. Seeing an end to all that is mortal, his mind is then turned to the consideration of the immortal part, and he must to a certain extent become a theologian. He cannot dismiss the thought, from whence came he, and what has become of this vital, living, thinking, reasoning faculty that once inhabited the body? Thus the minds of the physician and theologian alike center in the thought of the creation of the world and the origin of man, with which this period of revolution has so much to do. This period involves an amount of advancement in civilization in the way of inventive genius and discovery, in the arts, literature and science; in fact in all departments of human intelligence, energy and industry. The last forty years can truly be said to be an age of invention, discovery, experiment and utility in all that tends to make a people great.

The science of Geology has had much to do in producing a revolution in the thoughts of men. When it was first promulgated that the world had required untold ages for its formation, the doctrine was received with distrust. And when, after further research, geologists were able to trace, step by step, the different epochs in the world's history until it became fit for the abode of man, scientists and men generally came to the conclusion that the Mosaic account of the creation was incorrect and consequently the Bible false. Many physicians embraced this new doctrine of infidelity, not reflecting that the Bible is not a text book of geology, astronomy or chemistry, but purely a religious relation. Many physicians, with no more knowledge of theology than ministers have of medicine, were, for a time, led astray by this phantom of infidelity.

Physicians, when they invade the especial calling of ministers and become promulgators of infidelity, are as much out of their place as are ministers who, without a practical medical knowledge, assume the rights of the physician and abuse

his profession by spreading medical skepticism among the people.

While this agitation and progress are going on in the scientific world, the medical profession were far from being idle. Yearly vast additions were made to the general stock of knowledge and an era of scientific positivism took the place of vague empiricism and uncertainty. Truth, no matter from what source received, was welcomed and adopted until now there is but one system of medical practice, the broad, regular system which confines itself to no school or practice. Some of the new practices were adopted by ministers of the Gospel who possessed very limited medical knowledge, and not a few of them who had received gratuitous medical attention engaged in a promiscuous practice much to their injury as well as to that of their unfortunate patients. Thus we have an age of meddling with special callings; a disregard for the golden rule which requires we should do as we would be done by.

It is a true saying that revolutions never go backward. Truth, however it may be jostled and decried, will eventually come to the surface. The truths of medicine cannot be crushed by any combination or opposition. Progress is a law of our nature, and the power of progress is felt everywhere, but more especially in our country. In places where we least expect it, we find the spirit of revolution and improvement. Rev. Francis L. Patton, D. D., of Chicago, whose standing as a liberal and scientific scholar cannot be questioned, says, in an article in the *Princeton Review*: "Great movements do not come suddenly. Thoughts spring up in the minds of individuals, live and thrive, and for a time are held as esoteric beliefs and are whispered in confidential circles, until some 'Secretary of the age,' as the great thinker has been called, articulates and puts them down in words.

* * * * * Until lately, one would have as soon looked for the spread of yellow fever in Scotland as Rationalism."

"But times are changed; diseases, they say, are in the air. Moreover, it must not be forgotten that the fixed and the variable are contending elements in the Churches' life. This

cannot be otherwise, for turn where we may, an interrogation point stares us the face. * * *

"The universe is to be explained. The moral and the material world are of a piece, and unity is the goal of thought. Independent to current discussion, the Church cannot be. *"

* * * It would be vain to deny that the leaven of modern thought is at work in Scotland. In every church there is likely to be a Broad Church party, a Narrow Church party, a High Church party, and a Low Church party.

"These parties belong to all countries and all denominations, and it is useless to ignore the fact that the relative strength of the Broad Church party, is somewhat on the increase; it is so in America. There is every reason to suppose it is so in Scotland. * * * * Dogmatic theology does not seem to be in great favor in Scotland at the present time. Systems of theology have not been produced in Scotland for many a day."

These extracts are sufficient to show that the theological world could not avoid the effects of the revolution any more than could the medical.

I also said it was a meddling age. Men are meddling or interfering with pursuits outside of their legitimate speciality or calling.

Here I must quote a little from another eminent Divine, Rev. Stuart Robinson, D. D., of Louisville, Ky., in an article also published in the *Princeton Review*, entitled "The Pulpit and Skeptical Culture" complains, and I think justly, of scientists and others, who have never made theology and Biblical history a speciality, officiously interfering with theology and endeavoring to impress skepticism in religion on the public mind. Admitting that he has something to complain of, we have much more to bring against the Ministry; for where there is one physician that would degrade his calling by taking advantage of the many opportunities offered in the daily discharge of his professional duties to cultivate religious skepticism in the minds of families, where there had been none before, I will pledge myself to furnish more than a score of ministers who take advantage of every

opportunity to instill into the minds of families, medical skepticism in some of its various forms. I want it distinctly understood, however, that I have no charge to bring against either of the eminent men I have named. They both belong to that elevated and useful class who realize that their lives are too short to thoroughly accomplish all that legitimately belongs to their special calling. And here, if it were necessary, I could confidently appeal to the experience of every candid physician if it is not a striking fact that the higher the mental culture and extended the field of usefulness the minister occupies, the less is the meddling with our professional duties, and the more confidence they repose in us as a profession.

In regard to the kind of meddlers alluded to, Dr. Robinson describes them thus: "The general prevalence of popular education has given the masses of the people a smattering of knowledge just sufficient to fill them with the idea that they have a capacity for comprehending all knowledge. They come before the public with a great show of authority, mingling with a few important facts of science the poison of their godless speculations * * * Through daily and weekly journals and through popular lectures and discourses, they bring themselves and their speculations into contact with the masses of the people to an extent never before known. * * * The age being thoroughly sensational as well as democratic, the simple facts of nature, however curious, do not satisfy its cravings, and the scientist, ambitious of fame, is tempted to launch out into the region of speculation and of hypothesis, and to present these together as the well-ascertained truths of science."

Carrying out the thought the Doctor complains of, suppose we say, Medical Skepticism, instead of Religious. Do not our thoughts turn to things we have seen in the last forty years, especially within the early part of the last twenty-five years, in the way of startling announcements in the newspapers, and flaming handbills that "the great Prof. Puffball, M.D., was going to give a lecture on Physiology Hygi-

ene, and the remarkable advanced scientific improvements in medicine, etc., etc."

After looking over the bill of fare, so rich and rare that none should fail to avail themselves of the sublime and eloquent lecture; after patiently reading it through, we come to some certificates recommending the above lecturer to the public. Signed, with others, is the name of the Rev. Simple Simon, pastor of the True Church; sometimes a D.D.

And what of the Professor and the lectures? He had, perhaps never heard a regular lecture on Medicine; or, if so, it had been through the courtesy of some medical student, and was never inside of a dissecting room or chemical laboratory. As to the lecture it would amount to three things:—First, a few general hints at morality, almost prophesying some religious beliefs, though careful on this point to catch the popular breeze, and sufficient, with the aid of the free ticket, to obtain the reverend gentleman's certificate of the Professor's ability, etc.

The second point, if you could call them points, consists of a few commonplace remarks about physiology, hygiene and some practical hints at diet and cleanliness, etc., good enough in their place, but which every intelligent man or woman already knew.

The third point in the harangue, a covert attack on the Science of Medicine, mixing it up with some crude thoughts of the two former points and some ridiculous, stale attempts at wit to suit the masses of the populace, who do not suspect the main object of the lecture, that of making money out of their credulity, and spreading medical skepticism, and that by the aid of ministers of the Gospel.

Again the Doctor says: "The way being thus prepared for him, the infidel scoffer finds audience for every sort of direct assault upon religion and the teachings of the Bible." Can we not truly say Medical Skepticism, also?

Again Dr. Robinson says: "Thus the very atmosphere which the pastor's flock breathes, day by day, is permeated by infidel poison." Some, when they see to what ridiculous uses these Reverend gentlemen's certificates are applied, might

be disposed to deny that such certificates are really given. I admit it is not so common now, because the field of skepticism, in all the departments of government, arts, science, literature, medicine and theology, has been cultivated so thoroughly that this class of lecturers, no longer need the poor pastor's aid, but they can use what little there is of him to bring a reproach upon a noble and self-sacrificing body of men whose lives and energies are devoted to searching after and promulgating what their knowledge and consciences alike tell them to be truth.

Those who would be reckless enough to deny the giving of certificates by ministers for the purpose I have mentioned, would be fit candidates for a class of jurymen, now hard to be found, whose chief qualifications are, that they can not or do not read.

Not more strange than the ministers' certificate is the fact that some of the religious newspapers of the present day that pretend to make morality their standard, publish and laud quack nostrums and quack doctors, for the few "pieces of silver," they receive; the editors themselves being worthy ministers of the Gospel!

And of like nature is the true character of the minister of the Gospel who invades the special domain of the physician and endeavors to introduce some different and narrow dogma of medicine, such as Hydropathy, Physio-Medical, Thompsonianist, misnamed Eclectic; Homœopathy, Hypnotism, Mesmerism or any other ridiculous and exclusive system. And what is astonishing in this day of common sense they all have their advocates, and to a large extent their promulgators are ministers of the Gospel.

All these little dogmas and many others have had their origin and some their end in the day and memory of many of the physicians now present. They were mostly the outgrowth of the revolution which I have been considering. And although all these little dogmas, theories and speculations are wide apart as to their own views of medicine, it is strange with what unanimity they make their attack against the regular, rational or true eclectic system of medicine. How like

are these things to what that eminent man, Dr. Robinson, says of the infidel scientists who differ in almost everything except their desire to enter the domain of theology in their efforts against the truths of revelation. Thus it has ever been, "The wicked join hand in hand, but woe unto us when the righteous join with the wicked."

All the above facts to which I have alluded have occurred under my own observation as well as that of almost every other physician who has been over twenty-five years in the practice of medicine. It seems that it is time that each of the professions should realize that such a meddling course is quite contrary to the true spirit of the present day.

I allude to specialities. There are specialities in each of the professions. It is so in Law; it is so in Medicine, and is it not so in Theology? Do not theological seminaries have special departments for their profession? Why is it so? It is because the present age is an age of expansion of human knowledge, and to such an extent that no one is able, except he be such an one as Dr. Robinson describes, to comprehend all knowledge, to comprehend more than a general knowledge of each of these special professions. In view of the above facts I would say in all candor to my clerical friends who are cumbered with so many cares and take so much interest in these little dogmas and systems of medicine outside of their calling, just keep cool, wait patiently, the world is moving. Be assured that all these little systems of medicine, with other more important matters, all pertaining to the advancement of the science of medicine, are in the hands of able, honest and suitable men,—men of the highest order of mental culture and broad intellects, and an immense number of them, at that, not in this country alone, but all over the civilized world. They are pursuing the investigation of these subjects with an amount of zeal, energy and patient toil, with instruments, appliances, facilities and opportunities heretofore unknown in the world's history. The aims of these men are centered on the grand goal of medical truth.

You need not concern yourselves about these little dogmas, for now, as in times past, they must go through the test of

the crucible. They will be kept under investigation until a thorough and honest assay is made. Then, every grain of gold, if any is found, will be carefully preserved, arranged and placed in the great storehouse of the literature and science of medicine, for use when needed. Do not ask us to adopt any of these little dogmas of the day, instead of our broad platform of rational medicine that has stood the test of time, and is stronger to-day than ever before, notwithstanding the amount of skepticism that has been cultivated against us.

We cannot afford to retrench or narrow down in this great age of advancement when the fields are so broad and luxuriant, and the means and facilities so extensive for professional advancement. As Dr. Patton remarks, "They must have their Broad Church party." We already have our broad views of Medical Science. We cannot afford to abandon our true, honored, eclectic, rational, broad system of medicine for some narrow, exclusive dogma of medicine, however imposing its name or seductive it may appear to those outside of the medical profession.

And now in the language of another, "With malice towards none and charity for all," let us use our best endeavors to urge a more faithful discharge of the varied duties in our special callings, whether it be in art, science, literature or medicine; at the same time carefully avoiding the legitimate sphere of every other profession. While we endeavor with earnestness to perform our whole duty, would it be improper for us to remind those ministers who have brought themselves to our notice in the way and manner mentioned, that they—nominally at least—belong to a great and noble body of men whose labors and lives, are devoted to efforts for the best interests of their fellow men, and that they should henceforth set us an example in ethics, as from them the lesson should come. Stick to your own legitimate business; cease to contribute to those things that tend to prevent the ministerial and medical professions from occupying that elevated position in the eyes of the world that their professional knowledge, honesty of purpose and useful lives alike entitle them to. Thus will both professions be placed upon the high road which leads to the attainment of that appreciation they formerly enjoyed.

REPORT OF THE COMMITTEE ON MEDICAL TOPOGRAPHY, METEOROLOGY, ENDEMIC AND EPIDEMICS.

BY C. H. MERRICK, M.D.

*To the President and Members of the
Oregon State Medical Society :*

Your committee to whom was referred the subjects of Medical Topography, Meteorology, Endemics and Epidemics, have made such efforts as appeared necessary; but we regret to say that, owing to the lack of interest on the part of those to whom we have appealed for help, our report is not as full and interesting as we hoped to make it.

We had printed and mailed three hundred postal cards of which the following is a copy :

CANYONVILLE, OREGON, 3-26-80.

DOCTOR :—We want to gather all the facts we can in regard to the Medical Topography, Meteorology, Endemics and Epidemics of Oregon. Will you give us a brief description of the nature of the country in which you reside; whether it is mountainous, hilly or level; woody or barren of trees; mineral springs, lakes, swamps, hard or soft water, drainage, etc. Also as to climate: whether wet or dry, windy, stormy or mild; amount of snow, range of thermometer, etc. Also the prevailing diseases, endemic and such epidemics as you can give the history of; general health of the inhabitants, mortality of children and any other item or fact bearing upon the subjects mentioned above. As this is not a private speculation, but ordered by the Oregon State Medical Society, we hope you will feel interest enough in the work that Society is doing to aid it all you can. We hope to hear from you immediately, as the Committee is anxious to perfect this report.

Very respectfully,

C. H. MERRICK, M.D.,

Chairman of the Committee.

These cards were sent to every member of the Society and to every other known practitioner of medicine. Of the three hundred sent out we received answers to only twenty-five. From the eighty members of this Society to whom cards were sent, we received fourteen answers. The remaining eleven came from practitioners and postmasters. Several of the answers contained not a single allusion to any of the items mentioned, but rambled off in various directions; discussing the duties of this Society, the writers themselves not being members; blaming the legislature for not giving better medical laws; the election of ignorant farmers and me-

chanics for coroners; the notoriety given by newspapers to cancer and other quack doctors, etc., etc.

This want of appreciation of what was wanted by your committee has given us but meagre details as to the true medical condition of our State. In a few instances, we are happy to state, the reports have been ample and satisfactory, particularly that of Act. Asst. Surg. M. Kober, U.S.A., stationed at Fort Klamath. He has sent a systematic and detailed report of the sanitary condition of the command stationed there; also, a meteorological report embracing a period of six years. The sick report embraces a period of ten years from 1870 to 1880 inclusive. This report, being of interest to every physician, is presented entire by your committee:

Consolidated Sick Report—Fort Klamath, Oregon—1870-1880.

YEAR	1870-71.	1871-72.	1872-73.	1873-74.	1874-75.	1875-76.	1876-77.	1877-78.	1878-79.	1879-80.
MEAN STRENGTH	64.	89.	81.	176.	103.	165.	91.	70.	103.	98.

DISEASES.	1870-71.		1871-72.		1872-73.		1873-74.		1874-75.		1875-76.		1876-77.		1877-78.		1878-79.		1879-80.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<i>General Diseases—A.</i>																				
Typhoid Fever	...	...	...	...	12	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Typho-malarial Fever	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Remittent Fever	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intermittent Fever	3	3	19	...	21	...	16	...	11	...	3	...	5	...	3	...	...	...	...	...
Other Diseases of this group	1	3	1	...	8	...	2	...	4	...	1	...	1	...	6	...	...	...	...	...
<i>General Diseases—B.</i>																				
Rheumatism	26	7	9	...	20	...	5	...	1	...	5	...	5	...	7	...	...	...	...	...
Syphilis	4	3	11	...	15	...	8	...	6	...	...	...	6	...	4	...	1	...	...	...
Consumption	4	1	3	...	6	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of this group	...	...	1	...	4	...	5	...	1	...	...	...	...	...	...	...	...	...	...	...
<i>Local Diseases.</i>																				
Catarrh and Bronchitis	1	15	5	...	31	...	5	...	12	...	4	...	3	...	14	...	...	...	...	...
Pneumonia	1	1	2	...	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...
Pleurisy	...	...	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...
Diarrhoea and Dysentery	28	22	14	...	43	...	6	...	6	...	4	...	3	...	4	...	...	...	...	...
Hernia	...	...	...	...	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea	7	1	7	...	11	...	5	...	7	...	7	...	5	...	3	...	...	...	...	...
Other Local Diseases	41	76	130	...	105	...	129	...	27	...	15	...	11	...	19	...	...	...	...	...
Alcoholism	...	3	1	...	6	...	5	...	4	...	1	...	1	...	1	...	...	...	...	...
Unclassified	...	...	...	...	3	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...
Total Disease	123	138	1104	...	204	...	984	...	175	...	43	...	47	...	68	...	...	...	...	...
<i>Violent Diseases and Deaths.</i>																				
Gunshot Wounds	...	1	55	...	2	...	1	...	1	...	...	...	...	...	3	...	...	...	...	...
Arrow Wounds	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Accidents and Injuries	15	20	33	...	24	...	32	...	12	...	11	...	14	...	21	...	...	...	...	...
Homicide	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Violence	15	31	90	...	95	...	99	...	19	...	11	...	14	...	24	...	...	...	...	...

We have taken the liberty to condense the meteorological report as follows:

	AVERAGE TEMPERATURE.		TOTAL RAIN.
	Max.	Min.	
1873	97	12	16.63
1874	94	63	17.77
1875	93	7	33.27
1876	95	6	21.75
1877	66	6	22.54
1878	98	4	17.82
1879	98	20	18.54

For nine mos.

The lowest temperature was Jan., 1874—zero. The highest was August, 1878, and August, 1879—98 deg.

Vicinity of Fort Klamath, Lake County, Oregon.

Fort Klamath is situated in Lake county, in southwestern Oregon. Latitude, 42 deg. 39 min. 4 sec. north; longitude, 44 deg. 40 min. west; altitude, 4,200 feet above the sea. It is on the eastern margin of a valley in the Cascade mountains. The valley runs north and south; it is about twenty miles long and seven miles wide at the point where the post is located. Towards the south it widens somewhat, and extends to upper Klamath lake about seven miles distant. High hills and mountains surround the valley on the north, east and west. The site of the post and the ground immediately about it is somewhat above the general level of the valley and is tolerably well drained. Between the post and Wood river, however, the ground is low in places, and in the spring and summer is marshy. It is not until the latter part of July or the beginning of August, that the marshy places become dry. During those two months the mosquitoes are generally very troublesome at the post and the prevailing wind, blowing over these flats toward the post, brings with it the germs of miasmatic diseases, which affect the garrison more or less at that season of the year. The rocks about the post are mostly of volcanic origin. At least a layer, more or less thick, of lava-rock seems to overlie the older formations, pumice abounding in the forest and on the hill. A good arable alluvium covers the general surface of the valley, but

in consequence of the frosty nights that are liable to occur at all seasons of the year, only a very few vegetables can be raised. The foothills and mountains are covered with ever-green foliage. Six streams, the waters of which are all, excepting that of one, of crystal clearness, flow through the valley within a short distance of the post. All these streams, as well as Klamath lake, abound in a very superior quality of salmon trout, ranging from a few ounces to fifteen pounds in weight. The waters of Linn creek, which heads in a spring a short distance from the post, is supplied for drinking purposes. The water of this stream has a constant temperature of about 40 deg. Fah., and is of excellent quality.

We will now notice the remaining reports in the order of counties, it being understood that when a county is not mentioned no report has been received.

BENTON Co., Corvallis.—Dr. F. A. Johnston discusses medical education, advertising quacks, medical laws, what this Society should do, etc. The doctor remarks that he is not a member of this Society and never expects to be. Postal card unanswered.

BENTON Co., Corvallis.—Doctors Franklin, Cauthorn, G. R. Farra and J. B. Lee send a very creditable report which we condense. Corvallis is situated on a level, elevated tract of land in the angle of a stream uniting with the Willamette. The country east is timbered. Drainage in the winter is good, but in the summer stagnant pools become breeding places for malarial diseases. Numerous swampy tracts are near. The usual rainy and wet seasons of the Willamette valley prevail. Winter winds usually from the north or northwest. Summers not usually hot. Last summer enterocolitis and dysentery prevailed to some extent. The prevailing diseases are of malarial origin, Pneumonia, typhoid fever, malarial fever, rheumatic fever, bronchitis and neuralgia are common. Phthisis and asthma are frequently met with. Exanthemata, with the exception of scarlatina, have their usual average appearance. Diphtheria of a very malignant form appeared in 1877, none since. The general health is good and the rate of mortality low.

CLACKAMAS Co., New Era.—Dr. J. Casto replies to card : Country rough and hilly, timbered on the Willamette. No endemics or epidemics. One mineral spring not analyzed. No lakes or swamps. Water hard. Drainage good. Climate usually damp, but general health good. Mortality of children very slight.

CLACKAMAS Co., Oregon City.—Dr. J. A. White reports : Country timbered with fir. No lakes or swamps. One soda spring. Range of temperature not known. Prevailing diseases are thoracic. Diphtheria appears occasionally as our local epidemic. Average mortality of children, medium.

CLATSOP Co., Clifton.—The postmaster, no name given, reports country mountainous and woody with much underbrush. On Columbia river strong sea breezes ; climate mild with but little snow. General health good, no epidemics, children healthy.

COOS Co., Marshfield.—Dr. C. W. Tower reports : Hilly country, well timbered. No mineral springs. Water soft. Drainage good. Climate damp from December to May. Moderate winds from north during the summer ; from the south during the winter. No prevailing diseases. Coos Bay is considered one of the healthiest places in the world. Typhoid cases extremely rare. Small-pox been imported twice during the past twelve years. No malarial diseases. Diphtheria has never appeared. Average temperature for 1879 was 52. 20. During the year there were 129 rainy days with a fall of about 70 inches of water.

CURRY Co., Ellensburg.—Dr. F. O. Vander Green writes : Country mountainous, extensive forests. Drainage good except north of Port Orford where there are lakes, lagoons and swampy lands. No lime. The water is soft. A few springs of a chalybeate nature. Climate usually wet, with cold northwest winds. Temperature very even—neither cold nor hot, summer nights are delightfully cool. The general health is excellent. Mortality among children very slight. Endemics and epidemics are unknown. Dr. Vander Green is the only physician in the county, which speaks well for the health of the locality.

DOUGLAS Co., Sulphur Springs.—Mr. John Cowan, the postmaster, reports no physician within twenty-five miles. Country mountainous. Heavy fir timber, sulphur springs. No swamps. Water clear and soft. No diseases. A mixed people as to nationality. All hail and hearty, with no thought of death.

DOUGLAS Co., Cleveland.—Dr. B. Guttner replied briefly but added nothing of special interest. He reported a case of diphtheria in his locality which resulted fatally.

DOUGLAS Co.—Roseburg is situated in a circle of hills on high ground. The drainage is excellent, but in winter the continued rains on the black muck soil renders the roads almost impassable. The water is generally soft. The health of the community is fair. Timber not plenty. No mineral springs, lakes or swamps. The climate is very even. The usual variety of diseases are met with, but the rate of mortality is quite low.

DOUGLAS Co., Canyonville.—Very similar to Roseburg except in character of soil and roads. Here the roads are sandy or rather gravelly, and are never very muddy. The village is on the south Umpqua, and the drainage is excellent. Water soft. Teeth of children generally bad. An epidemic of rubeola and one of pertussis, attacking adults as well as children, two years ago, but with no fatal results. No marked type of disease predominant. Last winter the river was the highest and the thermometer the lowest in eighteen years; the latter 4 deg. above zero. Also more snow than for many years previous. No swamps or mineral springs. Plenty of timber of fair quality.

JACKSON Co., Phoenix.—Dr. D. A. Covert reports: Phoenix is in the Rogue river valley. High mountain ranges to the north and south. The valley is well wooded. Has a number of mineral springs. Drainage good. The climate about the same as all of Southwestern Oregon—neither hot nor cold. As to rain, there is not too much nor too little. Snow seldom remains more than forty-eight hours. Diseases are generally of a bilious nature. General health, medium. Mortality of children, remarkably low. An opinion can be

formed as to the health of the community, from the Doctor's statement that he has attended 4,000 cases of sickness during the past four years—an average of about twenty every week. Of the total number, 1,500 were children—an average of over seven every week. Evidently Phoenix must be a good place to emigrate from; yet there is a bright side, for the Doctor states that of the whole number of cases of sickness, only fifteen adults and six children have died; thus proving that patients there rise from their beds as rapidly as the fabled bird from which their town is named, did from the ashes. Certainly the doctor has reason to be proud of his success as a healer of disease.

JACKSON Co., Sam's Valley.—Dr. A. C. Stanley reports: Situated in Rogue river valley; surrounded by mountains and heavy timber. The valley is barren of timber. Climate mild. Wet winters and dry summers. No winds or bad storms. One or two weak sulphur springs. Water soft. No lakes, but some swamps on the river bottoms. Seldom have more than three inches of snow. Range of thermometer seldom as low as 10 deg. below or 100 deg. above zero. No particular type of diseases prevail unless it be malarial fevers. Occasionally a case of typhoid fever. General health good. Rate of mortality very low.

JACKSON Co., Jacksonville.—Dr. M. Vrooman, who is not a member of this Society, writes: "I have felt interest enough to try and get a law passed ridding ourselves of the notorious quacks that infest the State, and when your Society show a like disposition, I shall be pleased to do any thing I can to advance the interest of any thing that pertains to Medicine, or the Medical Faculty of Oregon. I have yet to learn that a medical man in the State has taken one step to accomplish this end.

JACKSON Co., Jacksonville.—Dr. E. H. Aiken thinks there are far more important subjects for the medical profession to investigate than that of medical topography. He regards the driving of the hordes of quacks from our State as of more urgent necessity. He advocates a combined and determined attack on the army of pretenders. He appeals to the profes-

sion to unite for this purpose. He then makes some comments of not a flattering kind in regard to the men upon whom the degree of M. D. has been conferred in this State. Of the seventeen so-called physicians who are practicing in the counties of Lake, Jackson and Josephine, only three are qualified and deserving the name of Doctors of Medicine. He recommends that every true physician importune members of the legislature to give us better medical laws, etc. While your committee most heartily approve of the doctor's wishes and plans for suppressing quacks and charlatans we regret that he cannot see that, as a first step in that direction, he with all other true physicians, should "unite" and "combine" with the State Medical Society as the surest means of accomplishing the desired result. He would then know that medical topography is not the only work engaging the attention of the Society.

LINN Co., SHEDDS.—Dr. J. W. Starr says that the locality is healthy. Drainage not the best, as the country is level. No epidemics or endemics of any kind. Some indications of malaria of a mild type. No mineral springs, lakes or swamps. Water soft. Climate wet, windy and moderately cold. Slight snows.

MARION Co., Stayton.—Dr. J. M. Kitchen reports his section free from swamps and lakes. Water soft. Moderate supply of timber. Drainage generally good. Last year the prevailing diseases were of the alimentary canal, especially among children, with a mortality of about five per cent. Rheumatism and scarletina has appeared. Last December enteric fever became endemic, but of ten cases in his practice only two proved fatal. Diseases of the air passages are frequent but not of a serious nature. The doctor concludes with very appropriate remarks as to the duty of every physician supporting the State Medical Society, as it is the only means we possess for forwarding and elevating the interests of the profession and the welfare of the community.

TILLAMOOK Co., Nehalem.—Mr. C. F. Knowles, postmaster, writes: "We have about two hundred people here.

The settlement is ten years old. We have three graves; two of still-born infants and one of a man who shot himself. If you can find any healthier locality than this, please let me know." Residents of Phenix should make a note of this place. Mr. Knowles reports the county mountainous; heavily timbered; good drainage; abundance of soft spring water; usual wet and dry seasons; no strong winds. Some winters no snow at all. The lowest points of thermometer last winter were 6 deg., 18 deg., 22 deg., and 26 deg. Five years ago it sank to 10 deg. below zero. No prevailing diseases or endemics have occurred for many years.

UMATILLA Co., Willows.—Mr. A. Wilson reports no physician in that locality. The county is hilly with some even lands of from eight to ten miles wide. No timber within thirty miles; no mineral springs, lakes or swamps. Water generally hard. Little rain fall; the county dry and sandy; a great deal of wind. Snow fall last winter about one foot. Thermometer fell to 18 degrees below zero; sometimes rises to 110 degrees in the summer. There are but few settlers. Principal disease among children is diphtheria; cannot give the rate of mortality.

UNION Co., Indian Valley.—Dr. M. B. Morris says he is living in a very healthy county. The county is hilly and barren, but good lands and grass near the mountains. Water soft and climate mild. Fed sheep only three days last winter.

WASCO Co., Prineville.—Dr. L. Vanderpool reports a sandy country but with bottom lands of rich loam; some alkaline sections. The county is one vast plateau with numerous small beds of lava. The streams run or seem to have cut through lava beds. The few mountain peaks which seem to pierce the level sands, are all covered with fir pine, and tamarac. The lava lands are covered with juniper, sage and bunch grass. Lands along the streams are very productive. Frosts every month in the year. Rains in summer but not in winter. Slight snow fall—only three inches last winter. Water generally hard. Thermometer sank to 28 deg. below zero, but did not remain long. In summer it reaches 100 deg. the

average for winter being 30 deg., and for summer 76 deg. The usual variety of diseases prevails, such as bilious, congestive, intermittent and puerperal fevers, diphtheria, etc. Mortality of children not more than one and one-third per cent. Children have good teeth owing to the hard water and absence of acid fruits. The doctor gives a fair account of his treatment of diseases which would be of interest in a medical journal. He thinks adhesion of the placenta is of unusually frequent occurrence, at least nineteen per cent. This is somewhat in contrast with some obstetric writers who admit that it is of extremely rare occurrence.

This concludes our condensation of the replies received in answer to our postal cards. We are of the opinion that the further prosecution of this subject would result in much good. Measures should be taken to secure the co-operation of every member of this Society, and not only our members, but a correct list of the physicians in our State should be in the hands of the Secretary, and in possession of the committee upon these subjects, so that all may be applied to for information as required. A correct yearly report from all physicians of all cases treated; and a correct record of daily temperature might easily be obtained and many other facts, so that we might, at a glance, get a good idea of the sanitary and climatic features of our large State, its changes and medical peculiarities. Such a correspondence between the committee and every member of the regular profession would do much to harmonize interests, unite and purify the profession and elevate it to its proper dignity and usefulness.

REPORT OF COMMITTEE ON MENTAL DISEASES
AND MEDICAL JURISPRUDENCE.

BY E. P. FRASER, M.D.

To the President and Members of the
Oregon State Medical Society:

As chairman of your committee on Mental Diseases and

Medical Jurisprudence, I respectfully submit the following report:

On visiting the Oregon Hospital for the Insane, I found 280 patients in that institution, 200 males and 80 females. Since the establishment of the Hospital in 1863, 1,061 patients have been treated.

I will give a detailed statement only for the years 1877 and 1878. On the 1st day of September, 1876, the whole number in the hospital was—

Males.....	151
Females.....	59
Total.....	210

The number of admissions for the two years ending September 1st, 1878, was—

Males.....	134
Females.....	59
Whole number under treatment being.....	411

The discharges were—

Males.....	89
Females.....	39
Total.....	128

The deaths during the same period were—

Males.....	35
Females.....	11
Total.....	46

Of the number discharged, there were cured—

Males.....	59
Females.....	20
Total.....	79

Improved—

Males.....	28
Females.....	13
Total.....	41

Unimproved—

Males.....	1
Females.....	6
Total.....	7

The percentage of recoveries, based upon admissions during the two years, is forty-one.

The deaths amount to 10½ per cent.

In comparison with institutions of the kind in other States this is a very favorable showing, and I will here take occasion to state that the humane attention and sympathizing care manifested by the physicians in charge is a notable feature of this institution. The inmates are well clothed, fed, and furnished with comfortable quarters.

Each patient is visited by the entire Medical Staff each day, a custom not practiced in any other institution of the kind, to my knowledge.

Of the 134 male patients admitted to the hospital during 1877-8, 75 were common laborers, 28 were farmers, 18 mechanics, 4 lawyers and 2 physicians; other employments 7. This is interesting, not in showing the influence of occupation upon the mental powers, as many suppose, but in demonstrating the *class* of individuals predisposed to insanity. Of the whole number admitted during the same period the type of disease was as follows:—

Acute Mania.....	136
Chronic Mania.....	23
Melancholia.....	9
Dementia.....	12
Idiocy.....	6
Recurrent Mania.....	2
Epilepsy.....	4
General Paralysis.....	1

Of the admissions during this period, the ages of patients were as follows:—

Under 15 years.....	4
15 to 25.....	22
25 to 35.....	54
35 to 45.....	55
45 to 55.....	24
55 to 65.....	5
65 to 75.....	4
Over 75.....	1
Unknown.....	16

This proves conclusively that insanity follows the same law as other hereditary diseases, and leads us to a consideration of the causes of mental diseases. Insanity of whatever variety, is only a symptom of disease of the brain. In its study we have nothing to do with *mind* apart from its organ, the brain. All cerebral diseases do not produce insanity,

neither can we call all *mental* disturbances insanity; transient forms of delirium should be considered apart, though phenomena of the same order. The brain being the source of sensation, and a centre of power of motion, these functions are often affected independently, since they have more or less definite location in the cerebral mass. It is not till the rind of the superficial gray matter is touched, that mental diseases occur. The convoluted strata of cells formed on the surface of the cerebral hemispheres, and which preside over the highest functions of human life, are affected by every nervous influence, and present an organization susceptible to various harmful influences from within and from without.

In considering the causes, near and remote, of insanity, we find first among the latter stands Heredity.

This term, however, requires explanation, and is but obscurely understood. It cannot be taken in too narrow a sense, for insanity may be called hereditary, if a tendency to it is shown in collateral branches of the family tree. Instances of the disease in uncles, aunts, cousins, brothers or sisters, may point to a family tendency as well as if parents, and grandparents, were affected.

Many nervous diseases, such as epilepsy, hysteria, neuralgia, alcoholism, and the like, should be taken account of in the search for hereditary causes.

The question does not exclusively concern the existence of insanity in one's immediate ancestors, but relates to the prevailing family weakness. One may be conscious of a tendency to "weak lungs," or "torpid liver," or "rheumatism," or "scrofula," while another, ignoring these imperfections, feels all those mental perturbations which belong to the insane temperament. In this large sense insanity is notably hereditary.

This much we know, that any and all causes which tend to produce a degenerate type of nerve cells, in the offspring, are fruitful causes of insanity.

The question of hereditary transmission of moral and intellectual, as well as physical qualities, is at the root of many social and moral, as well as medical problems, and the im-

portance of determining the laws which govern it can hardly be over-estimated.

It is a fact that physical and mental diseases, vicious habits and tendencies, and local weaknesses, do reappear under various conditions in the line of family descent. The evidence of this truth is especially seen wherever inter-marriages are frequent, which, we find, is at the two extremes of the social scale. Royal families and remote country places are noted for high rates of idiocy and insanity. Much of the vice, crime and insanity, is due to this breeding in and in of human stock for successive generations. The great majority of cases of insanity, are traceable to hereditary causes of defective organization.

Poverty and intemperance, by their debilitating and demoralizing influence, help to fill up the measure of bad inheritance. These states precede and follow insanity in a vicious round, till the stock runs out, where unsuitable marriages are common.

Intemperance in the parents begets mental and nervous diseases in the children, who, perhaps, cannot bear stimulants, and suffer from inefficiency and poverty. Bad living begets scrofula, and here the vice of intemperance appears again. The combinations are various and confusing, but the relations between these vices and disorders are exceedingly intimate.

The old hospital tables of the causes of insanity afford us but little information. It is no satisfaction to know that so many have succumbed to domestic troubles, and so many to business losses, or disappointed love. This is counting the "last straws," while the great burden of hereditary deficiency, which really breaks the camel's back, is disregarded.

When our reformers say that intemperance is the one great source of poverty, crime, and insanity, they commit the same error, and take a very superficial view of the matter.

What is the cause of this intemperance? Certainly not deliberate and wholesale abuse of healthy constitutions by stimulants. It is largely the poor, the vicious, and the weak, who seek relief for mental or physical distress in stimulation.

It would seem that man, in spite of his reason, or, perhaps,

on account of it, is less protected from sources of deterioration than the lower animals.

The natural laws of selection are oftener interfered with, and though the rule of the "survival of the fittest," may hold good for him, the decay and falling out of line of the weakest is more marked. The increased complexity of man's organization leads to a more easy and decided retrograde in its scale of life.

The practical inferences to be drawn from these considerations are, first, to keep up the standing of health and vigor at its highest, and to shun, as a high moral duty, all risk of propagating less healthy specimens of the race than ourselves.

I would, therefore, recommend that this Society take steps to procure the enactment of a law prohibiting inter-marriage of near relatives; a practice which is degenerating in its influences, and has entailed a vast amount of physical deformity and mental debasement upon the human race.

This would pave the way and educate the public to feel the necessity of further reforms in this direction, which, in time, would demand that the State take measures to prevent not only consanguineous alliances, but also the marriage of individuals suffering from hereditary diseases.

With such laws, and with a public sentiment favorable to their proper enforcement, it is believed that intemperance, vice and crime would be greatly mitigated, and that idiocy, mental imbecility, insanity, phthisis, epilepsy and other hereditary diseases, could be almost exterminated.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION.

BY PHILIP HARVEY, M.D., CHAIRMAN.

*To the President and Members of the
Oregon State Medical Society:*

Medical societies and medical colleges are, or should be, equally interested in the advancement of medical education. All are agreed that they are the most efficient means of ele-

vating the profession in respectability, influence and usefulness. Legislation may be called on to protect the people at large from the wrongs of quackery, as well as from those of violence, but on the profession itself depends the vindication of its character. For this we ask nothing of legislatures.

It is a common cry that the qualifications demanded for entrance into our profession in this country are too low; but the question is, how is the evil to be avoided? Our medical colleges throughout the United States are, and have been from their commencement, doing something to raise the standard of attainments of American physicians, and it may be that much in this way still remains to be done; but they, like ourselves, individually and collectively, are restricted by the limits of possibility. The previous committee on the important subject of Medical Education, in its otherwise appropriate and able report, aimed its shafts of censure at our medical colleges, chiefly, on account of the shortcomings of the profession. "As a rule," it said, "their work has been by far too carelessly performed." And again: "Of what use are laws for the suppression of quacks and self-styled 'doctors,' when medical colleges confer the honorable degree of M.D. upon ignorant and incompetent men?" Whatever grounds there may be for these remarks, are our colleges alone to blame in the matter? State medical societies have as much to do in elevating the character of the profession as colleges have; but are they setting the example of raising the standard of qualifications? The fact is, all that colleges and societies can do is to make the best use they can of the material they have to work on. Everything progressive in its nature is, and of necessity must be, evolutionary. "*Natura non facit saltum;*" and we must be content to follow the lead of nature. But notwithstanding our Jeremiads on the evils of the times, those who take the trouble to observe the march of events, have the consolation of seeing that they are improving, and it is an undoubted fact that the medical profession of our country is to-day, in common with that of the rest of the civilized world, on a better and more elevated

footing than it ever was before. The American Medical Association has done much to bring about this state of things, and will, no doubt, persist in its beneficial course. State and county medical organizations are co-operating to the same end, but it must, we think, be conceded, that to our medical colleges the chief share of praise is due for the gradually upward progress manifested in the medical profession of the United States during the first century of our national existence.

In old colonial times, nothing was thought to be correct unless it was in accordance with the usages of the mother country. Then, a five years' apprenticeship to a practitioner of medicine, was looked on as the legitimate mode of gaining admission into the profession, and prior to 1765, the degree of M.D. could only be obtained from European schools. Some of these were quite accommodating, as the Mareschal College, at Aberdeen; and as a Roman emperor is said to have made his horse a consul, so a certain individual is said to have procured for his horse the degree of M.D., from Aberdeen. In that year, 1765, the first American medical college was established in Philadelphia. It had but two professors, namely, William Shippen, M.D., professor of anatomy and surgery, and John Morgan, M.D., F.R.S., professor of medicine. These also lectured on materia medica and chemistry. Two degrees were then conferred—that of Bachelor, and that of Doctor in Physic. For the first, attendance on one course of the lectures and the practice of the Pennsylvania Hospital for one year were required. The applicants had, moreover, to satisfy the professors and trustees of the college concerning their knowledge in the Latin language, and in such branches of mathematics and natural philosophy as were judged requisite to a medical education, and that they had gone through the regular apprenticeship. For the second degree—that of Doctor—it was required that at least three years should have intervened from the time of taking the Bachelor's degree; that the candidate be twenty-four years old, and that he should write and defend a thesis, to be printed at his own expense, and submitted to the professors for their

approval. By the time of the Revolutionary war, the professorships in the college were increased to five, namely, besides the two before named, Adam Kuhn, M.D., professor of materia medica and botany; Benjamin Rush, M.D., professor of chemistry, and Thomas Bond, M.D., professor of clinical medicine. All these, except the last, had graduated at the University of Edinburgh. On the breaking out of the Revolutionary war, the college was given up, and most of the professors were appointed to important posts in the American army; Drs. Morgan, Shippen and Rush having acted as medical directors, and Dr. Bond as superintendent of military hospitals. For ten years, political feeling growing out of the war, prevented the reorganization of the college, when Dr. Franklin, on his return from France as Foreign Minister, lent his influence to its restoration. The Faculty then consisted of Drs. Shippen, Rush, Wistar, Griffiths and Barton. In 1789 the degree of Bachelor of Medicine was abolished, and for that of Doctor, three years' study, attendance on one full course of lectures, a private examination by the professors, a public one by the trustees, and a thesis in the Latin or English language on some medical subject, were required. In 1781 the Medical College of Philadelphia was merged into the University of the Pennsylvania. This is a brief history of the oldest medical college in the United States.

I shall not here attempt to bring down the history of medical education in our country to the present day, but confine myself to a few remarks tending to show that our colleges are not quite as indifferent to professional progress as some may suppose.

At the commencement of the present century, the number of medical schools in the United States had increased to five, namely, that of the University of Pennsylvania, of Harvard University, of Dartmouth College, of the University of Maryland, and that of the College of Physicians and Surgeons of New York. At the close of the first century of our national existence, eighty had been established, sixteen of which had become extinct; leaving, according to the centennial report of the Commissioner of Education at Washington to the Secre-

tary of the Interior, sixty-four regular and acknowledged medical colleges in active operation in 1876. Of these, Maine has two, New Hampshire one, Vermont three, Massachusetts one, Connecticut one, New York nine, Pennsylvania four, Maryland three, Virginia two, South Carolina one, Georgia three, Alabama one, Louisiana two, Texas one, Tennessee one, Kentucky three, Missouri three, California two, Oregon one, Iowa two, Illinois three, Indiana three, Ohio seven, Michigan two, and the District of Columbia three. Thirteen States are without any medical college now in operation, namely, Rhode Island, New Jersey, Delaware, Wisconsin, Minnesota, North Carolina, Arkansas, Kansas, Nebraska, Mississippi, Florida, Colorado and Nevada, unless started within the last four years.

In the University of Michigan, medical professorships are sustained by the income from the general endowment by the State. With that, and possibly one or two other exceptions, the whole medical education in this country may be said chiefly to depend upon sixty-four colleges distributed among twenty-three States and the District of Columbia, kept up by the labor of over 500 professors, and aiding in the professional education of nearly 7,000 students annually. They are the outgrowth of the profession itself, and almost self-reliant and self-sustained.

Not only does the regular profession at the present day receive little or no legislative aid, but the general current of legislation has, of late years, been rather hostile to it than otherwise. In the early days of the Union, most of the States passed laws for the avowed purpose of protecting the citizens from the impositions of quackery and of promoting medical science; but the advocates of the various *pathies* and *isms* that are ever springing into existence and dying out again, raised the cry that these laws were got up for the purpose of enabling the regular profession to enjoy a monopoly of the business, and to restrict the liberty of the people in the employment of whom they pleased,—a clamor that had its effects on the politicians of the day, so that by 1850, nearly all penalties and restrictions interfering with charlatanry and med-

ical imposture, were repealed by the legislatures of the several States. In some quarters, where the evils of quackery are most plainly seen, attempts have been lately made to revive some of these penalties and restrictions; for instance, in our neighboring State of California, where a law against mountebanks and impostors in medicine has had the effect of driving them out of that State into Oregon, and elsewhere, where such kind of vermin may now find a more congenial home and grow fat, like vampires, by sucking the blood of the sleeping citizens.

By the almost unaided efforts of the profession, we see it growing. Its schools are largely increased, and the course of instruction pursued in each has been rendered more extensive and thorough. Instead of the few professors that perforce did double or treble duty in the earlier schools, we have now from ten to twenty chairs in each, all occupied by teachers respectable for learning and social standing in their respective communities. I may here be allowed to state that, determined not to be behindhand with the rest, the Medical College of our own State has now twelve professorships, of which it is hoped it has reason to be ashamed of none. The requisite attendance on lectures was in the first schools one course only, for graduation; afterwards it was increased to two annual courses; and now, in some of our colleges, it is increased to three, a change it is proposed to introduce into the Medical Department of the Willamette University as soon as may be practicable, the last course to be gratuitous.

While our schools have been thus mindful of elevating the standard of professional attainments, there is one essential, perhaps, in regard to which they may be charged with laxity, and that is in the demand for classical scholarship, at least as far as a moderate acquaintance with Latin and Greek is concerned, especially the former. Less importance is now attached to the study of the dead languages than was the case formerly, and with good reason, for with the advance of knowledge it is to be supposed that to the study of facts more importance will be attached than to that of words; but there are especial reasons why Latin should not be so much neg-

lected in connection with medical studies as it is with us. Diseases and their proper treatment are pretty much the same in all ages and countries, and as the science of medicine is, or should be, as much as possible, cosmopolitan, and the names of diseases, and their remedies, the same among all civilized nations, it follows that Latin, as the common language of science, should be everywhere cultivated to a sufficient extent to subserve these ends. For this a very extensive knowledge of that language is not necessary; but every physician should at least be able to write and read prescriptions in Latin and understand fully the import and meaning of the names of diseases. This, we think, is the lowest degree of classical cultivation that should be required previous to entrance into the profession. In strictly professional attainments we are probably fully up to the ordinary European standard. But the colleges alone are unable to institute a reform in this particular. It must be first called for and insisted on by the American Medical Association, as a pre-requisite to admission into the regular fraternity, when our colleges will see that it is complied with. A confederation of colleges might be the means of harmonizing this action and introducing a more extended curriculum, or course of study. Such a confederation is now proposed among American Medical Colleges, and already more than twenty of them have joined it. It is probable our Oregon college will also enter into it, and when it embraces a majority of the schools in the Union, it will have great influence in bringing about such reforms in medical education as may be deemed desirable, or as may be called for by our National Association.

The final examinations in regard to medical subjects, as of late conducted at the Medical Department of the Willamette University, are as thorough and searching as can be reasonably demanded, and after diligent attention to the prescribed course of study, it is commonly found that students are amply able to undergo the ordeal and come out triumphant. Its alumni are everywhere filling respectable positions throughout this Northwest Coast and elsewhere, and we have no hesitation in saying they are fully, on an average, up to the

standing of the graduates of any school in the Union. The deficiency spoken of in regard to classical attainments can only be remedied by combined action, in which one school can hardly be induced to take the lead; but when the National Association shall insist that the diploma of no Medical College shall be recognized until it demands a competent knowledge of Latin as a pre-requisite, then we shall be in a fair way of getting rid of the reproach, but not before. The examinations for the degree of M.D., at the Willamette University, last a week, the candidates having to give written answers to twelve questions, many of them comprehensive ones, from each chair; of these at least sixty per cent. must be answered correctly, and if a candidate fail in more than half the questions from any one chair, he is rejected. The students have to attend two courses of lectures, of twenty weeks each, and from four to six lectures daily, besides having previously studied a year with some regular and reputable practitioner. We do not think this can be fairly called "performing their work carelessly," or "conferring the honorable degree of M.D. on ignorant or incompetent men." If the united voice of the profession, expressed through the National Medical Association, will insist on higher qualifications, our colleges will not fail to bring their alumni up to the required standard.

In the report on "Medical Education in the United States," prepared for the late Centennial Exhibition by Dr. N. L. Davis, of Chicago, the practice of granting diplomas by bodies engaged in teaching, is censured, and the appointment of independent boards of examiners advocated. To this your committee cannot altogether subscribe. We think the teachers who have been for many months associating and conversing with, and teaching and examining their students, must be the best judges of their qualifications, and if they will only do their duty fairly and impartially, are the most proper parties either to grant or withhold the degree. Even if colleges were as mercenary as some may suppose them to be, it would be their worst policy to make their diplomas too easy of acquirement, for they would thus lose all value in public estimation, and instead of gaining popularity by it,

their schools would sink in the estimation of the people, and honorable students would be ashamed to possess their degrees, and would not accept them as a gift. A better plan to make them sought after is to make them difficult of attainment, and badges of real merit. In behalf of the Medical College of our own State, we think it may be truly said that the possession of its diploma is a warrant of respectability and a professional passport throughout the United States. By removing all suspicion of favoritism, the estimation of its diplomas may be still further enhanced. This, we think, might be done by the appointment of censors, by the State Medical Society, to examine into the course of study and final examinations of the college, looking to the thoroughness of the one and the impartiality of the other, and the attachment of their certificate to the diploma to that effect, in the event of there being nothing objectionable in either of these particulars, would give it an additional value.

In summing up our remarks, we would say, that all we think necessary to make the American system of medical education entirely unobjectionable, and bring it up to the European standard, is to provide for a competent amount of classical knowledge in candidates for the degree of M.D., and to secure for them a thorough and impartial examination, free from the taint or suspicion of favoritism.

MEDICAL DEPARTMENT OF WILLAMETTE }
UNIVERSITY, }
PORTLAND, OREGON, June 16, 1880. }

*To the Officers and Members of the
Oregon State Medical Society:*

GENTLEMEN: Our fourteenth session of twenty weeks ended with the "commencement exercises," on the evening of April 27th, upon which occasion the degree of M.D. was conferred upon six men who had fully complied with our "requirements," and having proven themselves to be worthy and competent, we commend them to you as brothers who

will, we are confident, prove deserving of the honorable title.

The Faculty regrets that we were again not favored with the presence of your committee during our examination; also that we are not more frequently visited during our sessions by our professional brethren.

There seems to be, as we view the case, too much of a disposition upon the part of your members, to take it for granted that our labors will be satisfactorily carried forward.

We regret this, as we desire inspection and fair-minded criticism of our work at your hands, feeling that such intercourse as would of necessity be brought about by more intimate relations, would add to the pleasure and advantage of all concerned.

During the session just closed, six hundred and nineteen lectures were delivered, and there was no lack of "anatomical material." The Faculty has labored faithfully and harmoniously, and visitors who were familiar with the workings of Eastern colleges, have spoken in terms of high respect for both ourselves and our students, as compared with the teachers and classes of the older and more renowned institutions of the Eastern States.

Very respectfully submitted,

O. P. S. PLUMMER, M.D.,
Dean of the Faculty.

REPORT OF THE COMMITTEE ON LEGISLATION.

BY E. P. FRASER, M.D.

*Mr. President and Gentlemen of the
Oregon State Medical Society :*

As chairman of your special committee on Legislation, I beg leave to report : That we have given a careful consideration to the perplexing question of Medical Legislation, and have carefully examined all legal enactments of the different States on this subject, since the initiative step was taken by the State of New York in 1806, up to the present time.

While we may profit largely by the various efforts which have been made to protect the people and the profession from the ravages of ignorant pretenders to medical knowledge, we are forced to admit that the question, How can this be done? practically remains unanswered, and the disease thrives wonderfully under expectant treatment. It is quite a difficult matter for the public to distinguish an educated physician from one who is not. An attempt should be made by the profession to draw a line of demarkation between these two conditions. While we see many difficulties in the way, while we have seen so many failures in securing the necessary reforms, we, as a profession, should rise above such difficulties, and by the exercise of our influence should continue to work on in hope, taking advantage of every opportunity for the attainment of this great end.

A careful consideration of the subject has convinced us that these reforms cannot be accomplished by the *State* unaided by the medical profession; also that the medical colleges are powerless, except as a part of the regular profession, and alone they cannot furnish the required protection, cannot offer an adequate remedy. In most States not even a diploma is required of a medical practitioner, and, were a diploma required, it could be obtained from some institution for money alone. Thus it has come to pass that little confidence is placed in a diploma by people in general. It is, therefore, necessary to establish some competent tribunal in our State to decide upon the genuineness of diplomas issued by some of the so-called Medical Colleges in other States.

To show the immense proportions which the traffic in fraudulent diplomas has assumed, I quote one of the several circular letters which recently issued from the heads of departments in Washington :

DEPARTMENT OF STATE, }
WASHINGTON, March 12, 1880. }

SIR :—I have the honor to transmit herewith for your information a copy of a dispatch from Mr. White, Minister of the United States at Berlin, in relation to spurious diplomas issued by a so-called American University at Philadelphia. I beg to express the hope that it will be found practicable to devise measures, through the Bureau of Education, or otherwise, for the effectual sup-

pression of the practice of issuing spurious diplomas at Philadelphia, which is proving so injurious to the reputation of this country, with respect to higher education. I have the honor to be, sir,

Your obedient servant,

WM. M. EVARTS.

To the HON. CARL SCHURZ
Secretary of the Interior.

It is an encouraging circumstance that the authorities of the general government are also being awakened to the necessity of something being done. Unfortunately, however, the general government does not possess the power, under the Constitution of the United States, to deal directly with this matter. What other power is there to which we may look for relief? We confidently say, the *regular profession*. This Society, aided by the State Legislature, has the remedy entirely within its reach.

Any intelligent, yet tolerant plan which we will *unanimously urge* upon our legislature and people, can be successfully carried out. The difficulty lies in devising such a plan, and in obtaining the unanimous sympathy and support of the entire medical profession.

Any plan to be successful must rest on a principle and details, the broader the principle and the more perfect the details, the more satisfactory will be the plan.

It is evident to your committee that the principle upon which restrictive legislation should be asked is not in the interests of any "ism," "pathy," college or sect, but simply *knowledge*. This knowledge from the very nature of things can be ascertained only by the medical profession.

In the profession of law a diploma from a law school does not of itself entitle the holder to practice in our courts; neither does a diploma from a theological school entitle the holder to preach. The one must be admitted to the bar and licensed to practice by a body of legal practitioners. The other is licensed to engage in the ministry by a body of clergymen.

This is just what we need in Medicine.

To the medical profession, then, represented by their State Societies, should be entrusted the details of any plan calculated

to work a reformation in our State. It is clear that our legislature will furnish no protection to any "pathy," or even the regular profession, as *regular* or *irregular*. Its protection must cover all who have the essential scientific knowledge. The regular profession must consent to be placed under the same legal relations to the State as the "pathies," that all physicians may be thoroughly educated in the sciences that constitute the basis of rational medicine, and that our professional name may be rescued from the grasp of total ignorance.

From the history of the past, and our condition in the present, it would seem quite clear that until we can construct a plan with a principle whose base is sufficiently broad for the whole profession to stand upon, and we can rise as a unit and urge this protection from our legislature and people, we never shall have any adequate protection.

Actuated by these convictions, we have drafted a bill in which we have incorporated, to the best of our abilities, the principles and details of legislation needed in our State to regulate the practice of medicine, also a bill establishing a State Board of Health, which is to consist of five members. Their duties will be to look after the sanitary condition of the State, make appropriate scientific investigations, and secure the registration of vital statistics. There may be many errors in our plans, but we are certain that *intelligent united* effort made by the regular profession with a tolerant spirit, will, in time, solve every difficulty.

POISONING BY CARBOLIC ACID—RECOVERY.

REPORTED BY R. GLISAN, M.D., PORTLAND, OREGON.

About 3 P. M., April 25, 1880, I was called to see Charles Lambert, aged 20, who had taken an ounce of pure fluid carbolic acid.

Feeling unwell, he had, during the day, consulted a physician, who directed a purgative mixture, which was placed alongside of a vial containing an ounce of pure carbolic acid, obtained by the patient for sprinkling upon his handkerchief

as a preventive of small-pox. A friend, Mr. McB., administered to the young man the carbolic acid instead of the cathartic mixture. The mistake—a natural one, as the two vials and their contents bore a close resemblance to each other—being discovered by the friend, he gave young Lambert some milk, raw eggs, glycerine and ground mustard, and sent for medical aid. Dr. Eaton arrived soon thereafter, and the patient being unable to swallow, he forced down his stomach an additional quantity of milk, by pouring the latter into a rubber bag, held above the patient's head, and communicating with his œsophagus by a rubber tube. On arriving about half an hour after the poison had been taken, I found Mr. Lambert fast sinking into a comatose condition, being unconscious, except when aroused, with short, laborious, and somewhat stertorous respiration; cool, livid, sweaty skin; feeble and almost imperceptible pulse, and a disposition to groan when disturbed. As he had not vomited, and his stomach was full of fluid, I at once pumped out its contents, and, reversing the action of the stomach-pump, forced in a quantity of milk and sweet oil, and pumped it out again. This process was repeated until the stomach was thoroughly cleansed, and then a pint of the same mixture was thrown into it, and allowed to remain as a lubricant to the irritated mucous membrane.

The after treatment consisted chiefly in an occasional enema of brandy and milk and stimulating applications, especially mustard, to the general surface.

He remained in an almost moribund condition until the absorbed part of the poison was eliminated, when he gradually recovered from the coma, and vomited for the first time. On the following morning I saw him at the hospital, to which he had been removed, feeling as well as ever, with the exception of a slight burning sensation in the stomach. I saw him three weeks afterwards in perfect health.

It must be borne in mind that no antidotes were administered in this case. In fact, there is no physiological antagonist to carbolic acid, when absorbed into the circulation. A full stomach of diluted carbolic acid plainly indicated the

use of a stomach pump to get rid of the unabsorbed poison as quickly as possible. This being accomplished so thoroughly, I did not deem it necessary to try any doubtful antidotes.

Bartholow says: "The local caustic action is lessened by vegetable demulcents, but not by oils and glycerine." "Husemann and Ummethun state that glycerine, oils and alkalis are useless, but that saccharated lime comes most nearly to a chemical antidote whilst the poison is yet in the stomach. All authorities agree that there is no true antagonist to the acid after absorption has taken place.

The history of this case seems to prove that milk and sweet oil are not to be condemned, at least as diluents, until the stomach can be emptied, and as demulcents afterwards. Besides they have the advantage of being more readily obtained than vegetable demulcents or saccharated lime.

It is a little remarkable that the patient did not vomit until long after his stomach had been emptied of the unabsorbed carbolic acid.

This man had evidently swallowed sufficient carbolic acid to kill him, had it all been taken into the circulation. In fact, I know of no well authenticated case of recovery, except this one, from a similar dose. Husemann says that even eight grains of the crystallized acid is a dangerous dose. In most of the instances of poisoning by carbolic acid, the quantity and quality of the acid taken are open to more or less doubt. The facts in the foregoing case are susceptible of easy proof by the man who gave the poison, the druggist who sold it, and the patient who took it.

The diluents administered to him could only have postponed for a short time the absorption of the poison. Still, this very postponement was useful until his stomach could be evacuated. The saccharate of lime, and a powerful emetic might have been given in the absence of the stomach-pump, but were useless when this instrument had been used. The practical deduction thus seems to be that, under like circumstances, no time should be lost in hunting up vegetable demulcents and antidotes, but that *milk or sweet oil, or both combined, should be administered immediately, and the stomach evacuated as soon as possible with a powerful emetic, or, preferably, by the stomach-pump.*

REPORT OF SOME SURGICAL CASES OCCURRING IN
THE PRACTICE OF F. A. BAILEY, M.D., HILLS-
BORO, OREGON.

CASE 1.—*Wound of posterior part of leg in lower third, severing completely tendo-Achillis and posterior tibial artery.*

Mr. C., farmer, living nine miles from Hillsboro, on November 7th received a severe cut with an adze, extending transversely across the posterior part of the leg in its lower third, severing the posterior tibial artery and tendo-Achillis. I saw the patient shortly after the injury, and found he had lost a very large amount of blood. After ligating the vessel, the wound was brought together in the usual way with stitches, and, in addition, strips of adhesive plaster applied.

Those who have had much experience of extensive transverse wounds on this part of the leg, understand how widely the parts cut across separate, and that it is with difficulty the edges of the wound can be kept in proximity. This difficulty is, in a great measure, obviated by keeping, for some days, the leg flexed on the thigh, with the foot somewhat extended. This is accomplished by carrying the leg in a sling made of two or three yards of domestic, and suspended from the shoulder. This course was pursued in this case.

The ligature came away on the ninth day, and nothing unusual occurred until the cure was complete.

CASE 2.—*Amputation of the arm.*

I was called September 6, 1879, to see Mr. H., farmer, aged 50 years, living one mile north of Cornelius. His team had run away, and he had been thrown violently from the wagon and dragged some distance, when the left arm was caught between the wagon and a tree, and frightfully lacerated, the bone also being crushed and more or less comminuted from the elbow joint to a distance of three or four inches upwards. The entire lower third of the humerus was crushed into fragments, all the soft parts, including the vessels, were mashed into pulp, the arm hanging by only about one-third of the integument. I saw the patient, a German by birth, about four hours after the accident; he was not suffer-

ing much from shock, and no great amount of blood had been lost. Altogether, he was rather cheerful, considering the circumstances. This was a case in which the propriety of amputation admitted of no question, and I decided to operate at once. Assisted by Dr. E. M. Brown, of Hillsboro, the patient was put under the influence of chloroform, preparatory to the operation. The limb was removed by the flap operation, at about the junction of the upper with the middle third of the humerus; this being as much of the limb as could be saved, and at the same time have sufficient of the soft parts to make a good covering for the end of the bone. The anæsthetic was well borne. I prefer the flap operation to the circular in amputation, at this point. This patient made a good recovery, with nothing unusual in the course of the treatment except this: On the eighth day from date of operation, the weather being warm and sultry, vermin in great numbers infested the wound, causing intolerable itching and annoyance. This accident I attributed to the carelessness of the nurse. Dressings of a solution of carbolic acid had been used quite freely. I found it necessary, however, to take out the stitches, remove all the dressings, turn back the flaps, expose the whole surface of the wound and wash it out thoroughly, using a tolerably strong solution of carbolic acid. I carefully pared off any sloughs present, placed the flaps well together again, applying adhesive straps, and continued the carbolized oil dressings, and from this time forward the patient improved quite rapidly, recovering with a good and shapely stump.

CASE 3.—*Very extensive incised wound of knee joint.—Recovery, with ankylosis.*

Was called June 17, 1879, to see Mr. Graybell, farmer, who resides on his farm three miles from Hillsboro. Was informed by the messenger that he had completely unjointed his leg at the knee by falling accidentally on a scythe. It was some hours after receipt of the injury before I saw the patient, as I had been called that morning into a distant neighborhood. Another physician had arrived some time before I reached the patient's residence. Upon examination,

I found the knee joint had been cut across anteriorly, from before backward to fully two-thirds of the distance through the articulation. The wound it is somewhat difficult to describe, so as to be perfectly understood by the reader, without the aid of a drawing. The scythe had been thrown over the fence, falling with the sharp edge of the blade directed upward. Patient, in getting over the fence fell forward, with his right knee on the blade, his leg being flexed at about a right angle with the thigh. The ligamentum patellæ and all the anterior coverings of the joint being on the stretch, were in the most favorable situation to be fearfully cut across, and such I found had been the case. When he struck the blade, as he said himself, he rolled outwardly somewhat, and hence the outer aspect of the wound extended much further back through the joint than the inner part of the cut. The wound extended from the lower border of the inner condyle of the femur, somewhat downward and backward, almost to the outer hamstring, severing the patella ligament at its origin from the inferior point of the patella, also taking off about half an inch of the upper and outer portion of the head of the tibia. The joint was, as was clearly to be seen, cut almost entirely through. The edges of the wound were widely separated, there being nothing to counteract the great flexors on the posterior aspect of the thigh. The condyles of the femur were completely exposed, and more or less covered with dirt. After a thorough examination of the case, the first question presenting itself for decision was, whether to amputate or make an effort to save the limb. My decision was to take the latter course, recognizing the fact that a limb with even complete ankylosis in a joint is much to be preferred to no limb at all. I was fully aware of the great gravity of such injuries, and especially those of the joint in question—that serious constitutional symptoms may be expected, often as a natural consequences in these cases; but on the other hand, this much was in favor of an effort to save the limb: the patient was a healthy man, in the prime of life, being about 35 years of age, temperate in his habits, and, as I thought, most favorably situated for the effort to be made

in preference to amputating. The hæmorrhage was inconsiderable. The wound being carefully cleansed with carbolized water, was dressed, the limb being extended in the straight position. The edges of the wound were approximated with good strong stitches, and these supplemented with strips of isinglass plaster, about 10 to 14 inches in length and one inch wide. Two padded splints of light wood were used laterally, one extending from the perineum to the sole of the foot, and the other from above the crest of the ileum to the same distance, and secured by strips of cloth extending around them. The usual dressings of carbolized oil were ordered, and patent lint applied, to receive the discharges from the wound. The patient, it is needless to say, was kept on his back. Traumatic fever did not run high for several days—temperature not exceeding 101° Fahrenheit, for perhaps five or six days. I visited him every other day, and up to about the eighth day, entertained sanguine hopes that his recovery would be both rapid and complete, and without that extensive inflammatory action that so frequently occurs in injuries of this joint. But on the eighth day, marked constitutional disturbance began to declare itself; temperature rose to 104°; pulse, 120°, accompanied by great swelling of the limb, especially noted over region of great anterior muscles of thigh, rectus-femoris, vastus-internus and externus. This mischief continued, though vigorously and faithfully combated with all the usual remedies, until very extensive suppuration took place and an immense amount of pus began to discharge itself from the inner angle of the wound. The pus came from far up the thigh, and amounted sometimes to not less, I should think, than a pint daily. Absorbent cotton was used freely, and the dressings removed quite frequently. The patient was considerably weakened by this discharge, but was given iron tonics and the most nourishing diet. The wound was thoroughly cleansed daily with castile soap-suds, and a solution of carbolate of glycerine in water, thrown up into the cavities with a large-sized Davidson syringe. This suppurative process continued for nearly five weeks, the discharge diminishing gradu-

ally as the patient made improvement. His recovery was quite slow, occupying over three months, but resulted in a useful limb, in the straight position, with almost complete ankylosis at the knee. There is some inversion of the foot, but that is scarcely perceptible.

This, it occurs to me, is a remarkable case, and a better result than could reasonably be expected in a large majority of such instances. I have no doubt but that amputation under similar circumstances would be fully justified in such cases, but as "peace hath her victories, no less renowned than those of war," so has conservative surgery *her* triumphs, quite as worthy of record as the brilliant operations that are so apt to dazzle the world and win the admiration of mankind.

CASE 4.—*Fracture of the Os Calcis.*

I desire to place this case on record, because of its admitted great rarity. It is the only case of fracture of this bone that I have met with in my practice. Hamilton evidently had never met with a case, as the few cases in his work, recorded on page 476, are taken from Malgaigne, Chelius, South and others. B. Cooper says in his Lectures on Surgery (page 248, Ed. 1852), "Although of all the bones of the tarsus, the calcis is most likely to be fractured, the accident is still a rare one;" and Gross observes (vol. 1, page 989, Gross's Surgery), "The calcaneum, notwithstanding its exposed situation, the importance of its functions, etc., is seldom the subject of fracture." Erichsen, Ashurst and others admit its infrequency.

Mr. M., living near this place, farmer, aged about 40 years, in August, 1878, had the posterior part of the foot caught between the table of a threshing machine and a wagon. The bruising on either side extended about one-half the length of the foot forward. There was great pain and swelling, but I was not called to the case until two days after the accident occurred. At this time not only the foot and ankle, but also the leg was much swollen, while the pain and sufferings of the patient were described by him as almost insupportable. All of the back part of the foot and some distance up the leg was quite black. There was, however, no communication

from the external breaks in the skin with the bones beneath, and thus, of course, no compound fracture. I diagnosed this a case of fracture of the calcaneum. Notwithstanding the great amount of swelling, the following symptoms were present to aid a correct diagnosis: Crepitation well marked, inability to support weight of body on the heel, slight displacement of posterior fragment, together with a consideration of direction in which the force was applied. The fragment was but little displaced, not so much as I should have expected to see from my reading on the subject, but I must admit that I was not able to make out accurately the line of fracture, at the time. Subsequent investigations, made under more favorable circumstances, showed the break to have been through the bone from above diagonally forward and downwards. From a study of the anatomy of the parts, I am inclined to the opinion—some authors to the contrary notwithstanding—that great displacement of the posterior fragment seldom if ever occurs. It seems to me that the external and internal lateral ligaments would hold the fragments in about their normal position, unless the fracture should be the mere breaking off of a very small fragment of the bone, that of course might be torn loose from the attachment of these ligaments and carried up by contraction of tendo-achillis. In this case the subject was of the strumous diathesis, and in poor general health, and I was fearful gangrene would ensue. Evaporating lotions were applied; rest of the injured limb on a pillow, with saline cathartics, and no splints, constituted the treatment for a few days. The swelling subsided very slowly, in fact the recovery was by no means rapid, it being over two months before the patient was able to walk. I saw this case about a year after the accident happened, when the patient had not fully regained the use of the ankle joint, lateral motion and extension being somewhat less than normal; this, however, is more to be attributed to the general inflammatory processes set up in consequence of the injuries sustained by the other tarsal articulations, than to the fracture itself.

THE THERAPEUTICS OF ERGOT.

BY J. F. WELLS, M.D.

To the President and Members of the
Oregon State Medical Society:

Probably no remedy in the *Materia Medica* has more rapidly and more deservedly grown into extended popular favor among physicians within the past few years, than Ergot; and believing that still greater prominence awaits its reputation in its varied therapeutic application, a summary of the new uses to which I have applied it, with its beneficial results, may serve to call your attention to, and induce a more thorough investigation of, the great remedial efficacy of this most valuable drug.

For about eighty years the action of Ergot as a paraturifacient has been recognized and appreciated by the profession in America, and for nearly seventy years the knowledge of its effects was limited to this application, and it was rarely administered for other purposes; but investigation into its physiological action has, within the last ten years, developed its *specific action*—that of contracting the *non-striated muscular fibres*, and demonstrated that its great utility and application in the treatment of diseases is limited not even by the very comprehensive term, *Inflammation*.

That Ergot does contract the capillaries and arterioles, by its action on their non-striated muscular fibres, and thus, positively diminishes the amount of blood going to any organ, especially when in a state of congestion or inflammation, cannot now be refuted.

If it possesses this power in a sufficient degree to arrest hemorrhage from the nose, lungs, kidneys, uterus, bowels, etc., when there is a solution of continuity in their vascular structures, and which experience demonstrates; it is a most rational conclusion that its effects should be even more manifest in all conditions of engorgement of these structures from whatever cause, when there is no solution of continuity, and hence its extended, rational application in *all* congestions and inflammations.

In Pneumonia, I have used it for several years, with far more satisfactory results than any other treatment, and am sure that it aborts the disease in most all cases when it is properly administered before hepatization occurs—the “rusty” sputa subsiding often in a few hours—the pain, congestion and inflammation rapidly disappearing. After hepatization, its effects though not so palpable, are yet most obviously beneficial, and may be greatly enhanced by synergistic combinations—as with *Plumbi Aulalis* in *Pneumonitis*—it is good in *Pleuritis*, and also in night sweats, or unnatural sudation. In *Meningitis*, *Peritonitis* and *Orchitis* it is *the remedy*. In *Oraritis* and *Metritis* it is *the sine qua non*.

In *Spermatorrhœa* and *Gleet*, it often affects a cure when other orthodox remedies fail.

In *Ptyalism*, with other astringents, it acts well and quickly.

In *Hemorrhoides*, ergotine injected into the pile with a little carbolic acid, effects a speedy and permanent cure in all cases.

In *Enteritis* of Typhoid Fever it is believed to prevent perforation by limiting the congestion and inflammation in Peyer's gland.

It prevents waste and destruction of tissue in continued fevers, as well by its sedative action on the heart as by preventing congestions, and diminishing the unnatural supply of blood—and thus preventing the unnecessary destruction of blood corpuscles.

In *Neurasthenia*, its application is theoretically appropriate.

In all surgical operations the loss of blood should, and I believe will eventually, be anticipated by its previous administration. To this end it is especially serviceable in preventing hemorrhage and peritonitis after ovariectomy—in a recently successful case of which I attribute much of the entire absence of inflammation as due to the effects of Ergot.

These are some of the uses to which I have very successfully applied this remedy, many of which have not heretofore been fully recorded, and others too lightly regarded.

When once we admit this specific action of ergot, its rational application is even more extensive than is herein in-

dicated, and careful observation with it will convince the unbiased practitioner of its superior efficacy in the above, and other accepted applications.

In an experience of ten years I have yet to see the first seriously unfavorable symptom follow its intelligent administration.

A case of epilepsy, related to me by a most capable physician of this city, gives an account of the administration of twenty grains of ergotine three times a day for months, with the great beneficial effect of gradually and permanently arresting the paroxysms, which at beginning of treatment were three or four a day.

The case recovered in about one year—during which time the ergotine was continuously administered, and no unfavorable result followed.

The dry gangrene said to be produced by it, is directly in support of its specific action, and most fortunately is so rare as to exist more in imagination than in reality.

In health, the protracted use of this medicine *may* be followed by such effects; but in disease, the power of the remedy seems to be wholly expended in contracting the over-distended blood vessels, without deleterious effects in other parts of the body, and hence may be given as long as the indication exists, with impunity.

SUCCESSFUL OVARIOTOMY.

—
BY J. T. WELLS, M.D.
—

*To the President and Members of the
Oregon State Medical Society:*

On the 15th of April, 1880, I was called to see Miss Emma Baxter, aged 23 years, who, I was informed by the attending physician, had an ovarian tumor.

I found the patient much debilitated, of a spare physique, with a sallow, peculiar "ovarian expression," and a greatly distended abdomen, measuring nearly fifty inches in circum-

ference. The abdomen was smooth and round, and no outlines of a tumor recognizable. Fluctuation was very distinct. After careful examination I concurred in the diagnosis, previously made by Prof. P. Harvey, of the Willamette University, about six months prior to my visit, of an ovarian cyst.

The previous history of the case showed dysmenorrhœa, with irregular menstruation, for about four years. The abdominal enlargement was first perceptible two years ago, for which she sought medical aid, and was treated for *dropsy* by drastic and hydrogogue cathartics, until the diagnosis of ovarian cyst was made by Prof. Harvey. The patient had been tapped six times, removing in all twelve gallons of fluid, which gradually re-accumulated, and which at the time of my first visit was causing serious inconvenience by its pressure upon the abdominal and thoracic organs.

I advised ovariectomy as the only means of permanent relief, and the patient readily consenting, was placed under preparatory treatment, consisting of iron, quinine and nuxvomica, and a generous diet. On the 29th day of April last, assisted principally by Drs. Harvey, Fraser, Watkins and Saylor, and in the presence of several other medical gentlemen, I performed ovariectomy, and removed an ovarian cyst, weighing, with its contents, about forty pounds.

Anæsthesia was produced by a mixture of chloroform and ether.

The incision was made in the linea alba, from just below the umbilicus to near the pubis.

The entire operation was performed under carbolized spray—1 part to 40—and occupied about one hour and a half.

Several adhesions existed, most of which were easily broken up by the sound and hand, only two requiring the knife.

An attempt was made to draw off the liquid contents of the cyst, previously diagnosed by fluctuation and tapping, by a large aspirating needle and trocar, but the simultaneous act of vomiting caused a rupture of the walls of the sac and its liquid contents—a whitish viscid, sero-albuminous fluid—to rush out in a large stream, partially filling the abdominal cavity, in spite of the pressure to the sides of the abdomen, by

the hands of assistants, drenching the patient's body, the table, and running down upon the floor.

The cyst was quickly removed, the pedicle ligated, severed by the knife and returned; and the abdominal cavity sponged out with soft sponges soaked in artificial serum. Slight hemorrhage occurred from some small vessels at the seat of the severed adhesions, which was very promptly arrested by the spray. The abdominal cavity was carefully sponged out until the sponges came out clean, when the pedicle was brought out of the abdominal cavity and secured just below the ligature by Dawson's Clamp; the incision closed by four sub-peritoneal, and four superficial sutures—of carbolized plaited silk.

The dressings, consisting of carbolized oil (1 to 40) on absorbent cotton, with bandage, were removed on the fourth day, and it was found that the incision had healed down to the pedicle by first intention without any discoloration, or inflammatory redness along its edges.

The pedicle was mummified by the mönsel's salt applied at the time of the operation—no odor or sign of suppuration present.

The superficial sutures were removed on the fifth day—the deep ones on the ninth.

The clamp came away on the sixteenth day—the pedicle sloughing, its stump having firmly united to the skin as evinced by some retraction around it. The little slough remaining of the pedicle cleaned off—granulations springing up, and in a few days the entire incision was healed up. She got out of bed on the twenty-third day, and is now entirely well.

The after-treatment consisted of the administration of quinine, opium and ergotine per rectum, and the hypodermic use of morphine and atropia pro re nata.

The catheter was used every three or four hours. Food—Valentin's meat juice, milk and rice.

The bowels had been thoroughly evacuated prior to the operation, and confined by opiates, and did not act again until the tenth day.

There was no peritonitis, nor distention of the abdominal walls at any time after the operation; and the only source of pain was flatulence, which in passing down and distending the intestinal canal with a loud, rumbling sound (borbyrygmi) caused severe pain, resisting all usual remedies per ora, and requiring frequent hypodermic injections of morphine. The rectal tube was frequently used to remove the flatus. This pain and flatulence were not new symptoms to the patient, she having suffered very much from them for six months prior to the operation, and were often accompanied by "bloody and mattery" discharges, an effect of the long administration of the drastic and hydrogogue catheters above mentioned.

CLINICAL CONTRIBUTIONS, (OPHTHALMIC AND AURAL.)

BY F. B. EATON, M. D., PORTLAND, OREGON.

CASE I.—*Spasm of Accommodation and Apparent Myopia, caused by Hypermetropia.—Recovery.*

Miss D., æt. 15, a school-girl, applied to me on account of what appeared to her and her friends to be extreme short sight, which was increasing. She had never suffered from any inflammation or injury of the eyes, but had experienced, during the past two years, a constantly increasing tendency to bring her book closer to the face. She suffered no actual pain, but the eyes soon became wearied.

On conducting the usual routine of tests for the determination of the state of refraction, I found her vision for distance only slightly defective, and quite normal with 46 concave, an extremely weak glass. The ophthalmoscope showed an apparently normal condition of refraction. When, however, requested to read type of the usual size, she could do so only at a distance of *four inches*. With the above 46 concave, she readily recognized the same type at three feet, and her chief annoyance being thus relieved, she was desirous of using such glasses.

But suspecting the existence of some accommodative *spasm*,

I applied to both eyes a strong solution of atropia, allowing it to act for three hours. The actual condition was then found to be *Hymertropia* of $\frac{1}{2}$, a *convex* 28 being required to enable her to see clearly at a distance. From this the cause of the original paradoxical assemblage of symptoms became quite clear, it being the occurrence of an involuntary spasm of the ciliary muscle whenever the eyes were used at a short distance, thus producing over-accommodation and short sight. The spasm was evidently associated with the act of convergence, for when looking at a distance the accommodation could partially relax, though not sufficiently to throw a distinct image upon the retina, hence the assistance afforded by the concave glass.

The treatment adopted was simply the continuous use of a strong solution of atropia for a week, being dropped in daily. Rest was thus insured to the ciliary muscle. As the effects of the atropia passed off, the spasm showed a tendency to return, the patient being constantly at her studies, and it required the use of a *convex* 18 to prevent its recurrence. With this glass she can easily read at a distance of two feet, and the spasm is prevented. Possibly, if entire rest of the eyes could be afforded for a month, the use of glasses might be dispensed with.

Practically, this case is of importance, as indicating that cases of so-called myopia, or short-sight, may be, in fact, hypermetropia or far-sight, or even normal refraction, combined with spasm of the accommodation. In either case, the concave glasses, too often empirically chosen, which apparently correct the condition, only aggravate it by increasing the demands made upon the accommodation.

Von Graefe recorded a case of actual myopia, combined with spasm, in which convex glasses alone sufficed to relieve the trouble. Opportunities of studying this condition are comparatively rare, it being considered "one of the darkest chapters in ophthalmology."

CASE II.—*Acute catarrh of the middle ear—Fluid on the tympanic cavity.—Relief by paracentesis of the membrane tympani.*

C. H. D., æt. about 50, manufacturer of artificial stone,

was attacked about ten days ago with pains in the right ear, which soon spread over the right side of the head and face. He has been troubled with cough and attacks of fever for two or three weeks. Says the right side of the head feels numb. He does not hear the watch when pressed against the right auricle; on the left side the watch is heard at about two feet— $\frac{2}{3}$.

The drum of the right ear is considerably congested at the periphery, the light spot absent, concavity lost.

There is an appearance as of bubbles of air in liquid, in contact with the drum.

The drum of the right ear was slightly hyperæmic, but concave. The pharynx was chronically inflamed.

The pain followed, with anatomical exactness, the courses of the facial and auriculo-temporal nerves.

For the first two or three days the treatment was mainly anti-phlogistic, a leech being applied to the tragus, and the middle ear inflated by Pollitzer's method, in the hopes that any fluid in the tympanic cavity might escape by the eustachian tube.

As large quantities of quinine had not prevented the return of the fever each evening, Fowler's solution was substituted. Applications were also made to the pharynx.

There was, however, little relief afforded, and the neuralgic pains had now extended to the teeth of the lower jaw, rendering mastication almost impossible. I, therefore, without further delay, performed a paracentesis of the left drum head, making an incision about a line in length in the posterior and inferior quadrant. Inflation with the Pollitzer bag now expelled about half a dram of fluid resembling exactly ordinary serum, and trickling from the ear.

The patient immediately expressed himself as relieved of the pain and sensation of numbness, and the hearing distance for the watch rose to fifteen inches, with corresponding improvement for the voice. His hearing has since remained good.

This case, beside its clinical interest, illustrates the nervous

communication existing between the tympanic cavity and the parts supplied by the facial and inferior maxillary nerves.

That the teeth are undoubtedly in intimate relation with the tympanic cavity, is clinically well attested. (*Vide Am. Jour. Med. Science*, January, 1880.)

While I am not prepared to maintain that the tympanic inflammation was the sole cause of the dental neuralgia of a patient suffering from malarial poisoning, and consequent anæmia, it is clear, from the course of the symptoms and the coincident facial neuralgia, that reflex as well as direct irritation originating in the ear, were etiological factors.

A CASE OF DOUBLE HAIR-LIP, COMPLICATED WITH A LOSS OF A PORTION OF UPPER MAXILLARY AND FISSURE OF HARD PALATE.

BY H. CARPENTER, M.D.

Miss W—, aged 20 years, applied to me for relief March 29th, 1880. The patient presented an unusually wide fissure of both the lip and hard palate, with a corresponding loss of the inter-maxillary—the nose projecting about one inch beyond its normal condition, the under surface supported by a small, round bone, one-eighth of an inch in diameter, extending posteriorly to the pharynx, anteriorly, to its tip, which was covered by a muco-fibrous tissue, with a small triangular piece of skin hanging from the end. The nasal bones had been fractured, being depressed in the center, elevating the end of the nose, thereby decreasing the deformity.

An operation was performed as follows, assisted by Dr. Kent, A. Giesy a medical student, and two dentists of this city:

After the patient was under the influence of ether, I made an incision on the under surface of the nose and around the bone one inch from the end, cutting the bone through with bone forceps, then dissecting it from the soft tissue. The hemorrhage from the intermaxillary artery was severe, which required to be touched with a red hot wire before the hemorrhage ceased—after which the cut surfaces were brought

together and held by a single silk suture on each side. This brought the nose down to the proper position, at the same time adjusting the fractured nasal bones; also, bringing the triangular piece of skin on a level with the lateral border of the upper lip to be used in forming the columna, and to assist in closing the intermediate space, I removed the sutures on the sixth and seventh days, partial union having taken place.

Awaiting three weeks for perfect union, the subsidence of all inflammatory action and the restoration of the circulation in the tip of the nose and piece of skin attached thereto, during which time Drs. Glenn and Cox, dentists, filled the intermediate space in the superior maxillary with vulcanized rubber, which contained the requisite number of teeth (being six), to which was attached an obturator, covering the fissure in the palate. This artificial work being adjusted, I closed the lip by first liberating the lateral portions of the lip from their attachments, then removing the vermilion border of each side with a pair of scissors, also paring the edges of the small intermediate piece of skin, closed the wound with two sutures and one hair-lip pin, one suture in the lower margin of the lip and one in the middle portion, the pin passing through the upper margin of the lip and under the septum of the nose and central piece of skin, adjusting the parts so as to form the lower part of the nostrils. The twisted suture was applied in the pendulous piece of skin so as to form an angle giving the nose its proper height. To support and prevent any tension being made on the parts, I applied a strip of gauze which was thoroughly covered with collodion and castor oil, seven parts of the former to one of the latter, which dressing in my opinion is much better adapted to such cases than adhesive strips. The sutures were removed on the third, fourth and seventh days, dressings continued three weeks, at which time union seemed to be perfect. However, during a fit of laughter the lower border of the lip opened about one-eighth of an inch, which was closed by a subsequent operation, and at this time (June 26th, 1880) union seems to be perfect.

I have operated seven different times for the relief of single hair-lip, with but one partial failure.

A CASE OF BRAIN LESION (OR SUPPOSED TO
HAVE BEEN.)

BY H. CARPENTER, M.D.

I was called Sept. 9th, 1879, in consultation with Dr. Giesy, of Aurora, to see Mrs. Cutting, who lived fourteen miles from that place.

On my arrival I learned from Dr. Giesy, who had seen the case previously, and from her husband, the following history: Her age, 21; height, five feet two inches; weight, 116 lbs. Had been married two years. Seven years previous to marriage had a severe attack of meningitis. June 6th was delivered of a healthy male child, weight, ten pounds. Left her bed on the twelfth day—one month later she became melancholic, when a physician was called who advised that the child should be taken from the breast in order to arrest the lacteal secretion. This, and the application of a liniment, quickly dried up the breast. Soon after, her mind began to wander, and gradually grew worse with emotional hallucinations of being murdered. These illusions caused her to conceal herself from her family, and on one occasion she escaped to the woods and remained there all night. Upon a special examination of the patient, found her very shy; she would not speak. Her countenance was haggard, breath very offensive, appetite gone, tried to evade me, however, with assistance succeeded in making a uterine examination per vagina, found the cervix uteri indurated, attended with a leucorrhœal discharge, bowels constipated. Treatment proposed was laxatives, iron and the bromides. This treatment was carried out for sometime with decided benefit, improving the patient so that she regained her mind, and resumed her household duties, but for a short time only, when she relapsed into her previous condition, but much worse, weaker and more helpless. Brought her to Portland, October 10th. She was taken to St. Vincent Hos- in a comatosed condition, where she remained until the 18th day of November, during which time she presented the following symptoms; countenance pallid, eyes closed, most of

the time occasionally the lids would open mechanically and remain open for several hours, pupils dilated, no response to a bright artificial light. Pulse slow and feeble. Tongue coated, breath offensive, bowels collapsed and involuntary discharge of urine. Very much emaciated, muscles of the jaw, throat and arms rigid at times. Skin insensible to the touch. Owing to the fact that there was slight hopes of her recovery but little was done in the way of treatment except to give nourishment in the form of milk and beef essence, which were given by forcing the mouth open, then filling it through a feed tube. The act of swallowing was mechanical. Bromides were used. Bowels moved by enema of tepid water when necessary. She gradually grew worse, the coma being so profound that she was really more dead than alive, emitting that peculiar odor accompanying a corpse. In order to give her better attention she was moved to a private house and nursed by her aunt. I then commenced a special course of treatment, by sponging the entire surface daily with tepid water containing some bromi-chloralum, gave bromide am. gr. x., Fl. Ext. Hyoscyami, drops ten, three times daily. Counter irritation and blistering to the nape of neck.

Continued this course to December first, except, owing to the rigidity of the muscles of the mouth and jaw, had to give the nourishment by the rectum for a period of twenty-four hours at a time on several occasions.

The temperature, pulse and respiration was taken daily during the month of December. Pulse varied from eighty to eighty-eight. Respiration from twenty to twenty-two. Temperature ninety-eight to one hundred and half. January first added to treatment Ferrum, dialysed six drachms, ergotine one drachm, glycerine two ounces, aqua distill., four ounces, of which a teaspoonful was given three times daily. These remedies were continued until the patient was discharged, adding each month for a few days, tinc. aloes and myrrh with the view of restoring her menses. About the middle of this month there were evident symptoms of improvement as the patient occasionally turned on her side. February, first opened her eyes for a short time daily, and from appearances we

thought she recognized those around. February fifteenth commenced to walk, twenty-sixth, did some sewing, twenty-ninth tried, to read a newspaper. March first, ate at the table, fourteenth, began to talk for the first time. Was discharged April third in good health, but very weak. June fifteenth heard from her and she is enjoying good health. *Peculiarities*—from the tenth of November until the fifteenth of January she never moved. December twenty-first, spoke and asked for some bread and meat, immediately after which she became comatose.

STATEMENT OF THE PATIENT.

I was not conscious of anything that occurred during my sickness; it was a perfect blank, did not know of speaking at any time or turning on my side, except I was told and had a confused view, and now recollect that the battery was applied to me while I was in the Hospital, the application of which caused me to feel that I was in Hades, undergoing all the torments of the lost, after a short time the evil spirit seemed to leave me. Then all was blank again until I awoke about the first week in February, and appeared to be in the midst of a novel entitled, "The Shadows of the Wall," I had read when a girl.

REMARKS.

Several prominent physicians visited this patient with me, some of whom did not express any opinion, others regarded it as a case of catalepsy, one or two agreed with me in believing that there was some brain lesion. Upon this hypothesis my treatment was based.

 REPORT OF CASES FROM ST. VINCENT'S HOSPITAL.
 PORTLAND, OREGON.

R. G. REX, M.D.

The total number of patients treated in the Hospital from June 1st, 1879, to May 31, 1880, was 726.

It is intended in the present article to give a brief review

of the more important cases admitted within the time mentioned, especially such as are of comparatively rare occurrence in medical practice.

The most frequent cause of death in fatal cases has been phthisis and valvular diseases of the heart. Among the rarer cases was one of Bright's disease, in which uraemic convulsions had occurred at the time of admission to the hospital, with a fatal termination after a few days.

A case of cerebral abscess, not traceable to injury or any other obvious cause, was admitted in an advanced stage of the disease and soon terminated fatally. At the autopsy a large collection of pus was found in the middle lobe of the left hemisphere.

In one of the fatal cases the patient, a middle-aged man of vigorous physical appearance, was admitted to the hospital, suffering from obstruction of the bowels. He had previously had several similar attacks which seemed to increase in severity with each successive renewal of the disease. These points were suggestive of constriction of the intestine, or some other increasing organic derangement, rendering the prognosis in regard to ultimate recovery extremely unfavorable. All attempts to overcome the obstruction were unavailing, and the patient died with symptoms of peritoneal inflammation.

Upon making a post mortem examination the coils of the ileum were found to be adhered together and constricted by bands of cicatricial tissue, the evident result of previous attacks of circumscribed peritonitis, which had the effect of diminishing the calibre of the intestine and hindering peristaltic action, whereby the passage of the contents of the bowel was finally completely prevented.

Quite a number of cases of inflammatory rheumatism were treated, the most of them recovering without cardiac complication. In two of them, pleuritis occurred, resulting in one case in effusion and death, and in the other terminating without effusion, in recovery.

The former of these two cases was interesting from the fact that the use of the aspirator failed to demonstrate the

presence of fluid in the thoracic cavity. This was found, at the autopsy, to be due to the formation of plastic exudate, which had served to obstruct the point of the needle, so that, although the effusion existed, its removal failed to be effected by this method. Even if accomplished, the benefit would have been but temporary, as the pleura of the opposite side had already become involved in the inflammatory process.

The pleuritis was located primarily in the left thoracic cavity, but neither the cardiac valves nor the pericardium were affected. The remedies used were salicylic acid in alkaline solution and quinia.

One of the most noteworthy of our cases was that of a young man who was admitted one evening suffering from violent and constant epileptiform convulsions and partially paralyzed on the right side. He was unable to give any account of himself, and the attendant who brought him knew nothing of his history. The convulsions became more protracted and severe, and he died the following morning.

At the autopsy it was found that a point of the inner plate of the right parietal bone had been depressed by an old fracture near the posterior extremity of the temporal ridge. This formed a rough projection which extended inwards about a quarter of an inch beyond the general surface of the inner plate. The original brain substance opposite to this point had been transformed into a sort of a cicatricial tissue, extending from the outer surface through to the lateral ventricle and having an inflamed appearance. The lateral ventricles were filled with a serous effusion. The cranium itself was thin and fragile.

It was afterwards ascertained that the man had been kicked on the head by a horse several years before, and had suffered from repeated epileptiform attacks since.

Our report has been confined thus far to cases having a fatal termination. The diseases that yield readily to treatment and involve no great danger to life, have but little professional interest and are soon forgotten; but the diseases that destroy life in spite of medical skill, are the ones especially worthy to be remembered, recorded and studied.

A case of gangrenous abscess of the lung occurring as a complication of pneumonia, which had at one time a very grave prognosis, terminated fortunately in recovery. The patient, a man of excellent constitution, first came under observation several weeks after the commencement of the disease. At the time of his admission to the hospital he had a harassing cough, with profuse putrid purulent expectorations, night sweats and nausea.

The night sweats were checked with atropia, and the cough moderated to some extent by the use of opiates. As the main hope of recovery lay in building up the strength and vigor of the patient, it was important to overcome the nausea and restore the appetite. The nausea seemed to be mainly due to the offensive character of the sputa. In order to correct this the air of the room was kept slightly charged with chlorine; a small dish containing hydrochloric acid was kept in the room, and a few crystals of potassic chlorate dropped into it from time to time, just sufficient to keep a perceptible odor of chlorine in the room. The offensive smell and taste of the expectoration was speedily subdued by this means; the sputa diminished in quantity; the nausea disappeared and appetite increased, and a gradual improvement took place in the patient's condition. A slight relapse took place at one time, due to a diarrhoea of two day's continuance, but after this no further untoward symptoms were observed. Upon the patient's discharge the expectoration had almost ceased and the physical signs of disease in the lung had disappeared.

ACTIVE MEMBERS. 1880

NAME.	POST OFFICE ADDRESS.	PLACE AND DATE OF GRADUATION.
Alexander, W. F.	Albany	Medical Department, Willamette University, Honorary Degree, June 12, 1877.
Angur, James T.	McMinnville	Jefferson Medical College, Philadelphia, Pennsylvania, March 10, 1877.
Bailey, F. A.	Hillsboro	Medical Department, Willamette University, March 4, 1870. Toland's College, S. F.
Baker, W. D.	Astoria	do March 3, 1868. Bellevue Med. Col., 1869.
Bayley, J. R.	Corvallis	Medical College, Hamilton, Ohio, March 4, 1851.
Brown, Jas., L.L.D.	Roseburg	Royal Medical College, Belfast, Ireland, 1849.
Brown, E. M.	Hillsboro	Medical Department, Willamette University, June 11, 1879.
Calbreath, J. F.	Lafayette	Medical Department, University of California, November 5, 1875.
Cantborn, F. A.	Corvallis	Bellevue Hospital Medical College, N. Y., 1867.
Cardwell, Wm. B.	Portland	College Physicians and Surgeons, University of Iowa, February 26, 1856.
Carpenter, H.	Portland	Medical Department, Willamette University, Portland, Oregon, June 11, 1879.
Charlton, Mrs. Callie.	East Portland	do
Cox, W. D.	Sheridan	Royal Coll. Surg., London, Eng., July 26, 1836. Keokuk, Iowa, June 14, 1877.
Crang, F.	Forest Grove	Medical Department, Willamette University, March 4, 1867.
Cusick, W. A.	Gervais	do do March 4, 1867.
Davidson, J. E.	Independence	do do May 30, 1876.
Doane, O. D.	The Dalles	do do June 12, 1877.
Doonson, O. M.	Prairie City	do do June 12, 1877.
Dodson, Z. T.	Pine City, W. T.	do do June 12, 1877.
Eaton, F. B.	Portland	Pacific Medical College, San Francisco, Cal., November 4, 1875.
Ferra, George	Corvallis	University of Kentucky, Louisville, Ky., 1876.
Flinn, M.	Gervais	do do March 4, 1872.
Ford, Miss A. L.	Portland	College of Physicians and Surgeons, N. Y., March, 1861.
Fraser, E. P.	Portland	Med. Dept. University of Maryland, Baltimore, Md., March 5, 1855.
Ghiselin, J. T.	Portland	Medical Department, Willamette University, June 11, 1876.
Giesy, A. J.	Aurora	do do March 3, 1868.
Giesy, M.	Aurora	Med. Dept. University of Maryland, Baltimore, Md., March 20, 1849.
Gilman, R.	Portland	Medical Department, Willamette University, March 4, 1868.
Hall, C. H.	Salem	

Harris, T. W.	Eugene	Linn County Medical Society, Toland, Cal.
Hendrex, J. F.	Harrisburg	Medical Department, Willamette University, June 11, 1879.
Hill, G. J.	Unknown	do do June 12, 1877.
Hill, J. I.	Albany	do do March 4, 1871.
Homes, Reese	Salem	do do June 12, 1877.
Howard, J. W.	Canyon City	do do March 4, 1873.
Hoyt, J. D.	Champoeg	do do June 11, 1879.
Jennings, M. D.	Unknown	University of Virginia, Albemarle County, July 2, 1869.
Josphi, Simon E.	East Portland	University of California, San Francisco, Cal., November 5, 1877.
Jessup, S. R.	Salem	Medical Department, Willamette University, March 3, 1868. Bellevue Med. Col., 1871.
Johnson, H. V. V.	McMinnville	do do July 25, 1867.
Jones, D. M.	Unknown	do do
Jones, H. E.	Portland	Bellevue Hospital College, N. Y., 1869.
Jones, William	Portland	Pacific Medical College, San Francisco, Cal., November 5, 1878.
Kinney, Alf. C.	Astoria	Bellevue Hospital Medical College, N. Y., March 1, 1872.
Kitchen, J. M.	Stayton	Medical Department, Willamette University, June 12, 1877.
Lane Harry.	Unknown	do do May 30, 1876.
Lee, J. B.	Corvallis	Honorary Degree, 1877.
Lee, N. L.	Junetion City	do do March 4, 1871.
Lee, T. J.	Independence	University of St. Louis, St. Louis, Mo., March 2, 1876.
Littfield, H. K.	Celilo	Rush Medical College, Chicago, Illinois, February 1, 1870.
Logan, H.	The Dalles	St. Louis Medical College, St. Louis, Mo., March 12, 1872.
McAfee, J. W.	Salem	Medical Department, University of California, San Francisco, Cal., March 12, 1863.
McAuley, S. D.	Stayton	Medical Department, Willamette University, March 4, 1868.
McKay, W. C.	Pendleton	do do Honorary Degree, March 4, 1872.
Merrick, C. H.	Canyonville	Charity Hospital Medical College, Cleveland, Ohio, February 24, 1864.
Morgan, J. M.	Corvallis	Medical Department, Willamette University, June 12, 1877.
Morrison, W. F.	The Dalles	do do June 12, 1877.
Nicklin, A. I.	Eugene	do do March 4, 1872.
Nicklin, J.	Eugene	do do March 4, 1873.
Norris, J. W.	Oregon City	Rush Medical College, Cook Co., Ill., Jan. 17, 1878.
Nottage, G. E.	East Portland	University of California, San Francisco, Cal., October 29, 1874.
Oglesby, W. W.	Weston	Medical Department, Willamette University, June 12, 1877.

Active Members—continued.

NAME.	POST OFFICE ADDRESS.	PLACE AND DATE OF GRADUATION.
Parrish, Mrs. Jennie L.	Salem.	Medical Department Willamette University, June 11, 1879.
Parker, S.	Oregon City.	Medical Department, Harvard University, Boston, Mass., March, 1876. ¹ <u>revised</u>
Payton, D.	Snowden Springs.	Keokuk, Iowa, February 22, 1860.
Payton, J. E.	Drain's Station.	Medical Department, Willamette University, June 12, 1877.
Plummer, O. P. S.	Portland.	Jefferson Medical College, Philadelphia, Penn., March 7, 1857.
Powers, I. N.	Neah Bay, W. T.	Medical Department, Willamette University, June 12, 1877.
Prnett, J. M.	Pendleton.	Ohio Medical College, Hamilton Co., Ohio, March 1, 1875.
Raffety, C. H.	East Portland.	Medical Department, Willamette University, March 4, 1869.
Rex, R. G.	Portland.	University of Michigan, Ann Arbor, Mich., June, 1871.
Reynolds, J.	Salem.	Miami Medical College, Cincinnati, Ohio.
Rice, D. B.	Albany.	University of Missouri, McDowell School, St. Louis, Mo., March 2, 1874.
Richardson, J. A.	The Dalles.	Toland Medical College, San Francisco, Cal., 1866.
Rinearson, F. B.	Milwaukie.	Bellevue Hospital Medical College, N. Y., March 1, 1870.
Ross, H. W.	Oregon City.	Medical Department, Willamette University, June, 1878.
Rowland, L. L.	Salem.	Rush Medical College, Chicago, Ill., February 16, 1853.
Saylor, W. H.	Portland.	Medical Department, Willamette University, March 4, 1872.
Sharples, A.	Portland.	Bellevue Hospital Medical College, March 4, 1869.
Starr, J. M.	Eugene.	Jefferson Medical College, Philadelphia, Penn., March 4, 1864.
Strong, C. C.	Brownsville.	Medical Department, Willamette University, June 12, 1877.
Tharp, W. S.	Portland.	Bellevue Hospital Medical College, N. Y., March 1, 1872.
Towel, C. W.	McMinnville.	Jefferson Medical College, Philadelphia, Penn., March 11, 1879.
Turner, J. W.	Empire City.	Medical Department, Willamette University, March 4, 1872.
Tuttle, Jay.	Unknown.	do
Wade, Wm. L.	Astoria.	do
Watkins, W. H.	Salem.	Butler's University, Indianapolis, Ind., February 28, 1879.
Wells, J. T.	Portland.	Buffalo Medical College, Buffalo, N. Y., 1849.
	Portland.	University of New York, March 9, 1870.

Williams, H. O.	Palouse, W. T.	Medical Department, Willamette University, June 11, 1879.
Wilson, H. C.	Portland.	Medical Department, University of Virginia, June 29, 1876.
Wilson, R. B.	Portland.	Bellevue Hospital Medical College, March 1, 1877.
Yeagain, Mrs. E. L.	Walla Walla, W. T.	Med. Dept. University of Virginia, June 29, 1849.
		Medical Department, Willamette University, June 11, 1879.

HONORARY MEMBERS.

Baily, E. I., M.D.—Lt. Col. U. S. A.	Vancouver, W. T.	Harvey, P., M.D.	Portland, Oregon.
Belt, A. M., M.D.	Salem, Oregon.	Hill, R. C., M.D.	Albany, Oregon.
Gibbons, H., Sr., M.D.	San Francisco, Cal.	Steele, A. H., M.D.	Olympia, W. T.
Gibbons, H., Jr., M.D.	San Francisco, Cal.	Warriner, W. C., M.D.	Bethel, Oregon.

Official Register from the Time of Organization.

1874.

President, Alfred C. Kinney, M. D.; Vice President, J. L. Hill, M. D.; Secretary, C. H. Hall, M. D.; Corresponding Secretary, J. Reynolds, M. D.; Treasurer, L. L. Rowland, M. D.

1875.

President, R. Glisan, M. D.; Vice President, O. P. S. Plummer, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, W. B. Cardwell, M. D.; Treasurer, L. L. Rowland, M. D.

1876.

President, W. H. Watkins, M. D.; Vice President, D. B. Rice, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, A. C. Helm, M. D.; Treasurer, L. L. Rowland, M. D.

1877.

President, L. L. Rowland, M. D.; Vice President, W. C. McKay, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, C. H. Hall, M. D.; Treasurer, J. P. Tate, M. D.

1878.

President, H. Carpenter, M. D.; Vice President, F. A. Bailey, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, O. P. S. Plummer, M. D.; Treasurer, W. H. Watkins, M. D.; Librarian, L. L. Rowland, M. D.

1879.

President, D. B. Rice, M. D.; Vice President, W. B. Cardwell, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, W. H. Saylor, M. D.; Treasurer, R. Glisan, M. D.; Librarian, Curtis C. Strong, M. D.

1880.

President, F. A. Bailey, M. D.; Vice President, C. H. Merrick, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, E. P. Fraser, M. D.; Treasurer, H. Carpenter.

Oregon State Medical Society.

91

Deceased Members.

Those dying during the year, in *Italics*.

John Vite, M. D.	Dec. 11, 1876	Aged, 46 years.
E. R. Fiske, M. D.	Aug. 28, 1877	" 61 " 2 m.
J. P. Tate, M. D.	June 14, 1878	" 55 " 7 "
Mrs. E. A. J. F.		
Robinson, M. D.	June 29, 1879	" 22 " 7 " 11d.

REPORT OF COMMITTEE ON THE THERAPEUTICAL
RESOURCES OF THE NORTH PACIFIC COAST.

BY R. G. REX, M.D., CHAIRMAN.

*To the President and Members of the
Oregon State Medical Society:*

The subject of this report may be considered under three different heads, viz.: Therapeutic agents derived from the vegetable kingdom; those derived from the mineral kingdom; and the therapeutic effects of climatic or other peculiarities of certain localities.

As regards the first of these classes, there is nothing to offer at present in addition to what has been given in former reports on the same subject. Some addition has been made during the year to the researches on mineral springs.

Several specimens of mineral waters were received, through Mr. C. A. Alisky, from various hot and cold springs in Alaska. Their principal ingredient is sodium chloride with some calcium chloride and a trace of magnesia, being very similar to some of the waters from Oregon springs reported upon last year. Some of these Alaska springs have a local reputation as a sure cure for rheumatic affections, particularly of venereal origin.

A sample of water received from Mr. H. Saxer, Milwaukee, Clackamas Co., Oregon, was found, on analysis, to contain ten grains of mineral matter to the gallon, mostly sodium chloride.

Two samples of water were received from Mr. W. S. Ladd, which were found to be different in their composition from any water hitherto examined. They were taken from a couple of lakes, known as Medical Lake and Granite Lake, situated in Stevens county, W. T., about sixteen miles southwest of Spokane Falls. The lakes are a mile apart, about a mile and three-quarters long and three-quarters of a mile wide, and are surrounded by magnificent pine forests.

The water of Granite Lake contains, in one gallon,—

Solid matter.....	256	grains.
Sodium and potassium carbonates	160	"
Sodium and potassium chlorides	64	"
Organic matter, silica, alkaline sulphates, etc.....	32	"

MEDICAL LAKE.

Total solid contents in one gallon	192	grains.
Sodium and potassium carbonates	120	"
Sodium and potassium chlorides.....	48	"
Other matter	24	"

These waters are reputed to be of value in rheumatic and other complaints. There is a hotel and bath house at the lakes for the accomodation of visitors.

The accounts of cures or benefit derived from the use of different mineral waters have come almost entirely from non-professional sources. Their utility in various complaints can only be demonstrated by their employment under the supervision of intelligent physicians, where accuracy of diagnosis and reality of cure may place the benefit of the means employed beyond a doubt.

The relation of climatic conditions to disease is one of the most important of the subjects falling within the province of this committee. The different varieties of climate found prevailing on the Coast, the interior, and in the low and elevated regions of the North Pacific Slope are worthy of especial attention and study as a therapeutic resource for the medical profession. It is hoped in the future to obtain data for a full and exhaustive report on this branch of the committee's work.

PROCEEDINGS

OF THE

EIGHTH ANNUAL MEETING

OF THE

Oregon State Medical Society,

Held at Portland, June 14 and 15, 1881.

PUBLISHED BY THE SOCIETY.

E. P. FRASER, M.D., PERMANENT SECRETARY.

PORTLAND, OREGON.

Vol. VIII.

PORTLAND, OREGON :

PUBLISHING HOUSE OF HIMES THE PRINTER.

1881.

NOTE.

The Oregon State Medical Society, while formally accepting and publishing the reports of the various committees, or voluntary papers read at this session, does not hold itself responsible for the opinions, theories or criticisms therein contained.

LIST OF OFFICERS:

- PRESIDENT, C. H. MERRICK, M.D., Canyonville.
VICE PRESIDENT, W. A. CUSICK, M.D., Gervais.
PERMANENT SECRETARY, E. P. FRASER, M.D., Portland.
CORRESPONDING SECRETARY, W. H. SAYLOR, M.D., Portland.
TREASURER, H. CARPENTER, M.D., Portland.

BOARD OF CENSORS:

- C. C. STRONG, M.D., Chairman, Portland.
W. H. WATKINS, M.D., Portland.
S. E. JOSEPH, M.D., East Portland.
W. H. SAYLOR, M.D., Portland.
R. G. REX, M.D., Portland.

REPORT OF THE PUBLISHING COMMITTEE.

*To the President and Members of the
Oregon State Medical Society:*

GENTLEMEN:—Your committee on publication herewith lay before you the transactions of the eighth annual meeting of the Association.

In connection with the Permanent Secretary, Dr. E. P. Fraser, they have examined the various reports and papers read before the Society, and have made that selection of them for publication that they consider best intended to carry out its views.

The committee wish to call the attention of the members to the importance of having all their reports and articles completed and placed on the Secretary's desk at the beginning of the session. In this way all unnecessary delay in bringing out the proceedings would be avoided.

- R. G. REX, M.D.,
H. C. WILSON, M.D.,
H. CARPENTER, M.D.,
W. H. WATKINS, M.D.,
E. P. FRASER, M.D.

ADDRESS OF WELCOME.

BY H. CARPENTER, M.D., CHAIRMAN OF THE COMMITTEE
ON ARRANGEMENTS.

*Mr. President and Members of the
Oregon State Medical Society:*

Agreeable to and in conformity with custom and in behalf of the medical profession and of the citizens of Portland, it is my pleasant duty, on the present occasion, to greet you with a few words of welcome. I desire to express the high gratification we experience in being honored by the presence of so many distinguished gentlemen from the smaller cities and interior regions of this state, who have met for the advancement of medical science and for the promotion of the interest, both of the profession and of the community. In these most laudable purposes the profession of this city proffer to you their most earnest co-operation in your useful labors.

Portland contains twenty-two thousand souls, and is the metropolis of the northwest coast. It is noted for its fine public schools, grand hotels, splendid churches, magnificent dwellings and unequalled commercial advantages, is reputed to be the wealthiest city of her size in the United States, and is destined to become the largest city on the Pacific coast.

After thus boasting I exceedingly regret to inform you that we are without a properly organized board of health.

However, we sincerely trust that such a board, adequate to our requirements, may soon be established.

Our society has been in existence eight years, and has steadily increased in membership and usefulness, and is adding something annually to the interest of medical literature.

We believe that at this meeting there will be a large number of valuable papers presented, enlarged, discussions, and arrangements made to continue to importune our legislature until we shall have engrafted upon our statute book laws to regulate the practice of medicine and to create a state board of health, thereby promoting the health and interest of the community in which we live.

In view of these facts, your committee arranged to have one public meeting during this session, believing that it would redound to the interest of all concerned. Although this is an apparent departure from the regular routine of business, we hope that it will meet with your entire approbation.

Gentlemen, again permit me to welcome you.

EIGHTH ANNUAL MEETING
OF THE
OREGON STATE MEDICAL SOCIETY.

First Day.

PARLORS OF THE WILLAMETTE ENGINE CO. No. 1, }
PORTLAND, June 14, 1881. }

President F. A. Bailey, M. D., called the Society to order at 10:30 o'clock A. M.

Upon roll-call a quorum was found to be present for the transaction of business.

Eight applications for membership were presented as follows: Drs. J. R. Smith, W. W. Royal, A. Clarke, W. E. H. Boyd, W. F. Pruden, Wm. C. Lee and C. H. Wheeler.

On motion, the applications were referred to the Board of Censors.

Dr. F. Crang being the only member of the Board of Censors present at this time, the President appointed Drs. C. H. Merrick, C. H. Hall and O. P. S. Plummer to fill the vacancies.

Dr. H. Carpenter, Chairman of the Committee on Arrangements, welcomed the Society to Portland in a very appropriate address.

Invitations were received and accepted from the Oregon Asylum for the Insane, East Portland; the public schools of the city of Portland; St. Vincent's Hospital, and Good Samaritan Hospital.

Wednesday afternoon was set for visiting the several institutions.

Authority was given the Committee of Arrangements to invite persons to visit the Society any time during this session.

Dr. Rex moved that the Society extend a special invitation to Maj. John Moore, M. D., medical director U. S. A., Department of the Columbia; to Maj. Eli McClellan, M. D., surgeon, headquarters U. S. A., and to Capt. John Dickson, M. D., post surgeon U. S. A., all stationed at Vancouver Barracks, Vancouver, W. T.

The motion was carried unanimously.

Dr. Rex moved that the regular order of business be suspended in order to hear the report of the special committee appointed last year to revise the constitution and by-laws.

The motion was lost.

The Board of Censors being present, Dr. Fraser moved that we now hear their report and proceed to the election of members, which motion was carried.

A ballot having been taken upon each applicant separately, the following named physicians were elected to membership in the Society:

- Dr. W. E. H. Boyd, Dayton, Yamhill county.
- Dr. Andrew Clarke, Clackamas, Clackamas county.
- Dr. Wm. C. Lee, Junction City, Lane county.
- Dr. W. F. Pruden, John Day, Grant county.
- Dr. W. W. Royal, East Portland, Multnomah county.
- Dr. J. R. Smith, Vancouver, Clarke county, W. T.
- Dr. W. Tyler Smith, Sheridan, Yamhill county.
- Dr. C. H. Wheeler, Portland, Multnomah county.

The Society then proceeded to the election of officers for the coming year.

Dr. C. H. Merrick, of Canyonville, being the only candidate for President, the Secretary was instructed to cast the vote of the Society for Dr. Merrick, and he was thereupon declared elected President of the Society for the ensuing year.

For Vice President, Drs. W. A. Cusick, of Gervais; C. H. Hall, of Salem, and S. E. Josephi, of East Portland, were nominated.

After three ballots were taken, no one having received a majority, a motion to adjourn till 1:30 o'clock was carried.

AFTERNOON SESSION.

At 1:30 o'clock the Society was called to order by the President.

The fourth ballot was taken for Vice President without resulting in a choice. All candidates except Dr. Cusick now withdrew, when the Secretary was instructed to cast the vote of the Society for Dr. Cusick, who was accordingly declared elected Vice President.

Dr. H. Carpenter for Treasurer and Dr. W. H. Saylor for Corresponding Secretary being the only persons nominated, the respective officers were elected in the same way.

For the office of Permanent Secretary, Drs. C. C. Strong and E. P. Fraser were nominated. The vote resulted in the election of Dr. Fraser.

The following persons were then elected to serve the Society as a Board of Censors for the ensuing year: Dr. C. C. Strong, W. H. Watkins, S. E. Josephi, W. H. Saylor and R. G. Rex, all of Portland. Dr. Strong having received the highest number of votes, was, according to custom, declared Chairman.

Dr. Josephi moved that the President, appoint at any time during the year, such person or persons as are willing to represent the Society in the American Medical Association.

The reports from the Standing Committees being now in order, were taken up.

1. *Practice of Medicine and Medical Literature*—C. H. Merrick, M. D., Canyonville, Chairman, presented the report of

the committee, which was read and referred to Publishing Committee.

2. *Surgery*—J. T. Wells, M. D., of Portland, Chairman, requested more time. The committee was given until 10 A. M. to-morrow to report.

3. *Obstetrics*—R. B. Wilson, M. D., of Portland, Chairman. No report.

4. *Therapeutic Resources of the North Pacific Coast*—R. G. Rex, M. D., Portland, Chairman. No report.

5. *Medical Topography, Meteorology, Endemics and Epidemics*—W. D. Baker, M. D., Astoria, Chairman. No report.

6. *Public Hygiene and State Medicine*—F. Crang, M. D., Forest Grove, Chairman. Dr. Crang stated that he had prepared a paper upon this subject, but by mistake it was sent with some other things to Astoria. He was instructed to send the article to the Secretary in time for publication.

7. *Medical Education*—L. L. Rowland, M. D., F. R. S., Chairman. Dr. Rowland was not present, but sent word that he had prepared a report upon that subject. The Secretary was instructed to write to Dr. Rowland for the report in time for publication.

8. *Mental Diseases and Medical Jurisprudence*—S. E. Josephi, M. D., East Portland, read the report of this committee.

Dr. Rex moved that the motion made last year to strike out all of Article XII. of the constitution, be now taken up and passed. Carried.

Dr. Rex, Chairman of the committee appointed last year to revise the constitution and by-laws, presented a report, which was read.

Dr. Strong explained how he had been working upon the same subject for several years, but not having his notes compiled, was unable to meet the committee. He had an article on the same subject he wished to present.

Permission having been granted, Dr. Strong read his paper.

After some discussion, Dr. Strong said he did not wish to see the time of the Society taken up in this matter; he would therefore move that the entire matter be referred to a committee of three, and if the President would allow, he would suggest that Dr. Rex be one of that committee.

The President appointed Drs. Rex, Hall and Strong as that committee, and they were instructed to report at 10:30 A. M. to-morrow.

Dr. Carpenter moved that when we do adjourn, we adjourn to meet at the rooms of the Young Men's Christian Association at 7:30 o'clock P. M. to attend the public session appointed to take place at that time. So ordered.

PUBLIC EVENING SESSION.

At 8 o'clock the President, Dr. Bailey, called the meeting to order, and after stating the purpose of the gathering, proceeded to deliver his annual address, "Medicine, its Past, Present and Future."

He was followed by Dr. Merrick, President elect, who spoke upon the "Duties of the Public to the Profession."

At the close of his address Dr. Bailey introduced Dr. Merrick as the President of the Oregon State Medical Society in a neat address, which was happily responded to by Dr. Merrick.

Mr. and Miss Bonnington rendered an instrumental duet, piano and violin.

Hon. M. P. Deady, LL.D., delivered an address upon the "Relation of the Profession as Experts in Courts of Law."

Mrs. D. Goodsell rendered, in her finished style, "Lighthouse Keeper," by Cooke.

Hon. J. N. Dolph having been introduced, spoke of the "Duties of the Profession to the Public."

The Society adjourned to meet in the parlors of the Wilamette Engine Co. No. 1, to-morrow at 10 o'clock.

Second Day.

MORNING SESSION.

At 10 o'clock the President, Dr. Merrick, called the Society to order.

J. T. Wells, M. D., Chairman of the Committee on Surgery, read his report.

The following papers were read by title, and together with his report, were referred to Dr. Wells for compilation:

"Aneurism of the Axillary Artery," successfully treated by ligature of the subclavian, reported by Alfred C. Kinney, M. D., of Salem.

"Ligation of the Popliteal Artery," by J. W. Howard, M. D., of Canyon City.

"Absence of Circulation in the Radical Artery for Twenty Hours," by W. A. Cusick, M. D., Gervais.

"Three Cases of Surgical Interest," by George R. Farra, M. D., of Corvallis.

"Castration," by H. Carpenter, of Portland.

"Surgical and Other Cases," by Reese Holmes, M. D., of Salem.

A long article upon the subject of "Ventilation," as invented by Mr. W. T. Cottier, accompanied by numerous affidavits, was read by Dr. Carpenter.

Mr. Cottier being present, was invited to address the Society upon his invention.

Dr. Rex followed upon the same subject.

The Secretary read a letter from W. S. Tharp, M. D., tendering his resignation, as he was going to leave the state. Dr. Tharp has located in Milan, Sullivan county, Mo. The resignation of Dr. Tharp was accepted.

The following persons were suspended for non-payment of dues:

D. M. Jones, M. D., Albany; J. W. Turner, M. D., unknown; J. M. Starr, M. D., Brownsville; W. W. Oglesby, M. D., Weston.

There being some misunderstanding between Dr. Hall and Dr. McAuley as to the payment of five dollars, the Society voted to remit five dollars now charged to Dr. McAuley.

Maj. Eli McClellan, M. D., U. S. A., being present, was elected an honorary member.

Dr. McClellan, in a brief speech, thanked the Society.

Gov. William A. Newell (a graduate of the University of Pennsylvania), of Washington Territory, was elected an honorary member, and in return addressed the Society.

The application for membership of Dr. C. B. Golden, of Marshfield, Coos county; Dr. W. Lang Chapman, of Portland, Multnomah county; Dr. J. E. Kirkpatrick, of Scio, Linn county; Dr. William A. Howell, of Turner, Marion county; Dr. C. E. Worthington, of McCoy, Polk county, having been examined by the Board of Censors, and reported upon favorably, were, upon a separate ballot each, elected.

Dr. J. Randolph Smith, of Vancouver, presented, for examination, an interesting case of resection of the head of the femur, and removal of a portion of the acetabulum. With the aid of Dr. Hizeman, U. S. A., he had removed seven inches of the femur, the patient making a good recovery with a shortening of about seven inches.

Dr. Fraser moved that the thanks of the Society be and are hereby tendered Dr. Strong, the retiring Permanent Secre-

tary, for the faithful and efficient manner he has served the Society for the term of six years. Carried.

Dr. Rex moved that any farther matter necessary to finish up the business already presented, be referred to the Publishing Committee. Carried.

The Board of Censors presented a report in the matter of Drs. T. W. Harris and J. F. Hendrex, as follows:

To the President and Members of the Oregon State Medical Society:

GENTLEMEN:—The Board of Censors to whom was referred the case of Dr. T. W. Harris, have considered the matter carefully, and do find that the charges against him are not sustained. We therefore recommend that the charges be dismissed and he be restored to full fellowship in the Society.

Respectfully submitted,

J. T. WELLS, M.D., Chairman,
F. CRANG, M.D.,
C. H. MERRICK, M.D.,
Board of Censors.

The report was adopted.

Dr. Harris being fully exonerated from all charges, they also presented the following report:

To the President and Members of the Oregon State Medical Society:

GENTLEMEN:—In the case of Dr. J. F. Hendrex of Harrisburg, the Board of Censors find him guilty of irregularity, and recommend that his case take the course required by the by-laws.

J. T. WELLS, M.D., Chairman,
F. CRANG, M.D.,
C. H. MERRICK, M.D.,
Board of Censors.

The report was adopted, and the case of Dr. Hendrex referred to the new Board of Censors.

A vote of thanks was tendered the Willamette Engine Co. No. 1, P. F. D., for the free use of their parlors, and to the O. R. & N. Co. for half-fare rates granted the members of the Society.

The visiting members were invited to meet at 1:30 P. M. and proceed to visit the different institutions of the city.

A letter of thanks was received from Maj. John Moore, M. D., U. S. A., stating his inability to attend, owing to another engagement.

No further business appearing, the Society adjourned *sine die*.

E. P. FRASER, M. D.,
Permanent Secretary.

STANDING COMMITTEES.

Practice of Medicine and Medical Literature—W. B. Cardwell, M. D., Chairman, Portland; Drs. G. Perra, C. E. Worthington, E. P. Fraser, C. H. Hall.

Surgery—A. C. Kinney, M.D., Salem, Chairman; Drs. Reese Holmes, C. W. Tower, H. C. Wilson, F. B. Eaton.

Obstetrics—C. C. Strong, M.D., Portland, Chairman; Drs. H. E. Jones, Mrs. Callie Charlton, Mrs. J. L. Parrish.

Therapeutic Resources of the North Pacific Coast—R. G. Rex, M.D., Portland, Chairman; Drs. O. P. S. Plummer, E. M. Brown, C. H. Raffety, M. Giesy.

Medical Topography, Meteorology, Endemics and Epidemics—J. R. Smith, M.D., Vancouver, Chairman; Drs. J. W. Howard, W. L. Chapman, F. Crang, D. B. Rice.

Public Hygiene and State Medicine—S. E. Josephi, M.D., East Portland, Chairman; Drs. L. L. Rowland, Jay Tuttle, D. Payton.

Medical Education—F. A. Bailey, M.D., Hillsboro, Chairman; Drs. W. B. Cardwell, C. H. Wheeler, J. E. Kirkpatrick, F. A. Canthorn.

Mental Diseases and Medical Jurisprudence—James Browne, M.D., Portland, Chairman; Drs. H. Carpenter, J. F. Augur, J. W. Norris.

Publication—E. P. Fraser, M.D., Portland, Chairman; Drs. R. G. Rex, H. C. Wilson, H. Carpenter, W. H. Watkins.

Committee of Arrangements.—Miss A. L. Ford, M.D., Portland, Chairman; Drs. H. C. Wilson, R. G. Rex.

Special Committees.

Finance—J. T. Ghiselin, M.D., Chairman; Drs. W. H. Watkins, S. E. Josephi.

Delegates to attend American Medical Association—H. Carpenter, M.D., Portland, Dr. F. Crang, Astoria.

Constitution and By-Laws—R. G. Rex, M.D., Chairman; Drs. C. H. Hall, C. C. Strong.

REPORT OF THE COMMITTEE ON THE PRACTICE OF MEDICINE.

BY C. H. MERRICK, M.D.

*To the President and Members of the
Oregon State Medical Society:*

Your committee have before them the proceedings of the Oregon State Medical Society for each of the six preceding years. We find that annually a committee on the practice of medicine and medical literature has been appointed, but we fail to find a single report upon the subject. We have no words of censure for the able gentlemen who have preceded us on the committees. On the contrary we recognize the difficulty of obtaining a clear knowledge of the methods and practices of the physicians of our large state, and consequently are unable to make comparative statements of changes and improvements. That the physicians in our state are as energetic, enterprising and progressive as are the brethren of any other state, we firmly believe. We wish this remark, however, to apply particularly to the acquisition of medical knowledge and skill in the management of the sick. In one or two other matters, as will be noticed before we finish this report, we are sadly at fault and deserving of sharp reproof.

For fear this report will be too long we shall content ourselves with noticing only a few of the more important points which appear while looking over the great field of practical medicine. These points may not be mentioned in the order of their importance, but we think all of them worthy of earnest attention.

Judging from the tone of about a dozen medical journals, published in various parts of the world, which come to our

table, we venture the opinion that practical medicine, in the future, will look still more to the prevention of disease than it has in the past. This is manifest in the tendency observed all over the country, to establish sanitary regulations, enforce cleanliness, provide good food and water, fresh air and other hygienic conditions for villages, towns and cities, even forcing these conditions upon private households and individuals. And why not? If we have the right to enforce vaccination for the prevention of disease, certainly the dirty sloven should be the subject of law for the same object. If compulsory education is right, then is compulsory cleanliness also. If ability to read the constitution of the state be a requisite for the exercise of the elective franchise, as some claim, then surely a knowledge of the simplest laws of health should be equally necessary.

Never before has so many books been published, written in familiar style, especially to educate the people in matters pertaining to the prevention of disease and the preservation of health. Public and private lectures are more frequently given with the laudable intention of preventing as well as curing disease. The construction of dwellings, the effects of sunlight, bathing, and especially the care of the skin, are receiving the earnest attention of our most thoughtful and scientific men. "The importance of daily air baths, by which we mean the free exposure of the whole body to pure air and sunlight for an hour or more, with dry friction of the whole surface, can scarcely be overestimated in the prevention of coughs, colds and consumption."

Have the physicians of Oregon been as active in perfecting public and private sanitary arrangements as they should? Why have we not an efficient State Board of Health? Simply because the physicians have not demanded it. The State Medical Society is deserving of praise for its efforts in that direction, and if the physicians of the state would unite with the Society as they should, a power would be generated

which would be felt in our legislative assemblies and result in incalculable benefit to the inhabitants. Experience has proved that men will not be hygienic, not even respectably clean and tidy, unless compelled by law or proper education. We have laws looking to the preservation of sheep from disease. Are human lives of less value than sheep? We have laws to punish the chicken thief. Why not for the man who allows his premises to breed pestilence and death in the neighborhood?

Coming now more to the practices of physicians, we inquire whether any prominent features are being adopted which will essentially change the character of the art and science of medicine, for we consider it more an art than a science, and we notice that there are several such features. Prominently is the fact that a large number of new remedies have been put on trial and admitted to our *armamentarium medicinea*. The graduate of ten years ago, who stupidly relies upon the knowledge then acquired, if he could be induced to read, would discover that a hundred or more valuable additions have been made to the long list of remedial agents we are supposed to know how to use. The physician who does not take and read a practical and progressive medical journal is soon left in the rear to work with the tools his enterprising brethren have thrown aside.

Another point worthy of thought and adoption is the gradual and certain abandonment of the old "shot gun" style of prescription. The tendency now is to use single remedies alone and uncombined with anything but the simplest vehicle. The mixing of a dozen or even three or four medicines of a positive nature produces, even in the hands of the most careful druggist, a variable, unstable and uncertain compound in which no scientific physician can place much confidence. This remark applies with more force to extemporaneous prescriptions than to a few standard compounds such as *Tincture opii camph.*, *Hydrag. cum creta*, *Pul. ipecac comp.*, *Pill Hydrag.*

etc., although every physician knows that these compounds, are variable. Another somewhat noticeable feature of prescription writing is the fact that in some instances almost homeopathic doses are given. Thus a distinguished European physician of the regular practice gives the half of a minim of tincture of aconite every two hours; another the fourth of a minim of *Lig. pot. arsenitis* every two hours; this leads to the remark that many physicians have more faith in small doses at short intervals than in large doses at long intervals. The different effects produced by different sized doses is a medical law which has been known for centuries, and we are willing to admit that in this our homeopathic exclusives possess an attenuated item of truth. One phase of the art of prescribing consists in knowing how to produce various required results with one medicine, and we believe that heroic doses and the lancet are of importance now as they were before the narrow ideas of the various pathies lead weak men astray.

The decimal system of writing prescriptions will, in the near future, be the universal rule as it is simple, easy to understand and far less liable to error than the old complicated method of grains, scruples, drams and ounces.

The value of the thermometer at the bedside can scarcely be overestimated;—no well informed physician omits daily registration of the temperature of his patients. Such observations are quite as important as are the examinations of the pulse, the respirations and the tongue.

Considerable attention is now being paid to another phase of the physician's duties, which, from want of facilities outside of hospital practice, has been too much neglected. Many of our eastern brethren, doing a large office business, are keeping accurate weekly records of the weight of their patients, especially those suffering with wasting diseases. We notice also that mensuration of the human subject, more especially of growing persons, is being attended to with more care than formerly. Over two hundred years ago JEAN COUSIN, from

measurements of ancient statues, deduced a table of human proportions which has been approved by the best anatomists of our time.

Artists have made the human form a study for the purpose of producing statues and paintings of the highest beauty. But physicians have a different object in view, and no doubt important facts would be brought to light if this subject could be thoroughly investigated.

In regard to medical literature we have but a few remarks to make. We are inclined to think there are too many medical journals. There are so many struggling for existence that the temptation is strong to publish sensational and unimportant articles. A journal coming to us with articles which have been thoroughly investigated by competent judges has all the authority of a text book; but the carelessly written, jump-at-conclusion articles with which too many of the journals with small circulation are filled, are apt to lead astray and do great damage. We cannot see that it is any better to pay ten dollars for five different journals than the same amount for one journal containing all that the five contain, and with the probability that the contents have been carefully selected and approved by experienced men. What we require of a medical journal is to bring to our tables weekly, important practical facts suited to the busy practitioner. The description of cases and the treatment should be clear and definite. Journals can not supersede text books; but they bring to our knowledge many facts, and show us progress in medicine, long before they find a place in a well digested text book. We could fill many pages with quotations from respectable medical journals in support of the statements we have made, but do not deem it necessary. The assiduous reader is undoubtedly prepared to corroborate all we have affirmed.

It is with some timidity that your committee venture to speak of a subject proper to be discussed in this report, but upon which there is, unfortunately, but little harmony of opinion or

concert of action on the part of the profession in this state. We refer to the enactment of laws for the regulation of the practice of medicine and surgery. Why should Oregon be almost the last state in the Union to move in this important matter? Why should we suffer our state to become the depository for nearly all the ignorant quacks and pretenders who have been driven out of other states by their vigorous laws? We find our state flooded with druggists' clerks, botch dentists and horse torturers who have come here and assumed the title of "Doctor," and in many instances unblushingly added "M.D.," to their names. Why is it that the solid men of the regular profession have not made more of an effort to purge the state of these spurious and dangerous dabblers in medicine? The respectable members of the profession all complain because of the low estimation in which the practice of medicine is held by the public, yet strangely enough, they make but little effort to rescue it and place it where it belongs, among the noblest and best. Almost every trade and profession throughout the country has its union or society for mutual protection. How few such societies there are for the promotion and protection of the interests of the medical profession! If we want legislative enactments, we must first be united in our demand. A petition for a law signed by every respectable physician of the state, or even two-thirds of them, would not be disregarded by our law-makers. Let them once see that we are united and determined, and depend upon it our requests will be granted.

But much can be done in the absence of law. "God helps those who help themselves." If legislatures care more for the health of sheep than they do for that of human beings, it is the duty of physicians, as reformers, as progressive men, as benefactors of the public, to do what they can without the help of law in the work of preserving public health and preventing disease and death. Our law-makers provide for the examination of school teachers. If they will not for the ex-

amination of physicians, let us do it ourselves. Let us organize county or district boards. Let these boards secure the name of every person professing a knowledge of medicine or attempting to practice it. Hold meetings at convenient points and periods, and request all practitioners to attend for examination; publish, in the paper having the largest circulation in the district, the names of all who are considered by the board competent and respectable physicians, regardless of titles and professed experience. It will take the public but a short time to find out who are considered, by competent judges, worthy of confidence in the care of the sick. This plan is simple, easy of execution and we believe will result in immense good to the profession as well as the public. These meetings of physicians in friendly social intercourse, even if not oftener than once in three months, will be productive of much good, as every thoughtful person will readily see.

We cannot refrain from noticing another change which is gradually taking place in the profession. It is becoming more and more apparent that the physician who does his work well and collects a fair reward for it, is far more honored and respected than he who makes a servant of himself for nothing. While we despise the mercenary physician and condemn exorbitant charges, yet such is the composition of human nature that what we too freely give is estimated of but little value by the receivers. We firmly believe an important element, working towards the elevation of the medical profession, would be some plan whereby physicians could secure pay for services. It is too much the public opinion that doctors must attend to every call without a thought of pay. We are frequently imperiously ordered out of comfortable offices to travel miles in the cold for men who spend more money for whisky and tobacco than they do for shoes for their children, and who never think of the doctors when they are well.

Members of the profession in Oregon, the few points we have mentioned, and the hints given, are sufficient to show

you that we have a work to do. We implore you to be alive to your interests. If you have any regard for the honor and dignity of your calling; if you would see it rescued from the hands of ignorant and unprincipled charlatans; if you would see our growing state honored by its sister states; if you would protect its inhabitants from the dregs and refuse purged from other states; if you would advance the art and science of medicine, do not sit idly by waiting to be pushed along by the waves of progress. Shake off indifference and misanthropy. Take the lead; be active, honest and thorough, and depend upon it, success will attend your efforts and the world be the better for it.

REPORT OF THE COMMITTEE ON THE THERAPEUTIC RESOURCES OF THE PACIFIC NORTHWEST.

BY R. G. REX, M. D., CHAIRMAN.

*To the President and Members of the
Oregon State Medical Society:*

The work of this committee, hitherto, has been confined mainly to the subject of mineral waters. In the reports for 1879-'80 the location and results of analysis of all the most important mineral waters have been given. Several additional specimens have been received during the past year, but they do not differ materially in their ingredients from those mentioned in former reports. The present report will be devoted principally to the consideration of the therapeutic value of the various mineral springs available as curative resorts for the invalids of our state and adjoining regions.

We are still in want of trustworthy reports upon the efficacy of any of these waters in cases where a clear and defi-

nite diagnosis has been made, careful record kept of progress under treatment, and results announced with impartial exactness. Nearly all of them have a vague reputation, more or less extended, as being "good for rheumatism," "good for neuralgia," "good for kidney diseases," or good for something else, founded on the facts that numerous people supposed to be suffering from these various diseases, after resorting to the springs for a time, seemed to be improved in health, no account being taken of those who fail to receive benefit from the same treatment.

Upon the continent of Europe where mineral springs abound in great numbers and variety, and where the medical profession is least disposed to adopt and persist in any plans of treatment that are not approved by the results of experience and close investigation, the use of mineral waters is recognized as a highly valuable aid in the treatment of many chronic complaints. The ready accessibility of their most valuable springs, and the completeness of accommodations provided for the comfort and entertainment of visitors, greatly increase their availability as health resorts.

The medical profession of our state has not yet been able to learn, by experience, the value of our mineral waters, and we are therefore compelled to judge of their usefulness largely from a consideration of their chemical composition and their analogy to the more widely known and celebrated mineral waters of the Old World and the Eastern States.

The mineral springs, forming the subject of this report, may be conveniently classified as follows:

1. Mineral waters containing mainly the chlorides of sodium and calcium.
2. Mineral waters containing chloride of sodium and calcium and charged with carbon dioxide (carbonic acid).
3. Alkaline waters—those containing sodium or potassium carbonates.

4. Waters containing hydrogen sulphide, commonly known as sulphur water.

5. Waters having a temperature above 98° F.—hot springs.

Mineral waters may be used either internally or externally, as beverages or as baths. It will be best to consider first the medical properties of the substances found in the different mineral waters when used as ordinary therapeutic agents internally.

The chlorides of sodium and calcium are found almost invariably in our mineral waters, and of these two ingredients the former is the more abundant. It will therefore be worth while to consider its properties somewhat in detail.

Sodium chloride, Na Cl., common salt, belongs, chemically, to the same class of compounds as the iodides and the bromides of potassium, sodium, ammonium and lithium, and the chloride of ammonium, commonly called muriate of ammonia or sal ammonia, all of which are important articles of the materia medica. The value of sodium chloride to the organism is so great as to render it one of the necessities of life. It is therefore not unlikely that its special employment as a therapeutic agent may be of great advantage in the treatment of some diseases. The medical properties of sodium chloride are given in the U. S. Dispensatory as stimulant and tonic; anthelmintic in small doses, and purgative and emetic in larger ones. According to some authorities, when used in doses of one to four drachms for a long time, it increases the weight and strength of the body and the blood corpuscles. It has been used with alleged success as an antiperiodic in doses of eight to twelve drachms during the interval in intermittent fever. It has also been used in scrofulous affections and applied externally in various skin diseases.

The proportion of sodium chloride in the mineral waters hitherto examined, varies from seventy-five to two hundred

grains to the gallon. A person in drinking two quarts of water per day would therefore consume from forty to one hundred grains of salt.

Calcium chloride has been but lately used as a medicine. In the National Dispensatory (second edition, page 320) its properties are given as actively irritant in excessive doses. It seems to be used mostly for reducing enlargements of lymphatic glands. When used for a long time it is said to bring on calcareous degeneration of the arteries. The medicinal dose is ten to twenty grains. The proportion of calcium chloride in our mineral waters varies from fifty to two hundred grains to the gallon. The medicinal dose would therefore be obtained by consuming from one to six pints of the water.

The presence of carbonic acid in a mineral water renders it very agreeable to the taste and gently stimulant to the digestive organs. Its presence is very desirable for correcting the somewhat unpleasant taste of the saline constituents, but it probably does not much affect their therapeutic action.

Sodium carbonate and potassium carbonate, are often used in dyspeptic disorders due to acidity of the stomach. These alkalies are also frequently employed in cases of uric acid calculus, and in rheumatic affections, in doses of ten to thirty grains three times daily. All of the waters containing carbonic acid contain also more or less alkaline carbonate.

The effects of mineral waters when used for bathing may be ascribed to the local action of the different constituents of the water on the skin. There is no satisfactory evidence that absorption of any of the salts takes place sufficient to produce direct constitutional effects.

The action of sodium chloride on the skin is that of a mild stimulant, and salt baths and lotions are frequently made use of in various forms of skin diseases, with good effect.

Calcium chloride is seldom used externally in ordinary practice. Baths containing it would be likely to have a more

decided stimulant impression on the skin than when containing sodium chloride alone.

The local effect of the alkalies—sodium and potassium carbonates—on the skin is to soften it and to destroy and dissolve sebaceous and other foreign material from its surface, similar to the action of soap. Alkaline baths and lotions are used in the treatment of such skin diseases as prurigo and lichen, in which there is thickening and dryness of the epithelial layer. Baths containing sulphuretted hydrogen and other loose combinations of sulphur, have also been extensively employed in the treatment of various skin diseases, rheumatic affections, etc. The efficacy of the different mineral ingredients is greater in thermal waters than in those of ordinary temperature.

This completes the review of the medical properties of the different ingredients of the principal mineral waters as used separately in ordinary practice. We do not find among them any substance that may be regarded as a specific in any single pathological condition; yet they all have as much claim to be considered valuable remedies as nine out of the ten of the pills, powders and other mixtures that load down the pharmacopia of the present day.

The composition of some of the most important mineral waters of Europe and America is, approximately, as follows:

VICHY—TEMPERATURE 109° F.

Sodium and potassium chlorides, in one gallon.....	31 grains
Sodium and potassium carbonates, in one gallon.....	237 "
Calcium sulphate in one gallon.....	20 "
Other matter.....	12 "
Total solid contents.....	300 "
Strongly charged with carbonic acid.	

EMS—TEMPERATURE 115° F.

Sodium chloride in one gallon.....	60 grains
Sodium carbonate in one gallon.....	116 "
Calcium and magnesium carbonates in one gallon.....	20 "
Other matter.....	7 "
Total.....	203 "
Free carbonic acid.	

SELTZERS—TEMPERATURE 69° F.

Sodium chloride in one gallon.....	134 grains
Sodium carbonate in one gallon.....	25 "
Calcium and magnesium carbonates, in one gallon.....	30 "
Other matter.....	20 "
Total.....	209 "
Free carbonic acid.	

SARATOGA CONGRESS SPRINGS—TEMPERATURE 50° F.

Sodium chloride in one gallon.....	385 grains
Calcium and magnesium carbonate.....	193 "
Other matter.....	19 "
Total.....	597 "
Free carbonic acid.	

EL PASO DE ROBLES, CAL.—TEMPERATURE 110° F.

Sodium carbonate in one gallon.....	50 grains
Sodium chloride in one gallon.....	27 "
Other matter.....	16 "
Total.....	93 "
Free carbonic acid.	

The above mentioned mineral waters, like all our native waters, contain sodium chloride. They all contain free carbonic acid, together with sodium carbonate or calcium and magnesium carbonate, similar to the waters from several of our own mineral springs. They are designated as saline and alkaline carbonated waters. Some of the imported mineral waters, as the Hunyadi Janos and the Ofner Rakoczy, contain ingredients that are almost entirely wanting in all the waters hitherto found in our own state. The Ofner Rakoczy, particularly, is strongly charged with sulphate of magnesia and sulphate of soda, and hence has decided cathartic properties. On the other hand, several of our own springs contain a large proportion of calcium chloride, an ingredient seldom found to any important extent in springs elsewhere, and one which may prove to be of extensive therapeutic value.

The only botanical specimen sent to the committee was a specimen of *dematis douglasii* by Prof. Marsh of Forest Grove. An infusion of the leaves of the plant yielded, by evaporation, a semi-fluid extract having a sweetish, bitter and slightly

astringent taste. It may be of value as a simple bitter tonic, but it has no specific physiological action so far as known.

Our climatic resources in the treatment of diseases is indicated in the following record which was courteously forwarded, by request, by the Chief Signal Officer, U. S. A. It is of especial value as showing the relative dryness of the atmosphere at the different signal stations for every month of the year:

STATEMENT

Showing the Mean Temperature and Relative Humidity at Portland, Roseburg and Umatilla, Oregon, Boise City, Idaho, and Olympia, Washington Territory, for each month of the year 1880. Compiled from the records on file at the office of the Chief Signal Officer, U. S. Army, Washington, D. C.

MONTH. (1880.)	PORTLAND.		ROSEBURG.		UMATILLA.		BOISE CITY.		OLYMPIA.	
	MEAN.									
	Tem.	Rel. Hum.	Tem.	Rel. Hum.	Tem.	Rel. Hum.	Tem.	Rel. Hum.	Tem.	Rel. Hum.
Deg.	Per. Cent.	Deg.	Per. Cent.	Deg.	Per. Cent.	Deg.	Per. Cent.	Deg.	Per. Cent.	
January	41.9	82.5	41.4	82.1	40.6	68.7	38.3	65.6	36.6	89.6
February	38.1	79.4	37.2	83.0	34.3	69.3	32.8	69.1	36.7	84.2
March	41.4	72.0	40.3	72.9	41.8	55.0	38.0	61.9	39.7	79.7
April	59.3	67.6	49.2	70.5	52.8	54.1	49.7	55.4	46.9	75.9
May	53.9	65.2	53.7	66.4	57.9	48.4	55.0	49.7	59.7	73.0
June	60.4	64.4	60.6	64.2	67.5	39.3	66.5	36.3	57.9	69.5
July	66.1	61.8	68.8	57.5	73.5	40.6	75.0	33.7	62.3	68.8
August	63.8	68.7	68.5	61.4	70.2	43.8	71.9	38.2	60.8	72.3
September	59.5	70.6	61.7	63.8	63.9	48.6	61.3	38.6	54.5	77.9
October	54.7	81.7	51.4	75.2	53.3	54.4	51.3	44.9	49.3	81.7
November	44.2	74.7	39.2	82.6	35.5	76.2	32.2	59.3	39.2	86.3
December	39.7	79.3	45.6	84.0	29.9	82.5	35.4	75.5	39.8	88.5

WAR DEPARTMENT,
OFFICE OF CHIEF SIGNAL OFFICER,
WASHINGTON, D. C., May 24, 1881.

The Committee takes this occasion to remind all those who wish to send in mineral waters for examination, that they should in all cases be accompanied by a written statement of the locality, surroundings and accessibility of the springs, together with any other points that may seem important. Specimens of plants should also be accompanied by a written general description, as full as possible.

During the past year a sample of water received from Dr. Merrick was examined and found to contain 100 grs. of solid

matter to the gallon, mainly sodium chloride and calcium chloride.

Water, from a hot spring on the middle fork of the Willamette river, submitted by Dr. E. M. Cheadle, contained 304 grains of solid matter to the gallon and was strongly charged with sulphuretted hydrogen.

REPORT OF COMMITTEE ON MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

BY S. E. JOSEPHI, M. D., CHAIRMAN.

Your Committee on Mental Diseases and Medical Jurisprudence beg leave to submit the following report:

In the domain of psychological medicine nothing presents itself, so far as your committee are aware, which is indicative of any great discoveries in the line of the pathology of mental diseases. The exceedingly intricate apparatus by which mind is manifested, is so delicately organized that lesions of a most minute character will frequently prove sufficient to overthrow the balance of a sound mentality, and thus plunge the individual into the dark abyss of madness. When this fact is duly considered, we shall not be surprised or disappointed at finding, upon *post mortem* examination, in many cases, no perceptible evidence of pathological changes in the brain structure, in the gross appearance, as well as upon careful microscopical investigation.

We find, then, that the acquisition of knowledge upon this particular point is necessarily slow, and, while the aggregate experience of years adds in a material degree to our stock of information on the pathology of insanity, the retrospect of a single year shows but a comparatively slight and almost imperceptible advance in well established pathological doc-

trines. Regarding treatment, we can but repeat what has been so often urged by the best authorities, viz. that early treatment promotes, in a very high degree, the chance of recovery, in this disease. Statistics abundantly prove this truth. Besides the usual remedies employed to promote quiet and induce sleep, a preparation of hyoscyamine () has been recommended in cases where opiates are contra-indicated on account of sthenic conditions. The drug may be used hypodermically in the dose of, say one-fifth grain to commence with, gradually and cautiously increased, the effect being closely watched. Dr. John P. Gray, of Utica, and others have noticed good results from the use of hyoscyamine in properly selected cases. Upon an examination of the statistics of the Oregon Hospital for the Insane, we find that there were, in this state, under treatment at the asylum on the 31st day of May, 1881, three hundred and four patients, of whom two hundred and twenty-one were males, and eighty-three were females. We find that during the year ending May 31st, 1881, there were adjudged insane and committed to the asylum one hundred and nine patients, and that there were discharged, during the same period, sixty-eight. We are not advised as to what number of those discharged were recovered. Nineteen died during the period named. Three hundred and ninety-one patients were under treatment during the same period; this would give five per cent. as the ratio of deaths, based on the number under treatment. We find the ratio of insane and idiotic to the total population of the state (taken from the report of the Oregon Hospital for the Insane for 1880) to have been, at the time of taking the U. S. census in 1880, as one to 627, while in New York state at the same time it was as one to 587; this is largely in favor of the health of our own state, in relation to this particular phase of disease. Notwithstanding popular opinion upon the subject, insanity in Oregon is much below the ratio of many other states and far below the average ratio of the civilized world. As to the causes of insanity, we cannot give any reliable data. Many commitments state the cause to be unknown; while most of those in which the cause is given, state that to

be the cause which a superficial examination of the cases would seem to indicate. In such cases, oftentimes, the assigned cause is really not the principal factor in the production of insanity. It is, in fact, generally acknowledged now that mental aberration is almost always the result of a combination of causes working in the aggregate, any one of which, acting alone, might have been quite insufficient to produce the dire effect brought about by all. Hereditary taint, doubtless, stands first on the list as a predisposing cause, and following in its train come domestic griefs, intemperance and all the manifold emotions and passions to which our poor human nature is subject.

We cannot close this report without a few remarks regarding the loss which this state has sustained in the death of Dr. J. C. Hawthorne, late Superintendent of the Oregon Hospital for the Insane, which occurred on the 15th day of February, 1881. Dr. Hawthorne took charge of the insane and idiotic of this state as far back as the year 1862 and from that time until his death, ministered to these unfortunate wards of the state as only one possessed of the sympathetic nature, gentle heart and loving impulses toward his fellow creatures, which ever actuated the soul of our deeply lamented friend, could do. During his entire administration of the affairs of the institution of which he was proprietor and over which he presided, no breath of censure could be or ever was, so far as we know, whispered against him for his treatment of those under his care.

He had more than a money interest in his patients, as was witnessed by the expenditure of large sums of money for their pleasure and comfort, which were entirely uncalled for by the terms of his contract with the state. He desired to elevate the standard of treatment of the insane; to place them where they should be upon the level of the *sick*, having a *claim* upon the protection of the commonwealth to whose establishment and prosperity they themselves had, perhaps, materially contributed; to remove from them the odium of pauperism, and to treat them for their *cure* and restoration to society and

their daily avocation, instead of merely *keeping, feeding and clothing* them, making no effort to lift them up out of the deep and dark waters under which they had sunk.

His was one of those noble, and, alas! rare natures, that loved his fellow-men truly, honestly and unselfishly. May his example be to us a beacon, guiding us to nobler thoughts and higher and less selfish purposes.

ANEURISM OF THE AXILLARY ARTERY; RECORD
OF A CASE TREATED SUCCESSFULLY BY A
LIGATION OF THE SUBCLAVIAN AR-
TERY (THIRD DIVISION).

BY ALFRED KINNEY, M. D., OF SALEM, OREGON.

The latter part of August, 1880, I was requested to go, with Dr. Reynolds of this city, a few miles in the country to see Mr. M. Savage, reported as having a large and constantly enlarging pulsating tumor within the axillary space.

We found Mr. S. confined to his bed. He was 42 years of age, of average height, somewhat emaciated, face anxious, and was suffering much from pain in throbbing tumor under right shoulder, and from frequent attacks of heart palpitation.

About six months previous, while in good health, by accident, he received a gun shot wound, the ball passing through the fleshy part of the inner side of the right arm, well up toward the shoulder joint. The external openings of the wound quickly healed and for some time after there was no perceptible radial pulse. Within ten or fourteen days, the superficial swelling disappearing, there was noticed a small pulsating tumor in direct line of the supposed track of the wound, and near the base of the axillary space.

The tumor up to this time has been constantly enlarging,

and filled the entire axillary space, lifting upwards and pushing backwards the shoulder. It had all the characteristics of a sacculated aneurism. At that time the patient did not feel reconciled to undergo our proposed plan of treatment.

Sept 25th. All the arts, perhaps, known outside of the profession having been tried, and the patient now fearing immediate death, hastily summoned us, and in company, Drs. Wade, Holmes, Hall, Reynolds and myself go to his bedside.

The aneurism has enlarged very much since our previous visit; it now crowds the shoulder well upward toward the ear, lifts the arm outward almost to a right angle with the body and not only fills the entire axillary space, but stretches its boundaries to the utmost. The skin covering this tumor is tense, ecchymosed and hot.

The patient has an exceedingly anxious appearance, suffers from the tenseness and throbbing of the tumor, from pain in arm and hand, from dyspnoea, and from palpitation of the heart. His pulse is irregular, from 90 to 106.

Believing the "Method of Hunter" (that is to apply a ligature to the artery on the cardiac side of the aneurismal sac, and sufficiently remote to allow the establishment of an intermediate collateral circulation, thereby permitting a feeble current of blood through the sac, causing the formation of a fibrinous clot) to be the preferable manner of procedure, we bent the patient's head well over to the right, and forward, and then made firm pressure behind the right clavicle, externally to the right scalenus anticus and in direction towards the right first rib, being thus able to compress the right subclavian artery sufficiently to diminish the force of the pulsation in the aneurism. We selected this (the 3d surgical division of the subclavian artery) as the point to apply the ligature.

The patient was now placed upon a table and brought under the influence of an anaesthetic (chloroform 1 part, ether 2 parts). The right shoulder was now firmly depressed and the integument drawn downward over the right clavicle, an incision was made beginning one inch forward of

the outer border of the sterno-mastoid and extending outward about four inches, cutting to the bone. Then carefully dissecting behind the clavicle, drawing aside the external jugular vein, omo-hyoid muscle and supra scapular artery, and dividing the outer border of the scalenus anticus, the artery was with some difficulty found—because of the great height of the clavicle—its sheath opened and a carbolized silk ligature passed around it and *tied firmly*. The wound was then closed, except an opening for free drainage at its most dependent portion, through which the two ends of the ligature hung, and a piece of carbolized gauze laid over it. The right arm was wrapped in cotton and artificial heat applied.

Upon coming out from the influence of the anaesthetic the patient expressed himself as feeling comfortable.

For the first twenty-four hours the pulse was from 90 to 95, and gradually diminished in frequency until the 5th or 6th day, after which it became normal.

The wound united by primary adhesion, and on the 28th day, the ligature having not yet come away, and being firmly held in the cicatrix, a weight of lead was made fast to it, which drew it away some days after.

The tumor gradually diminished in size, became firm and at this time, June, 1881, is about the size of a man's fist, and is crowded back in the posterior part of the axillary space.

The patient at the present time reports his arm as gaining in strength, but as the circulation in it is yet poor, he must keep it well clothed for comfort's sake. There is still but a very weak radial pulse.

His general health is good, and he has been for two or three months doing an average "hand's" work on his farm.

CASE OF INJURY BY CYCLONE.

BY W. A. CUSICK, M. D., GERVAIS, OREGON.

On February 23rd, 1881, 3:30 P. M., I, with Dr. Flinn of Gervais, was called to see Zachary Barnes, aged 20 years. Found him insensible and learned the following history: While returning from school he was caught in the air (by a cyclone which visited us at that date) and carried some distance along with fragments of sidewalk, and other rubbish, and returned to the ground with great force. He seemed to realize his surroundings for a few minutes, and with a little assistance walked to the nearest dwelling and immediately became insensible.

An examination revealed a compound comminuted fracture of the left humerus, there being two nearly transverse fractures; one, between upper and middle third, and one between lower and middle third of the shaft of the humerus—the middle third being split into several fragments in a more or less longitudinal direction, with a laceration of the belly of biceps sufficiently large to introduce one's finger to the bone, with quite profuse venous hemorrhage. Hand and forearm cold, and no trace of pulsation at the wrist. In the right arm the pulse was very slow, but regular, full and strong. It was determined to wait until further developments before seriously considering the question of amputation; accordingly the fragments of bone were adjusted in the best possible manner and the arm put in splints. At 6 P. M., Dr. Flinn and myself consulted and made some slight change in the dressing, hoping thereby to favor a re-establishment of the circulation, but without effect; hand and arm still cold. We ordered the limb to be enveloped in warm wraps, frequently applied. Saw the patient on the morning of 24th, 8 o'clock, hand warm and red, but no pulse at wrist. Patient rational since 3 o'clock in the morning, and as comfortable as could be expected. As there could be no sacrifice by fre-

quent interference in this case, we removed the splints and dressing, supported the limb in an easy position and gave it a thorough sponging, and re-applied them as before, informing the father that an amputation would likely be necessary. Imagine our surprise and gratification when calling again at 11 o'clock, three hours afterwards, to find barely perceptible pulsation in the radial artery which continued to grow stronger, until by 2 P. M. there was scarcely any perceptible difference in the circulation at the two wrists. The long continued suspension of circulation (about twenty hours), and its resumption, particularly in view of the injury to the osseous and soft tissues, I have considered sufficiently remarkable to justify this somewhat tedious statement. In conclusion, I may say that the young man has a very useful limb, with no deformity except a slight enlargement and roughening of the middle portion of the shaft of the humerus.

LIGATION OF THE POPLITEAL ARTERY.

BY J. W. HOWARD, M. D.

J. C. Fitzgerald, æt. 33 years, on or about the middle of March, 1877, while dismounting from his horse near Canyon City, Oregon, sustained a simple fracture of both bones of the right leg at or near the junction of the middle and lower thirds. A physician was called who, in a manner peculiar to himself, reduced and dressed the fracture.

The patient did not do well from the very beginning, and for reasons to me unknown said physician was dismissed and another one called about the 1st of May.

It was ascertained by the latter, after a careful examination, that there was vicious union, the bones overlapping from half to three-quarters of an inch, and a great degree of atrophy, with deep ulcers covering the leg from the middle to the ankle.

The patient remained in this condition until the latter part of May when it was deemed necessary to amputate the limb, and for that purpose Dr. J. H. Bartholf, Post Surgeon at Camp Harvey, was called, who amputated the same about three inches below the knee. In eight or nine days thereafter the ligatures came away followed by secondary hemorrhage from the inter-osseous artery. I was then called to the case for the first time. On arriving found the patient had been bleeding six or eight minutes, having had one convulsion, and life was almost extinct. I placed my finger on the femoral artery, at once arresting the flow, and sent for my tourniquet, which I applied. I then explained to the patient that the condition of the flaps at this time would not admit of opening in order to secure the bleeding vessel, and hence ligation of the popliteal would be absolutely necessary. He persistently refused to have any further operation performed, choosing rather to die, but desired the tourniquet to remain. I complied with his request after explaining what the result would inevitably be if it were left on for any considerable length of time.

The tourniquet became displaced every two or three days when the hemorrhage would immediately recur, and I would as often be sent for to arrest it.

Finally on the night of the 23rd of June I was called hurriedly to him as before and found him, as I supposed, in a dying condition, he having lost so much blood that it had almost ceased to flow, (though the tourniquet was off the artery) and his pulse not being perceptible at the wrist.

The mental as well as the physical condition of the patient being such at this time that I could not appeal to his understanding, I addressed his friends who stood around his bedside, and told them I could have nothing further to do with the case unless I was permitted to ligate the popliteal artery. They consented.

On the morning of the 24th of June I called to my assistance Dr. N. H. Boley (who very successfully administered ether) and Drs. O. M. Dodson and W. F. Pruden, who as-

sisted me in the operation. I selected the superior third of the popliteal as the point for ligation, whereupon I proceeded with the operation as laid down by Prof. Gross, with the exception that I used a ligature double the size prescribed by him.

After the operation the patient was placed in bed and given one grain of opium. The following day he was placed on tonic treatment and highly nourishing diet. In eighteen days from the time of the operation the ligature came away without loss of blood. In two days thereafter he was on crutches improving as rapidly as possible, the flaps having united, forming a neat stump, and the wound made by the last operation nearly healed. His recovery was rapid and on the 19th of July the case was dismissed.

The points of interest in the case are:—

First. The extreme atrophied and ulcerated condition of the leg before amputation.

Second. The frequent and great loss of blood from secondary hemorrhage.

Third. The recovery after the ligation of the popliteal from his almost lifeless condition.

It is for these reasons that I offer the case to the society.

CASE OF INTESTINAL OCCLUSION—DEATH—AUTOPSY.

BY F. A. BAILEY, M. D.

On March 6th, I was called to see Jennie H, a girl aged 13 years, a farmer's daughter, living near Reedville, in this county. She complained of severe pain in the right iliac region, extending up as far as opposite the umbilicus on the same side. There was considerable nausea present with

vomiting of bilious matter. I was informed that there had been no action of the bowels for a couple of days. Some tenderness and fulness were noticed on that side, upon examination. The temperature and pulse were both normal, while the tongue was but little coated. Thinking that I had to deal merely with a case of simple constipation of the bowels, I ordered a cathartic, with instructions to supplement its action in ten or twelve hours, if necessary, with an injection of warm water. Sinapisms were also ordered to be applied to the epigastrium to relieve the nausea.

On the next day, the 7th, I saw her again; no action of the bowels; still continued vomiting, everything having been ejected that was taken in the stomach. I now gave her a large enema consisting of three pints of warm castile soap suds to which was added 2 oz. ol. Ricini and one drachm ol. Lenbinthinar. She was made to hold this for some time, but it failed to bring away any fecal matter whatever. On the 8th, she was rather worse, suffering much pain, and the contortions of the intestines could be felt at intervals through the parietes of the abdomen. There had been no passage and no escape of flatus. I now tried ol. Ltglii by the mouth and also in the enemata, but to no purpose. The sufferings of the unfortunate patient became so great that I had to give chloroform by inhalation for relief. Morphiar. Sulph. in $\frac{1}{4}$ gr. doses was given at night. On the night of the 8th, she commenced stercoraceous vomiting.

On the next day, March 9th, Dr. Brown, of Hillsboro, was called in consultation. We now proceeded to inject as much warm water as possible into the bowels, hoping that by such distention any twist that might possibly exist and thus cause the obstruction, would be by this means uncoiled. It had been my opinion—and this was concurred in by Dr. Brown—that the obstruction, by whatever caused, was located at the ileo-caecal junction. This distention failing of success, croton oil in gelatin-coated capsules was tried.

On the 10th the obstruction still continued accompanied by stercoraceous vomiting and considerable prostration. No nourishment had been given except by the rectum; that con-

sisted of milk and beef tea. Pulse was now 95, temperature 99°. This was the first day any elevation of the temperature was noticed, although observations were taken twice daily up to this time. Atropia in 1-60 grain doses was tried, but failing to relieve pain, morph. sulph. hypodermically had to be resorted to.

March 11th, Dr. Cardwell was in consultation. An effort to reach the seat of the obstruction was now made with flexible rubber tubing, but without effect. Efforts to distend the bowels with large quantities of warm water were renewed, while the patient was anesthized by chloroform, but all to no purpose whatever, the patient growing gradually worse. I saw her in company with Drs. Brown and Cardwell on the morning of March 12th. The pulse was still under 100, and the temperature not over 99° Fah. The sufferings of the patient were still very great except when under the influence of an opiate. It was decided to call that afternoon again, when we should come prepared to try the effects of electricity on the intestinal canal. Dr. Brown and myself arrived about 7 P. M., Dr. Cardwell having returned to the city. Upon examining the patient, it now was evident that but little more remained to be done, as dissolution was rapidly approaching. The patient was vomiting dark, grumous matter, while great prostration and wandering delirium were present. Pulse 115, thready and weak; temperature 101°. She continued to sink until 4 o'clock in the morning of the 13th, when she died.

POST MORTEM.

Dr. Brown and myself made the autopsy about three hours after death, with the following result: Upon exposure of the contents of the abdomen, a careful examination of the intestinal canal was made. Neither the large nor the small intestine showed any evidences of inflammation. All the internal viscera presented a healthy appearance, with the exception of about two inches of the ileum, commencing at its junction with the cæcum. The intestinal canal at this place was completely occluded, the walls being adherent. The specimen I herewith present for examination. Here may also be seen a re-

markable malformation of this part of the intestine; so marked indeed is this, as to be scarcely recognized as the junction of the large and small intestines. There is no appendix vermiformis, nor does the small intestine join the large at the angle usually seen. The only difference here observed, and by which the ileum is distinguishable from the cæcum, is a difference in size, and that is much less marked than is usually the case. The ileo-caecal valves, too, as may be readily observed by turning the specimen inside out, are merely rudimentary and not developed to a normal extent.

The glueing together of the intestinal walls here, I confess, I am at a loss to account for. It certainly was not a result of inflammatory action as an examination of this portion of the intestinal tract abundantly attests. To what extent the malformation favored such a result—fatal intestinal occlusion—it would perhaps be difficult to determine. The patient died nine days from the date of her last stool, but as that was perhaps merely the emptying of the large intestine, the obstruction may have occurred ten or twelve days prior to her death. There is nothing in the previous history of the case, so far as I have been able to get it from the parents, that is calculated to throw any additional light on the cause of the closure. She had been troubled, however, with constipation of the bowels, and had, as I was informed by her mother, frequently complained of having pain in the stomach for over a year previous to this illness.

ADDRESS OF THE PRESIDENT.

MEDICINE—ITS PAST, PRESENT AND FUTURE.

BY F. A. BAILEY, M. D.

*Gentlemen and Fellow-Members of the
Oregon State Medical Society:*

It may not be altogether unprofitable to us of the living, active present, to look back occasionally on the past of our art and, as we note the great progress made, by a comparison with the present state of the science of medicine, endeavor to speculate on the future. We have no other means of judging the future but by the past, and with this light before us, we may, to some extent, successfully cast the horoscope for an intelligent understanding of the future of medicine. As far back as we have any authentic history of our race, we find that some rude appliances were made to wounds, and that man in his most primitive state has not failed to rely on observances of some kind for the relief of suffering and the cure of disease.

These observances, however, were in the remote ages of antiquity, little else than superstitious rites and incantations, for the human race, as is well known, was to a very great extent in those early ages completely enveloped in the clouds of ignorance and superstition; and we observe even now among the barbarous and uncivilized people of the earth, that the practice of the healing art is in the hands of those among them, who through the performance of certain mysterious rites and ceremonies, essay, as did the priests of the ancient temples, to propitiate the angry gods and induce them to spare the afflicted. Although much of the early history of

medicine, it must be conceded, is involved in uncertainty, yet we are all pretty generally agreed upon looking back to Æsculapius as the founder of the healing art. The temples erected in Athens and elsewhere in his name, were, as many believe, hospitals in which the sick were provided with such treatment and care as were known to that age. In these temples students were also taught in the art of medicine.

But the temples of Æsculapius, though perhaps the chief, were not the only source of medical knowledge and practice; for the Greek philosophers, many of them, not only taught medical science and what of hygiene was then known, but also practiced the art, as we are informed that when the schools of Pythagoras were broken up some of his disciples went through the land practicing the healing art for a livelihood, and who knows but some of our modern quacks in their peregrinations over the country, are but the lineal decendants of some of those ancient traveling doctors, that thronged the highways of ancient Greece. There is also ground for the belief that the schools of philosophy in ancient Egypt taught the healing art. The earliest accounts that we have of the practice of surgery were of those who had charge of the Gymnasiums of Greece and Rome. They were known as gymnasiarchs, and, in addition to their other duties, gave instruction in the art of reducing dislocations and setting fractures, accidents of quite common occurrence in the hazardous feats performed under the supervision of the conductors of these schools. So that medicine and surgery had already made considerable progress when Hippocrates in the 5th century, B. C., came on the stage of action, and, who through his works and teachings, has ever since been justly regarded as the founder of rational medicine. Aristotle who came after him, merely builded upon what Hippocrates had elaborated and compiled. He, (Aristotle), added somewhat, however, to the storehouse of knowledge in this useful art, and, considering the means at his command, is undoubtedly justly to be mentioned with his great predecessor as one whose intellect and whose efforts shed unfading lustre upon medicine in its early infancy. At this distant day the merest tyro in medi-

cine can see that the ideas of these illustrious men were in many respects crude and erroneous, and some may think their ignorance of some now well-known facts in our science was hardly excusable, but we should remember that their notions of anatomy were obtained from dissections of the lower animals, as it was considered among the ancients sacrilegious to dissect, mar or mutilate a corpse. Their physiology, then, was of course on a par with their knowledge of anatomy. Yet, notwithstanding these disadvantages, Aristotle laid the foundation for the science of comparative anatomy, and, remarkable as it may appear to some, his teachings were followed with but little change for ten centuries after his death.

The founding of the great Alexandrian library under the reign of the Ptolemies in Egypt, and the patronage these monarchs gave to learning, infused new life into the study of the science of medicine, but above all the authorization of human dissections did more to advance a thorough knowledge of the human system than all other agencies in preceding ages combined. Medical students from various parts of the world—from Athens, Rome and elsewhere, flocked to Alexandria to study anatomy under the great teachers Herophilus and Erastratus. Galen's time marks the next great epoch in medicine. He flourished in the second century of the Christian era, and for over twelve hundred years the teachings of this remarkable man were standard authority in all the schools throughout Europe.

So great a hold had the works of Galen on the minds of scientific men, that we are told that facts were boldly disputed if they were not in accordance with his teachings. From Galen's time down to the eighth century, medicine partook of the general decline that overtook art, science and literature during this period, and weighed down the nations of the earth as an incubus; dissections were abandoned, study preparatory to entering on the practice of a profession was not required. Any practiced medicine who so desired, and the injuries inflicted by quackery and incompetency became so great that the Christian emperors sent forth edicts requiring practitioners

to undergo an examination before the Archiaters before being allowed to practice the healing art. From this time on, learning in the profession was revived, as this move on the part of the authorities had the good effect to drive from the ranks of the profession vast numbers of ignorant pretenders. The medical schools again flourished and hospitals and dispensaries were established in many of the chief cities. These latter institutions, it may be interesting to note, are of Christian origin; for, if we except among the Greeks the *Æsculapian temples*, which were, as their name implies, *temples* rather than *hospitals*, we have no similar institutions in any age among the pagan nations of the earth.

But we must pass on to the next great epoch in medicine, the discovery by Harvey of the circulation of the blood, in 1628. It seems to us, at this distant day, a great wonder that this discovery had not been made sooner, and especially so as the values of the vascular system had been noted years before. The circulation through the lungs was known and had already been published by Cæsalpinus and Servetus. Experiments on living animals had already shown that when an artery was tied, the blood ceased to flow—that the vessel became full next the heart, and empty below the ligature, and that the reverse of this occurred when a vein was ligated; so that experiment and observation had brought scientists very near indeed to the great discovery; but it was not yet made, and it remained for Harvey to take the final step and reap the reward for this great discovery. Notwithstanding the discovery of the circulation which belongs to physiology rather than to anatomy, the former did not assume scientific shape until Haller 100 years later published his *Elementa Physiologiae Corporis Humani*. From the time of the publication of this work, physiology was studied as a distinct science, and recognized as constituting a part of the curriculum in a course of medical study. Stahl, near the close of the seventeenth century, (1694), was the first to point out the great effect the mind had over the physiological actions of the functions of the body, and though in many respects his teaching were obscure, subtle and even erroneous, he may justly be said to

have laid the foundation for future study in this interesting field of science. Jenner's discovery of vaccination less than one hundred years ago, which properly belongs to prophylactic medicine, was unquestionably the greatest boon conferred upon mankind through medical discovery up to that time. Its practical benefits will be handed down from generation to generation, so long as the human race has a habitation on the earth.

This brings us down to the present century, and while I have endeavored to note briefly some of the most important of the great discoveries, it would be foreign to my present purpose to more than mention some of the most important epochs in medicine, with a bare allusion to what may be reasonably expected of their effects upon the future of medicine. It is said that we of the present generation are unable to estimate impartially the events and discoveries of our own time, or to properly estimate their effect upon the future. And it may be true that we are too apt to undervalue the discoveries and the labors of past generations and to unduly magnify those of the present.

Many of us have observed a disposition among some to look and speak with contempt of the attainments of our predecessors of a century or two ago. In this respect they are somewhat like Paracelsus who, in the 16th century, proclaimed himself the sole monarch of physic, believed himself the embodiment of all the wisdom that belonged to the profession, claimed that he possessed more wisdom in the hairs of his beard than all the men who had preceded him, and throwing all precedents to the four winds of heaven as it were, publicly burned the works of Galen and Avicenna. While we should not be too slow in adopting what is new, let us not fall into the grave error of throwing aside the ancient landmarks of the past.

Without doubt the discovery of anaesthesia marks the great event in the present century of medicine. This is conceded on all sides, and if we may be allowed to compare this discovery with those preceding it, the unanimous voice of the profession would be that this outranks them all, as the

greatest blessing yet conferred by scientific research on the suffering millions of our race. The amount of suffering prevented, to say nothing of the lives saved through this alone, would be almost incredible. Many operations hitherto looked upon as impossible or necessarily fatal are now performed successfully. The application of antiseptics is also at the present time assuming a degree of importance in its practical operation in treatment that it very justly merits, and more especially in its application to prophylactic medicine. The present century is, I think, to stand pre-eminent in the annals of time, for the great impetus given to the study of preventive medicine. This is *the* medicine of the future. It is this that affords us a glimpse of the great future of the profession, and the immeasurable good that is thus to be accomplished in the saving of human life and the alleviation of human suffering. This is the great and fertile field that is being so successfully cultivated by the scientific physician of the present day, and which is to yield such rich harvests in the no distant future. Although much has already been accomplished, this branch of our science may be said to be scarcely beyond its infancy. But while the profession are fully alive to the importance of state medicine and public hygiene, it must be admitted that the people—even many of the most intelligent—are far behind the requirements of this age of enlightenment in an appreciation of this important subject. Now, we are prone to laugh at the ignorance of some of the ancient nations in their effort to prevent or cure disease. Some of them undertook to stay the hand of pestilence in very peculiar ways. They had their ideas of public hygiene. When pestilence swept the city among the ancient Romans, they looked for succor to the Epidaurian snake in which was supposed to reside the spirit of the god of medicine; and we have an account of the Romans sending a great embassy, 400 years B. C., to Epidaurus to purchase one of these serpents, or representatives of Æsculapius, that they might in this way be enabled to relieve their pest-stricken dominions. When an epidemic of any kind made its appearance among them and swept off its holocaust of victims, instead of looking for its

cause among themselves, and endeavoring to deal with that cause with human agencies, they believed the terrible calamity had its origin in the ill-temper of some one of their numerous deities that presided over their destinies, and that to appease the wrath of the angry god, was to stay the hand of disease, and hence the only means of safety for the people. But, gentlemen, are those of our own enlightened nineteenth century, in this respect, much in advance of the ancients; those I mean who undertake to account for yellow fever or cholera by saying they come by special dispensation of Providence, "whose ways are inscrutable to us?" It seems to me not. But fortunately, the number who believe that these outbreaks of disease are by act of Providence and not preventable by human agency, is growing smaller year by year, as science, in its advance, develops more clearly the fact of the immutability of the laws that govern the physical universe, and that any violation of these laws, however trivial, must be followed by abnormal conditions, just so sure as cause follows effect. This is the doctrine that should be taught the people, and by our profession disseminated far and wide, until even the humblest in the land comprehends it. The law of self-preservation demands this among the poor as well as the rich, for, as our population becomes more dense, here in the new world, the necessity for more prompt and efficient sanitary laws will be apparent. I hazard nothing in the statement that in every instance in which cholera, yellow fever or other epidemic or contagious disease has obtained a foot-hold and swept off numerous victims in our country, there was culpable negligence on the part of the people or the authorities or both, in not isolating the first cases, coupled with a lack of the enforcement of other sanitary conditions as cleanliness, drainage, etc. The late terrible fatal prevalence of yellow fever in Memphis and other southern cities is a palpable illustration of this fact. It is also abundantly shown that wherever small-pox reaps a harvest of victims there has been a neglect of the proper prophylactic against the disease, vaccination, together with an unsanitary condition of the communities in which it prevails. Of all the nations of the earth, Great Britain stands at the

head of the list as having the most efficient sanitary laws and regulations and for their successful enforcement for the protection of the lives and health of her people. In this respect, the United States is surpassed also by both France and Germany; but this is by no means so discreditable to our own country, when we reflect that this nation is but just entering her second century of national existence. Within the last thirty years Britain has reduced the mortality in her large cities and charity institutions twenty to thirty per cent.—all through a more thorough attention to this great subject of preventive medicine. The same may also be truly said, but to a somewhat less extent, of other European nations and of the United States. It is a question (and it may not be altogether foreign to an address of this kind to allude to it), whether it is possible in a democracy such as ours is, ever to enforce these rigid measures for the protection of life and health that are so successfully carried out in the monarchies of the old world. This is a question that is being seriously considered by writers and thinkers of both hemispheres. However this may be, it is an admitted fact that the educated classes in Europe—notably so in Great Britain—exercise a more preponderating influence in all public affairs than do the same classes in this country. There too, of course, the population being so much more dense than here, the necessity for such laws is much more apparent to the general public, and hence their enactment and enforcement are less difficult. This will also in a great measure account for the more rapid advance of sanitary science in Europe than in America. The difficulties are indeed numerous encountered by the profession in our country, in their endeavors to impress upon the community and those in authority the importance of proper sanitary laws and proper regulations for the elevation of the standard of medical qualification—laws for the regulation of both the study and the practice of medicine. One of the chief difficulties in the way is the incompetency of many of those elected by the people to important positions of trust and honor. It not infrequently happens, as we all well know, that when much needed legislation is petitioned for by the

profession,—legislation in the interests of human life and health,—about the first question asked by these modern Solons, in the enjoyment of a little brief authority is, “Which party is this legislation to benefit?” or, “In the interest of what ring or clique is this?” or, “What politician is this act to provide for?” thus showing themselves so narrow-minded as to be utterly unable to see anything in any other light than as affording some particular advantage to the *party or ring* to which they themselves owe allegiance. The remedy for all this is in the hands of the people, and it would be as well to remember that there are *political* as well as *other* quacks, and, while it is well to put down the latter, the people should not forget to give due attention to the former. But, although many drawbacks and discouragements attend our progress, great good has been accomplished, through the tireless efforts of the profession everywhere, and as observed before, as the science of hygiene is but in its infancy, we have an earnest of what may be expected in the future. The general public, though far behind the profession in a thorough understanding of the requirements of the time, are nevertheless awaking to the importance of the subject of sanitary science. The recent invasions of yellow fever in the south with destruction of human life, though a great calamity, has not been barren of its lessons for future good to the community. It was not until after this scourge had swept off its thousands of victims and paralyzed the industries and destroyed the commerce of a large portion of our territory, that the general government was roused from its indifference and lethargy and induced to take steps for the future protection of its people. The organization of a national board of health would no doubt have been long delayed except for this dire visitation. In March, 1879, this board went into successful operation. By subsequent additional legislation, Congress empowered this board to cooperate with the state boards of health as well as with other local organizations for the advancement of sanitary regulations. Funds are amply provided by Congress for the prosecution of the important work assigned to this Organization. This board has the entire management of all quarantine re-

gulations, sanitary affairs connected with our foreign commerce and hospital marines, and makes inquiries and reports in regard to epidemic and contagious diseases in every part of the country—reports also on the efficiency of all sanitary regulations in every part of the nation in operation, or required for the protection of the people against contagious diseases. Though but little over a year has passed since this board was called into active operation, the good already accomplished in the interests of sanitary medicine is almost incalculable. At the close of the year 1880, there were in successful operation in this country seventeen state boards of health. Several of these boards, as is well known, long ante-dated the organization of the national board. There were also, last year, attempts in several other states, at organizing, but owing partly to defects in the acts under which the attempts were made, or to a lack of any appropriation to sustain them, failed to be put in successful working order. Working as the state boards do in harmony with the national board, the former become a most potent means of disseminating sanitary knowledge among our rapidly increasing population, and is an indispensable auxiliary in the enactment and enforcement of sanitary laws. I should not omit to mention in this connection the American Public Health Association, which is now in the ninth year of its existence, and although unconnected with the state or national boards, being sustained wholly by private enterprise, has done and is still doing perhaps more than any other single agency in the great cause of preventive medicine. Contributions are invited from others besides medical men, on the various subjects embraced within the domain of its inquiries, viz.: on epidemic and endemic diseases; best methods of isolating contagious and infectious diseases, microscopic investigation of disease germs, antiseptics, drainage, sewerage and a host of other kindred subjects too numerous to mention here. Under the presidency of the distinguished Dr. Billings of the U. S. A. this organization has attained a high state of efficiency, and gives certain promise of still greater results in the years to come.

Another valuable aid to preventive medical science, intended

to supplement municipal and state supervision, is the system of sanitary protection first proposed by Prof. Jenkins of Edinburg, and recently introduced into this country by Dr. Stone of Rhode Island. It is receiving the encouragement and support of the profession wherever tried. It deals with the proper sanitary conditions to be observed in the construction of private dwellings, and how to secure and maintain these conditions at home. Disseminates information on these subjects gratuitously, and this brings the subject of sanitary science directly before the people in its usefulness and its practical application to the common comforts of every day life. I think we should not be considered over sanguine in our efforts to forecast the future of prophylactic medicine, when we say that much is also to be expected from the indications on every side now that the physician of the future is to be better educated and thus of course better qualified for the practice of his profession than the physician of the past. It must be apparent to all that as the standard of the profession is raised, and the more thoroughly master of this intricate science the physician is, the better will he be able to cope with disease in its remote origin and to furnish to the authorities and to the individual that correct information, through which alone they are enabled to ward off threatened danger to the life and health of the people—and, gentlemen and fellow-laborers of this society I may be permitted to congratulate you in this the eighth year of our existence as an organized body, upon the advance made through united effort in our Society, in the great cause of scientific medicine. It is true that we have not accomplished all, nor even the greater part of what our hopes had led us to anticipate, but notwithstanding this, there is no cause for discouragement or despondency. The influence for good of this organization upon the profession of our state is becoming more apparent from year to year. The gradual but steady increase in membership of the Oregon State Medical Society points us with certainty to the no distant day when perhaps every regular practitioner of our state will find it necessary to avail himself of the benefits of its active membership, and when its influence *will* be felt and its potent

voice *must* be heard and heeded in all legislation and effort that pertains to its appropriate sphere. And now, gentlemen, I thank you again for the honor your partiality conferred in calling me to preside over your deliberations for the past year, and I now surrender the trust confided to me, to my able and worthy successor.

ADDRESS OF MATTHEW P. DEADY, U. S. DISTRICT
JUDGE, DISTRICT OF OREGON.

PROF. OF MEDICAL JURISPRUDENCE IN THE MEDICAL DE-
PARTMENT OF THE WALLAMET UNIVERSITY.

*Mr. President and Members of the
Oregon State Medical Society
and Ladies and Gentlemen:*

While sitting here listening to the learned and interesting address of your retiring President and the practical and pertinent remarks of the incoming one, I was encouraged in my previous purpose to speak to you to-night on the subject of medical experts and the means of obtaining and using their testimony. By this means I hope something may be done, or at least suggested, to elevate and preserve the tone and standing as well as the usefulness of the medical profession in this state.

A disputed question of fact affecting the life, liberty or property of a person—the innocence or criminality of an act or omission resulting in the death of or injury to a human being, sometimes turns or depends upon the testimony of medical experts—upon that special knowledge of anatomy, physiology, surgery, pathology, materia medica, chemistry and cognate sciences, and the application of it to particular cases which belongs particularly to the medical profession. In such cases

the judicial tribunal must avail itself of the special information and scientific opinion of the medical expert, to enable it to arrive at a correct conclusion touching the matter in controversy.

A distinguished writer upon the law of evidence has well said:—

“The medical profession is a specialty of vast importance, which has absorbed masses of learning, so recondite and unique, as to require a distinctive training for its comprehension, and which is divided not merely into a series of distinct departments, each with its peculiar erudition and practice, but into rival schools, dealing with particular cases in modes divergent if not antagonistic.

“The time was, when the medical witness was regarded as a part of the court—as an assessor or assistance of the judge—sitting by or with him, and giving his conclusions from premises by a course of reasoning beyond the comprehension of the court, which conclusions were regarded as unassailable facts that the court was bound to accept, unless there was a conflict between the experts, in which case the conclusions of the majority were followed.

“But this state of things has long since passed away. The causes which have brought about the change are quite apparent. The testimony of an expert is no longer regarded as the impartial statement of the conclusions of his science on the point in question. Experience has proven, that an expert, however learned and incorrupt, seldom, if ever, speaks for his science as a whole.”

In the language of the writer just quoted—“Few specialties are so small as not to be torn by factions; and often the smaller the specialty, the bitterer and more inflaming and distorting are the animosities by which these factions are possessed. Peculiarly is this the case, in matters psychological, in which there is no hypothesis so monstrous that an expert cannot be found to swear to it on the stand and defend it with vehemence when off the stand.”

In their partisan zeal for their peculiar theory or practice the truth is overlooked or distorted.

Again, education has so sharpened the faculties and familiarized the common mind with the rudiments of knowledge, that there is no science whose processes or conclusions are regarded as beyond the comprehension of an ordinary judge and jury, who are therefore considered, after being instructed by the evidence and argument advanced during a trial, as capable of coming to a conclusion as conducive to public justice, as that of so many experts.

The opinion given by the expert is no longer binding on the court and jury; and although the opinion of an expert of high character may be entitled to great respect, yet, if questioned, its authority must ultimately rest upon the correctness of the premises and the force of the reasoning upon which it depends.

But the circumstance which has detracted most from the weight and character of expert testimony, is the modern practice of employing or retaining experts by the parties, upon a fee or compensation in proportion to the supposed value of their testimony or rather advocacy of their employer's cause. Hence they have come to be regarded as the medical advocates of the parties who retain them, and their testimony has lost in weight accordingly. In estimating its value, large allowance is properly made for the bias under which a paid advocate necessarily forms and expresses his mere opinions. Besides, it is known that the parties to the controversy have selected their experts on account of their preconceived opinions upon the question involved or their willingness and ability to maintain the desired one.

The result is, that the medical witnesses most sought for and used in courts of justice, are not the members of the profession who rank highest in the community for wisdom and integrity, but rather those who have the best faculty and will scruple the least to make a case for their employers.

In the famous controversy that engrossed the attention of the courts of this county some years since, popularly known

as the "Wrestling Joe case"—the age of this person became a material question and medical experts selected and hired by the respective parties to the controversy, to give their opinions on the subject, fixed it at from 60 to 100 years, according to the side on which they were employed. For reasons like these, Lord Campbell said in the case of the Tracy Peerage, that "skilled witnesses come with such a bias on their minds to support the cause in which they are embarked, that hardly any weight should be given to their evidence."

Now the responsibility for this state of things lies not with the medical expert, but the law. The vice or the system or rather want of system is in allowing the parties to a controversy involving a medical question, to select and pay the medical experts. There would be just as much propriety and fitness in letting each of them select and pay one-half the jury.

The law of this state and of most of the states is grossly at fault upon this subject. No provision is made for the selection of suitable persons to act as experts or their proper compensation. The parties may call whom they please and warp their judgment and stimulate their partisanship by large private fees, in addition to the pittance allowed by the law.

It should be changed so that the medical expert may be appointed in the same manner as a referee—by the court, unless agreed upon by the parties, and his compensation should be fixed at a figure commensurate with the character and importance of his services; and above all, this should be paid in the first instance by the county, so that the witness may be free from all sense of pecuniary obligation to either party.

In the transactions of the Massachusetts Medico-Legal Society (Vol. 1, No. 2, 1870), is printed the report of a committee on this subject. The report discusses the present system of obtaining medical expert testimony and says:

"We believe it is apparent that its chief defects may be traced to the fact that the expert is hired and paid by the con-

tending parties respectively; that any effectual reform of the present system must begin by placing the selection of the witness in other hands than those of either party to the action, and by providing for his compensation in such manner that the receipt of it will leave him free from any real or fanciful obligation to either party, and that neither may be debarred by lack of means from the benefit of his evidence."

With this view the committee reported the draft of a bill, to be submitted to the legislature. Its principal features are as follows:

(1), The parties may agree to have the testimony of a medical expert who shall then be subpœnaed and proceed to qualify himself by examination to testify on behalf of either party;

(2), If parties agree that medical testimony may be used in the case, but do not agree upon the witness, the court upon the application of either party shall designate a proper person; or if the parties do not agree that medical testimony shall be used, the court may determine the question and designate the witness;

(3), The medical witness to be paid a reasonable compensation for his services out of the county treasury upon the allowance and order of the court; the same to be taxed against the losing party as costs and recovered for the benefit of the county; and,

(4), The court may, in any case, order more than one and not more than three medical witnesses to be subpœnaed in any case.

The members of the State Medical Society, comprising as they do, many of the most intelligent and influential men in every county in the state, can do a great deal to bring about this much needed reform and thereby elevate the character and promote the usefulness of the medical profession.

ADDRESS BY HON. J. N. DOLPH, PORTLAND, OR.

Mr. President and Members of the

Oregon State Medical Society:

The array of speakers this evening is a sufficient indication that brevity is desired. I have been somewhat at a loss to determine what thought or line of thought, I, not being a member of the medical profession, could suggest with propriety and profit. I have not the time, or the ability, to discuss the controverted questions of medical science or the merits of the different systems of practice. An address upon medical jurisprudence seems hardly appropriate to the occasion, and I have concluded to exercise the right which most people exercise in regard to both the professions of law and medicine; of telling you what you ought to do, that you do not do, and criticising what you do do. It is said that most people have a hobby and for lack of something better I will ride one of mine to-night. I was much pleased with the able and instructive address of President Van Scoy at the commencement exercises of the medical department, Willamette University. I will not take issue with him upon the proposition which, if not stated, I think can be inferred from his address, in substance, that the members of the graduating class might find their true mission or might distinguish themselves in a higher field of labor than their chosen profession, or at least by what they might incidentally or accidentally accomplish in connection therewith. I think there is a comparatively unoccupied field for philanthropic labor and usefulness within the acknowledged limits of your profession which may appropriately be made the subject of a few remarks. For fear such suggestions will be considered impertinent permit me to preface them by saying that I entertain the greatest respect for your profession, that I have a great admiration for those members of your profession who follow it with that zeal and self-denial which comes only from a high sense of duty and

an ardent love of the profession. The relations between the professions of law and medicine ought to be those of mutual respect. The application necessary to success in each is great. The members of the two professions are so often thrown together that they learn that those who honorably follow either profession, can be neither pretenders or idlers. As in the profession of the law it is not the hope of pecuniary reward or the desire for professional repute, but a sense of duty which prompts that fidelity to his client which distinguishes the true lawyer, and makes him forget his fee and count his professional repute, his personal ease, and even his health, with indifference as he devotes his days and nights to his client's causes, so I am persuaded it is not fees or reputation alone, that causes the devoted physician to consecrate the hours which nature designed for rest, to the cause of the afflicted and to face "the pestilence which walketh in darkness" at the risk of his own life. There are in your profession many with whom duty is the controlling principle, and who bring to the practice of the profession conscientious carefulness and devotion.

It will be understood therefore that what I shall say is not said by way of complaint against your profession but with the hope that it may accord with your judgment and may lead to some practical results.

Time will not permit me to do more than to suggest an outline of thought leaving you to supply the rest.

The age, it seems to me, demands that the science of medicine should be popularized, that the masses should be better instructed in the laws of health and the means of preventing disease. The amount of ignorance prevailing among the masses in relation to the structure and functions of the human body, and the means of preserving health is certainly disproportionately large compared with the general information upon other and less important matters. The science of medicine is considered, if not by your profession, by the people, to be too much of a mystery. Your profession has valuable works upon every branch of medical science, and valuable periodicals are published in the interests of the profession but while they

are invaluable to your profession they can never be made the medium by which the masses can be reached and instructed. The newspaper to-day which finds its way into every household in the land, is the great and only adequate agency for the general diffusion of knowledge.

Through the medium of the newspapers the public is furnished with much information which is useless, and much which is positively harmful. The details of murders, robberies, and more disgusting crimes, the accounts of suicides, of executions, and of trivial incidents and transactions which might much better be omitted and something of practical utility to the people substituted. The resignations of two United States senators have been of sufficient importance to fill columns in the newspapers for weeks. But the newspapers do contain much valuable information upon almost every subject in all the departments of life. They contain agricultural columns, educational columns, market reports, columns devoted to the dairy, raising of stock, Sunday columns and sermons at length. But my observation has been that they seldom contain medical lectures or articles calculated to instruct the people how to keep from being sick, a subject which so vitally interests every member of the human family; at least, they might contain more upon this subject. It is to your profession all the people must look for this information. I am satisfied the publishers of newspapers would publish and the people would read with avidity such information. Your profession alone can furnish it with that authority which is necessary to give it credence. The same spirit of devotion to the cause of humanity which prompts the members of your profession in time of pestilence to risk their lives, should prompt them to seek the promotion of the public welfare by teaching the people how to keep from being sick. I do not attribute your failure to air your professional knowledge in the newspapers, gentlemen, as some do, to a desire to keep the science of medicine a mystery. I suppose it to be the result of a modesty which our profession cannot appreciate. I do not expect the people to become educated in all the mysteries of your profession. Essays or controversial articles upon the merits of different systems of

practice are not what I advocate. One thing that leads an observing person to regard the science of medicine with some suspicion is the diversity of schools or systems of practice. Theory after theory and system after system have followed each other in the history of your profession, and to-day the medical profession is divided into numerous systems of practice. The result is, each school has its followers—the doctors disagree and the people decide at their peril. The unscrupulous pretender who follows the example of Asclepiades consults the inclinations and flatters the prejudices of his patients, takes advantage of the ignorance of the masses of the science of medicine and professes to accomplish the most, achieves the greatest popularity. It is the same method by which the medicine men of the Indian tribes maintain their influence. The information for the people which I advocate is such mainly as will keep them from being sick.

Prominent among the *matters* upon which they should be instructed by line upon line and precept upon precept is the means of preventing diseases of a contagious nature. There is a long list of these diseases which are acknowledged by your profession to be not only contagious but highly dangerous. Many diseases, it is settled beyond controversy, are propagated by independent germs, many diseases for which no adequate cause was assigned a few years since are now classed among those so propagated; and I understand the tendency of the medical profession is strongly toward the germ theory. The progress towards this theory appears to have been steady and uninterrupted, based upon a succession of discoveries. Certain skin diseases were found to be produced by parasitic insects which propagated themselves by laying their eggs in galleries excavated in the skin. Later it was discovered that other affections or local disorders were caused by internal parasites. Then it was discovered that parasites might diffuse through the system. Then came the discovery of vegetable parasites in cutaneous diseases and the demonstration of the fact by actual experiment that the fungus caused the disease and was capable of being transmitted through the air. The floriculturist, the horticulturist and

the agriculturist, all know that the great enemies of their flowers, fruit and grain are parasites, animal and vegetable fungus, but few of them know that many if not all the diseases which affect humanity come from substantially like causes. The potato rot is a good example of a microscopic fungus. The destruction of crops by grasshoppers and weevil are so patent to the senses as to be readily understood, but the cause of the potato rot could only be discovered by the scientific observer. Yeast has been discovered to be a vegetable growth. Every housewife knows that it requires yeast to produce yeast; but few know that the process by which it reproduces or develops itself is as truly a growth as the process by which grain is grown from the seed grain. Even putrefaction is demonstrated to be a form of life. The reason that meat will not decay when sealed in air tight vessels, or when the atmosphere is peculiarly pure, is that the infecting germ is not present. Indeed it seems probable now to my mind, that the next great discovery in your science is to be the discovery that all diseases are produced by independent germs. Even at this time the germ theory seems to be founded on better grounds than most theories which constitute the science of medicine. The cause of a disease once established, the prevention becomes obvious and the specific if provided in the laboratory of nature is likely to follow. It seems to me without intending to be irreverent that what is most needed now is less of the somewhat prevalent idea, that diseases are mysterious, inscrutable dispensations of Providence, and more of the dissemination of the knowledge of their causes and nature. When the people come to understand that diseases come from germs planted in the human system, as naturally as the stalk of corn comes from the seed, and that as they sow so must they reap, they will learn to be careful not to spread the germs of disease. I am satisfied that the reason of the prevalence of many contagious diseases is the lack of knowledge of their contagious character, and of the means of preventing the spread of the contagion. The people need no advising to avoid small-pox and yellow fever, because they understand fully their character, but the more

to be dreaded disease, diphtheria, by reason of the grossest ignorance as to its cause and character, is permitted to go from town to town, from house to house and from member to member of the same family, gathering in its harvest of the little ones.

The means of preventing contagious diseases is but one of many subjects upon which the people need information. They need to be educated as to the necessity of proper ventilation, of good sewerage for houses and cities, of the necessity of wholesome food, of temperance in all things, of the necessity of sleep and rest as well as exercise, and of cleanliness. The proper care of children is a subject upon which information is needed. Most parents I fear learn many things upon this subject by sad experiences, and most people only begin to understand how to live, prolong life, and enjoy health after, by ignorance and excess, both health and constitution have been ruined. In a word, the people need more prevention and less cure, more advice and fewer prescriptions.

The thorough dissemination of such information instead of injuring your business would drive from the field the pretenders in your profession and place a premium upon intelligence and genuine merit.

No intelligent man is satisfied to-day to receive a prescription from his physician unquestioned, and leave his case in the hands of his physician as something so mysterious as to be above his comprehension. There was much significance in the eccentricity of a wealthy old lady who died recently, leaving to her physician by her will as a reward for his skill and care in preserving her life so long, a strong box, which when opened was found to contain all the drugs which he had ever prescribed for her with the packages still unopened. There are many people who would call a physician twice where they do once now if they could receive his advice and feel at liberty to treat their prescriptions as this old lady did.

Bread pills and sugar powders may be beneficial in some instances but they would not long be required if people could be educated out of the idea that the only office of the physician is to administer drugs.

"The physicians are the priests who minister to the shattered constitutions of the physical, and it will be a blessed day for the world when they" all "become professors of philosophy instead of mystery, when they stand upon the golden steps of truth and receive a revelation of nature and reveal the laws of life to enlighten, elevate and save the masses, not from sickness, but from being sick."

SIXTH ANNUAL REPORT OF CURTIS C. STRONG, M.D.,
(Permanent Secretary Oregon State Medical Society).

*Mr. President and Members of the
Oregon State Medical Society:*

GENTLEMEN:—Our eighth annual meeting of opens with a prospect never before equaled in the history of the Society. Ever since the reorganization our growth has been one of advance in every way pleasing to our ambitious hopes. While this is a most flattering prospect, there has never been a time when a united, well-directed effort promised so grand results in the future.

As a preliminary step necessary to our efforts to secure greater usefulness and power for good; it is essential that we increase our list of active members till it includes, as nearly as possible, all the regular profession in the state.

With this object in view I have labored to get as complete a roll of the medical men as possible. Having first made out a list of the post offices in every county, a circular was sent to the postmaster, asking for the name in full of every person practicing in their neighborhood, their post office address, standing and their system. Accompanying this was a stamped return envelope, thus insuring greater probability of receiving an answer.

With the aid of directories, friends and the numerous answers, I was enabled to make out a very complete catalogue of the doctors and their systems. To all those marked regular, and to sixteen from whom no report has so far been received, I have sent a blank application for membership, accompanied by a strong appeal to join the society. The expense for printing, postage and envelopes has been small, so if by these means, three persons are brought into the society who would not otherwise have joined, we will have been fully repaid for the money outlay.

We have a right to expect much more than this, and so far this expectation has been more than justified, a number of applications have been received already. This work should be continued until every regular doctor in the state has had the opportunity to join this society.

Washington Territory has not been canvassed yet, and on this point your Secretary should be instructed by the society, upon the following statement of facts. We have several active members in that territory, there being no society over there, as the one organized in 1873 only lived two years.

If the members will make a personal matter of this there is no reason why we cannot have a membership of two hundred from this state alone.

It should be the aim of each member to see any regular physician in the neighborhood and urge him to join the society.

No personal feelings, professional jealousies or business rivalry should be allowed to come between these men and the society. In fact, I claim that every doctor has a right and it is his professional duty to unite himself with the society.

For it may be that some one whom we may have thought was not a regular, may be a graduate, but owing to the fact that neither one has sought out the other, but rather have listened to Dame Rumor—a most treacherous source of information—each have concluded the other to be an irregular.

Upon becoming a member, however, many doubtful points will be cleared up, and the natural tendency of the union is to

strengthen each one of us. It also has a tendency to establish and build up a man's respect for the profession and interest in the society; this will redound to the good of all, the society having honor thereby.

Perhaps there is nothing which so interferes with the success of the profession, as a lack of co-operation within our own ranks.

It appears to me that two factors, difficult to solve, enter into this problem, viz: first—a lack of proper preliminary education and training in those entering, and, secondly—the jealousy of those within the profession.

The first I do not propose to consider at all, and the second only so far as it interferes with the success of the society.

If the first was insisted upon, we would have placed the first and perhaps the only ligature which would be necessary, upon the pedicle of this morbid growth, jealousy. And all the profession would have to do would be to tighten the ligature with the forceps of self-respect, when the hydra-headed monstrosity would soon drop off and the body politic would then improve in every way.

There is nothing which so belittles a man as not to be able to rise above the low, sordid, contemptible influence of jealousy.

I leave it to the honest judgment of each member, whether it is in accordance with his personal knowledge (I will not say or intimate by his personal experience except so far as the reaction may have contributed to his benefit) any good ever followed any remark or deed against a brother physician; nay more, if not the exact reverse, that the injury, financial, social and moral has not been against him who was guilty of the crime.

Gentlemen, it is impossible for us to grow into respect, good practice or any other desirable quality by endeavoring to pull another down, we only lower ourselves thereby.

We are in duty bound, not only on our own account but for the good of the world, to make all laudable endeavors to improve ourselves. This will result in a highly commend-

able effort to pass those who are around us; this is an ambition worthy of any man, and will result in a higher standing of the entire profession, by which each individual member will derive benefit.

In my second annual report, June 1877, it was stated that efforts would be made to obtain the name and address of each State Medical Society in this country. This has been satisfactorily done.

Alabama.

Medical Association of the State of Alabama. We have received their transactions for 1880.

Arkansas.

State Medical Society of Arkansas. Transactions for 1879 and 1880.

California.

Medical Society of the State of California. We have their transactions for 1871 and 2, 1874 and 5, 1875 and 6, 1876 and 7, and lack those of 1872 and 3, and 1877 and 8.

Colorado.

Colorado State Medical Society. Transactions 1876 and 1877, and lack 1878-9 and '80, three numbers.

Connecticut.

Connecticut Medical Society. We have their transactions from 1875 to 1880, inclusive.

Delaware.

Delaware State Medical Society. Although we have sent to the address of their Secretary, G. T. Maxwell, M.D., Wilmington, our transactions Vols. VI. and VII., we have not been able to get any return.

Florida.

Florida Medical Association, J. Y. Porter, M.D., Secretary, Key West. Same as above.

Georgia.

Medical Association of Georgia. Transactions for the year 1880 have been received.

Illinois.

Illinois State Medical Society. Transactions for 1880.

Indiana.

Indiana State Medical Society, E. S. Elder, M.D. We

have mailed to this society our transactions to date, but have received no answer.

Iowa.

Iowa State Medical Society. We have received from this society their transactions for 1877-8-9 and 1880.

Kansas.

Kansas Medical Society. We have transactions for 1875, 1878-9 and '80, and want those of 1876 and 1877.

Kentucky.

Kentucky State Medical Society. Transactions for 1874-5 6 and 7. Wanting those of 1878, '79 and '80.

Louisiana.

Louisiana State Medical Society. Transactions for 1879.

Maine.

Maine Medical Association. We have received transactions for (1853 to 1862,) 1876-7-8-9 and '80—6 vols.—and want those from 1872 to 1876, probably one vol.

Maryland.

Medical and Chirurgical Faculty of the State of Maryland. Transactions 1875-6-7-8-9 and '80.

Massachusetts.

Massachusetts Medical Society. Transactions for 1876-7-8-9 and '80.

Michigan.

Michigan State Medical Society. Transactions for 1879 and '80.

Minnesota.

Minnesota State Medical Society. Transactions for 1878, '79 and '80.

Mississippi.

Mississippi State Medical Association, M. S. Craft, M.D., Sec'y, Jackson. No return although we have sent ours.

Missouri.

Medical Association of the State of Missouri. We have received their transactions for 1878, '79 and '80.

Nebraska.

Nebraska State Medical Society. We have not received any transactions except for 1876.

Nevada.

The Nevada State Medical Society. We have received their transactions for the 9th, 10th, 11th and 12th annual meetings, bound in one vol.

New Hampshire.

New Hampshire Medical Society. Transactions for 1875, '76, '78, '79 and '80. Wanting, 1877.

New Jersey.

Medical Society of New Jersey—1877, '78, '79 and '80.

New York.

Medical Society of the State of New York. Transactions for 1880.

North Carolina.

Medical Society of the State of North Carolina—1880.

Ohio.

Ohio State Medical Society—1878, '79 and '80.

Pennsylvania.

Medical Society of the State of Pennsylvania. From this society we have received transactions for 1876-7-8-9 and '80.

South Carolina.

South Carolina Medical Association. Transactions—1875, '76, '77, '78, '79 and '80.

Tennessee.

Medical Society of the State of Tennessee—1880.

Texas.

Medical Society of the State of Texas, W. G. East, M.D., Sec'y, Hullettsville. No returns have been received.

Vermont.

Vermont State Medical Society. We have received their transactions for 1871-2-3, and '79. Wanting, 1875-4-6-8-7 and '80.

Virginia.

Medical Society of Virginia—1874-5-6 and '79. Wanting, 1877-8 and '80.

Wisconsin.

Wisconsin State Medical Society. Transactions for 1875, '76, '78 and '79. Wanting, 1877 and '80.

I have given the correct name of each State Medical Soci-

ety; the full address, list of transactions received, will be found in our "Exchange List."

You will see that only from five states, viz: Delaware, Florida, Indiana, Mississippi and Texas, have we failed to receive transactions. This will soon be remedied, as I have correspondence with them.

All the territories have no organized medical societies. Washington Territory had one for two years, 1873 and '74.

It seems to me that while there may be nothing in a name, it would simplify matters for Secretaries if all states would adopt the plan of this state of putting the name of the state first and making the rest as short as possible. For example, Oregon State Medical Society is easier to write than Medical and Chirurgical Faculty of the State of Maryland. The former style is adopted by twenty-three out of thirty-seven, leaving only thirteen of the latter class. We have received, and have now on file, one hundred and six transactions, ranging in size from thirty-six to six hundred and fifty pages, most of them averaging well—Pennsylvania, for instance, five vols. of over 450 pages each. To complete the present list to date would give us not less than thirty-five vols. more, making over one hundred and forty. These should be carefully preserved.

Since the death of Mrs. Dr. Ford Robinson, June 29, 1879, death has not invaded the ranks of our Society; and again, as last year, I am able to report that the Society has lost none of its numbers by death.

In concluding this report, I am moved by the strongest feelings of gratitude to thank the members for their uniform kindness and forbearance.

Hoping that you will ever extend to my successor the encouragement you have always been ready to grant me, I herewith respectfully submit this, my sixth annual report.

CURTIS C. STRONG,
Permanent Secretary
Oregon State Medical Society.

June 15, 1881.

WILLAMETTE UNIVERSITY MEDICAL }
DEPARTMENT, }
PORTLAND, OR., June 14, 1881. }

*To the President and Members of the
Oregon State Medical Society:*

GENTLEMEN:—The Faculty of the Medical Department of the Willamette University are pleased to report to your esteemed body that our Fifteenth College Year, which closed April 25, was one of unusual prosperity, and we feel highly gratified and encouraged with the prospect of the future growth and usefulness of our medical institution.

The class of 1880-81 consisted of thirty-two Matriculants. After what we deemed a very thorough examination as to qualifications, etc., we conferred the degree of M. D. upon thirteen individuals whom we recommend to the confidence and care of this Society.

Very respectfully submitted,
E. P. FRASER, M.D.,
Dean of the Med. Faculty.

PRETERNATURAL LABOR.

O. C. BLANEY, M. D.

On the 6th of last April I was called to attend Mrs. M. during confinement.

Upon examination, I found her in the second stage of labor with feet presenting and occupying the inferior strait, the waters having broken several hours previous to my arrival.

In about an hour after my arrival she was delivered of a living child, and almost immediately after the birth of the child the placenta was expelled. The pains continuing I made another examination, and, to my surprise, found another

foetus, with feet presenting as in case of the first, and in a short time she was delivered of another living child, the placenta following shortly afterwards.

None of the authorities I have consulted mention a case in which the feet presented in both children.

I beg your indulgence a few moments while I give a brief history of my patient showing an instance of fecundity of the female sex.

Mrs. M. was married Christmas, 1875. Became pregnant, and at four months fell down stairs, which caused a miscarriage. This case was twins.

The second pregnancy advanced to full term and was single. The child is living and healthy.

The third pregnancy was twins, but miscarried at three months.

The fourth, single, was carried to full term and is still living.

The fifth was twins, and miscarried at about three months; caused by carrying water.

The sixth and last was twins, and carried about seven months as near as she could calculate.

Of the last twins, one died when two days old. The other is still living and rather puny.

This makes ten children in less than six years.

NOTES IN SURGERY--CASTRATION.

BY H. CARPENTER, M. D.

G. W., laborer, aged about forty years, applied to me about one year ago, and stated that while breaking a colt two years previous he became entangled in the rope, or lariat, commonly used in handling wild animals, in such a manner as to have enveloped the scrotum and testes, and while thus en-

tangled the animal began to jump and run, and before he could extricate himself, received severe injury, which was followed with acute inflammation of the scrotum and testes, which organs were enormously swollen, in which condition they continued for several weeks, then gradually emerging into a chronic condition, attended with severe pain, which continued, only varying in intensity, up to the time of being relieved by surgical interference. He had been treated about one year for neuralgia of the testicles without receiving any benefit; therefore was fully determined to have an operation performed. The operation for castration was performed about June 28, 1880, assisted by Drs. Blaney and Fraser, as follows: The pubes having been shaved, the patient chloroformed, an incision was made from near the external abdominal ring and carried to the lower part of the scrotum, the testicle dissected out, the cord ligated, including the blood vessels in the same ligature. The same operation being repeated on the opposite side, upon examination of the testicles they were atrophied and softened, and on being opened the part was found to be dark and in a partial state of decomposition, which proved the necessity of an operation. The after treatment consisted in the application of carbolized water dressing, until the ligatures came away, then of carbolized ointment dressing until union was completed, which occurred in three weeks. The patient leaving the city, and in over exercise in walking, the scrotum became irritated and inflamed, resulting in an abscess, which was treated by Dr. Bailey, who succeeded in effecting a cure, and since which time the patient has been cheerful and wholly free from pain.

VARICOCELE.

Operation for Radical Cure.

Mr. G., carpenter, aged about twenty-five years, applied to me last December for relief, stating that he had been afflicted for several years and had tried various methods of treatment recommended by doctors, without being relieved. Upon examination I found the spermatic veins of the left side knotted, swollen and convoluted, attended with dull aching pain, often very severe; patient in a melancholy condition and fully

determined to be relieved by an operation. After the preliminary arrangements were made, assisted by Profs. Browne and Fraser, and in the presence of three medical students, I proceeded to operate. The operation differed somewhat from those described by authors, and consisted in making an incision directly over the enlarged veins. Thence passing a probe pointed needle threaded with silver wire between the vas deferens and the veins, enclosing the same in a loop of the wire, which, on being twisted, excited adhesive inflammation and obliteration. After treatment wire twisted daily until it cut through, during which time carbolized water dressing was constantly used. Union was complete in three weeks and patient well and very grateful.

CASE SECOND.

Mr. B., clerk, aged 20 years, applied to me for treatment, and upon examination I found a similar case to the one just reported, except of less duration. An operation was requested. Assisted by three medical students, I operated in the same manner as in the previous case. (Date of operation Jan. 13, 1881.) After treatment the same, wire came away in one week, and union was perfect and patient well in fifteen days.

REMARKS.

I think this method of operating is less liable than any other to excite irritation and consequent inflammation, and it especially relieves the tendency to sloughing and the formation of an abscess or infiltration.

THREE CASES IN PRACTICE.

BY G. R. FERRA, M. D.

CASE I.

I was called in council with Dr. J. B. Lee to see a child aged 9 years. She was thrown, or had fallen off a horse, re-

ceiving a compound fracture of the humerus, just above the condyles, the lower end of the upper fragment greatly lacerating the soft parts in front of the elbow joint. We chloroformed the patient, adjusted the fracture, dressed the wound and put the arm up in a rectangular tin splint, leaving an opening in the bandage opposite the wound so as to dress it daily. The wound discharged very freely for about four months. At the close of the third week we removed the dressing, flexed and extended the arm and redressed it. We ordered the dressing to be removed and passive motion to be used every other day to prevent ankylosis.

The bone united much better than we expected. She has very good use of her arm and it is but slightly stiffened. Dr. Gross says: "I know of no fractures which I approach with more doubt and misgiving than those of the inferior extremity of the humerus involving the elbow joint."

CASE II.

A case of naso pharyngeal polypus, the patient a boy, age 16 years, was brought to us—Drs. Lee, Canthorn and myself—by Dr. Carter of Philomath, on Nov. 6, 1880. Upon examination we discovered in the anterior portion of the left nostril a small fibroid polypus; posteriorly and extending downwards into the pharynx was another the size of a hen's egg. Several unsuccessful attempts had been made by various physicians to remove the one in front. By an inexcusable oversight and want of care in examination, the one posteriorly had been heretofore entirely overlooked. He had suffered from several attacks of hemorrhage during the three or four weeks immediately preceding our examination. His sleep was disturbed and breathing difficult; appetite failing. After careful manipulation of the tumor posteriorly, and finding that the attachment was in the left nasal cavity, we agreed upon the following plan of operation:

A loop of strong wire was inserted into a flexible catheter as far down as the eye of the catheter, both ends of the wire protruding from the open end of the catheter. The catheter was then carefully passed from before backwards along the floor of the left nasal cavity under the tumor. As the point

of the catheter came into view in the pharynx, it was seized by the fingers and drawn out through the mouth. The loop of wire was then taken through the eye of the catheter and securely held while the catheter was removed—stripped off the wire, as it were. We thus had a loop in the mouth while the free ends of the wire protruded from the nose in front. By manipulation with the fingers the loop was thrown around the tumor, and when drawn on in front slipped up over the tumor and came up against the pedicle. We then attempted, by a sawing motion, to cut through the pedicle, which was of such a consistence as to resemble cartilage. After breaking several wires, and after having very nearly cut through the pedicle, we substituted a strong silk cord for the wire with which the operation was completed. The tumor falling backwards into the pharynx, was removed with the fingers through the mouth. The hemorrhage, which was not very great, was checked by the injection of a weak solution of the per. sulphate of iron. Owing to the length of time of the operation and the exhausted condition of the patient, the removal of the other tumor was postponed to some future time. He was in again in February greatly improved in health. Dr. Lee and myself tried to remove the one from the nose with forceps, but failed. He came to us again on the 17th of March. Dr. Lee and myself tried the forceps again on the one in the nose, and again failed. We noticed at this time that the one in the pharynx was reforming. We threw a wire noose over that with a double cannula, and allowed it to remain. The noose was tightened each day. The tumor came away on the third day. On the next day we administered chloroform, cut the ala of the nose up to the nasal bone. We then introduced the finger, drew down the polypus, applied Gross's nasal polypus forceps and removed it. This tumor was very large and hard, had a large tough pedicle from which the one in pharynx had sprung. This left the bone where it was attached perfectly bare. We then injected the nose with a solution of per. sulphate of iron, and closed the incision by means of a silk stitch or two and adhesive strips. We gave him a solution of chloride of zinc, (two grains in

one fluid ounce) to be used by injection twice a day. Also a preparation of the syrup of iodide of iron and iodide of potassium was ordered, to be taken three times a day. I saw him on the 18th of April. He was looking well and doing nicely.

CASE III.

Encephaloid of the right testicle; Mr. F., age 45; occupation, carpenter; came to me December 16, 1880, on account of enlargement of the testicle. He stated that he had not noticed any change in it until about two months before. He said that there was nothing but the gland enlarged at that time, and that there was no pain. He supposed he had given it a lick that had caused it to swell, and it would pass off in a short time, but it continued to increase, and about two weeks before he came to me he began to have a dull, heavy pain. He stated that he could see it was enlarging very fast. His general health had been good; had never had syphilis but had gonorrhœa about fifteen years before. On examining I found the gland as large as a small goose egg and very slightly nodulated and in spots slightly softened. The epididymis was large and modulated. The cord was considerably enlarged. Pressure elicited pain, but greater over the cord than the testicle. He had been ruptured for several years, but I found no intestines down. I advised him to have it removed, and the sooner the better. He wished to try medicine to see what effect that would have. I gave him an ointment of mercury and belladonna to apply once a day, and a preparation of bichloride of mercury and iodide of potassium to be taken three times a day. It was not long until he became ptyalized and continued slightly so until the operation. I saw him frequently during the next month. His trouble grew worse fast, causing more pain, some loss of sleep and appetite. He was very pale and anaemic, and of a tallow color. The scrotum was much distended and reddened, but not adhered to the testicle. I operated on the 15th of January, 1881, assisted by Drs. Lee and Bayley. When we operated the gland was as large as a small cocoanut, the epididymis about a third as large as the testicle, and the cord very much enlarged as far up as we could ligate. We li-

gated the entire cord, thinking we could remove more by doing so. When we cut into it we found that part of the omentum was down, and such strong adhesions had formed that we could not return it. So we removed all that portion below the canal. He did very well for the first seven or eight days. About then his temperature rose to 104, pulse 124, appetite not good. The wound and surrounding parts began to inflame. We gave sulphate of quinine, grains x, every four hours until the fever subsided. Used hot carbolized poultices. Used morphia when necessary to quiet pain. The wound began to discharge very freely, and about the third week the discharge became very offensive and looked very unhealthy, the inflammation extending at the same time up the cord into the inguinal region. His temperature ranged for sometime from 101 to 102. During the fourth and fifth weeks he had attacks of excessive perspiration, which exhausted him greatly. We used for this tincture of belladonna and aromatic sulphuric acid, and had him sponged with diluted alcohol and alum. His appetite was moderately good, but his digestion and assimilation were imperfect, and he became very much emaciated. We used the compound syrup of hypophosphites and the syrup iodide of iron, which helped him greatly. During the fifth week the swelling in the scrotum had nearly all subsided, but the groin was greatly inflamed. One of the inguinal glands suppurated and was opened. During the sixth week two others suppurated and were opened, the discharge still keeping up where the ligature was brought out and at the other openings. The ligature came away during the seventh week. Mr. Erichsen says "the ligature separates about the eighth day where the entire cord is ligated." I will state there was but little pain resulted from ligating the entire cord as is usually supposed to be the case. I saw the patient about the 15th of April, but did not examine him. He said he was entirely well and felt well. I fear he is not as well as he thinks. He still has that distressed look and tallow color.

CASE OF MONSTROSITY.

BY F. A. BAILEY, M. D.—HILLSBORO.

I was called on Nov. 10th, 1880, to Mrs. M., a farmer's wife, living three miles from Hillsboro—the messenger informing me that the patient was about to be confined.

When I arrived, I found the lady was aged about 25 years, and the mother of two children, both living and healthy. Upon making an examination per vaginam, I found a breech presentation, and that the membranes had ruptured before my arrival.

The labor went on with nothing unusual to note in its progress, and was terminated in about two hours after my arrival. The child, a male, was dead, and presented a most remarkable case of monstrosity, for while the body, limbs, neck and extremities were all properly formed and perfectly natural in appearance, there was an entire absence of the encephalon and its osseous encasement. The *os frontis*, both *parietals* as well as the *occipital* bone were absent. In lieu of the latter bone was a mere rudimentary ossific ring where this bone articulates with the atlas. The nose and eyes were fully developed, but just above the eyes development ceased with the supra-orbital plates of the *os frontalis*. The ears were quite large, and standing up quite prominently above the top of the head, contributed no little to the hideous and unsightly appearance of the monster. The skin was entire with the exception of a spot about the size of a twenty-five-cent piece about the vertex. The child, though not weighed was, I judged, of about average size.

The mother was at first at a loss to recall any incident occurring during her gestation that she thought could have caused the child to be thus marked—but, after some consultation with her husband, she recollected that while visiting a sister in Portland, while she was about three months "gone," they had visited a China-woman, but recently confined, and took a look at the great curiosity, the Chinese baby, a rather

rare specimen of the genus homo even in Portland. She and her husband and some of the women present, fancied the monster bore a clearly defined resemblance to the Mongolian, and were all firm in the belief that that unfortunate look of the mother at the diminutive Celestial, was the cause of the child's losing its head. This is a question that may very properly be left for solution to those who believe in mother marks.

There is also another aspect of the question for those who believe with the parents and elderly matrons that this child was marked in this way and thus became a monster, and that is, that it is a good argument to be used, though somewhat novel, it must be admitted, against Chinese immigration.

NOTES IN THE PRACTICE OF MEDICINE AND SURGERY.

BY REESE HOLMES, M. D.—SALEM, OR.

Chronic Brights Disease of the Kidney.

On the 26th day of May, 1881, I was called by G. W. G. Male, aged 76, who gave the following history: Had a chill eight months previous, and since that time has certainly risen as many as seven or eight times every night to urinate. During last eight months had grown gradually weaker. Has occasional attacks of vertigo. Is slightly dropsical about the eyelids and feet. Temperature, 100—pulse, 110. Heart's action irregular, lips blue. Thoughts flighty, and memory very uncertain. Complains of dull pains in the lumbar region of the spine.

Because of the excessive urination I was not inclined to suspect Brights Disease of the Kidneys—but, upon exrmination, the urine proved to be of Sp. gr. 1010, and to contain a large amount (two-thirds) of albumen, as shown by heat and nitric acid. There was no sugar present. With the microscope I found casts, both granular, hyaline and fatty, in abundance.

TREATMENT.

Ten-drop doses Tr. Digitalis, morning and evening, and Elix. Cinch. Iron and Strych. in teaspoonful doses three times daily. Gave directions to keep the skin in a healthy, active condition—also, ordered a purgative dose of epsom salts when necessary.

June 1st. Strength somewhat improved—less dizziness—lips not so blue—heart's action more regular—pulse 98. Ordered Armor's Ferro-Saline Mixture, of which the following is the formula:

R Soda, Bi Carb., oz. V.
Magnes. Sulph., oz. X.
Potass. Bi Tart., oz. IIss.
Ferri Sulph., Ex. gr. XVIIss.

Add gradually, aqua bullientis one quart. Let stand 48 hours and filter.

The dose which I first ordered was two tablespoonfuls of this mixture in a tumblerful of water three times a day. Finding the dose rather large I ordered it given in less doses, just sufficient to cause from one to two copious watery discharges within the 24 hours.

June 4th. Reports doing well. Has had two watery discharges from bowels every day since taking the Ferro-Saline Mixture. Has only to urinate two or three times in the night. The urine is slightly albuminous, and casts are not abundant.

June 9th. Reports feeling still better—strength still improves—has not been attacked with vertigo for several days—heart's action regular—pulse 76—temperature normal—urine has a mere trace of albumen—but there is some dropsy about feet. Changed Tr. Digitalis for Ext. Ergot Fld., half teaspoonful three times daily.

June 12. Dropsy of feet has disappeared. Feels well. For several nights has not been troubled to urinate in the night. In a specimen of urine taken before breakfast I failed to detect albumen.

CASE II.

Dislocation of first phalanx of little finger with fracture of the corresponding metacarpal bone near the head. This case I mention because of its rarity.

H. W. called to see me on the 9th day of February last and complained that a large man had come violently in contact with his right hand while it was shut. There was great discoloration of the palm of the hand. The diagnostic sign of fracture of the metacarpal bone, viz: dropping of the knuckle, was absent. Treatment consisted, after adjusting the fracture and dislocation, in the application of a leather splint fitted to the palm of the hand, and a short posterior splint applied to the dorsal surface and covering the place of fracture. Union took place in three weeks, but patient was slow to gain the use of the finger. By April 10th he had perfect use of the finger with slight deformity.

CASE III.—DIVISION OF STRICTURE FOR THE CURE OF GLEET.

March 4th. J. W. called to see me and complained of having suffered a gleet discharge for about two years. I found with a No. 25 (F.), bulbous sound, a stricture one quarter inch in depth, and situated one-half inch from meatus urinarius. This I divided with a blunt pointed, narrow, straight bistoury, and passed a bulbous sound No. 30 (F.) A sound was occasionally passed until healing should have taken place. Just one month after dividing the stricture I passed a No. 30 (F.) bulbous sound, and could detect no tendencies toward recontraction. The gleet discharge had ceased and the patient felt well in every particular. Three months have passed since dividing the stricture, and yet no tendencies to return have become manifest.

CASE IV.—INCISION AS A RADICAL CURE FOR HYDROCELE.

Although the method of curing hydrocele by incision has about become obsolete—so far as I know—within the last three months I have operated in this way twice with entirely pleasing results. I learned to like this operation from having seen it done a number of times without a single fail-

ure. This I cannot say of other proposed radical cures. Again, I like this method best of all, for, on making a bold, tree incision, the surgeon is enabled to examine the testicle, which, in case of its disease, may be removed if deemed appropriate.

A PAPER ON HYGIENE, APPLIED ESPECIALLY TO VENTILATION.

—
 BY H. CARPENTER, M. D., PORTLAND, OREGON.
 —

It is not only a duty incumbent upon every intelligent physician, but also a privilege, to thoroughly investigate any and every cause that tends to produce disease, and its direful results in increasing the mortuary record; and it is especially enjoined upon him to extend his scientific research for the prevention of such causes. Any physician or individual who, by his arduous and intelligent research, discovers a single hygienic measure, the application of which would lessen disease, promote health, prolong life, enhance comfort and happiness, deserves to be honored by the living, and when he shall have passed from timely usefulness, is entitled to wear the crown reserved for the faithful. It is a well known fact that noxious gasses arising from ill-ventilated apartments of every kind—water closets, cess pools, sewers, pollute and poison the air we breathe, and, entering into the animal economy, cause many of that class of serious affections termed "Zymotic." These insidious diseases very frequently are engendered and matured, run their course and prove fatal, before their real cause is discovered.

To prevent, as well as to modify the intensity of the effects of these gases, various systems of ventilation, as well as the free use of disinfectants, have been applied, without, however, attaining the desired results. And in order to remedy the existing evil, it is necessary to look further for some more ef-

fective preventive. Therefore, permit me to introduce to the profession of this state a new system of ventilation quite recently discovered by Wm. T. Cottier of Napa City, California, and to which my attention was called about eighteen months ago through an admirable scientific report on public hygiene and state medicine by Dr. Jos. F. Montgomery, of Sacramento, California, to the State Medical Society of California, and published in their transactions for the years of 1879-'80, and which is corroborative of a similar report made by the same author three years previous. This report gives a detailed account of the Cottier system of ventilation, which is fully explained in the accompanying papers, to which I will hereafter refer. I also had the pleasure about the same time of making the acquaintance of the inventor, who, in order to convince me of its utility, applied his system on my premises to an old and very offensive privy vault, which had the effect to remove, thoroughly, every vestige of the odor emanating therefrom. The change being so great and satisfactory, I was induced to investigate the principle upon which this system was made so effective. I have ever since been a constant observer of the result of this system as applied to inside and outside, water closets, school rooms and various apartments, and am now prepared to say that I am thoroughly convinced of its unbounded usefulness, and can easily see how its application can prevent disease by removing the deleterious gases, which is readily effected by creating a downward draft in privies and water closets, and carrying these offensive and poisonous gases out through a properly constructed hollow wall into the attic, thence through an opening in the roof at its highest point, upon which a small tube or chimney of a suitable height is placed, through which the gases escape into the open air where they are so completely disseminated as to become quite harmless.

It is very essential that no air be permitted to enter the cess pool or air flues except through the opening in the seat, consequently there will be a downward instead of an upward draft. This principle applies to many of the serious ailments of the female, engendered by occupying the closets during

their menstrual epoch. This will be evident when we take into consideration the delicate and highly sensitive organization of the female, and that during the existence of her natural periodical functions any exposure to draughts of air is liable to arrest the normal functions, thereby causing acute endometritis, or acute and chronic leucorrhœa, or catarrh, with all the concomitant affections of the uterus, and to derange the natural condition of the bowels, kidneys and liver, and in persons whose constitution have previously been debilitated by hereditary taint, are liable to have phthisis and strumous abscesses fully developed, either of which renders life a burden, and finally destroys it. Thomas states that a sudden check of menstruation will sometimes result in hæmatocele of a fatal character.

In applying this system of ventilation to dwellings, the same rule is observed in carrying the impure air through the opening in the base-board, through a hollow wall into the attic for discharge into the open air; hence, in sick chambers and wards where a number of patients are kept, not only the heavy air or carbonic acid gases, but all the foul exhalations from the patients themselves, are gradually and thoroughly removed from the room or ward, thereby causing a vacuum to be continuously filled with fresh air from without.

This system may also be applied to sewers, which effectually removes all noxious gases, which fact alone is of so great importance that it should elicit careful investigation, and municipal authorities everywhere be required to adopt it, thus doing much to prevent the occurrence of typhoid fever, dysentery, diphtheria, as well as many other similar affections. Napa City, California, has applied this system to sewers with satisfactory results. There is yet another grand feature of this system. Where it has been applied to large halls, as especially to one of the churches in this city, during the sitting of the congregation, it has been observed that aside from removing all the bad air, and requiring much less fuel for heating the room, a marked improvement in acoustics is made.

In concluding this paper it is proper to remark that in addition to my own observations, I have drawn several explan-

atory expressions from Dr. Montgomery's paper heretofore alluded to.

The conclusions deduced from study and observation leads me to say that no hospital, asylum, church or public building of any kind can afford to do without this system of ventilation. There is no question of its great superiority over all other systems yet discovered. It being a scientific subject, it is therefore a legitimate one for every physician to investigate, and after becoming familiar with its operations, his province as a true philanthropist is to instruct his patrons in its utility, and urge its general adoption. In further explanation and corroboration of the above statement, I take pleasure in referring to the following named individuals, physicians and laymen, who have investigated and expressed their unqualified approval of this system of ventilation:

The Board of Directors of the Public Schools of the City of Portland, and Prof. T. H. Crawford, City Superintendent of the same; J. C. Tolman, U. S. Surveyor General of Oregon; E. T. Wilkins, M. D., Superintendent of the Napa State Asylum for the Insane, G. A. Shurtleff, M. D., Superintendent of the State Asylum for the Insane, at Stockton, Cal.; Asa Clark, M. D., Superintendent of the Pacific Insane Asylum for Nevada and Arizona, located at Stockton, Cal.; G. G. Lyman, City Engineer, B. Shurtleff, M. D., President of the Board of Trustees of the City of Napa, Cal., and Prof. James Browne, M. D., of the Medical Department of the Willamette University, Portland, Oregon, whose article on the subject of ventilation has attracted attention not only in this State but also in California.

PROF. BROWNE'S PAPER ON VENTILATION.

Sanitary Science teaches, and, indeed, the national welfare demands, that every human being shall have an abundant supply of pure air and light, as well as pure water and good

food. The importance of a full supply of fresh air can hardly be overrated. It not only adds to our comfort, but also protects us against the inroads of disease.

To secure perfect ventilation and proper warmth, should be a prime object in the construction of every building intended as a dwelling for man; but especially so in the construction of buildings for the accommodation of large numbers, such, for example, as soldiers' barracks, hospitals, infirmaries and asylums for the insane.

The fatal effects of breathing highly vitiated air may be easily verified by experiment. When a mouse is confined in a large and tight glass-jar full of air, it seems for a short time to suffer no inconvenience, but by and by as the consumption of oxygen and the exhalation of carbonic acid proceed, it begins to show symptoms of uneasiness, and to pant in its breathing as if struggling for air. In a few minutes it dies convulsed as if drowned or strangled. The same results follow the deprivation or vitiation of air in man and in all animated beings. It is only of late years that the evils arising from ill ventilated rooms, and the insidious effects of foul air in lowering the strength, and producing or aggravating various forms of disease, have been fairly appreciated. There is scarcely a doubt that zymotic diseases spread themselves through the air and enter the body through the lungs; it is highly probable, moreover, that in atmospheric impurities the agents that cause those diseases find a nidus for their multiplication and growth. Atmospheric air consists of about 78 per cent. of nitrogen, 21 per cent. of oxygen, and about 1 per cent. carbonic acid, and such is its constitution when taken into the lungs in the act of breathing. When it is expelled from the lungs, however, its composition is found to be materially changed. It has lost oxygen and has gained carbonic acid and effete organic matter which render it extremely poisonous. In pure air the quantity of carbonic acid (CO^2) is about 4 parts in 10,000 or 4-100 of 1 per cent. In air once breathed, the quantity is 400 parts in 10,000, or 4 per cent. If it is breathed a second time, more carbonic acid is added to it, but the quantity is less than before, and con-

tinues to grow less at each subsequent respiration. When air contains 10 per cent., or 1-10 of its volume of carbonic acid, it is irrespirable and fatal to man. It has been proved by experiment that warm-blooded animals will die in an atmosphere that contains 12 to 18 per cent. of carbonic acid. In an ill ventilated room, crowded with people and heated with coal, carbonic acid is not the deadliest poison present. Far worse are the noxious products thrown off from the living body, far worse than carbonic acid, that other compound of carbon and oxygen known as carbonic oxide (CO) produced by the imperfect combustion of carbon, and always given off in the fumes of burning coke or charcoal. The addition of 5 per cent. of this gas to air, makes it unfit for respiration and causes death. It is this gas and not carbonic acid that causes the fatal result when one is exposed to charcoal fume.

During each minute a man of ordinary size inspires 360 cubic inches of air, exhales 14.4 cubic inches of carbonic acid, and absorbs about 15 cubic inches of oxygen. Now, in order that the air of any room should be fit for continuous respiration, a much greater change must be effected in it than a mere replacement of the 360 cubic inches breathed in that time, for the 4 per cent. of carbonic acid contained in it is sufficient, with the simultaneous loss of oxygen, to vitiate a much larger quantity of air. It is 100 times more than the normal quantity in pure air, for this is only 4-100 of 1 per cent., and therefore, even when diluted with 100 times its volume of ordinary air, the mixture would still contain twice the normal quantity of carbonic acid, viz.: 8-100 of 1 per cent., or 8 parts in 10,000, and this is about the average quantity in the air of large manufacturing towns. For such a dilution 36,000 cubic inches or more than 20 cubic feet of air would be required. Owing, however, to the rapid diffusion of the carbonic acid, a less degree of dilution is sufficient for healthy respiration. It has been computed that 10 cubic feet of air per minute are required for each person in sleeping rooms or sitting rooms, and in school rooms, court rooms, theaters, soldiers' barracks, workshops and factories. Fever hospitals, however, and surgi-

cal wards, require twice as much, and if the temperature of the room is high and the products of the combustion of artificial lights are present, the quantity of fresh air must be largely increased. Gas-burners consume large quantities of oxygen, and replace it with vast quantities of carbonic acid, thus largely increasing the vitiated condition of the atmosphere of the room.

"One of the evils of ignorance," says Dr. Andrew Combe, "is that we often sin and suffer the punishment without being aware that we are sinning, and that we have it in our power to escape the suffering by avoiding the sin. For many generations mankind have experienced the evil results of deficient ventilation, especially in towns, and suffered the penalty of delicate health, headaches, fevers, consumptions and cutaneous and nervous diseases, and yet from ignorance of the true nature and importance of the function of respiration, and of the great consumption of air in its performance, architects have gone on planning and constructing edifices without bestowing a thought on the means of supplying them with fresh air, although animal life cannot be carried on without it, and while ingenuity and science have been taxed to the utmost to secure a proper supply of water, the admission of pure air, which is far more essential, has been left to steal in like a thief in the night, through any hole by which it can find entrance."

The removal of vitiated air regularly and rapidly, without disagreeable draughts, is what a perfect system or plan of ventilation demands and secures. A sufficiency of breathing space is, of course, desirable as contributing to cheerfulness and comfort, but this, if the ventilation were perfect, would be a secondary consideration, for, in a well ventilated room, however small, the air would be immediately removed and replaced by a fresh supply. Still the breathing space in sleeping rooms should never be less than 800 cubic feet for each person. In hospitals and infirmaries it should be at least 1,200 cubic feet, and in military hospitals, in warm climates, 2,500 cubic feet would not be too much. A man requires a certain amount of pure air, no matter whether his breathing space

be large or small. If the ventilation be insufficient, the air in a large breathing space will soon become as foul as that in a small one. Assistant Surgeon Billings of the United States Army, says: "When rooms are empty a large part of the day, cubic space becomes important in itself as affording a stock of fresh air to commence with, but in places constantly occupied, its value, though great, is secondary." True, but with proper ventilation cubic space would always be secondary, because fresh air would always be in full supply.

Many plans or systems of ventilation have been invented from time to time, but on trial they have all been found more or less defective, and of course inefficient. The latest and incomparably the best that has yet been devised, is the system or plan of Mr. W. T. Cottier, which has the merit of being inexpensive, uncomplicated and thoroughly effective. This system or plan was introduced to the notice of the California Medical Society in the year 1876 by Dr. Joseph F. Montgomery of Sacramento, in his report on "Public Hygiene and State Medicine." The Doctor presented it as a new invention, based on scientific principles, inexpensive in its application, simple in plan and construction, and not liable to get out of order or to require repairs. And in his report to the State Medical Society in 1880, Dr. Montgomery again called attention to the merits of this invention, and spoke of it in terms of high commendation, dwelling on its efficiency and urging its adoption. His earnest language induced the writer of this paper to examine, critically, Mr. Cottier's plan of ventilation, and ascertain for himself its claims to public favor. Without questioning, for a moment, Dr. Montgomery's honesty of purpose, or his scientific attainments, he, nevertheless, felt a lurking suspicion that the Doctor's handsome endorsement might be somewhat overstrained. Accordingly, he examined the plan with great care, and the result is a strong conviction of its excellence.

The ventilating apparatus (as may be seen by examining the drawings that accompany this paper) consists of openings in the baseboards protected by ornamental iron gratings, "air-tight flues" for the escape of vitiated air, a "vomitorium"

or expansion chamber in the garret or attic," (the ordinary attic is utilized for this purpose), and an "ejector" on the roof. All air leaving a room must pass out through these gratings into the air flues, thence to the "expansion chamber," thence through the "ejectors" to the open air. The ejector, by the way, ought to be specially mentioned. It is a very simple, but very perfect and effective piece of mechanism. It is so constructed as to create a continued suction force, and hence its adaptability to the ventilation of sewers and drains.

The Directors of the Portland (Oregon) Public Schools applied this plan in all the water closets in the department some 15 months ago, and the result has been entirely satisfactory; and this last autumn and winter they introduced it into three of the four large twelve-room school buildings under their care, and are highly pleased with its workings. The City Superintendent has made a practical test of each class room, and reports that the plan works admirably; and the Principal of one of the schools speaks of it in terms of praise, saying that since its adjustment to the building, the rooms have been more easily warmed. On visiting one of the classrooms of the Central Public School some days since while the exercises were in progress, the writer found its atmosphere quite pure, although it was receiving carbonic acid from 45 or 50 pairs of lungs. The air was perfectly free from heaviness, mustiness or smell.

The Cottier system of ventilation can be adjusted to any kind of building, and is effective wherever applied. It removes the carburetted hydrogen and the sulphurets of ammonia and hydrogen from the water closet, cess-pool or drain, as readily and as thoroughly as it removes the carbonic acid from the parlor or sleeping room. This system, in short, leaves nothing to be desired, and the ventilation problem is solved.

(Signed,)

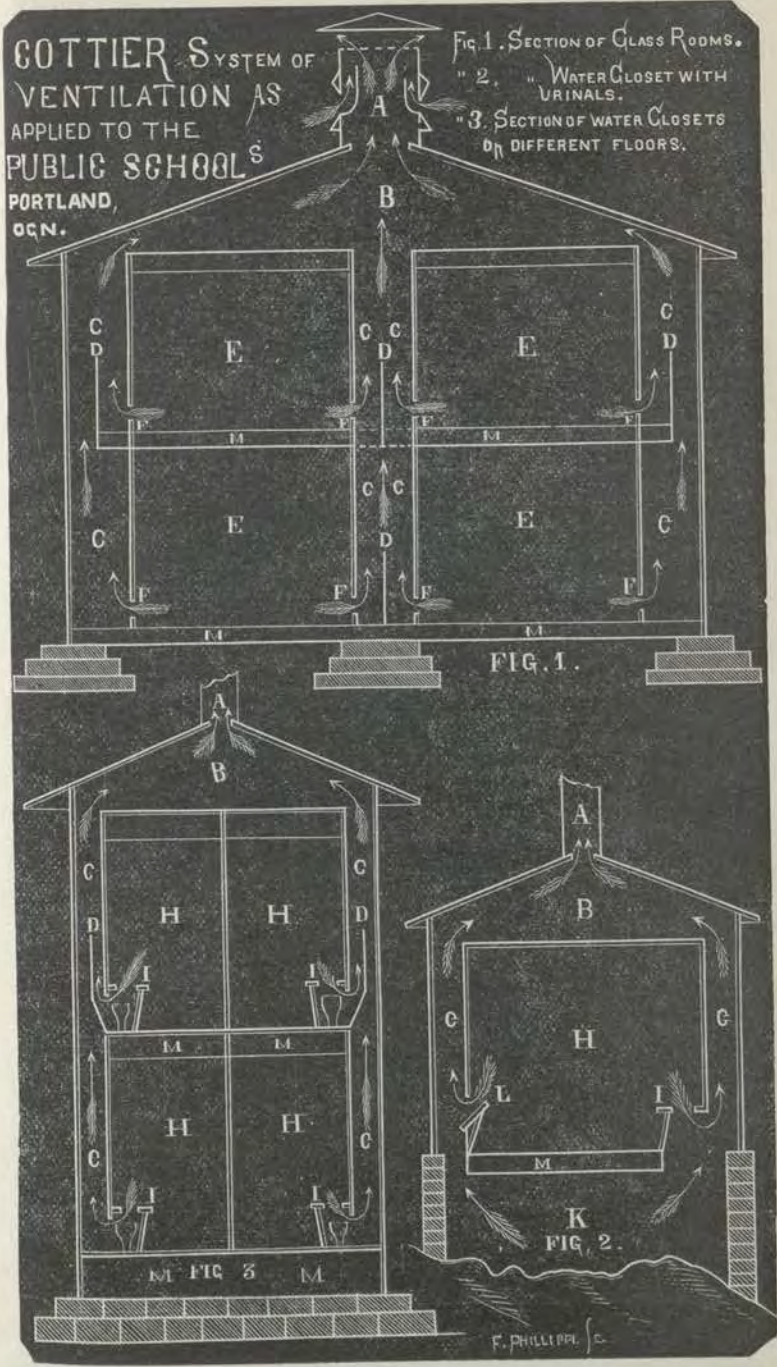
JAMES BROWNE, M.D., LL.D,
Prof. Physiology, Willamette University.

GOTTIER'S SYSTEM OF
VENTILATION AS
APPLIED TO THE
PUBLIC SCHOOLS
PORTLAND,
ME.

FIG. 1. SECTION OF CLASS ROOMS.
" 2. " WATER CLOSET WITH
URINALS.
" 3. SECTION OF WATER CLOSETS
ON DIFFERENT FLOORS.

EXPLANATION OF DIAGRAM.

- A. Ejectors.
- B. Vomitorium or Expansion Chamber.
- C. Air Spaces or Flues between Studding.
- D. Partitions between Studding above first floor.
- E. Rooms or Halls.
- F. Openings in Baseboards.
- H. Water Closet Rooms.
- I. Seat Openings.
- K. Vault or Cess Pool.
- M. Floors.



F. PHILLIPS. C.

LIST OF MEMBERS
OF THE
OREGON STATE MEDICAL SOCIETY. 1881

NAMES.	POST OFFICE ADDRESS.
Alexander, W. F.....	Albany, Oregon.
Augur, James T.....	McMinnville, "
Bailey, F. A.....	Hillsboro, "
Baker, W. D.....	Astoria, "
Bayley, J. R.....	Corvallis, "
Boyd, W. E. H.....	Dayton, "
Browne, J. M. F., LL.D.....	Portland, "
Brown, E. M.....	Hillsboro, "
Calbreath, J. F.....	Lafayette, "
Conthorn, F. A.....	Corvallis, "
Cardwell, W. B.....	Portland, "
Carpenter, H.....	" "
Charlton, Mrs. Callie.....	East Portland, "
Clarke, Andrew.....	Clackamas, "
Cox, W. D.....	Sheridan, "
Crang, F.....	Astoria, "
Cusick, W. A.....	Gervais, "
Davidson, J. E.....	Independence, "
Doane, O. D.....	The Dalles, "
Dodson, O. M.....	Prairie City, "
Dodson, Z. T.....	Pine City, Washington.
Eaton, F. B.....	Portland, Oregon.
Ferra, George.....	Corvallis, "
Flinn, M.....	Gervais, "
Ford, Miss A. L.....	Portland, "
Fraser, E. P.....	Portland, "
Ghiselin, J. T.....	Portland, "
Giesy, A. J.....	Aurora, "
Giesy, M.....	Aurora, "
Glisan, R.....	Portland, "
Golden, C. B.....	Marshfield, "
Hall, C. H.....	Salem, "
Harris, T. W.....	Eugene, "
Hendrex, J. F.....	Harrisburg, "

LIST OF MEMBERS—(Continued.)

Hill, G. J.	Unknown.	
Hill, J. L.	Albany,	Oregon.
Homes, Reese	Salem,	"
Howard, J. W.	Canyon City,	"
Howell, Wm. A.	Turner,	"
Hoyt, S. D.	Champoeg,	"
Jennings, M. D.	Unknown.	
Josephi, S. E.	East Portland,	"
Jessup, S. R.	Salem,	"
Johnson, H. V. V.	McMinnville,	"
Jones, H. E.	Portland,	"
Jones, William	"	"
Kinney, Alf. C.	Salem,	"
Kirkpatrick, J. E.	Scio,	"
Kitchen, J. M.	Stayton,	"
Lane, Harry	Unknown.	
Lee, J. B.	Corvallis,	"
Lee, N. L.	Junction City,	"
Lee, T. J.	Independence,	"
Lee, Wm. C.	Junction City,	"
Littlefield, H. R.	Celilo,	"
Logon, H.	The Dalles,	"
McAfee, J. W.	Salem,	"
Macauley, S. D.	Stayton,	"
McKay, W. C.	Pendleton,	"
Merrick, C. H.	Canyonville,	"
Morgan, J. M.	Corvallis,	"
Morrison, W. F.	The Dalles,	"
Nicklin, A. I.	Eugene,	"
Nicklin, J.	"	"
Norris, J. W.	Oregon City,	"
Nottage, G. E.	East Portland,	"
Parrish, Mrs. Jennie L.	Portland,	"
Parker, S.	Oregon City,	"
Payton, D.	Snowden Spr.,	"
Payton, J. E.	Drain's	"
Plummer, O. P. S.	Portland,	"
Power, I. N.	Neah Bay,	Washington.
Pruden, W. F.	John Day,	Oregon.
Pruett, J. M.	Pendleton,	"
Raffety, C. H.	East Portland,	"
Rex, R. G.	Portland,	"
Reynolds, J.	Salem,	"
Rice, D. B.	Albany,	"

LIST OF MEMBERS—(Continued.)

Richardson, J. A.	The Dalles,	Oregon.
Rinearson, F. B.	Milwaukie,	"
Ross, H. W.	Oregon City,	"
Rowland, L. L.	Salem,	"
Royal, W. W.	East Portland,	"
Saylor, W. H.	Portland,	"
Sharples, A.	Eugene,	"
Strong, C. C.	Portland,	"
Tower, C. W.	Empire City,	"
Tuttle, Jay	Astoria,	"
Tyler-Smith, W.	Sheridan,	"
Wade, Wm. L.	Salem,	"
Watkins, W. H.	Portland,	"
Wells, J. T.	"	"
Wheeler, C. W.	"	"
Williams, H. O.	Palouse,	Washington.
Wilson, H. C.	Portland,	Oregon.
Wilson, R. B.	"	"
Worthington, C. E.	McCoy,	"
Yeargain, Mrs. E. L.	Cheney,	Washington.

HONORARY MEMBERS.

Baily, E. I. M. D., Lt. Col. U. S. A.,	Washington,	D. C.
Belt, A. M., M. D.,	Salem,	Oregon.
Gibbons, H., Sr., M. D.,	San Francisco,	Cal.
Gibbons, H., Jr., M. D.,	"	"
Harvey, Philip, M. D.,	Portland,	Oregon.
Hill, R. C., M. D.,	Albany,	"
McClellan, Eli, M. D., Maj. U. S. A.,	Vancouver,	Washington.
Newell, Wm. A., M. D.,	Olympia,	"

DECEASED MEMBERS.

Those dying during the year, in *Italics*.

John Vite, M. D.,	Dec. 11, 1876	Ag'd, 46 years.
E. R. Fiske, M. D.,	Aug. 28, 1877	" 61 " 2 m.
J. P. Tate, M. D.,	June 14, 1878	" 55 " 7 "
Mrs. E. A. J. F. Robinson, M. D.,	June 29, 1879	" 22 " 7 " 11 d.

OFFICIAL REGISTER FROM THE TIME OF ORGANIZATION.

1874.

President, Alfred C. Kinney, M. D.; Vice President, J. L. Hill, M. D.; Secretary, C. H. Hall, M. D.; Corresponding Secretary, J. Reynolds, M. D.; Treasurer, L. L. Rowland, M. D.

1875.

President, R. Glisan, M. D.; Vice President, O. P. S. Plummer, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, W. B. Cardwell, M. D.; Treasurer, L. L. Rowland, M. D.

1876.

President, W. H. Watkins, M. D.; Vice President, D. B. Rice, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, A. C. Helm, M. D.; Treasurer, L. L. Rowland, M. D.

1877.

President, L. L. Rowland, M. D.; Vice President, W. C. McKay, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, C. H. Hall, M. D.; Treasurer, J. P. Tate, M. D.

1878.

President, H. Carpenter, M. D.; Vice President, F. A. Bailey, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, O. P. S. Plummer, M. D.; Treasurer, W. H. Watkins, M. D.; Librarian, L. L. Rowland, M. D.

1879.

President, D. B. Rice, M. D.; Vice President, W. B. Cardwell, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, W. H. Saylor, M. D.; Treasurer, R. Glisan, M. D.; Librarian Curtis C. Strong, M. D.

1880.

President, F. A. Bailey, M. D.; Vice President, C. H. Merrick, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, E. P. Fraser, M. D.; Treasurer, H. Carpenter, M. D.

1881.

President, C. H. Merrick, M. D.; Vice President, W. A. Cusick, M. D.; Permanent Secretary, E. P. Fraser, M. D.; Corresponding Secretary, W. H. Saylor, M. D.; Treasurer, H. Carpenter, M. D.

FINANCIAL REPORT

OF

CURTIS C. STRONG, M.D., AS PERMANENT SECRETARY.

I herewith submit my sixth annual statement of all moneys received and paid out by me, together with the accompanying vouchers :

1880.			
June	16	Cash as per last annual report.....	\$243 85
"	"	E. P. Fraser,..... Dues to July 1, 1881..	3 00
"	"	F. A. Bailey,.....	3 00
"	"	J. T. Wells—Initiation,.....	5 00
"	"	F. Crang,.....	5 00
"	"	W. V. V. Johnson,.....	3 00
"	"	J. R. Bayley,.....	3 00
"	"	J. W. Norris,.....	5 00
"	"	E. M. Brown,.....	5 00
"	"	J. F. Calbreath,.....	5 00
"	"	C. H. Merrick,.....	3 00
"	"	Mrs. C. Charlton,.....	3 00
"	"	Wm. L. Wade,.....	5 00
"	"	D. W. Cox,.....	3 00
August	10	R. B. Wilson,.....	3 00
"	"	H. C. Wilson,.....	5 00
"	"	R. G. Rex,.....	3 00
"	"	R. Glisan,.....	3 00
"	"	H. E. Jones,.....	3 00
"	"	Wm. Jones,.....	3 00
"	11	J. T. Ghiselin,.....	3 00
"	13	O. P. S. Plummer,.....	3 00
"	"	Advertising—O. P. S. Plummer in vol. vii.....	5 00
"	"	" J. K. Gill,.....	5 00
"	"	" S. A. Neppach,.....	5 00
"	"	" L. Blumauer,.....	5 00
"	"	" S. G. Skidmore & Co.,.....	5 00
"	"	" Coggins & Beach,.....	5 00
"	"	D. B. Rice,..... Dues to July 1, 1881..	3 00
"	"	W. S. Tharp,.....	3 00
"	19	J. B. Lee,.....	3 00
"	"	F. A. Canthorn,.....	3 00
"	"	G. R. Farra,.....	3 00
"	"	J. T. Augur,.....	3 00
"	"	J. F. Hendrex,.....	3 00
"	20	O. D. Doane,.....	6 00
"	24	C. W. Tower—Initiation,.....	5 00
"	"	C. H. Raffety,.....	3 00
"	"	S. E. Josephi,..... 1880..	3 00
"	26	W. A. Cusick,..... 1881..	3 00
"	"	L. L. Rowland,.....	3 00

Oregon State Medical Society.

FINANCIAL REPORT—(Continued.)

Sept.	3	Mrs. J. L. Parrish, Dues to July 1, 1881..	\$ 3 00
"	10	Six transactions to T. J. Wells.....	1 50
"	20	A. I. Nicklin, Dues to July 1, 1881..	3 00
"	25	J. Tuttle—Initiation, " " " "	5 00
"	28	W. D. Baker, " " " "	3 00
Oct.	29	J. D. Hoyt, " " " "	3 00
Nov.	11	Interest on \$125.00 at 1 per cent. for 5¼ mo's...	6 60
1881.			
April	13	F. B. Eaton, Dues to July, '81, and part of '82..	3 00
"	20	Z. T. Dodson, Dues to July 1, 1881..	5 00
May	26	S. E. Josephi, Dues to July 1, 1881..	3 00
"	27	D. Payton, Dues to July 1, '80, and part of '81..	5 00
June	1	J. M. Pruett, Dues to July 1, 1881..	3 00
"	6	W. C. McKay, " " " "	3 00
"	"	J. E. Payton, " " " "	3 00
"	"	J. L. Hill, " " " "	6 00
"	7	A. Sharples, " " " "	6 00
"	8	J. A. Richardson, " " 1882..	6 00
"	"	H. Logan, " " 1880..	6 00
"	10	T. W. Harris, " " 1881..	6 00
"	13	W. B. Cardwell, " " " "	3 00
"	"	J. W. Howard, " " 1882..	3 00
"	"	S. D. McAuley, " " 1881..	12 00
"	"	A. C. Kinney, " " " "	12 00
"	14	G. E. Nottage, " " " "	3 00
"	"	F. Crang, " " 1882..	3 00
"	"	H. C. Hall, " " 1881..	6 00
"	"	W. H. Watkins, Dues to July 1, '80, and part '81..	10 00
"	"	J. E. Davison, Dues to July 1, 1881..	3 00
"	"	T. J. Lee, " " 1882..	3 00
"	"	G. Ferra, " " " "	3 00
"	"	C. H. Merrick, " " " "	3 00
"	"	J. W. Norris, " " " "	3 00
"	"	J. Brown, " " " "	3 00
"	"	S. R. Jessup, " " 1881..	3 00
"	"	H. Carpenter, " " " "	3 00
"	"	W. H. Saylor, " " " "	6 00
"	"	F. A. Bailey, " " 1882..	3 00
"	"	O. M. Dodson, " " " "	3 00
"	"	J. F. Calbreath, " " " "	3 00
"	"	H. R. Littlefield, " " 1881..	3 00
"	"	J. F. Hendrex, " " 1882..	3 00
"	"	D. W. Cox, " " " "	3 00
"	"	J. M. Kitchen, " " 1881..	3 00
"	"	W. H. Ross, " " " "	3 00
"	"	J. Reynolds, " " " "	12 00
"	"	J. E. Kirkpatrick—Initiation, " " 1882..	5 00
"	"	W. C. Lee, " " " "	5 00
"	"	W. T. Smith, " " " "	5 00
"	"	W. F. Pruden, " " " "	5 00
"	"	J. R. Smith, " " " "	5 00
"	"	W. W. Royal, " " " "	5 00
"	"	C. H. Wheeler, " " " "	5 00
"	"	W. L. Chapman, " " " "	5 00
"	"	C. B. Golden, " " " "	5 00

Oregon State Medical Society.

FINANCIAL REPORT—(Continued.)

"	"	A. Clarke, Initiation—Dues to July 1, 1882..	5 00
"	"	W. A. Howell, " " " "	5 00
"	"	C. E. Worthington, " " " "	5 00
"	"	R. G. Ebert, In full for dues to resignation..	3 00
			\$655 95

CONTRA.

		Voucher.	
1880.			
June	20	Sec's salary for yr. ending June 17, '80..	\$ 50 00
"	"	Expressage on desk to and from 7th.	
		annual meeting.....	1 75
"	"	100 three-cent stamps.....	3 00
Aug.	13	Paid H. Carpenter, treasurer.....	170 00
"	19	100 three-cent stamps.....	3 00
"	"	100 two-cent stamps.....	2 00
"	"	200 two-cent wrappers.....	4 25
1881.			
Feb.	8	100 three-cent stamps.....	3 00
"	8	100 two-cent stamps.....	2 00
"	"	100 one-cent stamps.....	1 00
"	"	100 postal cards.....	1 00
May	14	250 three-cent stamps.....	7 50
"	"	250 one-cent stamps.....	2 50
June	14	Circulars—A. G. Walling.....	13 00
"	"	Envelopes—McKercher & Thompson..	4 00
"	"	Paper—J. K. Gill & Co.....	1 80
"	"	Salary of Secretary for year ending	
		June 14, 1881.....	50 00
"	"	Express on desk to and from Eighth	
		Annual Meeting.....	50
"	"	Cash to balance turned over to H. Car-	
		penter, treasurer.....	336 65
			\$655 95

SYNOPSIS.

Cash from last year.....	\$243 85	Printing transactions.....	\$165 00
Dues and membership.....	374 00	Secy's salary for two years..	100 00
Sale of transactions.....	1 50	Stamps and express.....	30 50
Interest.....	6 60	Stationery.....	5 80
Advertisements.....	30 00	Other Printing.....	13 00
		Cash on hand.....	341 65
	\$655 95		\$655 95

RECAPITULATION

Of the six year's administration of Curtis C. Strong, M. D.:

1st year—Total col'tions..	\$ 172 50	1st year—Total expenses..	\$ 165 25
2d " " " " " "	288 25	2d " " " " " "	250 45
3d " " " " " "	263 00	3d " " " " " "	227 40
4th " " " " " "	264 50	4th " " " " " "	204 50
5th " " " " " "	315 00	5th " " " " " "	211 80
6th " " " " " "	412 10	6th " " " " " "	314 30
	\$1,715 35	Cash at end of 6 years....	341 65
			\$1,715 35

Oregon State Medical Society.

FINANCIAL REPORT—(Continued.)

Cash balance at the end of first year	\$ 7 25
Cash balance at the end of second year.....	45 05
Cash balance at the end of third year.....	80 65
Cash balance at the end of fourth year.....	140 65
Cash balance at the end of fifth year.....	243 85
Cash balance at the end of sixth year.....	341 65

Respectfully submitted,

CURTIS C. STRONG.

PROCEEDINGS
OF THE
NINTH ANNUAL MEETING
OF THE
OregonxStatexMedicalxSociety,

Held at Portland, June 14, 15 and 16, 1882.

PUBLISHED BY THE SOCIETY.

E. P. FRASER, M. D., SECRETARY,

PORTLAND, OREGON.

Vol. IX.

PORTLAND, OREGON:
STEAM PRESS OF E. A. SWOPE & Co., 109 FRONT ST.

1882.

NOTE.

The Oregon State Medical Society, while formally accepting and publishing the reports of the various committees, or voluntary papers read at this session, does not hold itself responsible for the opinions, theories or criticisms therein contained.

LIST OF OFFICERS.

PRESIDENT, C. C. STRONG, M. D., Portland.
VICE PRESIDENT, MRS. J. L. PARRISH, M. D., Salem.
SECRETARY, E. P. FRASER, M. D., Portland.

EXECUTIVE BOARD.

W. H. WATKINS, M. D., Portland.
R. G. REX, M. D., Portland.
S. E. JOSEPHI, M. D., East Portland
H. CARPENTER, M. D., Portland.
MRS. C. CHARLTON, M. D., East Portland

ADDRESS OF WELCOME.

BY A. L. FORD-WARREN, M. D., CHAIRMAN OF THE COMMITTEE OF ARRANGEMENTS.

Mr. President and Members of the Oregon State Medical Society:

The pleasant duty of greeting you with a few words of welcome has been assigned to me. In behalf of the medical profession, and the citizens of Portland, permit me to express the pleasure we feel in being honored by the presence of so many distinguished co-workers who have met for the purpose of mutual counsel, and for contributing to the advancement of medical science, thereby endeavoring to promote the best interests of the people throughout the State. We have no doubt that the interest here awakened will extend over a far broader field, and the knowledge here gained will help to alleviate the pains and sufferings which so mar the happiness of mankind.

In this commendable and noble work, I assure you, the profession of this city gladly and cheerfully proffer their most earnest co-operation. During the nine years existence of our society it has steadily increased in membership, and, as the labors of each succeeding year are numbered with the past, its influence and usefulness will become more and more apparent.

We sincerely trust, in fact, we are confident, that here will fall from the lips of experience many words of encouragement, that much light will be thrown upon the perplexing questions which so often arise in practice, thus enabling us to battle more successfully with the dreaded "ills to which flesh is heir." These annual gatherings also enable us to meet old acquaintances and to form new ones, so that our circle of professional friends is constantly enlarging, and the benefits which thus arise from a mutual interchange of thought will be correspondingly increased.

And now, hoping that the time spent in this session may be both pleasant and profitable, I again extend to you all a cordial welcome.

NINTH ANNUAL MEETING OF THE OREGON STATE MEDICAL SOCIETY. FIRST DAY.

ORCHESTRAL UNION HALL,
PORTLAND, JUNE 14, 1882. }

The Society was called to order at 2 o'clock, P. M., President C. H. Merrick in the Chair.

The roll being called, thirty one members were found in attendance, and the Society at once proceeded to the transaction of business.

The report of the Committee of Arrangements being called for, Dr. A. L. Ford-Warren, the Chairman, welcomed the Society to Portland in a pleasing and appropriate address.

The resignation of Dr. S. R. Jessup as a member of the Society was presented, which, upon motion of Dr. Browne, was granted.

The resignation of Dr. J. D. Hoyt, as a member of the Society was presented, and, on motion, accepted. Dr. C. C. Strong moved that the election of officers for the ensuing year be postponed, and made a special order for 2 o'clock to-morrow afternoon. The motion, after some little discussion, was carried.

The financial reports of the Secretary and Treasurer being called for were read to the Society, and, on motion, were referred to the Committee on Finance.

Dr. Strong moved that Dr. C. E. Banks, of the U. S. M. Hos-

pital Service at Portland, and Mrs. Dr. B. A. Owens be elected members by invitation. The motion was carried.

The Board of Censors not being ready to report, the regular order of business was taken up, when Dr. C. H. Hall, of Salem, read a paper on Laceration of the Perineum with Putrid Intoxication, which was listened to with marked attention.

Dr. Reese Holnes, member of the Committee on Surgery, read an interesting paper entitled "Internal Urethrotomy for Stricture and Consequent Gleet," which was also referred to the Committee on Publication.

Dr. R. G. Rex reported a case of Fracture of the Skull with Hernia Cerebri, Hemiplegia, and Aphasia, and asked permission to present the case to the Society on the following day, when he would make some additional remarks. Permission was granted, and, on motion, his paper was referred to the Publishing Committee.

Dr. Strong moved that the Committee of Arrangements be instructed to procure the Y. M. C. A. Hall for the Special and Public Session of the Society, to be held Thursday evening. After some discussion the motion was lost.

The following invitations were then extended to the Society: From Dr. S. E. Josephi to visit the Oregon Insane Asylum, Dr. Strong to visit Good Samaritan Hospital, and Dr. Rex to visit St. Vincent's Hospital, at such times as would be most convenient to the members.

On motion of Dr. L. L. Rowland the invitations were accepted. The meeting adjourned until 10 A. M.

SECOND DAY.

The meeting was called to order at 10 o'clock, President Merrick in the chair.

On motion of Dr. Rex, Dr. Geo. H. Chance was invited to be present at the meetings of the Society.

On motion of Dr. Carpenter, Mr. Wm. T. Cottier was granted permission to appear before the Society at some convenient time during the session, for the purpose of explaining his system of Ventilation.

Dr. F. B. Eaton, of Portland, was invited to read a paper entitled Ophthalmia caused by Foreign bodies in the Eye. Referred to Publishing Committee.

Dr. James Browne then read a Biographical Sketch of the late Charles R. Darwin. The paper was discussed by Dr. Harvey and others, when it was referred to the Committee on Publication.

Dr. Rex, Chairman of the Committee appointed at the last annual meeting of the Society, for the purpose of reporting alterations and amendments to the Constitution and By-Laws, being called upon reported the following changes and amendments, and recommended their adoption:

1st—That Article VIII. of the Constitution be amended, to read as follows:
The officers shall be a President, Vice President, Secretary and an Executive Board of five members. The President, Vice President, Secretary and one member of the Board shall be elected annually to serve until the election of their successors.

The term of office of the Executive Board shall be five years.

A motion was made and seconded that the above be adopted as read. After some discussion the motion was carried.

2d—To amend Article VI. of the By-Laws, to read as follows:

The Secretary shall keep the records of meetings, collect, hold and disburse the fund as directed by the Executive Board, perform any other clerical duties required by the Society, and act as Secretary of the Executive Board, shall submit an annual report of the transactions of his office, and receive a salary of fifty dollars per annum.

3d.—Defining the duties of the Executive Board as follows:

The Executive Board shall have general supervision of the Society, have charge of its publications, make arrangements for its meetings, and transact all

business of the Society not otherwise provided for. It shall examine into applications for membership, and charges against members, and report the same to the Society, with approval or disapproval, and appoint the delegates to the American Medical Association. An account of their proceedings shall be included in the published transactions of the Society.

A motion was made to adopt as read.

Dr. Browne moved that the above be so amended as not to include the duties of the Publishing Committee.

The amendment was lost and original motion prevailed.

4th—To amend Article III. of the By-Laws so as to read as follows:

At each annual meeting six subjects shall be selected by the Society for special consideration and discussion at the next meeting, and within a month thereafter, six members shall be appointed to prepare written reports thereon, the reading and discussion of which shall constitute the regular exercises of the meeting.

On motion was adopted.

5th—Article III. of the Constitution shall be amended so as to read:

And shall have resided in the State of Oregon or Washington Ty. for one year prior to making application for membership; not to apply, however, to graduates of the Medical Department of the Willamette University.

On motion this amendment was adopted.

6th—That all provisions of the present Constitution and By-Laws conflicting with these amendments be stricken out.

7th—That the further revision of the Constitution and By-Laws be left with the new Executive Board.

A motion was made by Dr. Josephi that the report of the Committee on Constitution and By-Laws be adopted as a whole as read and amended. The motion was carried.

The Board of Censors having announced that they were ready to report, that order of business was taken up.

The Board reported favorably upon the applications of John W. Givens, M. D., G. S. Allison, M. D., Geo. H. Flett, M. D., B. A. Owens, M. D., G. M. Wells, M. D., Charles E. Baffks, M. D., and J. W. Ashford, M. D., and they were on motion each elected to membership in the Society.

The Board of Censors having returned the applications of I. E. Cohn, M.D. and J. B. Pilkington, M.D. without recommendation, a motion was made that the society proceed to vote upon the application of Dr. I. E. Cohn by ballot. Motion carried and ballot

being spread, resulted in the rejection of the applicant. A motion was made that the Society proceed to vote upon the application of Dr. J. B. Pilkington by ballot, after some discussion the motion was deferred until the afternoon session, and the meeting adjourned until 2 o'clock, P. M.

AFTERNOON SESSION.

Meeting called to order at 2 o'clock. Dr. Merrick in the chair.

On motion of Dr. Fraser, Geo. H. Chance, D.D.S. was elected an honorary member of the Society,

The President then announced that the time set for the election of officers for the ensuing year had arrived, and requested the Society to proceed with the election. Dr. C. C. Strong of Portland was placed in nomination for the office of President, and as there were no further nominations made, the Secretary was instructed to cast the vote of the Society for Dr. Strong. The vote was so cast, and he was declared duly elected President for the ensuing year.

Dr. Fraser placed in nomination Mrs. J. L. Parrish, M.D., of Salem, for Vice-President, and there being no other nominations made, the Secretary was instructed to cast the vote of the Society for Dr. Parrish. The vote was so cast, and she was accordingly declared duly elected Vice-President for the ensuing term.

Dr. E. P. Fraser, of Portland, was placed in nomination for Secretary. There being no other nominations made, the President was instructed to cast the vote of the Society for Dr. E. P. Fraser. The vote was so cast, and he was declared duly elected Secretary for the ensuing term,

In accordance with the revised Constitution and By-Laws, the President requested the Society to proceed with the election of the Executive Board to be composed of five members.

The ballot resulted in the election of the following persons: W. H. Watkins, M.D., R. G. Rex, M.D., S. E. Josephi, M.D., Mrs. C. Chariton, M.D. and H. Carpenter, M. D.

The next business in order being the selection of a place for the next annual meeting, Portland and Salem were placed in nomination. The President called for a vote by a division of the house, which resulted in the selection of Portland.

Dr. O. P. S. Plummer asked permission to withdraw as a member of the Society. On motion the request was granted.

The motion to vote upon the application of Dr. J. B. Pilkington by ballot was then taken up, which elicited considerable discussion. The motion was carried, and the ballot spread, which resulted unfavorably, and the applicant was declared rejected.

The regular order of business was then taken up and Dr. Saylor read reports of the following interesting cases: First, "Perforation of the Knee Joint, cured by Plaster of Paris Dressing." Second, a case of "Sciatica Cured by Stretching the Nerve."

Dr. H. C. Wilson, member of the Committee on Surgery, read a paper on "Epididymitis and Orchitis," and reported three cases of Cataract.

Dr. James Browne, Chairman of the Committee on Mental Diseases and Medical Jurisprudence, made a report by reading an interesting article on that subject. That portion of his paper referring to the insanity of Charles J. Guiteau was discussed and criticised by Dr. Josephi and others. The paper was referred to the Committee on Publication.

Dr. Strong, Chairman of the Board of Censors, stated that the Board has examined into the charges pending against Dr. Hendrix of Harrisburg, and find that they are entirely unfounded, and, on motion, Dr. Hendrix was exonerated from all charges and restored to membership in the Society.

Dr. Rex was then granted permission to exhibit to the Society the case referred to in his paper on Fracture of the Skull, etc., read the day before, and the Society adjourned until 10 A. M. to-morrow

PUBLIC EVENING SESSION.

Meeting was called to order by President Merrick, at 8:30 o'clock. The retiring President then proceeded to deliver the

Valedictory Address, after which C. C. Strong, M. D., the President elect, delivered the Inaugural Address.

Dr. Geo. H. Chance, of Portland, was then called upon, and addressed the meeting for a short time.

Society adjourned until 10 o'clock, A. M.

THIRD DAY.

JUNE 16, MORNING SESSION.

Society called to order at 10 o'clock, President Strong in the Chair.

Mr. W. T. Cottier was granted permission to read a paper to the Society, explaining his system of Ventilation.

A communication from Dr. I. E. Cohn, in relation to his rejection for membership, asking for further investigation, was read by the Secretary, and ruled out of order.

Dr. Strong then read a biographical sketch of the late Dr. A. M. Belt, who was an honorary member of the Society. Dr. Strong then presented his report as Chairman of the Committee on Obstetrics, and owing to the lateness of the hour asked that his report, together with a paper by Dr. F. B. Rinearson, be read by title and be referred to the Committee on Publication.

On motion the request was granted.

Dr. Fraser then read a Bill for an "Act to Regulate the Practice of Medicine and Surgery in the State of Oregon." The Bill was approved by the Society, and a motion was made to refer it, with the report of the Chairman on Mental Diseases, to a special committee of three. The motion was amended by instructing the committee not to allow any material alterations, or amendments of the bill and to so instruct the member of the Legislature to whom it may be intrusted for introduction. The motion was carried, as amended, and the President appointed Drs. E. P. Fraser, R. G. Rex and D. Payton as said committee.

The time having arrived to select subjects for consideration and

discussion at the next Annual Meeting, the President requested each member to write upon a ballot six subjects, and stated that the six highest should be the subjects selected. The ballot resulted as follows:

Antiseptic Surgery,
Chronic Nasal Catarrh,
Germ Theory of Disease,
Present Condition of Insanity throughout the World,
Tuberculosis,
Retarded Dentition,

and were announced by the President as the subjects for consideration at the next Annual Meeting.

Dr. Watkins moved that Dr. Fraser be invited to read a paper at the next Annual Meeting on "Laceration of the Cervix Uteri." Motion carried.

Dr. J. R. Bailey introduced resolutions condemning the action of the New York Medical Society, at its last meeting, in relation to consultations with irregular practitioners. Motion to adopt elicited considerable discussion, and the matter was, on motion, postponed until the afternoon session.

The President then appointed Drs. Lane, Banks and Merrick a special committee to examine the reports of the Secretary and Treasurer.

On motion, Dr. Carpenter was granted permission to exhibit to the Society the gratifying results of Resection of the Humerus for non-union, in the case of James Bradley, of Washington County.

On motion, the Society adjourned until 1:30 o'clock.

AFTERNOON SESSION.

Meeting called to order at 1:30 o'clock. President Strong in the Chair.

The resolutions of Dr. J. R. Bailey were then taken up, and, after considerable discussion by Drs. Merrick, Josephi, Givens and Wheeler, Dr. Josephi moved that the matter be indefinitely postponed. Motion carried.

Dr. Merrick then introduced some resolutions in regard to consulting with persons practicing irregular medicine. A motion was made to adopt, and, after considerable discussion, the motion was laid on the table.

The Special Finance Committee reported that they had found the report of the Treasurer correct, and asked further time to report on that of the Secretary. Permission was granted, and the Committee instructed to report to the new Executive Board.

Dr. S. E. Josephi, Chairman of the Committee on Public Hygiene and State Medicine, made a report by reading an interesting paper on that subject. The paper was discussed by Dr. Wheeler and others, and, on motion, referred to the Publishing Committee.

No further business appearing, on motion of Dr. Fraser the meeting adjourned *sine die*.

E. P. FRASER, M. D.
 Secretary.

FIRST MEETING OF THE EXECUTIVE BOARD.

Pursuant to call the Board met at the office of the Secretary, June 27, 1882. Meeting called to order at 3 o'clock P. M.

The term of office of the different members of the Board was allotted as follows:

W. H. Watkins, M.D.	5 years.
R. G. Rex, M.D.	4 years.
S. E. Josephi, M.D.	3 years.
H. Carpenter, M. D.	2 years.
C. Charlton, M.D.	1 year.

Dr. W. H. Watkins was nominated and unanimously elected Chairman of the Board.

The report of the Finance Committee declaring the report of the Secretary to be correct, it was submitted to the Board and adopted.

The withdrawal of Dr. J. F. Hendrix was submitted to the Board, and, on motion, was accepted and the Secretary instructed to erase his name from the roll.

The Board then proceeded to pass upon the various papers read before the Society with reference to their publication. The following were ordered printed as read:

- Paper byC. H. Hall, M. D.
 "F. A. Bailey, M. D.
 Address by.....C. H. Merrick, M. D.
 Obituary by.....C. C. Strong, M. D.
 Paper by.....S. E. Josephi, M. D.
 "F. B. Eaton, M. D.
 "R. G. Rex, M. D.
 Obituary by.....James Browne, M. D., LL.D
 Paper by.....Reese Holmes, M. D.
 "Holt C. Wilson, M. D.
 "W. H. Saylor, M. D.
 "C. C. Strong, M. D.

Report of James Browne, M. D., LL.D. was ordered published with that portion describing the Insane Asylum stricken out.

Bill to regulate the practice of Medicine and Surgery, by E. P. Fraser, M. D., was ordered printed in pamphlet form separate from the transactions.

On motion, that portion of Dr. Browne's report relating to Medical Experts was referred to the Committee on Legislation.

The paper of F. B. Rinearson, M. D. was referred to the Chairman on Obstetrics for revision.

On motion, Drs. Rex and Fraser were instructed to complete a draft of the revised Constitution and By-Laws and present the same at the next meeting of the Board.

On motion the meeting adjourned to meet at the call of the Chairman.

E. P. FRASER, M. D.,
 Secretary.

TRANSACTIONS OF THE EXECUTIVE BOARD.

The Board met pursuant to call of the Chairman at the office of the Secretary, July 6, 1882.

All members being present the meeting was called to order at 4 P. M., Dr. Watkins in the Chair.

Dr. Josephi moved that the paper of Mrs. Dr. Owens be placed in charge of the Secretary for publication. The motion was lost. Dr. Carpenter moved that the paper of Dr. Rinearson be printed as revised. Motion carried.

Dr. Rex moved that the revised Code of Ethics of the American Medical Association be published with the Transactions. Motion carried.

The Committee appointed at the last meeting of the Board to prepare a draft for a new Constitution and By-Laws being called upon for a report, stated that the draft was incomplete, when the meeting adjourned until 3 o'clock to-morrow, for the purpose of considering the Constitution and By-Laws.

PORTLAND, OREGON, JULY 7.

Pursuant to adjournment the Executive Board convened at the office of the Secretary at 3 o'clock. Members present: Drs. Watkins, Rex, and Josephi.

C. C. Strong, M. D., President of the Society, presented the following list of Members whom he had appointed under the existing Constitution and By-Laws, to read a paper at the next annual meeting of the Society with their respective subjects:

H. C. Wilson, M. D., *Antiseptic Surgery.*

Jay Tuttle, M. D., *Chronic Nasal Catarrh.*

Charles E. Banks, M. D., *Germ Theory of Disease.*

S. E. Josephi, M. D., *Present Condition of Insanity Throughout the World.*

Mrs. B. A. Owens, M. D., *Retarded Dentition.*

F. A. Bailey, M. D., *Tuberculosis.*

R. G. Rex, M. D., Chairman of the Committee appointed to draft a new Constitution and By-Laws, for the government of the Society, presented the same for the consideration of the Board.

On motion it was agreed to consider each article separately, and being carefully considered after some slight changes and amendments, Dr. Josephi moved that the Constitution and By-Laws be adopted as a whole as amended, and published in the Transactions.

There being no further business the meeting adjourned *sine die*.

E. P. FRASER, M. D.,
Secretary.

LACERATION OF THE PERINEUM WITH PUTRID INTOXICATION.

BY C. H. HALL, M. D.

Mrs. S— M—, age 32, was delivered of her first child on December 20th, 1881, attended by a midwife. On the 3d of January, 1882 I was called to see her to arrest a free hemorrhage fourteen days after delivery. Remained with the patient 22 consecutive hours. Made an examination and found complete laceration of the perineum, involving the sphincter ani and a portion of the rectum. Further examination revealed a portion of retained secundines which had become very offensive; after the flowing had ceased the lochia became fetid. On the 10th day after her confinement she had rigors which were repeated daily. When I saw her on the 14th day she was slightly delirious; no complaint of pain, was pale, sick, frequently vomiting, troubled with diarrhea, over which she had no control; the uterus tender; breath sweet; respirations hurried 44; pulse 146; temperature 104 deg.; copious flow of *stinking lochia*. A piece of placenta was found adherent to the inside of the womb, which I removed by introducing my hand. The whole genital tract was then washed out by copious injections of Carbolic lotion (1-30), the water having been boiled. Parks, Davis & Co.'s purified ergot was administered hypodermically, and the uterus was washed out every three hours during the twenty-four hours succeeding. Here I concluded I had a case of puerperal fever, with laceration of perineum and secondary hemorrhage. *Of course the prognosis was gloomy.* I could not close up the lacerated perineum for the edges would have to be pared, and the patient was too weak. The alvine evacuations were of a bad character, and I could not afford to lock the bowels up. I concluded to leave the patient under the influence of ergot and digitalis constitutionally, and the local irrigation from carbolic lotion, one in thirty, (1-30) applied every four hours, and kept up until the lotion ran away clear each time.

The fever gradually diminished, and after the septic matter had all discharged I concluded that it was not puerperal fever, but a

case of "sapræmia," or putrid intoxication, and on the 6th of January, I concluded to lock up the bowels, and close up the lacerated perineum. I pared the edges of the wound and drew the parts together with eight light carbolized cat-gut, quilled sutures, and two relaxation stitches were inserted; put the patient on her left side with the legs flexed and bound together. Once each day I had the vagina thoroughly irrigated with warm carbolized oil (1-20), and kept the patient sufficiently narcotized to confine the bowels for the following eight days, then gave an injection of warm carbolized oil and turpentine, which unloaded the bowels on the 14th of January, after which I removed the sutures from the posterior portion of the wound, leaving the anterior sutures until the 17th; giving a cathartic dose of *castora cordial*, (P. D. & Co.) and after a free evacuation of the bowels, found the patient anemic and irritable; ordered

R
 Fl. Ext. Ergot.....gtt. xx.
 Tr. Digitalis.....gtt. 6.
 Tr. Cinchonæ.....ad. ½ oz.

M. Et sig. every four hours with a pill of

R
 Ferri redactii.....gr. iij.
 Quin Sulph.....gr. ij.
 Ext. Gentian.....q.s.

M. Et ft. pills No. j.

On the 26th found the patient convalescent with a complete union of the perineum. Left the lady a vaginal injection once a day of

Acid Tannic.....dr. ij.
 Borax.....dr. iij.
 Acid Carbolic.....dr. ij.
 Aqua.....1 oz.

M, and

R
 Citrate of Iron and Quinine.....gr. iij.

Thrice daily.

January 31st patient discharged cured. This case is of interest as illustrating the difference between puerperal disease and a true sapræmia or "putrid intoxication." This latter condition should be treated earnestly, even heroically, if necessary, with a view to its own cure and with a view to prevention of complications, inflammatory, septicæmic or pyæmic, which it is very likely to bring

in its train. Heroic treatment may be required to reach the remotest part of the genital tract in search for decomposing matter, or to ascertain that there is nothing but putrid lochia in the case. Mere vaginal washing may suffice, or intra uterine washing, or the volsella may be passed into the uterus to grope for the decomposing structure, or with the same view, a finger or fingers may be passed, or even the whole hand, and it may be necessary to dilate the cervix. Most of this may be done without any anesthetic, but, says *Dr. Duncan*, "Where the hand is to be introduced the previous induction of anesthesia is desirable." Thorough and complete irrigation is essential with a carbolized lotion of the strength of 1-40 or 1-30 in water which has been boiled and allowed to cool to the required temperature. The whole proceeding should be done without pain, and a sufficient quantity used until the lotion comes back perfectly clear. The washing should be repeated once or twice a day, or often enough to prevent any fetor. After the fetor is suppressed once a day is often enough for the lotion to be applied. If the discharges become natural, and if the symptoms of sapræmia disappear, the washings are stopped.

This antiseptic washing constitutes the great or essential treatment of sapræmia, a treatment so direct and so successful, that it may be called a cure. Though these washings have been described by ancient authors, and though they were recommended by Harvey and Baudelocque, it is well known that no such practice was in use among us until the antiseptic theory of *Lister* was promulgated. Yet they are not covered by the antiseptic theory, for it was based on the presence of bacteria which passed into the blood, and the antiseptic treatment was planned to destroy them, or prevent them from reaching the wounded surface.

Here we use antiseptics not with this view, but to remove and arrest putrefaction, with a view to stopping the supply of a *chemical, not a living poison*, the product of putrefaction, which enters the blood and endangers the constitution.

In connection with the local antiseptic the daily use of Ergot, with or without Digitalis, is a factor in such a case as the above, which ought not to be overlooked. A drachm of the fluid extract in divided doses should be given daily after the uterus is cleared

of putrid or putrifiable matter. The object of its use is to induce permanent contractions of the uterus or a uterine retraction. This diminishes the uterine cavity, in which the discharge accumulates; it thus also lessens the surface absorbing the putrid poison, and the contraction of the walls of the organ may, to some extent, prevent the passage of fetid fluid along the vessels into the circulation. When the stomach is irritable the drug should be given hypodermically, ergotin being used instead of the liquid extract. Now, in conclusion, I submit the question, Why may not that dreaded and fatal malady known as *puerperal* be a *true sapræmia*? I know no reason why *septicæmia* and *pyæmia* should be called real puerperal fever, yet this is a common mode of speaking. The simple inflammatory fever and the sapræmic fever are not less really fever nor less really puerperal: Probably the notion arises from the fact that grave cases of fevers after delivery are, for the most part, *septicæmic* or *pyæmic*, and that the great majority of deaths in child-bed is produced by these diseases. There has always, indeed, been a tendency to regard puerperal fever as desperate, or almost certainly fatal. I remember well the remark of the late Dr. Fisk, with whose retrospective diagnosis many agreed, "*that if a case recovered it was not true puerperal fever.*" Probably he did not mean his words to be held as strictly true, but to express his sense of the hopelessness of the case. This disheartening opinion should not be entertained, for it is not based upon ascertained truth, and it induces despondency and feebleness in treatment which are prejudicial to thorough management of a case. The pyæmic cases with their embolism, inflammation and abscess, are more dangerous than the septicæmic; but even in pyæmia there are numerous recoveries. Every one has heard of and seen rare and marvelous convalescence in pyæmia, even after several joints have suppurred, but these are very far from being the only instances. Many less severe cases survive the disease.

I well remember a few years ago being called to see a little girl in consultation with Dr. Reynolds, who had been under the care of a whitewasher who had recently taken up homeopathy without any study. The child had suffered from a run of

scarlet fever, and had degenerated into a typical case of pyæmia. The parotid glands on each side were swollen to their utmost tension, and were like two bags of fluid confined under the skin. She had slight chills and low fever, rapid and feeble pulse, prostration, delirium and swelling of all the joints. We opened the parotid and evacuated a large quantity of unhealthy pus, and under a supportive and heroic antiseptics the little patient made a good recovery. Every physician of culture and experience can point to cases of the severest type with like results.

Pyæmia and septicæmia may be combined and either originate from or produce a true sapræmia, and present all the forms of puerperal fever in the same case. The separate consideration of simple inflammatory fever and of sapræmia is demanded by their utterly different pathology, and by their distinct indications of treatment. For inflammatory fever we have some modification of the venerable established antiphlogistic method. For the sapræmia we have the arrestment of the putrid poisoning. For the septicæmia and pyæmia we have no treatment in any sense, antidotal or curative, in the humblest meaning of that word. Cases of septicæmia and pyæmia are to be managed rather than treated. The word treatment implies too high an estimate of the physician's powers; or, if not too high, at least too definite a view of them. We cannot arrest or even moderate the storm, but we may guide the bark through it. When the organisms producing these diseases are in the blood we cannot kill them, nor do we know any means of certainly controlling their growth. But we may wisely consider the constitutional and local circumstances of the patient, and judiciously interfere to modify them with a view to the patient's survival.

One sound tree in a forest may be covered with lichen or fungus, and the tree may slowly die or be killed. But it may survive, and, becoming healthy, throw off the morbid growth which endangered it. The organisms of Pyæmia and Septicæmia find a favorable nidus for development in the weak, the unhealthy, the ashamed, the hopeless, the sad, in those who have been exhausted by long labour, or injured in the course of a severe one. But the attacked do not certainly die. The organisms may grow and grow.

and cause death; but they are not necessarily fatal. Their growth may be arrested, and they may disappear. Debilitating and depressing conditions favor their development. Health and strength favor disappearance. These principles are the foundation of our management; and experience, daily increasing, confirms the conviction that the foundation is not laid in sand.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION TO O. S. M. SOCIETY.

BY F. A. BAILEY, M. D.

The subject of Medical Education has heretofore furnished a fruitful theme for exhaustive and able reports by those who have preceded me on this important Standing Committee of this Society. There is now, and has been for some time, great unanimity of sentiment in favor of a higher standard of attainment in the medical profession. As Chairman of this committee, I have for the past year been in correspondence with distinguished medical educators and representative men of the profession throughout the country, and have scanned closely the proceedings of different societies and representative bodies in our profession. This was done with the view of ascertaining what was being done throughout the country by the colleges, the societies, and by individual members of the profession, to advance the interests of a higher standard of medical education. The catalogues and annual announcements of the different colleges have been carefully examined, and thus their several requirements for the degree of Doctor of Medicine noted. Your committee has also examined into the workings of various laws enacted and enforced in the several States, for the suppression of quackery and incompetency, so far as such information was to be obtained. From information gained by these investigations I entertain no doubt on the subject of a sure and steady progress toward a more thorough and complete education of the future practitioner. Some bewail the low standard of education in the profession of to-day, and affect to

believe that a large majority of those receiving their diplomas from American colleges go forth utterly incompetent to practice the healing art. I frankly admit that I do not share in this opinion. For, while the course of study is far too short, yet the great majority of those receiving the degree of M. D. are thoroughly versed in the different branches taught, have made good use of clinics so abundant in most cities of our country, and are no doubt much better qualified to practice than were the graduates of twenty-five years ago. Now, while I say this in justice to the great body of young men graduated from our colleges yearly, and whom I think worthy to enter the ranks of our noble calling, no excuse or justification is here offered for incompetency. A certain percentage—far larger than is pleasant to contemplate—of those receiving the degree from colleges under the present system of medical teaching are unqualified. The question that presents itself, then, for our consideration, is how may this per. cent. of incompetency be reduced to its minimum? It seems to me evident that a change in our system of medical instruction is the only correct solution of this difficult problem. This seems to be conceded, so far as I have been able to observe, by all who have given the subject serious thought. Every medical educator of the land will admit that our system of instruction is at fault. But while all are agreed as to the defect in the system, we have not that unanimity of sentiment so desirable, as to the best means of remedying it. This is clearly seen in reports made to different medical societies, and from the multiplicity of opinions held by members of the Medical College Association, as well as from the diversity of opinion among eminent medical writers in the journals of the country. One thinks the defect may be remedied by legislation, another that an examining board unconnected with the college to examine the candidates for the degree of M. D., would cure the evil; and still others that a preliminary examination by an impartial board before matriculating would be all that was required to attain the desired end. Several, whose opinions are entitled to great weight, are of opinion that as these questions will be discussed from time to time in The Association of American Colleges, that their solution will be eventually found by giving strength and support to that body.

Your committee would be recreant to its trust if it did not offer its suggestions as to the best and most available means of remedying the defect. We would recommend

1st, That a preliminary examination of all candidates desiring to matriculate in medical colleges be had; that they be required to pass in all the English branches, and to show some proficiency in Latin and Greek. That this examination be required in all cases except where the candidate had received the degree of A. B. from a chartered college. That the per. cent. of questions to be correctly answered be not lower than 80.

2d, That the three-term-graded course be adopted in all our colleges *and rigidly adhered to*. I am aware of the fact that several colleges claim to have adopted already, this change in medical college instruction. They claim to require a preliminary examination of the candidate for matriculation, and also set forth in their catalogues, that they have for students in attendance a three-term-graded course. But with two, or perhaps three exceptions—neither the preliminary examination of the candidate nor the graded course of study is, to any great extent, calculated to advance the interests of a higher medical education. The requirements of the preliminary examination are far too easily complied with, while the graded course is, unfortunately, left to the option of the student; he can exercise his own choice in taking the long and more difficult road or the shortest and easiest route to graduation, and, as there are no means of distinguishing a diploma obtained on the *easy* terms from that won after *longer* and more laborious effort, ninety to ninety-five per cent of the students, as might be reasonably anticipated, do not take the longer course of study, but graduate on the old plan.

To expect much improvement under the workings of this plan is to misjudge human nature. It is something like the boy who was sent by his father to a dealer to sell a horse, who, when he met the purchaser and being asked what the price of the horse was, said, "father told me to ask sixty dollars for the animal, but in case you would not take him at that price, to let you have him at fifty," which latter sum, of course, would get the horse. So, to make the three-term-graded course effectual, it must be made

obligatory on all matriculates to conform to its requirements. If this be not done it may as well be left out of the catalogues.

Over two-thirds—it is safe to say—of those engaged in teaching in our colleges, and fully four-fifths of the members of the profession outside, are strongly in favor of some such change as is here proposed. Then, what are the obstacles, what the difficulties in the way of effecting a change in the present system? Alas! they are greater and more difficult to surmount than might appear on superficial observation; but we are making some progress, nevertheless, and I have no doubt but that by continued agitation of the subject, and unwearied effort on the part of the friends of higher medical education, the consummation so devoutly wished, and so earnestly hoped for, will be reached at last. The most formidable difficulty in the way of a change of system in college instruction is the want of unity of action in the matter. The faculties of nearly every college in the country will admit that a change is needed, that they are in favor of it and that they believe the best interests of the profession would be advanced by it, but they say "we can't adopt it in this college unless other colleges adopt the same plan." Competition is so sharp, the colleges being so numerous in our country, that the *number* of graduates, rather than their *efficiency*, is looked upon as evidence of the success of the institution. The salaries of the professors also being dependent on the number of students in attendance, as is the case in many colleges, is another drawback to the early inauguration of such a change.

Dr. Holland in the annual address delivered before the Kentucky State Medical Society, at its last meeting, advances the idea that legislation must be looked to as the source through which relief must come. He thinks a State Board ought to be appointed in every State to examine *all* applicants who wish to practice in the State whether graduates or not, and that such only should be licensed as are found thoroughly qualified to practice. And there is no doubt that such a plan would force a large number of students to take the three-term course, or to patronize those colleges that prefer to graduate a few men thoroughly equipped for practice, instead of a great number of poor or mediocre candi-

dates. I do not share the opinion of those who believe that legislation is capable of curing so many of the ills that man complains of. Much more is to be expected by individual effort in the profession; by healthy public opinion and by a constant effort to have a unity of action on the part of all the regular colleges of the country. In conclusion, then, we may summarize our recommendations as follows:

First—A thorough preliminary examination of every candidate before matriculation, by an impartial board of examiners unconnected with any medical college.

Second—The adoption on the part of the colleges of a three-term-graded course of study, to extend through three years' examinations to be passed in each branch at the end of the college year; and that *all* students attending, without exception, be required to conform to these regulations.

Third—That practitioners who have students studying under their supervision, recommend to the latter attendance at those colleges where these rules are adopted.

ADDRESS OF THE PRESIDENT.

BY C. H. MERRICK, M. D.

To the Members of the Oregon State Medical Society:

One year ago I was very unexpectedly honored by being elected as the representative head of your Society. I assure you it filled my heart with pride, for it certainly was an honor of no ordinary degree. I wish I could feel that in my election you have benefited yourselves and added to the prosperity of the Society, but as one having some remnant of conscience left, I cannot help fearing that you made a mistake. Not that I plead guilty to any cooling of ardor, any culpable lack of diligence in laboring for the good of the Society and the medical profession, but because I think you had, and now have, far more suitable members for the high position of President of your honorable and influential Society. Any-

thing which could in the least retard the progress of the Society would be a calamity to the whole medical profession. Perhaps I have scattered ideas as to the power of societies for accomplishing the objects for which they are formed. I will not take your time repeating the well known arguments and illustrations in favor of unity of action in the accomplishment of any purpose. The power of unity is not more important in any organization than in our profession, and I do not look for the time when our profession will be freed from all the stains which now too often blur its history, until medical societies are multiplied, perfected and sustained by every one having an interest in the good of humanity. This unity and support must first be shown by the action of members of the medical profession; then the community at large will see that it is for the good of humanity that our profession is brought to its highest perfection as speedily as possible, and the people will assist us in prosecuting the good work.

I need not recall the history of our Society, for it is familiar to all of you. Consistent with a law of nature, it was feeble at its birth, but having the elements of vitality, it has grown in strength and size so that now it may fairly be considered in vigorous but young manhood, ready to take hold of the task which lies before it. One of my predecessors has asked the question, "What ought the Oregon State Medical Society to do in the future?" and then proceeded to answer it. (See page 33, proceedings of 1879.) I know there is a diversity of opinion as to the duties of State Medical Societies and the manner of conducting their meetings. Some are in favor of spending the whole time in discussing medical theories and practices. Unexpected topics are frequently introduced, and the members, without the opportunity of refreshing the memory, are called on to discuss and criticise. Such discussions seldom result in permanent progress. Others think the work of the State Society is to collect reports, have them read without discussion, and then published in the proceedings for future reference. Another portion believe the best interests of medicine and surgery are subserved by the cultivation of sociability and kindly feeling among the members, the perfecting of ethical rules and the laying of plans for mutual protection and

support in business as well as in medical matters. Allow me in this connection to quote from the *Philadelphia Medical and Surgical Reporter*: "It has been reported that Professor Gross said of the last annual meeting of the American Medical Association, that *socially* it was a success, *professionally* it was a failure. We have considered that the form and method of the meetings of the State and American Medical Societies was fundamentally wrong. The system of reading papers we can conceive to be of no good, further than to advertise the readers thereof, while they consume much valuable time. It would seem to us much better for our representative men to annually assemble and openly perform two functions, namely: social enjoyment and to enact rules for the government of the profession. The papers, to which but few listen, could be given much more publicity in the columns of medical journals, while, by dispensing with the time consumed in their reading, much more time would be allowed for the transaction of business that would prove of real benefit to the profession, while more time would be also allowed for amusement and recreation which our hard worked brethren so much need."

It is with some diffidence that I express an opinion upon this subject. But I am comforted with the reflection that what I may have to offer will fare no worse than the many suggestions presented by my predecessors and by numerous committees, that is, fail to attract attention sufficient to call for action and to be buried in the printed proceedings of the Society, never more to be thought of. State societies, like the ship *Great Eastern*, move slowly and change their direction with great difficulty. Nevertheless, I believe a change has become necessary. I am cautious in the adoption of any new remedy in my practice with my patients, but when I am assured that an old remedy or method has no virtue I do not hesitate. The change I am inclined to favor for the government of our State Society is not an untried measure, but one which for many years has worked well in an organization not very dissimilar to our own.

But I will be more explicit. We need a more complete enrollment and unification of our forces, and I am strongly of the opinion that county or district societies should be formed

embracing the whole State. These societies would know and have a record of every person pretending to practice medicine within their boundaries. Every regular physician would be enrolled as a member. At the monthly or quarterly meetings of such societies, medical and surgical cases would be presented and discussed. There would be the proper place for such reports to be put on trial and thoroughly examined. After passing criticism and pruning, such reports could be submitted to the Publication Committee of the State Society, and, if published, the whole profession would receive them with respect and be benefitted thereby. All cases of discipline would be adjusted by county societies, subject to appeal to the State Society. A liberal system of representation from county societies to the State Society could be adopted, and also a plan of taxation which would afford ample means to the State Society, and not burden any one in the least. In fact, the whole machinery of the organization would be similar to that of the Free Masons or Odd Fellows, which experience has proved is effective and satisfactory. This plan would give the State Society, composed as it would be of the most earnest and enterprising members of the profession, power to effect much towards securing legislation looking to the best interests of the profession and the public generally. All matters of business, of medicine and surgery, coming up from county societies or from the members of the State Society, would be referred to appropriate committees, digested, and brought up for action, not buried, as they now too frequently are, in the printed proceedings of the Society. The State Society could, if so disposed, publish a monthly or quarterly circular or journal, as does the Ohio State Society, and secure many other advantages not attainable under the present organization. I am not at all favorable to the multiplication of medical journals. Our country is already flooded with them. Too many of them are carelessly edited and carry no authority. They are filled with trashy or sensational matter, generally written by young and inexperienced persons, and, practically, of but little value to earnest physicians. If each State society would take upon itself the duty of publishing *one* good journal, and if the members of the profession would support only *good* journals, this brood of weakly so

called medical publications would soon die out. But the State Society could publish its proceedings, properly condensed, and such really good documents as pass examination, issuing a quarterly edition, and not draw on the funds of the Society more heavily than now. A complete list of the names of every regular physician in the State should be published, with corrections made quarterly. No physician with a soul would object to giving one dollar or two a year for such a journal. Certainly there is work enough for the State Society to do without engaging in the discussion of medical subjects which can be far better done in our medical journals, and thereby receive a permanent place in medical literature. We need a State Board of Health and local Boards of Health. We need more education and discipline in our conduct professionally and with each other. We must be a band of brothers bound together for mutual protection. The morning papers of this city bring to your notice another case of prosecution for malpractice. I know nothing of the history of the case, but risk nothing in saying that, more than likely, it is a case of *persecution* instituted to extort money and injure the reputation of a member of our profession. Such is the animus of such suits in nine-tenths of the cases; in fact, so prevalent are such suits that most of our surgeons at the East dare not hold property in their own names.

Look again at our daily prints and we find supposed reputable physicians parading their surgical cases before the public, trying to gain applause from surgically ignorant audiences rather than from a qualified, educated jury, as the readers of respectable medical journals may well be considered to be. Medical frauds and humbugs appear in almost every newspaper, and stare in our faces from the windows and shelves of every drug store. Anti-Fat has had its run. It can be bought now for four cents a barrel. But Safe Kidney Cure and a host of other humbugs have sprung up in its place.

But I need not take up your time in detailing methods of work. Certainly there is enough to do, and no doubt many of the members have more practical plans for the prosecution of the objects of the Society. We spend too much time in proposing what

ought to be done; not enough in putting some feasible plan into actual practice. Professional men generally have not "business" enough in their composition. Let us try to be practical and earnest in our work of elevating the medical profession to its proper platform and freeing it from its unworthy members. Our power for doing good lies in the unification of its members in county societies, and vigor of action in the State Society. Why should we wait to be led by some other and more wide-awake State society. Let us start out, not in some untried and unknown path, but in one which has led other organizations to comparative perfection in work, and one which is suitable for all our needs.

I speak to you as though I intended to continue as one of your members. I am very sorry that such is not my privilege. Since I became a member of your Society I have been present at each annual meeting, and have felt well repaid for expense in time and money the attendance has cost me. The duties you have asked me to perform I have considered complimentary, and I have honestly endeavored to advance the interests of the Society. I have a high opinion of the capabilities of the Society for doing good and although I have been obliged to remove from your jurisdiction, I shall ever cherish the pleasant memories of your past meetings and hold myself ready, at all times, to assist you in any manner, to the extent of my ability. At this, and at all your future meetings, I hope there will be no lessening of the ties of unity and good will among the members, but, on the contrary, renewed determination to place and continue the Society on high and advanced ground, a model for other societies to follow. I assure you, gentlemen and ladies of the Society, I shall ever feel proud of the high honor you have conferred upon me, and with the hope of being in some slight degree serviceable to you, I shall ever be ready to do what I can, not only for the Society, but towards maintaining the honor and welfare of every respectable member of our profession.

BIOGRAPHICAL SKETCH OF THE LATE A. M.
BELT, M. D.

BY C. C. STRONG, M. D.

There is a certain amount of reverence and respect due to the dead, which we cannot violate without offence to the living, for as the poet has said,

"The living and the dead, at His command,
Were coupled face to face, and hand to hand."

And are not these, too well known facts of every day life, to be successfully controverted?

Whatever may be said by the laity about physicians becoming accustomed and thereby callous to death, can never be true of the well educated, thoughtful doctor, if he be true to the higher instincts of his nature. We must ever look with profound reverence upon death—that mysterious something, which changes that which we, as emblematic of our ignorance, call life or spirit, to an inanimate mass called a dead body.

The spirit of life (speaking in a purely physiological sense) has as yet, never been discovered by any of the means which are within the reach of our most scientific and learned men. How then, could we expect an analysis of this wonderful property?

On the other hand, the novice in the skilled world of science, can tell the exact proportions of each and every element which enters into and makes up the dead body, and what is still more difficult, the exact relation they bear one to another. Now death is the term which the living use to express the change that takes place between this unknown element, to bring it within the range of our finite minds, as a known quantity. The contemplation of this subject brings into comparison the living and the dead, but as we are not so situated as to properly compare them, we naturally fall into the habit of studying the motives which influenced the acts of our friends, after they the actors, are dead.

I am not here however, to analyze the life and acts of our deceased brother, but rather to put upon record some of these facts so that each may be able to derive some useful information for himself.

Alfred Metcalf Belt, M. D., was born in the village of Flemmingsburg, Flemming County, Kentucky, July 23, 1804. Having improved such advantages as the country afforded, he commenced the study of medicine with a private tutor, and prepared himself to enter the practice of medicine in 1830.

In 1835 he married Nancy, daughter of General Thomas Ward, of Kentucky. In 1840 he moved to Western Platt County, Missouri, where he lived till 1850. In that year, having placed all his earthly interests in an ox wagon, he commenced the difficult and perilous journey of crossing the plains to the then almost unknown territory of Oregon. After five and a half months of such privation, suffering and labor as we the descendants of the pioneers of Oregon, shall never know or experience, he arrived at Salem. Here he resided until January, 1880 when he moved to Independence, Polk County, in this State, where he remained till the day of his death, which occurred August 18, 1881.

The medical history of Dr. Belt commences in 1830 the time he entered the profession, and from that date to 1840, he practiced in his native place. In 1840, he moved to Western Platt County, Missouri, where he spent ten years in the active discharge of the duties of his profession. Then for nearly thirty years, Salem, in this State, was the scene of his work, and but little over a year was spent in Independence. For over fifty years he held the plow handle, and faltered not or turned back, but kept straight on in the path of duty and labor. He was one of the organizers of the Third Judicial District Medical Society, and of the State Medical Society. He was the first president of the former, and held several offices of trust in the latter. During the Indian War of 1855-6, he held the office of Surgeon General of the Oregon Volunteers. In 1872, the Medical Department of Willamette University conferred upon him the honorary degree of M. D., a well merited token of its respect for his character.

The Doctor was zealous in whatever he undertook, and in no place was this better shown than in his Masonic course. Soon after his arrival in Salem he interested himself in Masonry, and in 1852 organized Salem Lodge, A. F. & A. M. No. 4, becoming its first Master. In the Grand Lodge his rise was by regular steps

and he was elected its fourth Grand Master. In his earlier life he was a member of the Methodist E. Church, but for a number of years before his death was an honored member of the Episcopal Church.

REPORT OF COMMITTEE ON PUBLIC HYGIENE.

BY S. E. JOSEPHI, M. D., CHAIRMAN.

Your Committee on Public Hygiene and State Medicine, beg leave to submit the following report:

The subject of public hygiene, apportioned to your committee, is one of the greatest importance, not only to the medical profession, but in just as large a measure, to the laity. That which has for its object the prevention of disease, the setting a bar or limit to the inroads of the health-destroying germ, must, of necessity, possess much interest for all people, whether of our profession or otherwise; indeed, we may say that the attainment of the object of this study should have a much greater importance in the eyes of the laity than in those of the physician. What a great and glorious field is here presented for research. It is now known that many diseases may be prevented by the destruction or neutralization of the germs which propagate them. Doubtless it is a great victory and an immense satisfaction to accomplish the palliation of suffering, and ease the bed of pain by the administration of drugs adapted to that object; but how much greater the victory and higher the sense of satisfaction, when that which gives rise to the pain and suffering, and stretches upon a bed of agony the poor patient is beaten down and prevented from establishing a hold upon the system.

The subject of the prevention of disease is a broad one, and your committee are aware it would require much more time than is usually allotted to these reports for even a casual consideration of the entire subject. It is deemed best, therefore, to take up some special line of thought in this department of medicine, and follow it out to rational and useful conclusions.

Among the subjects which have prominently engaged the attention of the medical world the past year, is that of vaccination, its desirability, its usefulness, and its dangers. This is a subject, we need scarcely remark, of the highest importance to the whole human family.

That dread disease, small-pox, against which it is directed, has been justly counted a very scourge of humanity, and a consideration of any method by which it may be prevented or palliated must, of necessity, engage a most intense interest.

The history of vaccination is too well known to bear repetition at our hands, and, even were this not so, lack of time and space forbid our doing more, in this connection, than laying before the Society some facts, the result of patient research made in the direction of an investigation of this matter. Our inquiries, for practical purposes, may be resolved into two questions:

1st. Does vaccination protect the system against small-pox, either as a preventive or as a palliative?

2nd. Granted that such protection is afforded, is not the danger of introduction into the system of other diseases so great as to out-weigh all advantages to be derived therefrom?

In considering the first question let us examine the actual results in practice of this method of prevention in the light of the experience of numerous observers. In "Reynolds System of Medicine" Dr. Seaton reports that of 5,774 boys admitted into the Royal Military Asylum at Chelsea, England, in 48 years, 1,950 had, on admission, marks of small-pox, and 3,824 either had marks of vaccination, or they were at once vaccinated. Of the former, 6-15 per 1,000, and of the latter, 7-06 per 1,000, contracted small-pox subsequently during their residence in the Asylum. This period extends as far back as 1803, and it was noticed that one out of every three children admitted showed marks of small-pox. This, in itself, is very valuable testimony to the protective influence of vaccination, for, since the operation has become so general, we find no such ratio as this contracting the disease.

Again, in private practice we have reported by the same author, taken from the results of an inquiry made by Mr. Cross, of Nor-

wich, that of 215 unprotected members of families exposed to small-pox, either by being in the same house, same room, or even sleeping in the same bed with the infection, 200 contracted the disease and 46 died, while of 91 vaccinated only two took the disease, and these both had it in modified form.

Dr. Marshall, of Chelsea, found of 757 individuals in infected families, of 231 protected by vaccination 27 had contracted small-pox during the then prevailing epidemic, 14 occurred in persons who had previously had variola, while of the unprotected only 7 escaped the infection. Dr. Balfour found the annual number of cases of small-pox in the British Army to be not more than 6.6 per 1,000 men, one-fifth being protected by previous small-pox, and the other four-fifths by vaccination. From a table in the article above referred to, we find, that, while for 30 years prior to the introduction of vaccination the death-rate from small-pox was 3,000 per million of the population, the average for succeeding years, from 1838 to 1865, amounted to 425 per million of the population, and this ratio decreased directly as vaccination became more general and finally obligatory, in the latter period amounting to only 202 per million. In Part I of the "Hygienic and Medical Reports of the U. S. Navy for 1879"; page 519, we read, regarding Tripoli, in Africa: "Small-pox is rare now, occasionally a case or two may be met with. The last epidemic was in 1870-71, when the disease carried off numbers of Arabs. Previous to this the natives had resisted vaccination, but seeing how those who were thus protected among the Europeans escaped, they began to believe in it, and are now, on the least suspicion of danger, among the most eager for the operation. The gradual extinction of the disease can justly be attributed to this change of public feeling."

In Part II of same work, speaking of the Japanese, who are advocates of vaccination, we find, on Japanese authority: "Statistics show that before vaccination was practiced 357 died out of every 100,000 each year, while since vaccination has been introduced, 42 out of 100,000 have died yearly. Dr. Buchanan, physician to the Local Government Board of London, England, during the small-pox epidemic of 1881, made a special investigation into the influence of vaccination, and found that the proportion of deaths

from small-pox among unvaccinated persons is 3350 per million, while that for the vaccinated is only 90 per million. This difference is still more sensible for individuals under 20 years of age. (Medical and Surgical Reporter, October, 1881.)

During the epidemic of 1880 at Paris, France, but three deaths occurred among the military, while 773 occurred in civil practice, a result attributed in great measure to the fact that the soldiers are always vaccinated on joining their regiment. (Medical and Surgical Reporter, December, 1881.) Statistics like the above might be multiplied to prove the protective power of vaccination, but we refrain from occupying further time or space on this phase of the subject, except to make a few remarks concerning an epidemic of small-pox which occurred during the present year at the Oregon Hospital for the Insane, under the superintendency of the Chairman of this committee. Upon the breaking out of the epidemic all the patients in the Asylum, excepting those attacked, (numbering six) were vaccinated. The writer regrets that no record was preserved as to how many of these vaccinations were successful or as to the influence of former vaccinations on the success of the operation. Quite a number of those vaccinated went through the regular course of vaccinia, the number of successful operations being diminished by the fact that nearly all had been vaccinated about three months previously. Nine cases in all were attacked with either variola or varioloid, five being mild and modified cases. No other patients were attacked, though there had been, in one ward especially, decided exposure to the infection. In connection with the subject of hygiene it may be here stated that the means adopted for prevention of the spread of the infection, in addition to vaccination, were as follows: The rooms having been tightly closed, sulphur was burned in such as had been occupied by variolous patients, and all bedding used by them was disinfected and buried, the patients having been sent away to a pest house, under care of special nurses. Chlorine gas was generated in all the wards, being placed in the corridors at night and in the rooms during the day. The infected wards having been quarantined, *all* clothing used in those wards was washed in a separate yard in water disinfected with carbolic acid, and was

hung up over night, chlorine being generated beneath the articles, which were suspended in such a position as to present all sides to the action of the gas. In addition, carbolic acid and bromochloralum were freely used throughout the house, and the walls, floors and ceilings of wards thoroughly scrubbed with water disinfected with carbolic acid. Food and other necessary articles were carried to the ward doors and there left, and all intercourse by physicians with infected wards was held with caution, the clothing being changed in part, and the person disinfected before entering other parts of the hospital.

Asking pardon for this digression from the special subject of this report, we resume by proceeding to an examination of the second question, as to the danger of communicating obnoxious diseases with the introduction of the vaccine virus. Upon a careful consideration of this question we are inclined to admit that such diseases may have been sometimes conveyed into the system by the operation of vaccination, but this result must be extremely rare and infrequent, to say the least.

Mr. Marson, in the performance of 50,000 vaccinations, has never seen other diseases communicated with the vaccine disease." (Reynolds System of Medicine, page 178.) Dr. West's experience with 25,000 children testifies to a similar result. Indeed, this is the experience of all who have vaccinated extensively. Many rely, for a confirmation of the theory of transmissibility of disease, upon the statements made of an alleged spread of syphilis, from vaccination, in Italy. Dr. Seaton, in analyzing these and other cases, is inclined to think the inoculation was made from a syphilitic sore instead of a true vaccine vesicle, and he states, in substance, that most if not all skin diseases appearing in young children after vaccination and attributed by parents to that source, are in reality entirely independent in their causation, of that operation. Be this as it may, however, it is certain that the transmission of disease by vaccination is exceedingly rare and can be entirely avoided by selection of vaccine virus, and care in the use of the same. In these days, when bovine virus is so carefully cultivated, it may be introduced into known healthy infants and thus, if preferred, a line of humanized crusts may be generated and

followed, whose pedigree (if we may be allowed the expression) is known to be pure, healthy and reliable.

But while many grant the utility of genuine vaccination, they claim that virus is now so unreliable, and seems to have so degenerated since the days of Jenner, that it is useless to carry on the practice—surely, in the light of results coming to us so recently as that of the epidemics of London and Paris, to say nothing of the experience of our own country, we ought to accept as truth what is so plainly set forth in the figures of statistics. Facts are hard things to dispute, and certain it is that, since the introduction of vaccination, small-pox has ceased to be the terrible scourge it was prior to that time, and, while still clothed in awful dread, has lost much of its fearful aspect.

Again, it is argued as against vaccination, that whilst Jenner and his immediate followers claimed that those who had been inoculated with the vaccine lymph were thereafter for life protected from small-pox, it is now stated that periodical operations are necessary; hence it must be worthless and inefficient. This seems too absurd and light an argument to deserve attention. The early practitioners of this operation were, doubtless, sanguine and hopeful that in vaccination a way had been found to protect for a lifetime; but, because we do not find it to be generally so in our day, shall we reject the practice when we *know* of its good results? Suppose it be found necessary for full protection to re-vaccinate frequently—even more so than now, shall we cease to practice a slight and trivial operation for the prevention of so dread a disease, when such great and beneficial results to the human family have already undoubtedly accrued from it? Surely the answer to such a question must be negative. Let us be careful in the selection of the virus we use, vigilant in its propagation, careful in its proper preservation, and skillful in its introduction into the system, and surely we shall be rewarded by the results which shall crown our efforts to prevent disease and be doing good to our fellows.

**CASE OF FRACTURE OF SKULL, FOLLOWED BY
HERNIA CEREBRI, APHASIA AND HEMIPLEGIA.**

BY R. G. REX.

On the 28th day of December, 1881, the subject of this report, a young man of excellent health and constitution, was struck on the head by a large piece of falling rock. He was immediately picked up and conveyed to St. Vincent's Hospital, and examination made of his injuries. He appeared to be fully conscious but unable to give full expression to his feelings and wishes, on account of the aphasia. There was some defect of motion on the right side but not complete paralysis. A scalp wound, about two inches in length, with contused edges, was situated on the left side, on a line running transversely from ear to ear, and about an inch from the median line. At the bottom of the wound a hole was found in the skull, of an irregular round form, three-quarters of an inch in diameter, the corresponding portion of bone being depressed and comminuted. His suffering seemed to be more from a sense of impending death than from pain.

The displaced fragments of bone were carefully removed, the dura mater found to be lacerated, exposing the pia mater to view. The hemorrhage was not abundant. After clearing out the wound a simple dressing of jute and bandage was applied, and the patient was left with directions to apply an ice-bag to the head, and give three-quarter grain hypodermic injections of morphia in case of severe pain.

The next morning the left side of the face and the right arm and leg were paralyzed. There had been some pain during the night, easily controlled by the morphia. A hernia cerebri began to form in a few days, and in a couple of weeks a mass of brain substance, equal in size to a hen's egg, protruded through the wound. During this time, and, subsequently, there were occasional attacks of vomiting, but not very violent nor protracted. On the fourth day the patient began to show convulsive symptoms, which were manifested at first simply by a frequent spasmodic closure of the left eyelids. This symptom extended, in a short time, to the other

eye, and soon involved all the muscles of the face and neck, giving rise to clonic spasms, quite prolonged and violent. The arms, body and limbs were unaffected, but respiration was interfered with by the convulsive action of the tongue and throat muscles. These spasms were easily controlled by continued applications of ice and one-quarter grain doses of morphia, hypodermic, and in a few days ceased entirely. They were preceded by an intense pain in the head, of short duration, and flushing of the face.

Toward the close of the third week the hernia cerebri began to diminish in size, by the sloughing of the protruded mass, and in three weeks more had almost entirely disappeared, and the wound gradually healed without any further unfavorable symptoms, leaving a deep depression in the scalp at the seat of injury. At present he is able to walk about readily with the aid of a cane, but has not full control of his leg. The right arm still remains completely paralyzed. He is not able to move the arm, hand or fingers in the least. His speech is much improved, but he is unable to carry on a continuous conversation, as he is constantly at a loss for words to express his meaning.

RADICAL CURE OF VARICOCELE, WITH A CASE.

BY HOLT C. WILSON, M. D., PROFESSOR PRINCIPLES AND PRACTICE
OF SURGERY MEDICAL DEPT. WILLAMETTE UNIVERSITY.

Occasionally cases of varicocele are met with, palliative measures having proved unavailing, for the permanent relief of which a surgical operation is necessitated. So long as the enlargement is moderate, pain moderate, and the scrotum but slightly relaxed, operative interference may be said to be unwise. On the other hand, when the enlargement of the veins becomes inconveniently great, and is accompanied by a severe dragging pain, felt during locomotion or even in moderate exercise, the scrotum being at the same time very pendulous, the surgeon if called upon, may,

by a proper operation, give relief to his patient. and by exercising due care in the selection of said operation, there should be but moderate re-action and slight risk. From among the many forms of operation recommended, I would select, therefore, as best fulfilling the above indications, a subcutaneous method of ligation, and of the several subcutaneous operations let us take that of Ricord's as being efficacious and convenient of application, when carried out with certain additions and improvements, which, with the indulgence of the Society, I will describe in the following case, upon which I operated sixteen months ago:

Mr. K. having suffered from an enormous varicocele of the left side of scrotum for a considerable time, and having noticed the enlargement to be gradually increasing, in spite of all palliative measures employed, the pain and dragging materially interfering with locomotion and ordinary occupation, placed himself in my hands for the purpose of obtaining relief by a surgical operation. In making an examination I found the veins of the left side of scrotum greatly enlarged, the mass being almost the size of a fist, and subjective symptoms as above stated. Before placing the patient under the anaesthetic I made sure of the identity of the vas deferens, a most important step, because if by any chance it should happen to be included in the ligature, the active life of the testicle would be at an end. Too little is said by authorities upon this subject. I examined the patient first in the erect posture, the veins being then distended, and, after a little manipulation, distinguished the cord from the veins by its hard, smooth feel, and by the peculiar sickening pain caused to the patient on rolling it somewhat firmly between the fingers, the pain running to the testicle and also upwards towards the groin. The thickness is about that of a small goose quill. The position is usually in the midst of, and a little behind, the veins. Having become assured of the position thus, I made the patient lie down, and located definitely as before, the veins having now become shrunken. This done, and scrotum and surrounding parts shaved, patient was anaesthetized (completely). Separating the vas deferens, placing the veins to the outer side, I apposed the two sides of the scrotum between my thumb and fore-finger, and with a large needle, having an eye near

the point and threaded with a double ligature of silver wire, (medium size,) punctured the scrotum between vas deferens and veins, draw the needle and wire through and unthreaded the needle, thus leaving a loop on one side of the scrotum, and the two ends upon the other. Rethreading the needle with a similar ligature, I passed it through the former point of exit, around the outer side of the veins, and out at the previous point of entrance. We now had a loop and two ends on one surface of the scrotum, and a loop and two ends on the other, the veins being bridged off by the ligatures upon either side of them. As the next step I threaded the loop of one surface with the two ends lying beside it, and after doing the same with the other loop, drew upon the ends of either side, the loops slipped down through the punctures, enclosed the veins and strangulated them. I took care to use only sufficient force for this purpose, not enough to cut through or to break the wires. Thus performed, the ligation is entirely subcutaneous, and we have but a small needle puncture on either surface of the scrotum.

This much is the operation of Ricord. As an improvement upon this, (and any one who has occasion to perform the operation will find it a convenient one,) before drawing the loops tight, I threaded a reserve single ligature upon one of them, so that I would be able to remove one loop the way it entered, and thus the remaining loop would come out readily. This device was recommended by some one connected with the St. Luke's Hospital, New York City. In order to keep up a moderate degree of traction upon the ligatures, I used a device of Dr. Robt. F. Weir's, of New York City. I attached the opposite ends of the wires to a piece of clock spring, one-eighth of an inch wide, and bent into the shape of a horseshoe, the ends turned back so that the wires could be attached. This spring, with its natural curve reversed, has sufficient power to keep up proper traction and prevent slacking. Patient was then given hypodermic injection of morphine, and put to bed. For first few days there was some swelling and tenderness, and a moderate amount of pain. On the eighth day the loops were withdrawn, having caused occlusion without division. Two weeks after operation all inflammatory action had subsided, and patient was allowed to get up; in fact, after a week's

time, he was, to all intents and purposes, well, but was kept in bed as a matter of prudence. The inflammatory induration gradually subsided, and there has been no relapse in the slightest degree, but continued improvement.

A point I would make is that the veins be tied as high as convenient, in order that there may be as little swelling as possible above the ligatures; and I have concluded that in all aggravated cases in the future, I will first amputate a portion of the scrotum, watch the effect of that, and as a secondary operation, proceed as above. The dangers of such an operation, when carefully performed, are, I think, greatly exaggerated. It may be unwise to allow the patient to go about before all inflammation has subsided. By exercising care as to this, and other details, the risk would appear, in my humble judgment, to be minimum.

TREATMENT OF EPIDIDYMITES AND ORCHITIS--
THE VALUE OF PUNCTURING THE TUNICA
VAGINALIS TESTIS.

BY HOLT C. WILSON, M. D., PROFESSOR PRINCIPLES AND PRACTICE
OF SURGERY MEDICAL DEPT. WILLAMETTE UNIVERSITY.

The practitioner now and again meets with cases of epididymitis or orchitis, which, under the ordinary routine practice of poulticing, application of evaporating lotions, ice, etc., are apt to prove intractable and trying to both patient and attendant. Leeching, too, as it is merely a local depletion in the tissues of the scrotum, generally aggravates. Formerly I almost dreaded to undertake the treatment of a case of this character, on account of the apparent failure of ordinary remedies, but, of late, have had rapid and universal success by pursuing a special plan of treatment herewith described.

If the patient be seen soon after the onset of inflammation, there will be swelling, tension, and very marked tenderness, so that the sufferer can neither sit nor lie down with any degree of

comfort, above symptoms inducing also sleeplessness, loss of appetite, etc. It is now my custom, when called to a case of this nature, to at once make one, two, or even three punctures, according to amount of swelling and tension, through the scrotum, and covering of testicle into its body by means of a broad spear pointed exploring needle, (a narrow, sharp-pointed bistoury or tenotomy knife would answer). The little operation should be performed as follows: Seize the testicle gently, but firmly, in such a manner as to render tense the overlying tissues, the patient seated or lying down, and make a quick puncture at about the middle of the outer side of the testicle, to a depth of say one-quarter of an inch, withdraw the instrument in such a manner as to slightly enlarge the puncture in the testicle, never making the incision greater than one-eighth of an inch. Some pain is caused, one or two drops of watery fluid may exude, perhaps a few drops of blood. In one case there occurred, I remember, considerable hemorrhage, caused by the division of a small artery in the scrotum. It was easily checked by squeezing the edges of the opening for a few moments. Through the opening made in the tunica vaginalis testis there drains into the subscrotal tissues all superabundant lymph thrown out, thereby tension and pain are relieved, and the inflammatory reaction soon subsides. The result is somewhat similar to relief obtained in periostitis, by division to the bone. If the patient now complains of much pain, a hypodermic injection of morphine may be given, and further treatment consists of the application of a poultice composed half and half of tobacco and linseed meal. If only tobacco be used, there is nearly always sufficient absorption to cause, after a few hours, nausea and vomiting, and even an alarming depression of the circulation. For ordinary cases the strength above given may be employed; some will bear more, others not so much. The poultice should be renewed about every three hours, so that it remains moist and warm, and should not be made so thick as to be uncomfortable by reason of its weight, being, however, large enough to envelop the whole of the affected side of the scrotum. If, as sometimes happens, through the premature closure of the incision or incisions of the first day, the operation fails to give relief, it should be repeated.

At the end of two or three days, or, at most, a week, all pain and tenderness will have disappeared, and the patient may then be allowed to get up, supporting the testicle in a proper bandage. The induration will remain for some time, gradually subsiding.

The operation described above has been followed by some surgeons for a number of years. Some deprecate its use, fearing the incision may injure the substance of the testicle. If however, it be no larger and no deeper than as above recommended, it can only do good and never harm.

PRECAUTIONS AGAINST SYMPATHETIC OPHTHALMIA AFTER INJURY. ILLUSTRATED BY A REMARKABLE CASE OF FOREIGN BODY WITHIN THE EYE.

BY F. B. EATON, M. D., PORTLAND, OREGON.

Sympathetic ophthalmia from injury has been chosen as the subject of this paper, because, of the many diseases of the eye, it is considered the most important to the general practitioner, and because I have now under supervision, a case of injury to the eye of unusual interest.

The responsibility, in cases of serious injury to the eye, which are by no means infrequent, is apt to weigh heavily upon the conscientious and well-informed physician, for he can realize the possible dangers ahead, knowing that certain injuries to one eye threaten the other and entail possible blindness, which is treacherous and insidious in its onset; while, if he be remote from a specialist, or unable to consult, his responsibility is so much the greater. On the other hand, he does not wish to exaggerate to himself or the patient, the actual gravity of the case. He should, therefore, have clearly fixed in his memory, those practical facts which clinical experience has accumulated. It is my purpose to here give a concise summary of these facts, with special

reference to prognosis, suggesting only those surgical and therapeutic measures; which the skill and instrumental resources of the general practitioner are commonly thought to be equal.

In the first place, it is to be noted that injuries to certain portions of the eye never cause sympathetic disease, while wounds apparently trivial, to other portions, are very apt to produce it. Again, this sympathetic inflammation does not closely follow upon the injury, but may show itself at any time after the first week; even as late as fifty years. It will therefore be understood that ceaseless vigilance is the price to be paid when an eye endangering its fellow has not been extirpated. As to the nature of the injury, sympathy may follow a concussion, a wound, or the entrance of a foreign body. Violent concussions and contusions, especially of the ciliary region, are among the most frequent causes. As to wounds, incised are far less serious than punctured or contused wounds. Extensive wounds of the *sclerotic* and *cornea* alone, are far less serious than slight ones of the iris and lens, while the most serious of all are wounds involving the junction of the cornea and sclerotic, as the ciliary body lies directly beneath. Indeed, it should be stated at once, that any injury leading directly or indirectly, to inflammation of the ciliary body, is very apt to cause sympathetic inflammation. The evidences of ciliary inflammation are, besides supra-orbital ciliary neuralgia, pain on touching the ball just above the corneal border, and the symptoms of iritis. The danger of a wound in the cornea consists, not in the wound itself, but in its extent and position. If it be at the periphery and so large that the iris protrudes and heals in the wound, the eye is apt to suffer for years from repeated attacks of inflammation, which may, at any time, spread by sympathy to the other. As the danger consists in the strangulation of the iris this should be gently replaced if the case be seen early, and eserine the alkaloid of calabar bean, (gr. 2 to 1 oz.) applied, or in lieu of this, a strong solution of calabar bean. If the wound be large this reduction cannot be accomplished, and it will be necessary to draw out the prolapsed iris to a considerable extent, with forceps, and cut it off closely, so that the cut portions may draw themselves back; eserine should then be applied, and a compress bandage.

"Simple injury of the ciliary body," says Mauthner, "when not implicated with prolapse of the iris or incarceration of some portions of the ciliary body in the penetrating wound, is not often followed by serious consequences." *Per contra*, if such prolapse or incarceration occurs, serious consequences are very likely to ensue, as also from violent concussions and contusions of the ciliary region. The simple wound heals readily under a compress bandage and rest, though if the wound gapes at all, the conjunctival edges should be brought in apposition by a silk suture.

Wounds of the *lens* should give anxiety only when dislocation of the lens has occurred simultaneously. Note carefully the shape of the anterior chamber, and the position of the iris. If dislocation has occurred, the anterior chamber is of unequal depth, being more or less destroyed on one side, and the iris forced towards or against the cornea. Such cases are always serious. Should the position of the lens be unaltered, traumatic cataract will be the sole result, and instillation of atropia will suffice.

Coming now to foreign bodies, I wish to state that error in diagnosis can often only be avoided by the routine employment of oblique illumination, *i. e.*, the simple concentration of a lamplight side-wise upon and in the eye by means of a two-inch convex lens. It may be stated generally, that, with rare exceptions, a foreign body, unless speedily removed, causes destruction of the eye, and is an exceedingly frequent cause of sympathetic ophthalmia.

A foreign body piercing the ocular coats anywhere anterior to the equator of the globe, either without, inwards, or *vice versa*, and remaining imbedded therein, unless removed, will inevitably destroy the eye and probably cause sympathetic disease, the danger increasing in proportion to its proximity to the ciliary body. Imbedded posteriorly to the equator, the foreign body, unless large, generally becomes encysted and harmless. Should a *small* foreign body pass through the ball into the orbit, it causes no further trouble to the eye. A foreign body lying in the anterior chamber may, or may not, set up inflammation, generally it does; but it may remain for months, and even years, causing very little trouble. It may cause severe iritis and sympathy, however, at any time.

Imbedded in the iris, a foreign body always causes serious inflammation, which spreads to the ciliary body. In the lens, a foreign body, except in rare cases, causes traumatic cataract, which, if uncomplicated, is not attended with inflammation. A foreign body lying free in the vitreous humor, or on the floor of the globe, *invariably* destroys the eye if not soon removed, and sympathetic disease will very probably result. Should attempts at removal be unsuccessful, the eye must *always* be removed without delay. Finally, an injured eye, as long as it is painful, either subjectively or to the touch, is a source of immediate and constant danger to its fellow. If blind, or only slight vision remains, it should be removed.

The above facts will enable any physician to form a fairly correct prognosis as to the probability of sympathetic ophthalmia occurring after injury, and to give sound and intelligent advice to the patient. But how are we to determine whether the sound eye has or not already become affected? How can threatening danger be averted?

These are most important questions, and when it has been decided to allow an injured eye to remain, or the patient refuses to submit to its removal, the chief point is to recognize certain preliminary symptoms in the sound eye, which often, though not always, precede the outbreak of actual sympathetic inflammation. The importance consists in the fact that when inflammation has actually begun in the sound eye, nothing can be done to check it. The principal preliminary symptoms in the sound eye are oversensitiveness to light, dimness of sight, inability to use the eye, which easily tires, flushes up red and becomes irritable and watery. They accompany any rekindling of inflammation in the injured eye, and when reading or fine work is attempted, at first subsiding when the work is laid aside. When they become frequent and persistent, the removal of the injured eye is indicated. It is too late when discoloration of the iris, turbidity of the vitreous and aqueous humors, sensitiveness of the ciliary region to the touch, and continual pain have set in. Then actual sympathetic ophthalmia exists and extirpation of the injured eye will effect nothing. Pain may be absent, and while the eye is already past hope, the patient

may think he has caught a "slight cold", and only sufficient loss of vision frightens him at last into calling in the physician. Unfortunately, too, *these premonitory symptoms are sometimes entirely wanting*, the disease breaking out without any warning whatever. These considerations render it obligatory upon the surgeon to remove a blind or nearly blind injured eye, even though it be free from pain, whenever the patient does not live in a convenient neighborhood to a surgeon, or when he has not sufficient intelligence to appreciate the significance of symptoms of commencing trouble. An eye which has been injured and is recovering from the immediate effect of the accident, and is, to all appearances, healed, should be removed if it continues persistently painful in itself or when touched, or when it becomes at intervals irritable and painful. Attention should be particularly directed to the iris, noting if the symptoms of chronic iritis, such as discoloration of the iris, adhesion of the pupillary margin to the lens, etc., are present.

To summarize:—An injured eye should be removed at once, 1st. When a foreign body is in the vitreous humor or embedded in the coats of the ball anterior to the equator, and cannot be removed. 2nd. When preliminary symptoms of sympathetic disease show themselves in the sound eye. 3d. When an injured eye is blind and the patient to be separated from any surgeon, or when he is unintelligent. 4th. When an injured eye remains persistently painful to the touch, or has periodic attacks of pain or irritability.

I will now give the history and treatment of my case:

The patient, a young man, whom I saw several hours after the accident, stated that he had been engaged in the very objectionable procedure of opening a box with a hatchet and hammer, cutting the nails with the edge of the hatchet by striking it with the hammer. Suddenly something struck the left eye-ball with great force, blinding him for a moment though it gave him no pain. As nothing of a foreign body was visible to those about him, he thought little of the matter until the afternoon, when the eye became irritable and watery. Upon examination I found the eye as above, and a slight rosy zone around the cornea. The

sight was considerably diminished, though fingers could be counted. By oblique illumination I saw in the cornea, at its inner and lower quadrant, nearly opposite the edge of the pupil, a barely perceptible, vertical, clean-cut wound, about one-fifteenth of an inch long. Slightly to the outer side of this, upon the surface of the lens, was a wound precisely similar, while still again upon the posterior surface of the lens was the same vertical wound. The ophthalmoscope disclosed hemorrhage into the vitreous, obscuring the optic disc and lower portion of the retina, but the upper portion of the latter was clearly seen. At a point upwards and outwards, and in a direct line with the three wounds above described, was a sharply circumscribed hemorrhage in the retina about one line square, and to the left of this and touching it, was a bright spot of denuded sclerotic of about the same size. Here the foreign body had struck, and I concluded that it had passed through the retina and choroid, glanced from the tough sclerotic, and either imbedded itself in the choroid, or, what is usual, fallen to the bottom of the eye. In the latter case severe inflammation would surely occur, in the former, the body might become encysted and harmless. I explained the state of affairs to the patient, simply advising the instillation of a four-grain solution of atropia and strict seclusion in a darkened room with both eyes bandaged. Pending further developments, I had made by Mr. Wm. Lundberg, of this city, a strong electro-magnet after the pattern of Dr. Hirschberg, of Berlin, resolving to use it if the existence of the body became evident in the vitreous. On the following day there was some increase of pain, and some iritis and pain on pressure over the ciliary body. A vigorous use of atropia, however, allayed these symptoms. For a week the symptoms of slight iritis and ciliary irritation, with periods of acute exacerbation, were present, gradually subsiding, and two weeks after the injury he returned to business. There was then no pain, either subjectively or to the touch, and no evidence, whatever, of irritation. Sight had improved so that he could distinguish objects at some distance, though dimly, the dimness being owing to the traumatic cataract now slowly forming, as the improvement in sight showed that the vitreous had cleared. The foreign was probably encysted. It was impossible to prove this, as the cataract prevented any further

ophthalmoscopic examination. I dismissed the patient with the warning to return at once if any trouble showed itself in either eye, describing the danger which might threaten the sound eye. He returned about a week after, complaining that the sound eye troubled him when writing, the page becoming blurred and the eye wearied. I was at first alarmed, thinking that here were the preliminary warnings of sympathetic ophthalmia, but the injured eye was uninflamed. An examination of the sound eye showed some hypermetropia. On giving him a weak convex glass to work with, he has continued free from any trouble whatever to the present time, nearly four months since the accident, constantly using his eyes.

This case is an unusual one, both as to the location of the foreign body, and the result, which has so far justified the conservative course taken. A foreign body striking the retina almost always rebounds and falls into the vitreous. The only danger my patient is now exposed to, is that that at any time in his life the foreign body may become detached and fall to the bottom of the eye, setting up destructive inflammation, and probably sympathetic ophthalmia. He cannot afford to separate himself from the vicinity of a surgeon. The cataract, when absorbed, may permit of some useful vision; how much cannot now be said. The iritis and ciliary irritation are best explained by the concussion of the eye, more particularly of the lens, and by some swelling of the latter. I have seen marked iritis follow a slight blow of the hand upon the globe.

INTERNAL URETHROTOMY AS A CURE FOR STRICTURE OF THE URETHRA, AND CONSEQUENT GLEET.

BY REESE HOLMES, M. D.

By request of the Chairman of your Committee on Surgery, I promised to write a paper, to be read before the Society, on Internal Urethrotomy. I enter upon the task with forebodings, for I have somehow gotten the notion that Internal Urethrotomy as

practiced for the cure of stricture of large calibre, and consequent gleet, is popularly objectionable within the profession on this coast, leastwise, and to my certain knowledge, the operation is condemned by many of our surgeons. Others are non-committal, and I happen to be acquainted with but few, who, I believe, can endorse the views which I am compelled to advance in the following:

I feel certain that stricture of the urethra, which I beg to define as an abnormal narrowing at any point of the urethral canal, caused by cicatricial tissue, is a condition which is frequently overlooked, the attending symptoms being attributed to other causes. Gleet is by some viewed as holding a place in the catalogue of diseases, and remedies, both constitutional and local, are prescribed in attempting its cure. It reminds me of being taught that Leucorrhœa was a disease and not a symptom, and would excuse the idea that dropsy is a disease and not a consequence. Without feeling positive that I am correct, I will state as my belief, that the vast majority of surgeons of the day hold uncompromisingly to the following theory concerning stricture of the urethra, namely: That a man whose urethra permits of the easy introduction of say No. 16, F. sound, cannot have Stricture, although he may have an abundant gleet. That gleet may be cured by various constitutional and local remedies. That when a sufferer does have stricture his hopes of relief and health depend upon gradual dilatation, and that dilatation, or, at least, the occasional use of a suitable sound, must be depended upon during the natural life of the patient. That incision should never be made for stricture, except to relieve retention of urine, and when done, never does result in radical cure. While I shall make no professions of originality and shall not, perhaps, in operating, deviate particularly from the teachings of Professor Otis, I will here say that I most heartily endorse his views so far as I am yet acquainted with them, and so far as my practice and observation leads me, with very slight exceptions. The propositions which I would like to make are:

First—That the average normal urethral calibre, instead of being 14 or 16 F, is about 32 F.

Second—That a patient with an urethral calibre of 35 F normal, and who has a contraction at any point which will permit to

pass a bulbous bougie of only 34 F, has a stricture to the value of one degree in F measurement, and is very certain to have annoyance from gleet.

Third—That where gleet does appear, a proper and careful examination will discover a stricture in more than nine times in ten.

Fourth—That the calibre of the urethra may be accurately measured with the urethra metre, and that, by measuring the circumference of the flaccid penis, in most cases, the calibre of the urethra may be guessed with tolerable accuracy.

Fifth—That whenever the stricture is found, all things being equal, the proper and best thing is to divide it. That stricture is radically cured by a careful and proper internal urethrotomy, and as a consequence, the gleet is cured alone by the operation in from two to six weeks.

Sixth—That it is proper and necessary in operating for stricture behind the meatus urinarius to divide the meatus up to what the size of the urethra, by previous measurement, was found, and that no harm or inconvenience results therefrom.

Concerning my first proposition I have this to say: During the past fifteen months I have measured, I think, about 100 urethrae, and the smallest I have found in an adult male was 26 (F.); the largest, 42 (F). Concerning the second proposition I will state that nearly all cases of gleet which have come under my notice, by instrumental examination, have shown some degree of contraction, variously varying in extent, and where, to my knowledge, contractions of any value have occurred within the pendulous urethra, gleet in every instance has been present. Concerning the third proposition, I may be compelled to admit that there are sometimes conditions which induce temporary narrowings without the absolute foundation of organic stricture. For example, granular urethritis, urethral polypus, gonorrhœa, contused wound of the penis, causing congestion, which stops short of inflammation and ulceration, or, indeed, anything which persuades the blood vessels of the urethra from their physiological action. With regard to the fourth proposition I will call the attention of the Society to Professor Otis' method of measuring, which is to pass his very ingeniously constructed urethra metre down to the bulb

of the urethra, and gradually turn the screw at the handle up until the patient complains of a feeling of fullness, when a glance at the dial will indicate the expansion of the bulb of the instrument, which he believes to be the normal urethral calibre; then by withdrawing the instrument, of course all contractions are marked, supposing the urethra metre to be introduced down to the bulb-membranous junction, and the screw turned up to show that the bulb of the instrument is expanded to thirty, supposing this to be the size of the canal, or the point, according to Otis, at which the patient complains of fullness. Imagine, if you please, on removing the instrument, a contraction obstructing its further withdrawal at three inches from the meatus, by turning the same screw down until the bulb passes the contraction, which it will do with a suddenness in case of organic stricture, a reference to the dial will at once indicate the value of the stricture. In the use of the urethra metre I make only this difference from Professor Otis, that is, I do not trust to the patient's idea of fullness mainly, for the two following reasons: First, some patients exaggerate their sensations and complain of fullness in anticipation of it. And, second, because the urethra at the bulb may be unnaturally tender. It is very apt to be over-sensitive if there be a stricture near by, in which case the patient will complain of fullness and pain before the normal size of the canal is reached. My habit is to pass the instrument down to the bulb and turn it gradually up, occasionally stopping short of what I may suppose the normal calibre to be, thus allowing the parts to become reconciled to the presence of the instrument. When reaching the point which I have guessed is about right by slowly moving the instrument backwards and forwards, I judge by the amount of resistance as to the normal calibre. This I should rather trust in any and all cases than to the patient's idea of fullness. The size of the meatus, which has been a guide to the size of the urethra behind it, is totally unreliable. The meatus may be twenty F, the urethra behind it, thirty F. So, of course, with an ordinary instrument. Indeed, a bulbous bougie which will just go by the meatus, will fail to detect a number of strictures ranging in size between that of the meatus and the normal urethra. Another tolerable accu-

ate method of calculating the size of the urethra is to measure the circumference of the flaccid penis. A penis of three inches circumference should give an urethral calibre of thirty (F), and two millimetres or two measures of the F scale for every additional quarter of an inch, will give pretty accurately the size of the urethra. But Otis' urethra metre, or an instrument constructed on the same plan, is the only means that I can conceive of by which the calibre of the urethra, and the number, size, and situation of more than one stricture can be measured with certainty at one sitting. For supposing a case in which there are two strictures of different sizes, even lower than the meatus or where the meatus is of proper size, or after it has been subjected to division the forward stricture being the closer, it will then be impossible to pass a bulbous sound by the forward one that would indicate the size of the one back of it.

Proposition fifth—I believe organic stricture to be owing to the development of cicatricial tissue. I believe it may, in one case, be owing to a cicatricial band surrounding the urethra, and in another, to the resulting cicatricial spot on either wall, from ulceration at that point. In either case the canal is encroached upon, because of the tendency of scar tissue to contract. No matter as to the form of a stricture, the tissue forming it acts as a foreign body, a source of irritation, with always congestion, and sometimes inflammation and ulceration, as consequences, with always gleet and sometimes gonorrhœa as symptoms. I am pleased to denominate Gleet a mucus or a muco-serous discharge, and gonorrhœa as a muco-purulent or as a muco-sero-purulent discharge, I am inclined to account for the gleet mucus discharge as being caused by the irritation simply to the mucus membrane by the cicatricial or scar tissue of the tissue. I am inclined to account for the gleet muco-serous discharge as being caused by the exosmosis of serum from the congested blood vessels in the neighborhood of the stricture mixing with the aggravated mucus discharge, I am inclined to account for the gonorrhœal muco-purulent discharge as being caused by the congestion and consequent inflammation and ulceration, thus adding pus cells to the mucus discharge. The term muco-sero-purulent discharge explains itself in suggesting, in case of an already muco-purulent discharge, a con-

dition of the blood vessels, which favor again the exosmosis of serum. By this it will at once be seen that I am laboring under the belief that stricture sometimes indirectly causes stricture, as to say a man having a stricture at any point within the urethra, may, at any subsequent time, because of the liability in such cases to active congestion, inflammation and ulceration, suffer the formation of stricture at other points. I will here quote a case in point:

J—S— came to my office on the 4th of last January and gave the following history: Had suffered more than three years from gleet, but during the last two weeks, although he declares to have not practiced sexual intercourse, has suffered an abundant muco-purulent discharge. Examination with bulbous sound No. 25, which just passes meatus, discovers stricture at two and one-half inches from meatus, and a great deal of tenderness at four inches from meatus. Penis measured in circumference four inches. After using antiseptic injections for several days, introduced urethrotome and divided stricture up to No. 39, one millimetre above the supposed calibre of the urethra. After dilatation was practiced until all oozing of blood had quit, when, although the discharge had not stopped, it was much less purulent in character, and the patient was lost sight of for about two months, at which time the discharge was entirely devoid of pus. At this time there was a stricture at four inches. Division of this stricture with urethrotome has caused the cessation of all discharge. These strictures of the urethra, even those of large calibre, often cause an immense amount of trouble of a symptomatic nature. For example, by reflex irritation spasmodic strictures further back, pain in the bladder or above pubes, enlarged prostate, prostatorrhœa, organic diseases of the bladder ureters and kidneys. By failure of a few drops of urine to pass a stricture, and decomposing, ulceration of a mucous follicle may take place and result in a urinary fistula.

In performing dilating urethrotomy I use Otis' urethrotome, but make a little difference in his method in the use of it. The method is, after measuring the urethra, and dividing the meatus if necessary, is to introduce the urethrotome and turn it up to the size of the normal canal, and by drawing the blade by the stricture, divide it on the roof of the canal; then with a bougie-

a-boule he again examines, and if finding yet a bit of contraction, cuts again. Finding no contraction, he considers the stricture divided, and passing a sound, the size of the urethra, every alternate day until all oozing of blood is stopped, prevents the reunion of the divided ends of the stricture. His idea is that then the absorbents carry away the material which formed the stricture. After examining, should I decide that the stricture tissue was confined to one wall, I should cut there. If I determine that a band surrounds the urethra I should proceed as follows: Introducing the urethrotome to bring the blade behind the stricture, and turning up until a little above the size of urethra is reached, say one millimetre, I draw the blade by and generally find with a bougie-a-boule no further evidence of stricture. If an ultimate fibre of the stricture is undivided, of course recontraction will take place, hence the importance of making a sufficient deep incision to divide it in its entirety, for if by the first incision almost, but not quite all the stricture tissue is divided, I suspect that that remaining may be so resilient as to escape, on examination, the most delicate and cultivated touch. I see no very great objection to a rather deep incision, to be sure, there may be temporary incurvation of the penis, caused by the result of inflammation. This has occurred to several of my patients, but, in almost every case, has been of very temporary duration. Again, considerable hemorrhage may occur on deep cutting, as a result of incising the trabeculae of the corpus spongiosum, but is very easily controlled. If the stricture is situated far back the dilating of the urethra above its natural size may cause partial temporary paralysis of the sphincter vesicae and allow of a dribbling of urine, or in case of hemorrhage of a flowing of the blood back into the bladder.

I have now operated on sixty-two cases for stricture. My notes fail to show definitely the number of strictures cut, but I judge about two hundred. In these cases, two of close multiple stricture and one of large calibre, I operated four times before the tendency of recontraction was overcome. In none of my other cases have I operated more than twice, and on the great majority only once. On three patients I operated for stricture at seven inches from the meatus. Two of these had urethral fever; one had only a

chill, and that after the sounding following the operation. One had alarming hemorrhage into the bladder; Four have had temporary incurvation of penis. In one, the incurvation persists after ten months. In none of the others has there been an untoward symptom. Most of my patients have been under my observation for from one to two months subsequent to date of operation, and several have been examined after a year without any evidence of recontraction. One patient's stricture, after being cut four times, has again contracted. I will cut him again. In the vast majority of my cases the gleet has stopped without any treatment other than the operation and following sounding, in from two to six weeks. In perhaps ten cases, after operating, owing to the persistence of the discharge, I have given either local or constitutional remedies with, in every case, satisfactory results. I would here say, parenthetically, that it is not claimed for the operation to, in every case, cure gleet, but that gleet cannot be cured until the cure of the stricture which causes it. I will here quote from Professor Otis "that gleet means stricture, and is the sign which nature hangs out to indicate that the patient has one." Of course, in operating, it is necessary to divide the meatus in case it is smaller than the urethra behind it. This I have done in nearly every case, and in no instance have I known of the least inconvenience aside from the slight pain of the incision and very trifling hemorrhage.

Before closing this hastily written paper I will briefly relate a few cases: H— D— called June 20, 1880, with following history: Had gonorrhoea 26 years ago; was treated by a surgeon in San Francisco, but left on a sailing vessel before being cured; had gleet ever since, and during the last ten years was especially troubled. In passing water pain in bladder continues. Bladder seemed never to be empty. Urine passed by drops. Severe suprapubic pain. Very large prostate; despondent. Anemic penis measured three inches in circumference; glands distorted; stricture at meatus admits No. 10 bougie. At one inch find close stricture, and fail to pass anything larger than a filliform bougie directly; pass several of these side by side; finally, pass No. 1 American sound, and so on dilate the canal, or what was left of it, until No.

15 bulbous sound could be passed, when, by its use, I found more strictures than I like to make mention of, and more than Sir Henry Thompon has ever known to exist in one urethra. Reverting to the passage of the sound reminds me of what I think riding over a corduroy bridge in a wheelbarrow is like. It seems as if the bulb of the instrument was only off of one stricture to strike on another, and I am prepared to prove that there were no less than ten distinct strictures in this same urethra. After cutting these up to No. 31, (the contraction occurred within the first five days,) at the second operation with the dilating urethratome, I raised the calibre of the urethra up to 32 F, cutting each time through very dense strictures. During the next week recontraction occurred again. Allowing him to use a sound of suitable size during the next four weeks, and again examining, found recontraction at several points, as low as twenty F. Then, with the dilating urethratome, raised the calibre of the urethra thirty-three F, and again recontraction occurred. Operated again and raised it to No. 34 F, since which date no recontraction has occurred. Penis now measures three and one-half inches in circumference, the glands have assumed a healthy appearance, the patient's general health is good, the supra pubic pain is relieved, the patient passes water freely, his sexual appetite, which was lost, has returned.

J— G— called May 1, 1881, complaining of pain in the bladder and left hypochondriac region; had abundance of mucus in the urine; was much debilitated and unable to work. Had been treated according to every pathy he knew of, for various diseases. His last physician had suspected stone in the bladder, and in instituting an examination for such, discovered a stricture. Examination revealed enlarged prostate and two strictures, one at one inch, the other at three inches from meatus. Circumference of penis three inches. Normal urethral calibre seems to be 31. Divided strictures to 32. No recontraction in two weeks. Hypochondriac and supra pubic pain relieved. No longer mucus in urine. General health improved.

April 6th A— N— called, complained of intense pain in region of left kidney; pains increased during micturition. At first denied having ever had gonorrhoea. I insisted upon an examination;

discovered gleety discharge. Using instruments, found a stricture of large calibre 20 F, at three inches from meatus. On account of business matters, the patient desired to defer an operation, stating that such excruciating pain only tortured him about three days at a time, and generally occurred about every three months. Diagnosed the case as one of nephritic colic from reflex irritation, caused by stricture. Patient finally admitted having had gonorrhoea four years ago. I am satisfied that a successful operation will relieve his troubles, even though there is a periodicity in his case. And I now invite those who may take an interest in this case, to investigate it further, and I should be pleased to afford them the opportunity.

PERFORATION OF KNEE JOINT.—PLASTER OF PARIS DRESSING.

BY W. H. SAYLOR, M. D.

On the 10th of April, 1881, I was called to see a child from La Grande, Oregon, who presented the following history:

Male; age, 10; health prior to injury, good. Some two months previous to my visit, while playing, he fell on a sharp piece of glass, injuring the left knee immediately below and to the inner side of the patella. The wound was at first comparatively superficial, but extremely painful. Ointments and liniments were applied with little, if any relief. The knee was partially flexed and about twice its normal size. The patient had been unable to walk for several weeks without great pain and the assistance of a crutch. There was almost entire loss of appetite, great emaciation, and slight fever with night sweats.

Careful examination revealed the following condition: There was an opening into the knee joint at the point of injury, one-fourth of an inch in diameter. A small probe could be passed into the joint in various directions, from one to three inches. Upon flexing the leg upon the thigh a sero purulent fluid was ejected from the opening.

Treatment: I enveloped the whole leg in a Plaster of Paris dressing, leaving an opening two inches in diameter opposite the injury, which was firmly packed with carbolized absorbent cotton, and placed the patient on supportive or tonic treatment. The wound was dressed twice a day, which healed or became firm on the tenth day. Upon the fourteenth day I removed the dressing and produced gentle flexion and extension, and then re-applied the bandage, allowing it to remain ten days longer, directing out door exercise with nutritive food. The pain had, at this time, entirely subsided, and the swelling reduced one-third. Upon the twenty-fourth day the third and last dressing was applied, which remained ten days, making in all thirty-four days. My patient, at this time, was able to walk without pain or the use of a cane or crutch. There was slight enlargement of the joint, one and three-fourths inches, circular measure, which remained for some months, which has now entirely subsided.

Remarks: I report to the Society the treatment of the above case, not that it is new, but to call their attention to an old but invaluable remedy. In conclusion, I may say that for the past six years I have applied Plaster of Paris bandages, both in hospital and private practice, with the most gratifying results, if applied at the proper time and repeated as inflammation and swelling subsides. Nothing in my experience can equal it for comfort to the patient and convenience to the surgeon.

NERVE STRETCHING FOR SCIATICA.

BY W. H. SAYLOR, M. D.

On the 5th of February, 1881, a young man, age 26, by occupation a sailor, applied for, and was admitted to the Surgical Ward, Good Samaritan Hospital, this city. History: For something over a year he had been suffering with a severe form of sciatica (left side) that had resisted all treatment, both constitutional and local. The disease first made its appearance while the patient was

at sea on board a man-of-war. The origin of the disease was attributed to exposure, as there was no history of constitutional diseases or rheumatism, malaria being scarcely ever met with at sea.

Treatment: For six weeks I tried, by every means possible, to relieve his suffering, but all to no avail. I then, with the patient's consent, decided to operate. Assisted by Drs. Wells, Strong and Wilson, I made an incision about seven inches in length. Immediately over the nerve in the upper part of the popliteal space, exposing the nerve, produced traction on either end of the nerve, equal in weight to five or six pounds. The nerve was then replaced, and the incision closed by silver sutures, the patient placed in a recumbent position, and the leg extended by a five pound weight.

Result: Wound closed by first intention, and patient left the hospital within three weeks. For some months afterwards there was slight pain with a feeling of contraction of the muscles of the calf of the leg, when all pain and soreness disappeared, and the patient at this time, now over a year, has not had a return of the disease.

Remarks: In calling the attention of the Society to the above case, I will say that a large proportion of cases reported are unfavorable. Whether from under traction on the nerve or otherwise, we know not. But considering the formidableness of the disease, the excruciating pain and the number of confirmed opium eaters, I think it is our duty, as a last resort, to try the above remedy, as the operation is simple, easily performed, and the patient recovers in a short time.

REPORT OF COMMITTEE ON MENTAL DISEASES
AND MEDICAL JURISPRUDENCE.

BY JAMES BROWNE, M. D., LL. D., CHAIRMAN.

To the President and Members of the Oregon State Medical Society:

Your Committee on Mental Diseases and Medical Jurisprudence, respectfully submit the following report:

Insanity seems to be increasing throughout the United States. Nearly every insane asylum in the land is full to overflowing, and asylum-accommodation can scarcely be supplied as fast as it is needed. The Pacific Slope forms no exception to this sweeping statement, for here also the ratio of increase in the number of the insane has outstripped the ratio of growth of the population.

The problem of properly caring for the insane is an exceedingly difficult one, and has never yet been satisfactorily solved. It is certainly no easy task to provide for the comfort and wants of so many persons in such a variety of mental and physical conditions as are found aggregated together in one asylum. In almost every institution of that kind are associated criminals, epileptics, dipsomaniacs, idiots, acute cases recently attacked and probably curable, and chronic cases of long standing and hopelessly incurable. Justice and humanity alike demand that these people shall have all the freedom and comfort compatible with safety to themselves and others. How shall this freedom and this comfort be best secured for them?

Experience has shown that the insane are best cared for, and their interests best subserved when they are the wards of the State, domiciled in a well-regulated institution which is presided over by a thoroughly qualified medical superintendent; and having the right of appeal to a Central or State Board of Commissioners,

In the olden time the insane, especially those amongst them who were more or less refractory, were treated like criminals, scourges and chains and all sorts of cruel punishments being employed to subdue them. In late years, however, we have learned that there is a more excellent way; and that surer means of cure than the whip and chains and cruel tortures, are pleasant

associations and surroundings, good food, pure air, manual labor out of doors, and amusements and the ordinary amenities of life within doors. We have learned that whilst drugs are useful and often necessary, they can yet be largely dispensed with; and that much greater reliance should be placed upon moral influence, "upon the contact and authority of sane over insane minds, which contact supplies from without the control which the unfortunate patient cannot supply from within." We have learned that daily walking or riding, lectures, concerts, dramatic exhibitions, dancing, light gymnastic exercises, and (for gentlemen) out-of-door military drill, are most available means of cure. "The last two methods of discipline," says Dr. Chas. W. Page, "cannot be too highly recommended; and when accompanied with music they, perhaps, rank nearer perfection than any other form of amusement. Instrumental music and singing," continues Dr. Page, "are remarkably effective, and should be liberally patronized in all institutions; and, as it affords great comfort to many, all should be permitted to assemble daily for Divine Worship." We have learned that of all the means of cure, regular, steady, legitimate occupation is incomparably the best. Amusements are valuable, but as they are, and must necessarily be, spasmodic and temporary, they can not supply the place of constant and systematic employment. Manual labor is the grand remedy, and has no equal in calming and quieting the mind, inducing sleep, and breaking up the habits (so common to the insane) of self-introspection and of nursing delusions and imaginary grievances. "An idle brain," says the old proverb, "is the Devil's workshop." This is especially true of the idle brains that are found in an insane asylum; and in such cases the best method of exorcism is, beyond all doubt, moderate and systematic manual labor. Patiently and steadily work the Devil out.

OREGON INSANE ASYLUM.

The following questions were submitted to the Superintendent of the Oregon Insane Asylum, and the answers annexed were courteously and promptly afforded by that officer:

How many under treatment at present?

Ans. 310:—217 men, 93 women.

How many committed to the Asylum during the year?

Ans. 107.

How many discharged during the year?

Ans. 62.

How many of those discharged had recovered?

Ans. 48.

How many died during the year?

Ans. 32—mostly chronic cases of many years standing; and of these a majority succumbed to phthisis and tuberculosis.

What is the percentage of deaths on the number under treatment?

Ans. 9.7.

Is the ratio of insanity in Oregon greater or less than in other States at the present time?

Ans. Greater than in some; less than in others; is less than the average.

Has the ratio of the insane to the whole population increased during the year and, if so, how much?

Ans. We have no reliable data from which to determine.

For a description of the Asylum for the Insane,* now in process of erection at Salem, as well as for some valuable hints as to the management of such institutions, your Committee beg to refer you to the paper of Dr. H. Carpenter hereto subjoined, and respectfully submitted as a part of this report.

THE CASE OF GUTEAU.

It may not be amiss to allude in this report to the case of Guiteau, the murderer of President Garfield. Dr. George M. Beard, of New York, in his pamphlet entitled, "*The Case of Guiteau, A Psychological Study*," expresses himself very positively in regard to the insanity of the murderer. He says: "The special type of his insanity is what is commonly and correctly called *religious monomania*; although only part of his delusions were of a distinctively religious character, yet all of them, when traced to their ultimate radicals, had a religious origin and were complicated with distinctively religious illusion, from which he was never free." He

*P. S.—The special description of the Asylum was stricken out by order of the Executive Board.
H. C.

says also: "Not until weeks had elapsed after the murder of the President, was it possible for cold and resolute and disciplined natures to consider the question of the insanity of the murderer."

In these words Dr. Beard touches the keynote of the whole trial. Guiteau is unquestionably an insane man, and it is quite safe to say with Dr. Beard, that "there is not an insane asylum in this country, or in the world, that would not at any time during the past twenty years, have taken Guiteau and kept him as long as his friends might have desired to have him remain, on the certificate of any physician who might or might not have known anything about his insanity." We have never had a doubt as to the condition of Guiteau's mind. He has shown insanity in every word and act for the last dozen years. Had he killed an ordinary citizen instead of the President of the United States, he would have been tried at once before a Commission of Lunacy, and promptly committed to an insane asylum. The wretched man will most probably suffer the extreme penalty of the law; and when it is all over, cooler judgment will see and admit the truth of Dr. Beard's view of the case, and thousands and tens of thousands will regret that American Jurisprudence could not have been saved from the disgrace of hanging an irresponsible man.

EXPERTS.

In the State of Oregon, as in most other States, no provision is made for the selection of suitable persons to act as experts before judicial tribunals. The parties to a suit or controversy may call such experts as they please, and (as is well known) they uniformly call those who are supposed to have little scruple in making a case for their employers. Hence experts are now-a-days regarded as the advocates of the parties retaining them; and hence their testimony has not the weight it used to have, and is no longer regarded as the cold and impartial statement of Medical Science on the point involved in the controversy.

On this subject, Judge Dedy, of the United States District Court for Oregon, says: "Now the responsibility for this state of things lies not with the medical expert, but with the law. The vice of the system, or rather want of system, is in allowing the parties to the controversy involving a medical question, to select

and pay the medical experts. There would be just as much propriety and fitness in letting each of them select and pay one-half the jury. The law of this State is grossly at fault upon this subject. It should be changed so that the medical expert may be appointed in the same manner as a referee—by the Court, unless agreed upon by the parties; and his compensation should be fixed at a figure commensurate with the character and importance of his services; and above all, this should be paid in the first instance by the county, so that the witness may be free from all sense of pecuniary obligation to either party."

Now with a view of effecting a reform in our system, your Committee suggest that a bill be submitted to the legislature embracing the following points:

1st. The parties to a controversy or suit may agree to have the testimony of a medical expert who shall then be subpoenaed and proceed to qualify himself by examination to testify on behalf of either party to said suit or controversy.

2nd. If the parties to the suit or controversy agree that medical testimony may be used in the case, but do not agree upon the witness, the Court, upon the application of either party, shall designate a proper person; or if the parties do not agree that medical testimony shall be used, the Court may determine the question and designate the witness.

3rd. The medical witness shall be paid a reasonable compensation for his services out of the county treasury upon the allowance and order of the Court; the same to be taxed against the losing party as costs, and recovered for the benefit of the county.

4th. The Court may, in any case, order more than one and not more than three medical witnesses to be subpoenaed in any case.

PORTLAND, June 13, 1882.

James Browne, M. D., LL. D.,

Chairman of Mental Diseases and Medical Jurisprudence:

SIR:—As a member of your committee it has occurred to me, that from the fact that our State has made provision for, and is

now engaged in the erection of an insane asylum, which will soon be completed and ready to receive the unfortunate wards of the State, and from the additional fact of my relation thereto as advisory physician of the Board of Commissioners, it would not be deemed improper to give a brief description of the building, as well as to express my views as to the proper management of insane asylums.

The arrangement of this building for convenience, for proper light and ventilation (especially when the plans for the Cottier system are consummated), heating, and the ample cubic space for each patient, an abundant supply of water, and the special provisions for extinguishing fires, are complete, and show the wisdom of our Board of Commissioners and others who have been associated with them in carrying out the provision and principle that the State is bound by all the dictates of humanity, expediency and economy, to make provision for all the unfortunate who are not able to provide for themselves. This applies not only to the indigent, but to those who are in good circumstances, as they cannot always elsewhere secure the advantages offered to them in the wards of a well constructed and well managed State Hospital.

The Asylum having been provided for, it still remains for the Legislative Assembly, which will convene in September next, to enact a law for the government of the same. This bill should be carefully drawn, so that it will secure for the Asylum a successful and reputable career in the future. It should provide for a Board of Commissioners who should be vested with the general controlling power. And owing to the fact of the Asylum being located at the capital of the state, it would be eminently proper to have this Board composed of the Governor, Secretary and Treasurer of the State. The reasons for thus constituting the Board are very obvious. First, that these officers would possess the public confidence in a high degree; that they are gentlemen of intelligence and good business habits, and would faithfully attend to the duties required of them. Second, that the Treasurer of the State would be the Treasurer of the Asylum, thereby saving the expense of a separate officer for that institution.

The Board should appoint the Medical Superintendent, who

should be a well educated physician, and of good moral character, and possess the mental and physical and social qualities, with business faculties to fit him for the position. And his compensation should be sufficient to enable him to devote his whole time to the interest of the institution; and his term of office should be during good behavior. He should nominate to the Board all assistants, and should have exclusive control of the moral, medical and dietetic treatment of the patients, and the general supervision and direction of every department of the institution. These are principles that were enunciated and adopted by the Association of Medical Superintendents of American Institutions for the Insane, as long ago as 1844; and their correctness has been thoroughly tested by men of the highest capacity in every section of the country. (See Kirkbride on organization of asylums.)

The Superintendent being held responsible for the correct administration of the Asylum, it is highly necessary that all assistants should be intelligent, industrious, and possessed of a mild disposition combined with firmness, and they should heartily cooperate with the Superintendent, thereby greatly contributing toward an economical administration and the proper care and comfort of the patients. As to the treatment of the insane, no very important new discoveries have been made in the last year. However, electricity has been proposed by some one, (whose name I have forgotten) but as yet little or no importance is attached to its use.

It is a well established fact that the most reliable treatment consists in the observance of the moral and hygienic management, with proper medication, as, for example, proper classifications of the various types of the disease, and in a good and wholesome diet, and out door exercise, (when the weather will permit) either in the way of amusements or moderate labor. Drugs should be dispensed with as much as possible, but tonics, anodynes, calmatives, sedatives, etc., must, of course, be employed when necessary.

Cures are effected in proportion to duration, that is, when a case of insanity occurs and is sent to an asylum at once, the chances for recovery are greater than if the matter be delayed.

Very Respectfully,

H. CARPENTER.

OBITUARY OF CHARLES ROBERT DARWIN.

BY JAMES BROWNE, M. D., LL. D.

Charles Darwin died at his residence, Down House, in the shire or county of Kent, England, on the 20th day of April, 1882. He was the grandson of the celebrated Erasmus Darwin, M. D., F. R. S., author of "The Botanic Garden," and "Zoonomia or the Laws of Organic Life," and was born at Shrewsbury, England, on the 12th of February, 1809. At the time of his death, therefore, he had reached the advanced age of 73 years, 2 months and 8 days. The news of Darwin's death has impressed the whole scientific world with a sense of sudden bereavement. Their great leader is gone—their recognized chief has passed away. And who is qualified to take his place?

Charles Darwin was one of the grand original thinkers of his day and generation; and his love for scientific research won for him the distinction of being the foremost biologist of modern times. No scientific writer has been more honored and quoted by the scholars of the age, and none more misrepresented and misunderstood by theologians and their followers.

Charles Darwin was a singularly modest man—modesty, indeed, was one of his prominent characteristics. He had as little self-esteem and self-assertion as any man that ever lived. Although rich in achievement, and rich in experience, he claimed no pre-eminence, superiority or infallibility on that account; and to the very last he held his opinions and judgments in readiness for revision. Like most men of great learning he was a patient worshipper at the shrine of truth. He loved truth for its own sake; and his pleasure, as well as his occupation, was the investigation of truth.

Charles Darwin graduated from Christ's College, Cambridge, in 1831, and in the same year he accompanied the ship *Beagle*, in her scientific circumnavigation of the globe, as the naturalist of the expedition. On his return to England he published a journal of the voyage. He afterwards prosecuted his scientific investigations in England. He published "The Structure and Distri-

bution of Coral Reefs" in 1842; "Geological Observations on Volcanic Islands" in 1844; "Geological Observations in South America" in 1846; and in 1851-1853, a "Monograph of the Family Cirrhipedia" and "Fossil Species" in 1859. His "Origin of Species by means of Natural Selection" published in 1859, was translated into many European languages, and gave rise to much controversy. In 1862, he published a work on the "Fertilization of Orchids"; and in 1868, a work on the "Variation of Animals and Plants under Domestication." In 1871, he gave to the world his treatise on the "Descent of Man and Selection in Relation to Sex". He has since published many separate papers, notably on "The Geology of the Falkland Islands"; "The Formation of Vegetable Mould through the Action of Worms"; "The Expression of the Emotions in Men and Animals"; "Volcanic Phenomena"; and "The Distribution of Erratic Boulders"; the last two works related to South America.

Darwin received the Copley and Royal medals from the Geological Society. He was elected a member of various English and foreign bodies; was made a Knight of the Order "Pour la Merite," by the Prussian Government, and a corresponding member of the Academy of Vienna in 1871; had conferred on him the degree of "Doctor of Medicine" by the University of Leyden in 1875 and the degree of "Doctor of Laws" by the University of Cambridge in 1877; and in 1878 he was elected a corresponding member of the French Academy of Sciences.

Charles Darwin's name is inseparately connected with the theory of Evolution; and yet the germ of that theory he found in the writings of his grandfather. It is a little remarkable that no acknowledgment of the indebtedness appears in the writings of Darwin. No allusion whatever is made to it. A distinguished member of the Oregon State Medical Society—the learned Prof. Harvey—suggests that the modesty so characteristic of Darwin will account for his silence in reference to this matter.

In his article on "Generation" Erasmus Darwin uses this language:—

* * * * I conceive the primordium, or rudiment of the embryo, as secreted from the blood of the parent, to consist of a

simple living filament, as a muscular fibre; which I suppose to be an extremity of a nerve of locomotion, as a fibre of the retina is a nerve of sensation; as for instance one of the fibrils which compose the mouth of an absorbent vessel. I suppose this living filament, of whatever form it may be, whether, sphere, cube or cylinder, to be endued with the capability of being excited into action by certain kinds of stimulus. By the stimulus of the surrounding fluid, in which it is received from the male, it may bend into a ring; and thus form the beginning of a tube. Such moving filaments, and such rings, are described by those who have attended to microscopic animalcula. This living ring may now embrace or absorb a nutritive particle of the fluid, in which it swims; and by drawing it into its pores, or joining it by compression to its extremities, may increase its own length or crassitude; and by degrees the living ring may become a living tube. * * * *

* * When we revolve in our minds the great similarity of structure which obtains in all the warm-blooded animals, as well as quadrupeds, birds, and amphibious animals, as in mankind; from the mouse and bat to the elephant and whale; one is led to conclude, that they have alike been produced from a similar living filament. In some this filament in its advance to maturity has acquired hands and fingers, with a fine sense of touch, as in mankind. In others, it has acquired claws or talons, as in tigers and eagles. In others, toes with an intervening web, or membrane, as in seals and geese. In others it has acquired cloven hoofs, as in cows and swine; and whole hoofs in others, as in the horse. While in the bird kind this original living filament has put forth wings instead of arms or legs, and feathers instead of hair. In some it has protruded horns on the forehead instead of teeth in the fore part of the upper jaw; in others tusks instead of horns; and in others beaks instead of either. And all this exactly as is daily seen in the transmutations of the tadpole, which has acquired legs and lungs when he wants them; and loses his tail, when it is no longer of service to him. * * * *

From their first rudiment or primordium, to the termination of their lives, all animals undergo perpetual transformations; which are in part produced by their own exertions in consequence of

their desires and aversions, of their pleasures and their pains, or of irritations, or of associations; and many of these acquired forms and propensities are transmitted to their posterity. * * * *

* * * From thus meditating on the great similarity of the structure of the warm-blooded animals, and at the same time of the great changes they undergo both before and after their nativity; and by considering in how minute a proportion of time many of the changes of animals above described have been produced; would it be too bold to imagine, that in the great length of time, since the earth began to exist, perhaps millions of ages before the commencement of the history of mankind, would it be too bold to imagine, that all warm-blooded animals have arisen from one living filament, which THE GREAT FIRST CAUSE endued with animality, with the power of acquiring new parts attended with new propensities, directed by irritations, sensations, volitions, and associations; and thus possessing the faculty of continuing to improve by its own inherent activity, and of delivering down those improvements by generation to its posterity, world without end?"

A CASE IN PRACTICE.

BY F. B. RINEARSON, M. D.

Mrs. F—, aged 38, married sixteen years, nine miscarriages, no children living, large and rather masculine features, dark complexion and of the nervo-bilious temperament; has had what is properly supposed to be "epileptic attacks" off and on from her childhood, besides having become subject to, at times, during the past few years, many of the peculiarities characteristic of the insane; in consequence of—the former more especially—bears marks of disfiguring scars on face and other parts of the body indicative of severe injuries inflicted, and miscarries sooner or later during the period of pregnancy. The exciting cause to the predisposition in this instance, as heretofore, whereby uterine contractions were produced, resulted from a severe and long continued "attack" occurring on April 5th, of this year, two days prior to

being called. Upon examination of patient, found her unconscious; pulse very weak and rolling-like, imperceptible at times; respiration slow and stertorous; surface slightly moist with temperature below the normal; and, with a general relaxed condition of the system, presenting apparently a state of deep coma, rapidly approaching that of death. Proceeding now to a digital examination, found the uterus below the brim, in the pelvic straight, with os uteri pretty well dilated; some flowing.

From these indications, there being no lacerations discoverable to speak of, it became quite conclusive that the retained placenta remained partly detached; and, in consequence, I decided that another foetus was still "looking forward" to a successful issue. No perceptible uterine contractions being present, and the patient in so low a state, I therefore began with a hypodermic injection of spts. am. aromat. m. x. and ergotine m. xv; then administered carefully by the mouth a prepared mixture tinct. digitalis, dose, gtt x and fl. ext. ergota, dose dr. ii. This soon succeeded in bringing on labor and a favorable change in pulse. Still, so far as feelings go, patient manifested none whatever; but, on the contrary, remained perfectly unconscious. The pains, though, continued regular and effectual, and soon resulted in the expulsion of both foetus and placenta. The foetus was so malformed as not to be viable, as was also the one lost two days before. These embryonic specimens were, I should believe, in their sixth month. Returning again to Mrs. F., I found the uterus well contracted, the constitutional symptoms presented a very unfavorable prognostic outlook. I therefore fixed upon this treatment, to be continued until patient became restored to consciousness; and believing that by so doing there would be at least a tendency, if no more, toward securing a sufficient working of all the organs concerned in nutrition and excretion:

R

Tinct. Digitalis f.	1 1/2 dr.
Fl. Ext. Ergota f.	1/4 oz.
Quinia Sulphas	1 dr.
Acid Sulphuric Dil.	q. s. sol.
Morphia Sulph.	2 gr.
Elix. Simplex q. s. ad.	1 3/4 oz.

M. Et S.—Teaspoonful every 3 hours. Also Spts. Am. Aromat. administered alternately in gtt x doses.

This with cold application over the region of the uterus was continued until my next visit in the afternoon of the following day, when I found that patient was somewhat improved. Ordered the medicine continued; also that a tablespoonful of beef tea be given every three hours. Visited her again about noon of the next day, when patient was found to be still better. She had moved and stretched some during the night, opening her eyes in the morning, seemingly having waked from a sleep. And upon being asked if she would have something to eat, responded in the affirmative. Being quite fond of coffee, a little of it and a cracker were given in addition to the beef tea, which, doubtless, as an article of diet was well relished. The bowels not having moved up to this time, gave the following:

R	Ol. Racini.....	f ½ oz.
	Ol. Terebinth.....	gtt xx.
	Tinct. Hyoscyam.....	1 dr.

At the same time ordering other medicines discontinued until an operation was effected, when they could again be commenced and taken three times daily, alternating with each other, thus making a dose every three hours. Visited again on the 10th, when I learned the cathartic had acted well. The patient is now able to hold a brief conversation with me, as well as to eat and greatly relish her meals when brought; and, being a smoker, to enjoy the pleasures of the pipe. Now, believing my patient able to recover without any further professional visits, I discharged her. At the same time, however, requested that the medicine be continued and that the nurse see me occasionally at my office when indications thus being met, patient soon became sufficiently well to be up and around. But on the 27th, twenty-two days from her last epileptic attack, not to my surprise, she was again seized; though soon recovered. Up to within a few days of this time, learned that patient had taken all the medicine previously prescribed; and deeming it unnecessary, did not prescribe further. From this sudden discontinuance, or perhaps general irritation as the result of constipation, from which patient now complains, had become quite restless and unable to sleep. Prescribed, therefore, for the constipation, etc., the following:

R	Quinia Sulphas.....	¼ dr.
	Aloes Soc.....	gr. xii.
	Podophylin.....	gr. i.
	Ext. Conii.....	gr. viiss.

M. et. ft. pil. No. xv; et. sig.; one to be taken three times daily.

Also the following as a preparation for the night pro ra nata, and during the day when feelings incicate the approach of an "attack."

R	Elix. Zinci Valarinat.....	f ½ oz.
	Elix. Chloral Hydrat.....	f 1 ½ oz.
	Elix. Kalii Bromid.....	f 1 oz.

M. et. S. Two teaspoonfuls to be taken at a dose.

These preparations, I learn, are proving very efficient.

REPORT OF THE COMMITTEE ON OBSTETRICS.

BY C. C. STRONG, M. D., CHAIRMAN.

Mr. President, Members of the Oregon State Medical Society,

GENTLEMEN:—As Chairman of the Committee on Obstetrics, it becomes my duty to present some points for your consideration. The medical profession here, is so situated as to make it impossible to present a scientific report. We lack clinical material, library privileges, and the scientific surroundings for such work. I have therefore decided to collate such of the well known principles relating to the care of a woman while pregnant, the management of labor, and the care of the infant; as may assist the younger members of the profession. My object being to bring together in a condensed form ready for use, such information as will answer the questions a doctor is apt to ask himself at such times. That they may decide promptly whether the case is a natural one, whether it is progressing favorably, and whether nature is capable of conducting the case to a successful issue, both as regards the mother and child. That there will be nothing new, startling, scientific, and but little that is personal in its character, I am well aware, but that it will be safe and true, I am equally certain.

The subject will be divided into three portions. First, the care

of a woman during gestation; second, during labor; and third, the care of the infant.

The care of a woman during gestation involves so many of the well known rules of hygiene, that most of the questions which arise can be answered by any one familiar with that subject. There are however, some more special conditions, which require careful consideration. In a primipara, using the term in an extended sense, there is often a variety of feelings and conditions upon which the advice of a physician is sought. Most of these have their origin in the nerve centres, due to the great changes that have taken place and are going on in the female. The nervous shock produced upon a pure-minded, highly-organized girl, by all the circumstances attending marriage and its consummation, is but rarely properly estimated. If circumstances are or can be made such, that a doctor can advise a man upon this point, his high regard for health and happiness should overcome all other objection, and he should never fail to improve the opportunity.

I am convinced that much harm is unwittingly done not only to the physical woman, but to her higher sensibilities, by the lack of knowledge upon this point by young married persons. Advise patience and thoughtfulness, also explain to him the great changes which surround her. Be plain and give him to understand that under no circumstances should marriage be consummated until both parties become somewhat familiar with the marital bed; let this time be what it may.

In giving advice to newly married people, always bear in mind two things: First, that you are talking upon what to them is a very delicate subject, and if you will *study* the English language *thoroughly*, you will find it possible to express all your advice, so clothed with the mantle of propriety, as not to shock any sensible person. Second, to make your direction plain and comprehensive, that no violation of the proper secrecy between man and wife be committed, gently but firmly check any unnecessary plainness or freedom which often is assumed and only used to convey the idea of familiarity with the subject. Listen with interest devoid of sensual curiosity to all she has to tell you. Show by your well balanced

answers that you fully understand and appreciate her feeling. This will gain for you their respect and confidence; then you will be able to give advice, which, if followed will result in benefit. After all the marital relations are established advise moderation, for even if there are not lacerations, there are many reasons for following this advice. This is especially true after conception has taken place, when excesses are apt to produce abortion.

As the womb begins to grow, the changes that necessarily must take place in its organization from a virgin organ to its enlarged state are many and complicated. These changes often produce many well marked nervous and psychological conditions, which worry the woman. Remove from the mind of the young mother that is to be, the erroneous idea so generally prevalent, that first labors are very painful and dangerous. You can do this safely enough, for I believe that as a general rule, they are not any more difficult than subsequent ones. By observing her form, the breadth of her pelvis, whether or not she comes of a prolific family, we are often enabled to arrive at a very correct opinion upon that subject. My experience is, that as a general thing in this country, especially among native born girls, first labors are not particularly difficult. To this rule there are of course many exceptions, so our opinion must be somewhat guarded, yet strong enough to carry some hope and encouragement.

Explain to them the necessity of maintaining a cheerful spirit, the taking of proper exercise, the regulation of the bowels, etc. In sick stomach, give them something, for by a little attention on your part, many of the unpleasant conditions attendant thereon may be very much relieved. Explain to them the necessity of wearing the clothes loose, and give them such general instructions as will make their condition comfortable. No harm will be done if you explain to the young husband the necessity of having patience with his wife, paying attention to all her wants, not laughing at her complaints or making light of her notions. Attention to these little things, while they do not entail much, if any labor or sacrifice on his part, add much to her comfort, and from which he derives benefit from her increased respect and love.

When called in parturition, the greatest regard should be paid

to the feelings of your patient. If the pains are well marked, explain to them the nature of the examination you wish to make, and its necessity. Having obtained her consent, for she will never object, direct the nurse to bring in a basin of warm water, soap, towel and some sweet oil, or what is better vaseline, but do not try to use glycerine. Wash the hands thoroughly, taking care to do it well, then trim your finger nails smooth. This insures the greatest cleanliness and has good a moral effect with the patient. Having anointed the finger with oil, this serving the double purpose of facilitating its entrance and guards you against innucation, direct the patient to lie either upon her back or left side, draw up and spread her knees; then pass the index finger into the vagina. Give all directions to her in a low, assuring but firm tone, and you will have no difficulty in having them obeyed.

It is not my purpose to enter into any extended remarks as to presentation or position; these are all familiar land marks. Having introduced the finger you readily decide upon the canal, as to size, obstruction, etc. Then as to the presenting part, having decided this, the next question that occurs to you is it a natural one and can the woman be delivered of a living child, by nature. In this are involved the questions, "Is the child alive, and is the presentation a natural one?" If there are no complications, the head, hips, knees and feet presentation will present no special difficulty. The first is the most natural and involves the least trouble, for when once the head is born there is no further difficulty. In any of the others you are to remember that falling of the cord and lodgement of the head are apt to occur. These you must be prepared to remedy immediately, or the child will be lost. The delivery of the head is usually easily accomplished by following the rules laid down in our standard text books, together with a perfect knowledge of the canal and the mechanism of labor. Any one of the natural cases can be converted, at any time in its course, into a preternatural one by the intervention of hernia, prolapsus of the cord, hemorrhage, convulsions, multiple pregnancy, malformation of the foetus, or exhaustion, care being taken to distinguish between the relative and true exhaustion. Hernia should

be replaced and means used to keep it there, but if this proves impossible, and there appears to be danger of its becoming strangulated, labor should be terminated at once. Hemorrhage from placenta prævia or convulsions call for prompt interference. Multiple pregnancy usually takes a natural course, but sometimes it does not.

If everything is right labor may be allowed to take its natural course, but if the first stage is long, the pains short, cutting and irregular, a full opiate will either hasten the thing or stop the false pains. When the head presses upon the perinæum, care must be exercised to prevent its laceration; and if now the pains stop and cannot be induced to come on, you may still be obliged to deliver with forceps, as long as pressure will result in sloughing of the parts. As soon as the head is down upon the perinæum you had better give a dose of ergot, say twenty minimums of Squibbs' fluid extract, and repeat shortly after the delivery. As soon as the head is born place one hand upon the uterus, following it down as the child advances into the world and see that contractions continue. The child having been born and breathing properly established, you can now proceed to tie the cord. Before doing this take the cord between the thumb and first finger, close to the child, and pressing firmly upon it, draw it through your finger, using care to support the abdomen of the child, and not drawing hard enough to injure it. You can now tie the cord, or my plan has been to place upon it a funis clamp, and cutting, so as to leave it about two inches long. It is not necessary, or even best, to tie both ends of the cord unless there is another child to come. If you have the clamps, nothing is easier than to slip the two on and cut between them. Have the nurse place upon the bed close to you a well-warmed flannel or piece of old blanket. Then seizing the child by the nape of the neck and heels, place it in the blanket and have it wrapped up and taken to a warm place. If the child breathes freely, then no more attention need be paid to it till the woman has been attended to.

If now you have secured good contraction of the uterus, the placenta can be delivered immediately, for if you wait till nature fully gets it into her mind that the child is delivered, she will stop

for a little rest and you will have to wait for a few hours. Nothing in the after-treatment is more important than to see that the uterus is *firmly* contracted, so watch this well and keep your hand on the fundus most of the time. Do not leave the house for an hour after the child is born, and the last thing you do with one glove on and your hat in your hand, place the other hand under the *binder* and see that the uterus is well contracted.

Having tied the cord properly remove the clamp, and having seen that every thing is understood, directions should be given as to hemorrhage and about placing a napkin to the vulva; this is to be placed *under* and *not* in front of that outlet.

If possible you should see the patient within twelve hours. If no urine has been passed, examine the bladder and if full or uncomfortable draw it off. Should there be no indications of a full bladder, you may direct:

R

Chloral. Hydrate and Brom. Sodium. each, 20 grs.

In an ounce of Camphor Water, to be given in two doses, two hours apart.

This will often overcome the difficulty.

See that the woman is kept perfectly quiet and should the after-pains be severe enough to annoy her, leave an anodyne either tinc. ipecac, comp. M. x. or chloral; for you may well feel anxious if a woman does not have several hours sleep sometime during the first twelve or fifteen hours after delivery. At the end of the second or the beginning of the third day, give a mild cathartic, a good formula is:

R

Hydra Chlor. Mite. 1 to 5 grs.,
Podoph. Res., 1-6 to 1-8 gr.,
Rhei. pulv., 5 to 10 grs.

To be repeated in six or eight hours if necessary. Do not give Mag. Sulph. or any of the Salts as they have a tendency to check the milk.

As soon as this operates order a vaginal wash of two to five per cent. sol. carbolic acid, to be used twice a day; the mixture to be used *hot* and not less than a quart used at a time. If the discharge is at all offensive commence the injection at the time the odor is noticed.

Instead of placing napkins to absorb the vaginal discharge, use prepared okum and have it burned *as soon as removed*. If this should feel uncomfortable to the patient, have it wrapped in a single thickness of thin loose cloth or netting, which of course is to be consumed with the other.

Great care should be given to the breasts in order to harden the nipples. Should you be so unfortunate as to have gathered breast it will not be safe for your neighbor to say that it was due to carelessness or lack of professional skill and could have been avoided. This was once said to the husband of a patient of mine, and I only had to wait a short time when I was able to say to him, "You have my permission to ask Doctor X. if it was due to lack of knowledge and care that Mrs. Z. had gathered breasts."

The only complication likely to follow labor, that I shall consider is hemorrhage.

In these cases you will often find that the stomach will reject ergot. You will find that ergot, digitalis, quinine, and tincture opii combined make the most reliable mixture, and to increase the action of the stomach give stimulants. This however must not be your main reliance, she may flow to death before this will act. Seize the fundus with one hand, passing the other into the uterus, in order to remove all clots, and by its presence cause contraction sufficient to expel it. The application of vinegar directly to the internal surface of the womb is very highly recommended as a safe and prompt hemostatic, but I much prefer injection of hot (just as hot as possible) water into the uterus, until it returns uncolored. It seems needless to say that the uterus is never to be tamponed, as it will at this time, hold blood enough to cause death.

We have now come to the third and last portion of our subject, namely, the proper care of the infant.

As soon as an infant is born and separated from its mother, it should be well wrapped and kept warm. I think that a child often receives a check at this time from which it recovers slowly, if at all. You are to bear in mind that while in the uterus the temperature is not less than $98\frac{1}{2}^{\circ}$, and the room where you are will not average 68° . A lowering of 30° will have a marked effect upon an adult, with the circulatory system in full working

power. What then must be the strain upon the infant whose whole system of existence is changed in a few minutes?

You can hardly keep them too warm. With the clothing you do not have much to do, only to see that the above principle is carried out. An important point is with reference to feeding. And where the mother is able to nurse her child your duty consists in seeing that it is not nursed too often; every two hours is about right at first. If the child is very weak it may be necessary to wake it up as often as this during the day, but not as often at night. With a strong, healthy child you need not disturb it unless there is a tendency to oversleep this by several hours.

As the child grows older the periods between its meals should be lengthened, till at six months it will nurse every four hours, and but once or twice at night. An infant should not sleep with its mother but in a crib (without rockers) properly protected. As the child grows older it comes more and more under the general laws of hygiene with which every physician should be familiar. With the hope that these plain remarks may assist some one they are respectfully submitted.

NOTE.

Under the amendments to the Constitution adopted at the last meeting of the Society, much of the labor and responsibility required in the management of its business will fall upon the Executive Board. In the fulfillment of its duties the indulgence and co-operation of every member of the Society is earnestly desired. It will be the constant endeavor of the Board to increase the efficiency of the Society in carrying out the work for which it was organized; to secure a good attendance at its annual meetings and provide for papers, discussions and reports that may be listened to with interest and benefit all who attend; to make the printed transactions a publication that may be a credit to the profession, worth reading and preserving. In order to accomplish this result members must act in a liberal spirit, be ready to labor and sacrifice personal interest for the good of the Society, and avoid the promptings of vanity, selfishness or jealousy in their relation toward fellow members, officers or applicants.

It is desired that members pay particular attention during the year to those subjects which have been selected for consideration at the next meeting, and be prepared to report anything from personal observation that may be of interest in connection therewith. The selection of special subjects for the annual meetings is not intended to exclude voluntary contributions on any medical subject that any one may wish to offer. On the contrary, such contributions and reports of cases will add greatly to the interest of the meetings. Care should be taken in the preparation of articles to write plainly and with correctness of spelling and composition, and to let them consist principally of statements of facts and of theories, or reasoning based on facts.

The revision of the Constitution was left, by resolution, with the Executive Board. The Constitution and By-Laws, as adopted by the Board, is published with these transactions. The action of the Board in this, as in every other matter, is, of course, open to reconsideration, approval or disapproval by the Society at the

annual meeting. The Code of Ethics of the American Medical Association is included in the present transactions. Its careful perusal and conscientious observance is commended to every one.

W. H. WATKINS, M. D.,

R. G. REX, M. D.,

S. E. JOSEPHI, M. D.,

H. CARPENTER, M. D.,

C. CHARLTON, M. D.

Executive Board.

LIST OF MEMBERS

OF THE

OREGON STATE MEDICAL SOCIETY. 1882

NAMES.	POST OFFICE ADDRESS.
Alexander, W. F.....	Albany, Oregon.
Allison, G. S.....	Spokane, Washington.
Ashford, J. W.....	Canyon City, Oregon.
Augur, James T.....	McMinnville, "
Bailey, F. A.....	Hillsboro, "
Baker, W. D.....	Astoria, "
Banks, Charles E.....	Portland, "
Bayley, J. R.....	Corvallis, "
Boyd, W. E. H.....	McMinnville, "
Browne, J. M. F. LL. D.....	Portland, "
Brown, E. M.....	Hillsboro, "
Calbreath, J. F.....	Lafayette, "
Chorn, F. A.....	Corvallis, "
Cardwell, W. B.....	Portland, "
Carpenter, H.....	" "
Charlton, Mrs. Callie.....	East Portland, "
Clarke, Andrew.....	Clackamas, "
Cox, W. D.....	Sheridan, "
Crang, F.....	Astoria, "
Cusick, W. A.....	Gervais, "
Davidson, J. E.....	Independence, "
Doane, O. D.....	The Dalles, "
Dodson, O. M.....	Prairie City, "
Dodson, Z. T.....	Pine City, Washington.
Eaton, F. B.....	Portland, Oregon.
Ferra, George.....	Corvallis, "
Flett, Geo. H.....	Roseburg, "
Flinn, M.....	Gervais, "
Ford-Warren, Mrs. A. L.....	Portland, "
Fraser, E. P.....	Portland, "
Ghiselin, J. T.....	Portland, "
Giesy, A. J.....	Aurora, "
Giesy, M.....	Aurora, "

LIST OF MEMBERS—(Continued.)

Givens, Jno. W.	Milwaukie,	Oregon.
Glisan, R.	Portland,	"
Golden, C. B.	Marshfield,	"
Hall, C. H.	Salem,	"
Harris, T. W.	Eugene,	"
Hill, G. J.	Unknown.	"
Hill, J. L.	Albany,	Oregon.
Holmes, Reese	Salem,	"
Howard, J. W.	Canyon City	"
Howell, Wm. A.	Turner,	"
Joseph, S. E.	East Portland,	"
Johnson, H. V. V.	McMinnville,	"
Jones, H. E.	Portland,	"
Jones, William	"	"
Kinney, Alf. C.	Salem,	"
Kirkpatrick, J. E.	Scio,	"
Kitchen, J. M.	Stayton	"
Lane, Harry	Portland,	"
Lee, J. B.	Corvallis,	"
Lee, N. L.	Junction City,	"
Lee, T. J.	Independence,	"
Lee, Wm. C.	Junction City,	"
Littlefield, H. R.	Celilo,	"
Logan, H.	The Dalles,	"
McAfee, J. W.	Salem,	"
Macaulay, S. D.	Stayton,	"
McKay, W. C.	Pendleton	"
Merrick, C. H.	Seattle,	Washington
Morgan, J. M.	Corvallis,	Oregon.
Morrison, W. F.	The Dalles,	"
Nicklin, A. I.	Eugene,	"
Nicklin, J.	"	"
Norris, J. W.	Oregon City,	"
Nottage, G. E.	East Portland,	"
Owens, B. A.	Portland,	"
Parrish, Mrs. Jennie L.	"	"
Parker, S.	Oregon City,	"
Payton, D.	Salem,	"
Payton, J. E.	Drain's	"
Power, I. N.	Neah Bay,	Washington.
Pruden, W. F.	John Day,	Oregon.
Pruett, J. M.	Pendleton,	"
Raffety, C. H.	East Portland,	"

LIST OF MEMBERS—(Continued.)

Rex, R. G.	Portland,	Oregon.
Reynolds, J.	Salem,	"
Rice, D. B.	Albany,	"
Richardson, J. A.	The Dalles,	"
Rinearson, F. B.	LaGrande,	"
Ross, H. W.	Oregon City,	"
Rowland, L. L.	Salem,	"
Royal, W. W.	East Portland,	"
Saylor, W. H.	Portland,	"
Sharples, A.	Eugene,	"
Strong, C. C.	Portland,	"
Tower, C. W.	Empire City,	"
Tuttle, Jay	Astoria,	"
Tyler-Smith, W.	Sheridan,	"
Wade, Wm. L.	Salem,	"
Watkins, W. H.	Portland,	"
Wells, G. M.	"	"
Wells, J. T.	"	"
Wheeler, C. H.	"	"
Williams, H. O.	Palouse,	Washington.
Wilson, H. C.	Portland,	Oregon.
Wilson, R. B.	"	"
Worthington, C. E.	McCoy,	"

HONORARY MEMBERS.

Baily, E. I. M. D., Lt. Col. U. S. A.	Washington,	D. C.
Chance, G. H., D. D. S.	Portland,	Oregon.
Gibbons, H. Sr., M. D.	San Francisco,	Cal.
Gibbons, H. Jr., M. D.	"	"
Harvey, Phillip, M. D.	Portland,	Oregon.
Hill, R. C., M. D.	Albany,	"
McClellan, Eli, M. D., Maj. U. S. A.	Vancouver,	Washington.
Newell, Wm. A., M. D.	Olympia,	"

DECEASED MEMBERS.

Those dying during the year, in *Italics*.

John Vite, M. D.	Dec. 11, 1876.	Ag'd, 46 years.
E. R. Fiske, M. D.	Aug. 28, 1877.	" 61 " 2 m.
J. P. Tate, M. D.	June 14, 1878.	" 55 " 7 "
Mrs. E. A. J. F. Robinson, M. D.	June 29, 1879.	" 22 " 7 " 11 d.
<i>A. M. Bell, M. D.</i>	Aug. 18, 1881.	" 77 " 0 " 26 d.
<i>M. D. Jennings, M. D.</i>		

OFFICIAL REGISTER FROM THE TIME OF ORGANIZATION.

1874.

President, Alfred C. Kinney, M. D.; Vice President, J. L. Hill, M. D.; Secretary, C. H. Hall, M. D.; Corresponding Secretary, J. Reynolds, M. D.; Treasurer, L. L. Rowland, M. D.

1875.

President, R. Glisan, M. D.; Vice President, O. P. S. Plummer, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, W. B. Cardwell, M. D.; Treasurer, L. L. Rowland, M. D.

1876.

President, W. H. Watkins, M. D.; Vice President, D. B. Rice, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, A. C. Helm, M. D.; Treasurer, L. L. Rowland, M. D.

1877.

President, L. L. Rowland, M. D.; Vice President, W. C. McKay, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, C. H. Hall, M. D.; Treasurer, J. P. Tate, M. D.

1878.

President, H. Carpenter, M. D.; Vice President, F. A. Bailey, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, O. P. S. Plummer, M. D.; Treasurer, W. H. Watkins, M. D.; Librarian, L. L. Rowland, M. D.

1879.

President, D. B. Rice, M. D.; Vice President, W. B. Cardwell, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, W. H. Saylor, M. D.; Treasurer, R. Glisan, M. D.; Librarian, Curtis C. Strong, M. D.

1880.

President, F. A. Bailey, M. D.; Vice President, C. H. Merrick, M. D.; Permanent Secretary, Curtis C. Strong, M. D.; Corresponding Secretary, E. P. Fraser, M. D.; Treasurer, H. Carpenter, M. D.

1881.

President, C. H. Merrick, M. D.; Vice President, W. A. Cusick, M. D.; Permanent Secretary, E. P. Fraser, M. D.; Corresponding Secretary, W. H. Saylor, M. D.; Treasurer, H. Carpenter, M. D.

1882.

President, C. C. Strong, M. D.; Vice President, Mrs. J. L. Parrish, M. D.; Secretary, E. P. Fraser, M. D.

EXECUTIVE BOARD.

W. H. Watkins, M. D.; R. G. Rex, M. D.; S. E. Josephi, M. D.; H. Carpenter, M. D., and Mrs. C. Charlton, M. D.

FINANCIAL REPORT

OF

E. P. FRASER, M. D., AS PERMANENT SECRETARY.

For the year ending June 14, 1882.

1881.		DR.		
Sept.	1	Advertisements in Vol. VIII,		\$ 30 00
"	15	J. L. Parrish,	Dues to July 1, 1882	3 00
"	21	J. T. Gheislin,	"	3 00
"	"	F. B. Eaton,	"	3 00
"	"	W. A. Cusick,	"	3 00
"	22	Wm. Jones,	"	3 00
"	"	Martin Giesy,	"	3 00
"	"	H. C. Wilson,	"	3 00
"	23	R. G. Rex,	"	3 00
"	"	W. D. Baker,	"	3 00
"	27	A. J. Giesy,	"	3 00
"	"	O. P. S. Plummer,	"	3 00
"	"	W. L. Wade,	"	3 00
O. C.	14	H. V. V. Johnson,	"	3 00
"	15	C. W. Tower,	"	3 00
"	20	N. S. Lee,	"	6 00
"	25	A. I. Nicklin,	"	3 00
Nov.	10	Reese Holmes,	"	3 00
"	11	E. L. Yeargain,	"	6 00
"	15	H. O. Williams,	"	11 00
Dec.	13	L. L. Rowland,	"	3 00
1882.				
Feb.	2	D. Payton,	"	4 00
"	18	S. D. McCauley,	"	3 00
"	21	I. N. Power,	"	6 00
April	19	J. T. Augur,	"	3 00
May	18	A. L. Ford-Warren, On Account,		10 00
"	25	F. B. Rinearson,	"	2 00
"	31	W. E. H. Boyd,	Dues to July 1, 1882	5 00
June	7	J. D. Hoyt,	"	3 00
"	13	Harry Lane,	"	9 00
"	14	H. Carpenter,	1883	3 00
"	"	J. W. Howard,	1882	3 00
"	"	A. Kinney,	1883	6 00
"	"	F. Conthorn,	1882	3 00
"	"	S. E. Josephi,	"	3 00
"	"	James Browne,	1883	3 00
"	"	D. Payton,	"	3 00
"	"	S. R. Jessup,	1882	3 00
"	"	J. W. Givens,	1883	5 00
"	"	W. W. Royal,	"	3 00
"	"	G. E. Nottage,	1882	3 00

\$187 00

Oregon State Medical Society.

FINANCIAL REPORT—(Continued.)

CR.

1881.			
Aug.	20	Express from Dr. Strong's office.....	\$ 75
"	26	Postage on transactions,.....	2 12
"	"	" " ".....	2 12
"	30	" " ".....	3 00
Sept.	20	Postage Stamps,.....	3 00
Oct.	1	Secretary's salary,.....	50 00
1882.			
Jan.	21	Paid Treasurer, H. Carpenter,.....	40 00
Feb.	14	Postage stamps,.....	2 00
"	21	" " ".....	1 00
May	18	" " ".....	1 00
"	25	" " ".....	1 00
June	8	" " ".....	1 00
"	14	By cash on hand,.....	80 01
			<hr/>
			\$187 00

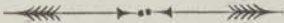
REPORT OF TREASURER OF THE OREGON STATE MEDICAL SOCIETY.

PORTLAND, JUNE 14, 1882.


1881.			
June	14	To balance on hand of last report,.....	\$ 5 00
July	16	Received of C. C. S. Sec'y,.....	336 65
1882.			
Jan.	21	" " E. P. Fraser,.....	40 00
		Total Receipts,	<hr/>
			\$381 65

CONTRA.

1881.			
June	2	Paid voucher No. 1 to janitor of hall....	\$ 1 00
July	9	" stamp bill " 2 " E. P. Fraser, Sec'y	5 55
"	"	For music for public meeting,.....	10 00
"	"	" Hack hire to East Portland and Hos- pitals,.....	9 00
"	11	" printing programme for 1881,.....	10 00
"	30	" letter heads and envelopes for Sec'y, ..	7 00
Aug.	15	" rent of Y. M. C. A rooms,.....	10 00
"	18	" book case,.....	25 00
"	26	" 500 copies of the transactions, 1881, ..	176 00
Sept.	30	" 1,000 notices for dues,.....	4 75
			<hr/>
			\$258 30
		Remaining on hand	<hr/>
			\$123 35

H. CARPENTER,
Treasurer.


Constitution and By-Laws.



CONSTITUTION AND BY-LAWS

OF THE

OREGON STATE MEDICAL SOCIETY.

CONSTITUTION.

ARTICLE I. *Title*—This Association shall be styled the Oregon State Medical Society.

ART. II. *Object*—The object is to keep the profession within its limits in organic relation with the American Medical Association, and to unite its members for co-operative effort for their mutual welfare and professional advancement.

ART. III. *Members*—Any graduate of a medical school entitled to representation in the American Medical Association, after one year's location in practice at some point in Oregon or Washington Territory, unless in U. S. Medical Service, shall be eligible to membership.

ART. IV. *Officers*—The officers shall be a President, Vice President, Secretary and Executive Board.

ART. V. *Meetings*—Regular meetings shall be held annually for the transaction of business, reading of papers and discussions.

ART. VI. *Funds*—The revenue of the Society shall be from dues payable annually by the members.

ART. VII. *Amendments*—This Constitution may be amended at any regular meeting with the concurrence of two-thirds of the members present, but the proposed amendment must be submitted in writing to the Executive Board, and made known to the members one week or more before the meeting.

BY-LAWS.

ARTICLE. I. *Election of Members.*

Section 1. Applications for membership shall be submitted in writing to the Executive Board, and shall state the place and date of graduation, the present and previous locations in practice of the applicant, and must be indorsed by one or more members having personal knowledge of his qualifications.

Sec. 2. The vote shall be by ayes and nays unless ballots are called for, and two-thirds required to elect.

ART. II. *Withdrawal of Members.*

Sec. 1. Any member one year in arrears for dues shall be notified by the Secretary, and when two years in arrears shall be reported delinquent.

Sec. 2. Any member not in arrears and free from other charges shall be entitled to a card of honorable dismissal on application to the Secretary.

Sec. 3. A member may be expelled at any regular meeting with the concurrence by ballot of two-thirds of the members present, providing: Charges of violation of the code and regulations of the Society, or conduct unbecoming a member have been preferred and made known to every member one week or more before the meeting, and that the accused have ample notice, and opportunity to reply thereto.

ART. III. *Duties of Officers.*

Sec. 1. The President shall perform the usual duties of presiding officer, make all appointments during the meeting not otherwise provided for, and deliver an address on retiring from the Chair.

Sec. 2. The Vice President shall take the Chair in the absence of the President.

Sec. 3. The Secretary shall keep a record of the meetings of the Society and Executive Board, collect, hold and expend the funds of the Society under the direction of the Executive Board; submit an annual report of the transactions of his office, and receive a salary of fifty dollars per annum.

Sec. 4. The Executive Board shall have general supervision of the Society, have charge of its publications, make arrangements for its meetings, fill official vacancies and transact all business of the Society not otherwise provided for. It shall examine into applications for membership and charges against members, and report the same to the Society with approval or disapproval; and appoint the delegates to the American Medical Association. An account of its proceedings shall be included in the published transactions of the Society.

Sec. 5. The term of office for the President and Vice President shall be one year; Secretary, three years, and members of the Executive Board, five years.

ART. IV. *Meetings.*

Sec. 1. The Executive Board shall give notice of the time and place of meeting to the members one month in advance, and a specific Order of Business at least one week in advance.

Sec. 2. Any papers, resolutions, applications for membership, charges against members or other matters of business, if reported to the Executive Board in time for publication with the Order of Business, shall take precedence of all other matters at the meeting, except by special permission of the Society.


Sec. 3. At each annual meeting six subjects shall be selected by the Society for special consideration at the following meeting, and within a month

thereafter six members shall be appointed by the Executive Board to prepare written reports thereon, the reading and discussion of which shall constitute the regular exercises of the meeting.

ART. V. *Dues*—The annual dues shall be five dollars for the first year of membership, and three dollars thereafter, payable to the Secretary in advance.

ART. VI. *Code of Ethics*—The Code of Ethics of the American Medical Association shall be binding on members of the Society.


ART. VII. *Amendments*—These By-Laws may be amended at any regular meeting by a concurring vote of two-thirds of the members present, but the proposed amendment shall be submitted in writing to the Executive Board, and made known to the members one week or more before the meeting.



CODE OF ETHICS

— OF THE —

American Medical Association.



CODE OF ETHICS OF THE AMERICAN MEDICAL
ASSOCIATION.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE
OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of Physicians to their Patients.*

1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude respect, and confidence.

2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance should ever be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined when it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to, all pecuniary consideration.

6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of patients to their physicians.*

1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of the disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own faaming. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses that are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens

that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an ob

ligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

2. It is not in accord with the interests of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine.

3. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

4. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to produce certificates of skill and success, or to perform any other sim-

ilar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

5. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be intruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would not wish to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his

duties to his patients, and to request some of his medical brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such services should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates, the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to consultations.*

1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

2. In consultations, no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

3. In consultations, the attending physician should be the first

to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which

latter case he may examine the patient, and give his opinion in *writing*, and *under seal*, to be delivered to his associate.

6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided among the medical attendants—they must equally share the credit of success as well as the blame of failure.

8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire: and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any farther deliberation in the consultation, or participation in the management of the case.

9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations

require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of physicians in cases of interference.*

1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attend-

ance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

6. It often happens in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant and with the consent of the patient, to surrender the case.

[The expression, "patient of another practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.]

8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular

direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no further direction unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

9. A wealthy physician should not give his advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—Of differences between physicians.

1. Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a *court-medical*.

2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of pecuniary acknowledgments.*

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations; the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions; in relation to the medical police of towns, as drainage, ventilation, etc.; and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

3. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the perform.

ance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism; to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statue-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

Resolved, That this Association recognizes specialties as proper and legitimate fields of practice.

Resolved, That specialists shall be governed by the same rules of professional etiquette as have been laid down for general practitioners.

Resolved, That it shall not be proper for specialists publicly to advertise themselves such, or to assume any title not specially granted by a regularly chartered college.

Whereas, The proper construction of Art. IV., Sec. 1, Code of Ethics. A. M. A., having been called for, relative to consultation with regular practitioners who are graduates of regular schools.

Resolved, That said Art. IV, Sec. 1, Code of Ethics, excludes all such practitioners from recognition by the regular profession. (Vide *Transactions*, vol. xx. p. 30.)

PROCEEDINGS

OF THE

TENTH ANNUAL MEETING

OF THE

Oregon State Medical Society,

Held in Portland, June 13-15, 1883.

PUBLISHED BY THE SOCIETY.

E. P. FRASER, M. D., SECRETARY,

PORTLAND, OREGON.

Vol. X.

PORTLAND, OREGON:
PRINTING AND PUBLISHING HOUSE E. A. SWOPE & Co.

1883.

NOTE.

The Oregon State Medical Society, while formally accepting and publishing the reports of the various committees, or voluntary papers read at this session, does not hold itself responsible for the opinions, theories or criticisms therein contained.

LIST OF OFFICERS.

PRESIDENT, - - - - W. H. SAYLOR, M.D., Portland.
VICE PRESIDENT, - - J. W. NORRIS, M.D., Oregon City.
SECRETARY, - - - - E. P. FRASER, M.D., Portland.

EXECUTIVE BOARD.

G. M. WELLS, M.D., - - - - - Portland.
W. H. WATKINS, M.D., - - - - - Portland.
R. G. REX, M.D., - - - - - Portland.
S. E. JOSEPHI, M.D., - - - - - East Portland.
H. CARPENTER, M.D., - - - - - Salem.

ADDRESS OF WELCOME.

BY C. H. WHEELER, M.D.

Mr. President and Members of the Oregon State Medical Society.

It has been our custom on these occasions to address to you a few words of welcome.

The pleasing duty of greeting you to-day has by accident devolved upon me, and, although not expressed in the eloquent words of the immortal Webster, I extend to you a no less hearty and cordial welcome on behalf of the residents of Portland to our prosperous and beautiful city, of which I trust ere you take your leave you will unanimously agree we have just reason to be proud.

There seems to be a mistaken impression entertained by some in regard to the object of these annual re-unions of the State Medical Society, and that they are prompted by pecuniary and selfish motives, and are beneficial to the profession alone, and that the laymen must be victimized, in some way, in consequence.

This is an unfortunate state of affairs, and one that we should at all times and places, and under all circumstances, endeavor to correct, and try to make the public understand, that, on the contrary, our meetings are for their good; our object the discussion of scientific subjects, theories and practice of medicine in all its branches, exchange of ideas and *mutual* advancement of the profession. Each of us, I trust, being in some way benefitted by the interchange of experiences, while the general result is for the public good.

It is with a feeling of sadness that I miss from our circle to-day three of our esteemed members who but last year

were among our most active co-workers. The learned Harvey; the genial, brilliant Wells; and the eccentric Cardwell will answer our roll call no more, but their many noble deeds will still live on and be remembered by us all. The closed portals of the dark tomb conceal their earthly remains, and shut out from mortal view their manly forms. But—

“The soul decays not; freed from earth
And earthly toils it burst away,
Receiving a celestial birth,
And spurning off its bonds of clay,
It soars and seeks another sphere,
And blooms through heaven’s eternal year.”

I regret that I cannot more fully express the pride I feel to-day in addressing you, the representatives of the noblest of all noble professions, that shrink not from danger, nor know not fatigue when duty calls; whose mission is to alleviate pain, restore the sufferer to health and strength, or, perchance, we can only soothe the last moments of some poor spirit just taking its flight, but *that* made easier by our presence,—it may be in a palace or hovel, but, it is the call of *duty*, and we respond.

I presume we have all in our professional career felt the sting of ingratitude where we had the most reason to expect the flowers of requiting love and affection; but, gentlemen, I feel sure you will agree with me that the consciousness of duty performed will soon heal the wound and scarcely leave a scar.

During this session of our Society we will have the pleasure of extending the hand of fellowship to new members whom I hope and feel assured will exert themselves and assist us in our good work, and feel an equal interest with us in making for our State Medical Society a *name* and a *fame* of which we shall be justly proud. It is still young, and it behooves us all to nurture it carefully, that it may produce the choicest fruit.

I trust that in the past year we have all made some progress in our scientific researches, and that each one may

have something to advance for the general benefit of our members, and that the interchange of ideas will be both pleasant and instructive. And, certainly, with the genius I see assembled here to-day, we cannot fail to reap an intellectual harvest.

I trust that our interest in these annual re-unions will only *increase* with time, and that each year we shall meet and spend a few days in this pleasant and instructive manner, not so much to air set theories as practical facts deduced from observation and experience.

I have not been advised by the committee as to what has been done for your entertainment and amusement as a body, or, if anything. I have no doubt many of you have personal friends here with whom you will spend your time most pleasantly. But if there are present any who are strangers, I wish to say to them, please mention the fact to some officer of the society, and we will do all that is possible to make your stay among us pleasant, and shall be happy to show you all points of interest, and give you all the information in our possession.

Those who were with us last year will note many substantial improvements, which, I hope, may, somewhat, interest them, and add to the pleasure of their visit.

Hoping that the present session will prove, in every respect, instructive and harmonious, I again, on behalf of our citizens, bid you thrice *welcome*.

OREGON STATE MEDICAL SOCIETY.

TENTH ANNUAL MEETING,

— HELD AT —

PORTLAND, OREGON, JUNE 13th, 14th AND 15th, 1883.

FIRST DAY.

WEDNESDAY, JUNE 13th.

The Society was called to order at 2 o'clock P. M., President C. C. Strong in the Chair.

The Rev. Dr. Frederic R. Marvin being present was invited to the platform and opened the meeting with prayer.

Dr. C. H. Wheeler then welcomed the Society to Portland in a very appropriate address.

A communication from Dr. C. H. Merrick asking to be dropped from the roll of members was read by the Secretary, the request was granted by the Society. A communication from Dr. S. E. Josephi, Superintendent of the Oregon Hospital for the Insane, extending to the members of the Society a cordial invitation to visit that institution during the Session, was read by the Secretary. The Executive Board having reported favorably on the the following applicants for membership, they were elected active members of the Society: James T. McCormac, M. D., of Marshfield, Oregon, Hannibal Blair, M.D., of Albina, Oregon, J. C. Whiteaker, M.D., of Portland, Oregon, John S. Stott, M.D., of Hillsboro, Oregon, Otto S. Binswanger, M.D., of Portland, Oregon, J. A. Fulton, M.D., of Astoria, Oregon, Chas. E. Bebee, M.D., of Goldendale, W. T., G. Cooke Lane, M.D., of Portland, Or., Dav. Raffety, M.D., of East Portland, Oregon, A. G. Avery,

M.D., of Portland, Oregon. Rev. F. R. Marvin, M.D., of Portland was elected an honorary member.

Dr. G. M. Wells then called the attention of the Society to a case of parametric abscess, from which he had that morning taken a large quantity of pus. The doctor stated that his principal object in speaking of this case was the fact that it was one of many similar cases which came under his observation as the result of criminal abortion, which was practiced in this city to an alarming extent, and hoped that the Society might take some steps in the direction of suppressing the practice.

Dr. B. A. Owens then presented a case of hip-joint disease for examination, and asked the Society to recommend a course of treatment.

The disease was in the beginning of the second stage, and from the examination of pus taken from a small accumulation just below the great trochanter, it was evident that the bone was affected, and that the process of exfoliation was established. The question of treatment elicited an interesting discussion. Drs. G. M. Wells, W. H. Saylor, O. C. Blaney, W. Tyler Smith and B. A. Owens recommended excision, while Drs. J. W. Givens, Kenenth McKenzie, O. M. Dodson, Harry Lane, A. I. Nicklin and E. P. Fraser advised rest, with extension and counter extension of the limb, etc,

SECOND DAY.

THURSDAY, JUNE 14th.

Meeting called to order at 10 o'clock, President C. C. Strong in the chair. The election of officers being the first order of business, was, on motion, deferred until 11:30 o'clock.

Dr. F. B. Eaton being present, read a paper entitled Diagnostic Importance of Ocular Affections in Constitutional Diseases. The paper was discussed by Drs. Givens and McKenzie.

The time fixed for the election of officers having arrived, the Society took up that order of business. The following officers were elected:

W. H. SAYLOR, M.D., of Portland, *President*.

J. W. NORRIS, M.D., of Oregon City, *Vice President* for the ensuing year.

G. M. WELLS, M.D., of Portland, was elected a member of the *Executive Board*, for the term of Five Years.

On motion, the Society adjourned until 2 o'clock.

AFTERNOON SESSION.

Meeting was called to order at 2 P. M.

President C. C. Strong, in the chair.

On motion, Dr. D. B. Rice, of Albany, was transferred to the list of honorary members, he having tendered his resignation as an active member. The resignation of Dr. J. A. Richardson of The Dalles, was accepted.

Dr. W. H. Saylor presented a case showing the favorable result of excision for hip-joint disease.

Dr. Holt C. Wilson then read a paper on Antiseptic and Aseptic Surgery. In speaking of the various antiseptics, the Doctor called special attention to the use of Sub. Nit. of Bismuth. The paper was discussed by Drs. W. H. Watkins, J. W. Givens, F. B. Eaton, J. A. Fulton and J. R. Smith.

Dr. S. E. Josephi, Superintendent of the Oregon Hospital for the Insane, then read a paper entitled The Present Condition of Insanity Throughout the World, giving very valuable statistics on that subject.

Dr. B. A. Owens then read a paper on Dentition, and affections resulting therefrom.

The Society then selected the following subjects for special consideration at the next annual meeting:

Diseases of the Joints.

Headaches.

Tuberculosis.

Diseases Incident to Pregnancy.

Uses of Bismuth.

Typho-Malarial Fever.

On motion, meeting adjourned until 10 o'clock A. M.

THIRD DAY.

FRIDAY, JUNE 15th.

Meeting called to order at 10 o'clock.

President C. C. Strong in the chair.

Prayer was offered by Rev. F. R. Marvin, M.D.

A paper from Dr. J. T. McCormac, of Marshfield, describing a remarkable case of gunshot wound of the stomach, with recovery, was read to the Society. The paper was discussed at some length by several members.

Dr. W. H. Saylor then read the report of some cases of Sponge Grafting in chronic ulcers, with marked success.

Dr. C. C. Strong then read his address on retiring from the chair, and Dr. W. H. Saylor, on taking the chair, read a short inaugural address.

AFTERNOON SESSION.

Meeting called to order at 2 o'clock P. M.

President W. H. Saylor in the chair.

Dr. C. H. Wheeler called the attention of the Society to the Fld. E. of Yerba Santa as a vehicle for covering the taste of Sulp. of Quinine.

The Secretary submitted his financial report, and read a list of delinquent members, and moved that the dues of C. C. Strong, M. D., be remitted during the time he was acting as Secretary. Motion was carried.

A motion was made and carried that the Secretary be instructed to publish in the transactions of 1884, all members three years in arrears for dues. The report of the Secretary was referred to Drs. C. C. Strong, C. H. Wheeler and O. M. Dodson for examination. A motion to appoint a committee to draft resolutions in regard to deceased members, was carried, and Drs. J. W. Givens, C. H. Wheeler and B. A. Owens were appointed.

Dr. A. I. Nicklin moved that the Secretary be instructed to extend an invitation to the public to be present at the annual sessions of the Society, which, after some discussion, was laid upon the table.

Portland was selected as the place for the next annual meeting of the Society

There being no further business, the meeting adjourned *sine die*.

E. P. FRASER, M. D.,
Secretary.

THE ANTISEPTIC METHOD.

BY H. C. WILSON, M. D.

The antiseptic treatment of wounds, brought to the notice of the surgeons of the world by Mr. Lister, formerly of Edinburgh, now of London, was first written of by him in 1866. Having his attention drawn to the putrefactive changes taking place in wounds, it occurred to him that if this putrefaction or fermentation could be prevented or neutralized, that wounds would heal without the occurrence of suppuration—Mr. Lister and his followers now believe, in accordance with the theory of M. Pasteur, that these changes are caused by the entrance into wounds of small particles of dust, this dust consisting of micro-organisms capable of germinating and bringing about fermentative changes; of a kindred nature is the yeast plant, the vinegar plant, etc. This theory is what we read of now so often, namely, the so-called "Germ Theory." Many deny the importance, and even the existence, of these bacteria, but in this paper we will take the stand that they do exist, and discuss the methods designed for their annihilation. The Listeric method, properly speaking, is not an "antiseptic method," but an "aseptic method"; in simple terms, the antiseptic destroys germs that have entered a wound, and the aseptic destroys them before entering, and of course prevents further advance; such is the Listeric method. The so-called open method of wound treatment, for which much is claimed, and, properly, is an antiseptic method, and in this way: There is free and thorough drainage, no pus is allowed to accumulate, hence does not become fermented, the germs entering a wound are carried on by the continual stream of pus, and do not remain long enough to do harm. The materials used in the aseptic treatment and details as to application are as follows: Various antiseptics have been experimented with first and last, but, after trying all up to the present time, Mr. Lister still prefers the first one

he used, namely, carbolic acid. Some use solutions of thymol, others solutions of salicylic acid, others boracic acid, but as yet carbolic acid seems to be more desirable for general use. Of this, three solutions are necessary: (a) 1 to 40 for the "protective"; (b) 1 to 30 for the spray (the steam generated in the atomizer is designed to dilute this solution to 1 to 40); (c) 1 to 20 solution for the sponges, instruments, hands, and particularly the fingers ends of the operator, also to wash the epidermis in the neighborhood of the parts to be operated upon. With the same solution injections are made into compound fractures, or wounds that have been exposed some time without treatment.

(2) The steam-spray apparatus should be of such size as to be capable of generating the spray for one or two hours, and is made in various forms, according to the fancy of the operator or the price he is willing to pay; they are made either to be held in the hand, or so that they can be wheeled about. The one devised by Dr. R. F. Weir, of New York, is an excellent one, as is of course Mr. Lister's own apparatus.

(3) The antiseptic gauze, which forms the covering of the wound, is made of a coarse-meshed cotton cloth, called in England "mull"; in this country, unstarched cheese or dairy cloth. This cloth is heated beyond 212°, to insure the thorough penetration of the antiseptic mixture into its meshes; after being thus heated, it is sprinkled with its own weight of a mixture consisting of carbolic acid, 1 part; common resin, 5 parts; and paraffine 7 parts, prepared by melting together the two latter in a water-bath, and then adding the acid, stirring it in. The cloth thus impregnated is afterward kept under pressure in a water-bath box for a couple of hours in order to disseminate the liquid equally, after which the material is ready for use. (*London Lancet*, March 13, 1875.) The resin and paraffine thus mixed, do away with the stickiness of the resin alone, and the mixture retains the acid, under ordinary circumstances, for a considerable time. A little ingenious variation in the method of application to the cloth may economize time.

(4) The Mackintosh is a thin red cotton cloth with a layer of red vulcanized rubber on one side, used in the trades to make "sweat bands" for hats, and derives its name from the manufacturers in Manchester, England. It has been found to be perhaps the most impermeable material, and therefore the best for the purpose used.

(5) The protective is oiled silk, coated on each side by a thin layer of copal varnish, which renders it impermeable to carbolic acid, and is then brushed over with a mixture of dextrine, 1 part; starch, 2 parts; and 16 parts of a 1 to 20 solution of carbolic acid. This coating allows the disinfecting solution to adhere smoothly to the protective, and not run as does water over the surface of an oiled or varnished substance.

(5) Black rubber tubing of various sizes is required for drainage-tubing, oblong holes being cut in the sides of the pieces used, at short intervals along its extent.

(6) Ligatures may be either cat-gut or silk. The cat-gut ligatures are prepared from the material known as cat-gut, which is in reality the submucous cellular coat of the intestine of the sheep, prepared by being scraped in a rude manner, the thicker form of gut composed of the gut in its entirety, and the thinner made from sections of same.

Mr. Lister claims that the prepared gut should not be fresh, but should be seasoned, so to speak, and, when steeped in a solution of carbolic acid and olive oil, 1 to 5, is ready for use after 48 hours. The acid, before being mixed with the oil, should have a few ounces of water added to it, just enough to make a solution. The longer the cat-gut is kept in the carbolized oil, the better it will be, and the better will it stand the action of the tissues when applied as a suture or ligature. (Mr. Lister, *Lancet*, February 5, 1881).

There is, however, one proper objection to ordinary cat-gut thus prepared, when comparatively fresh it will be dissolved in 48 hours, and when applied to large vessels it is considered unsafe for a ligature to have come away so soon. To obviate this objection, Mr. Lister experimented a long

time, finally found that by immersing the cat-gut in a solution composed of 1 part chromic acid to 4000 parts distilled water, to which is added 200 parts of pure carbolic acid or absolute phenol, the cat-gut resisted the action of the tissues, and would, when used as a ligature, remain unchanged for about fourteen days, sufficient time for use either as ligature or suture, and the resisting power was about $13\frac{1}{2}$ lbs. It is, however, but proper to state that one will occasionally be disappointed in the action of the chromicized gut, whether in every case from faulty or careless preparation, we cannot say. The carbolized silk for sutures, used sometimes also for ligatures, is made by plunging the silk into melted wax, 10 parts; carbolic acid, 1 part; superfluous wax to be removed by drawing the silk afterwards through a piece of cloth, and the sutures should then be kept wrapped in a piece of protective or Mackintosh until ready for use, and should not be kept long on hand. Of course, when used as ligatures, no absorption takes place, we hope for incapsulation, and it does often occur, where such ligatures are used, however, frequently after the wound has apparently healed, pus will form, an opening appear, and after a time the loop or loops of silk will be thrown out, having acted as irritants and their would-be dwelling place denied to them they are *nolens volens*, ejected by the tissues. One point in regard to the application of ligatures in general and cat-gut in particular. An experienced and well taught surgeon should know that one does not require to use all his muscular force in tying a ligature; when one feels that the knot is well drawn home it is time to stop, and the traction should be made slowly and steadily, the ends of the ligature being grasped close up to the knot. If we hold the ends at a distance from the knot and seek to tighten it by a series of jerks, it is improper, and, if cat gut-be used, it must be a very solid article indeed, not to snap, because being soft and more or less pliable, a sudden powerful jerk will likely snap it, the sudden tension having proved too great. Besides, though this may be a proper way of tying up a parcel, it is not suitable of application in case of ligation of arteries.

Above are the materials used in the proper carrying out of the aseptic or Listeric dressing. Now as to details: The instruments should be soaked for at least one hour in a 1 to 20 solution of the acid, the hands of the operator and assistants should be thoroughly washed in a solution of the same strength, sponges should be soaked in same solution, and, during the operation, washed out in a 1 to 30 solution. The wound and neighboring parts should be thoroughly sponged off with the same. The spray started, given in charge of an assistant and directed upon over and about the part to be operated on, never for a moment being turned aside or checked. The operation is then performed, ligatures applied and cut off short, both ends, drainage tubes inserted in depending portions of wound, one, two or more, according to amount of surface to be drained, sutures inserted and wound closed. Silk for sutures, (if silk be used,) or wire, should be placed previously in 1 to 20 solution with the instruments. Over the line of incision is placed a piece of the protective which should lap in all directions, say two inches; this is merely to protect the cut surface from the strong carbolic acid contained in the dressing, which would be too irritating applied directly to the wound. Before applying the protective the parts may be syringed finally with the strong solution of carbolic, though this is by some deemed unnecessary. Above the protective may be laid several loose layers of the gauze, varying in thickness, according to the amount of oozing to be expected and over all, eight layers of the antiseptic gauze, which should extend some distance on all sides of the wound or incision, say from six to ten inches. Between the outermost layer of the gauze and the next layer is placed a piece of the Mackintosh, rubber side toward the wound, which should be one-half inch narrower than the gauze, all around, over all is placed a bandage of the gauze, binding the dressing therewith, snugly stuffing all sunken parts and cavities with pieces of gauze; in short, using every precaution to prevent the admission of air. Over the chest or shoulder it is of advantage to use a rubber bandage, as being less liable to

slip. The patient is then put to bed, and, usually, under any circumstances, the dressing is changed after twenty-four hours, going through the same steps as before, and after that it may be left undisturbed, unless the discharge has worked to the edge of gauze, which would then be an indication for re-application.

The drainage tubes may be gradually removed, that is, a portion cut off at each dressing, the sutures removed as in other methods of treatment. The above is the "Aseptic dressing." Some surgeons in England, on the Continent, and in America carry out all details, with the exception of the spray, and claim good results. Mr. Lister has also tried that but does not get as good results. Various modifications in the dressing have been introduced and different surgeons use their own fancy in the matter. Certain surgeons use antisepticized cotton in the place of the gauze, using no spray.

As to the results claimed for and obtained by the aseptic system, we may candidly say, and without prejudice, must admit, that, by its use, certain operations may be performed that otherwise might be considered foolhardy. It is now proper to open joints and cavities fearlessly, and if it be done merely as an exploratory operation, it is considered proper, because we know that if surgeon pays careful attention to all details, there will be but a minimum risk to the patient. The results in bad cases of compound fracture are, also, astonishing. The writer, while house surgeon of the New York hospital, has frequently observed such cases where the injury was terrible, the cases going on to convalescence without a temperature at any time above 120 deg., and averaging 99 deg., the patient suffering no discomfort and having no symptoms usually other than accompany a case of simple fracture. The wound may be left more or less open, with drainage tubes inserted, or may be closed around the tubes, trusting to them, entirely, for drainage. The great advantage of such a dressing in cases of compound fracture lies in the fact of the infrequency with which

it has to be renewed. After the first one or two changes, the parts can usually be left undisturbed for from four to ten days; hence, in the meantime, there is no movement or disarrangement of the fragments. If there be any sloughing, the dead parts will separate or dissolve, and the granulating surface spring up underneath, without a particle of odor, or attended with any disagreeable symptoms. Many cases might be given in illustration, and statistics without end, but the limits of this article will not admit of detailed accounts. There are many enemies to the system, especially among older surgeons, others do not undertake it on account of the multiplicity of details, and when not residents of cities it is not convenient to keep supplied with materials.

The aseptic treatment is really best adapted for use in hospitals where patients are always, more or less, exposed to septic poisoning. In the country, and in private practice, the majority of the lesser surgical operations will do very well with application of simpler dressing. It is unfair, however, for surgeons to cry out against the method because its originator, and his followers, continue their experiments, with the hope, perhaps, of simplifying it as to details. It may be said that the treatment of wounds has been, to a great extent, revolutionized, for everywhere, throughout the civilized world, an educated surgeon will use care before and during an operation, as to cleanliness of his instruments, sponges, parts to be operated upon, and the dressing to be applied, and, in admitting the advantage of all this he pays a tribute to Mr. Lister; and, yet this same surgeon may say that he does not believe in the aseptic system of wound treatment; that it is unnecessary, cumbersome, etc. The researches, the experiments and investigations of M. Lister have excited the minds of surgeons, and each and every one tries various modifications of the system, tries various antiseptics, and applies them on various dressings, and in a variety of ways.

The Germans are most enthusiastic, and when we see such men as Volkman and Esmare, of Germany, and Billroth, of Austria, converted entirely, we should pause before raising a small voice in opposition.

Since the general introduction of this system into the large hospitals of the old world, such diseases as hospital gangrene, pyæmia and septicæmia are becoming comparatively uncommon, and almost unheard of. Erysipelas occurs but seldom, and the tendency of wounds is to heal, instead of to run a protracted course.

Before leaving the subject of carbolic acid, it may be well to say a word or two in regard to the poisonous effects sometimes reported. This occurs occasionally, either in cases having a peculiar idiosyncrasy, or, owing to some peculiarity in the situation or character of the wound, absorption suddenly takes place. One of the earliest symptoms is the dark color given to the urine, presents almost a black appearance, in other cases has a smoky look. Where this accompanies constitutional symptoms the use of the antiseptic must be suspended, and when there are but slight symptoms its action must be carefully watched. This condition of poisoning seldom, if ever occurs, except where the acid is applied to a large denuded surface, and allowed to rest upon it continually, injected into cavities, for instance, or deep sinuses.

As to other antiseptics, thymol is used in the strength of one part to one thousand. The following makes a good solution, more or less of the oil, however, separates, and floats on top, and it is well, therefore, to shake the bottle before using it.

Thymol.....	15 minims.
Alcohol.....	2½ drachms.
Glycerine.....	5 drachms.
Water.....	1 oz. and 1½ drachms.

Salicylic acid is, also, used much more diluted than carbolic acid. The following makes a good solution:

Salicylic acid.....	1 oz.
Phosphate of soda.....	3 ozs.
Water.....	3 pts and 2 ozs.

Boracic acid is not very soluble in water, about twelve grains will dissolve in an ounce. It is a very neat and useful antiseptic: is perhaps best used in powdered form, though

it is also poisonous when applied for a continued length of time in a wound. It is a powerful deodorizer, and is itself odorless and non-irritating: used now, largely in cases of discharge from the ears; useful also in ozena.

Another powerful disinfectant is iodoform, an extremely useful drug, but objected to by many on account of its odor. Especially is this the case among American surgeons whose olfactories are supposed to be more highly sensitive than their more phlegmatic brethren of the continent of Europe. A perseverance will soon blunt one's sensibilities, and one endures the odor when he sees the very excellent effect iodoform has in the treatment of wounds and injuries. It should be applied directly into cavities, and if its use is not kept up too long there will not likely, be any poisonous effects. A neat and economical method of handling the powder is to place it in an ordinary pepper pot, and then dust out the quantity needed upon the parts. For application to fresh wounds or incisions it is not well to apply too much of the iodoform directly on the part, as it is inclined rather to interfere with union by first intention, it may however be sprinkled lightly over the surface, and also, into the meshes of several layers of gauze, similar to that used in the antiseptic dressing proper. Can be so used in cases of compound fracture with excellent advantage.

Kocher, in Volkman's *Klinische Vorträge*, No. 224, 1882, claims to have discovered the great antiseptic in bismuth subnitrate, used in all operations, not in powder, but in suspension; strength, ten per cent. During the operation the wound is frequently sprinkled with the mixture, no drainage tubes are used; the wound is closed and sealed with bismuth paste, gauze wetted with the bismuth in water is laid on, next day removed or re-dampened, and there should be primary union and no suppuration. Where there is much oozing, the sutures are not tightened the first day but drawn together and tied the second day. It is too soon to pronounce for or against this form of treatment; in my hand it has acted well, though my experience with it has been too slight to venture on a positive statement. As to actual

value as a germ destroyer, experience shows that corrosive sublimate, (mercuric bi-chloride,) stands the highest; its germicide value being 1 part in 20,000; potassium permanganate coming next, 1 part in 833; iodine next, 1 part in 500; carbolic acid sixth, 1 part in 100. Mercuric chloride has been used on gauze as a dressing, also for instruments, sponges, and for preparation of cat-gut in solutions 1:2000, (too weak,) and as high as 1:400. With this, peat is often used as an absorbent; also, sand specially prepared, and saw-dust, but according to descriptions given as to details, this method seems more troublesome than Lister's, and though the corrosive chloride is a better germicide, it can do no more in wound treatment than a proper application of carbolic acid. Future experiments may show this or some other treatment to be better, but statistics, up to this time, are not large enough for positive statements.

THE PRESENT CONDITION OF INSANITY
THROUGHOUT THE WORLD.

—
BY S. E. JOSEPH, M. D.

The above title of the subject allotted to the writer, is one which might, and, perhaps, ought to, in its broader sense, embrace the whole question of insanity, not only as to its relations numerically between different communities and to other periods, but also as to its comparative classification, theories and opinions of pathology, management, treatment, hospital systems, results and, in fact, everything, both direct and collateral, bearing upon the subject; but such an extended review was not intended by the Society when it determined upon this as one of its chosen subjects for presentation at this session, nor would it be proper to occupy time in its fuller consideration, to the exclusion of matter quite as interesting, and perhaps of more importance to the ordinary practitioner. Doubtless, it would prove of more than passing interest to tread backward along the well-worn foot-prints of the past century, made by such great and philanthropic alienists as Bucknill, Connolly, Tuke, Ray, Kirkbride, and a host of others, equally eager to promote the welfare of the suffering and afflicted, and to be like Abou Ben Adam, written as those

“Who love their fellow men,”

to the time when, in France, the great Pinel sounded the death-knell of the old and cruel practice then in vogue in the treatment of the insane; when he struck the iron-fetters from off the bruised and bleeding limbs of the fifty-three unfortunate maniacs who had been consigned to chains and rags in the Bicetre for a period extending over many years of horror and torment. But interesting and engaging as this and other lines of investigation might prove to be, I feel constrained to limit the special purpose of this paper to an examination of the subject from a numerical stand-point—in other words, as to the ratio borne by the insane to the

sane in various parts of the world, and particularly, in our own country, and drawing such references therefrom, as the facts may suggest.

I may premise my remarks upon this branch of the subject by the statement that the following computations and data are the result of a pains-taking examination of all the authorities that were accessible to me, and that, in those cases in which correctness is claimed, the statistics may be relied upon. It was my intention and desire to collate reliable data from all parts of the civilized world, bearing upon the subject of insanity, numerically considered; but upon the very threshold of such an investigation we are met by such difficulties as render it totally impossible to carry out the purpose of a conscientious statistician in placing in comparison the data of different countries. This difficulty arises mainly from the fact that methods of obtaining the information sought for, in countries or communities under different government supervision, vary widely; in some being imperfect as to number not under asylum or other restraining management; in some including idiots with, and in others excluding that class from the category of lunatics; besides the many variations between individual countries in taking the census. This unreliability is universally recognized by writers upon this subject. In view of these facts, and notwithstanding the general unreliability, I am glad to be enabled to lay before you a reliable and comprehensive statement of the statistics of the United States, based upon the tenth census, taken in June, 1880.

I have made the calculation necessary to arrive at the results, very carefully, and from the completeness of detail and systematic care practiced in the taking of that census, I have no doubt the figures here given are practically correct and reliable. Not only to those who have given the subject of insanity but little thought or attention, but even to those familiar with its teachings, these statistical figures, meet the eye and ear with a feeling of appalling surprise that cannot fail to shock, and to disappoint. It seems scarcely

possible that a disease entailing upon mankind the loss, either temporary or permanent, of the highest faculties of his nature and imposing upon his fellows the burden of his care, can be of such common occurrence and such widespread existence. And yet these are no figures built upon specious theorizing but hard, stubborn facts whose truth cannot be successfully controverted.

In the United States in June, 1880, there was a total population of 50,155,783; of these 91,997 were insane, and 76,895 were idiots. The ratio of insane to the total population was 1 in 545, and of idiots 1 in 652, making of both classes together 1 insane or idiotic in 297. A comparison as to sex gives the following result: Males, insane, 44,408; total male population, 25,518,820, making 1 insane in 575; idiots, 45,309, making 1 in 563; both insane and idiotic, 89,717, or 1 in 284, of the male population. Females, insane, 47,589; total population, 24,636,963, making 1 insane in 519; idiots, 31,586, making 1 in 780; both insane and idiotic, 79,175, or 1 in 311 of the female population.

Thus, while there are more females insane, the male idiots predominate and the total is in favor of the female sex. As to nativity, we obtain the following results: Native insane, 65,651; native population, 43,475,840, or 1 in 662; native idiots, 72,888, or 1 in 592; foreign insane, 26,346; foreign population, 6,679,943, or 1 in 253; foreign idiots, 4,007, or 1 in 1,650. The native insane and idiotic combined are found as 1 in 314; while the same computation as to foreign gives a result of 1 in 220. Thus it will be seen that the foreign population of the United States contributes a far larger proportion of the defective inhabitants than do the native class.

It is interesting to note that there were 53 insane and 84 idiotic Indians, or 1 in 481 of the Indian population; of Chinese, 105 insane and 5 idiotic, or 1 in 959 of the Chinese population.

In comparing the respective states and territories composing the Union, with each other, we find that, while there

is a very wide divergence between the lowest and highest ratios, there is found in most cases a very high ratio of insane to sane, and this is most observable, as a rule, in the most populous states. I present the following figures, representing the ratio of insane and idiotic to the population in the respective states and territories, giving the insane and idiotic together, and also the ratio of each separately. These I have arranged with reference to their order, regarding the ratio of the insane and idiotic combined to the population, giving those having the greatest relative number first.

TABLE.

	1 insane and idiotic in population of	No. of Insane.	1 insane in population of	No. of Idiots.	1 idiot in population of
1 District of Columbia..	170	938	189	107	1660
2 Vermont.....	183	1015	327	803	414
3 New Hampshire.....	197	1056	328	703	494
4 Maine.....	226	1542	421	1325	489
5 Indiana.....	239	3530	560	4725	419
6 Ohio.....	240	7286	439	6460	495
7 Massachusetts.....	249	5127	348	2031	878
8 Connecticut.....	245	1723	361	817	762
9 New York.....	252	14111	360	6084	835
10 Tennessee.....	260	2404	642	3533	437
11 Kentucky.....	262	2784	592	3513	469
12 West Virginia.....	263	982	630	1367	452
13 North Carolina.....	271	2028	690	3142	449
14 California.....	287	2503	345	507	1705
15 Pennsylvania.....	289	8304	516	6497	659
16 Maryland.....	294	1857	503	1319	709
17 Rhode Island.....	301	684	404	234	1189
18 Wisconsin.....	305	2526	521	1785	737
19 Virginia.....	309	2411	627	2794	541
20 Oregon.....	313	378	462	181	966
21 Delaware.....	314	198	740	269	545
22 Missouri.....	325	3310	655	3372	643

TABLE CONTINUED.

23 New Jersey.....	327	2405	470	1056	1071
24 Michigan.....	329	2796	575	2181	751
25 Illinois.....	331	5134	599	4170	738
26 Iowa.....	334	2544	639	2314	702
27 Alabama.....	337	1521	830	2223	568
28 South Carolina.....	370	1112	895	1588	627
29 Arkansas.....	371	789	1017	1374	584
30 Georgia.....	373	1697	908	2433	634
31 Washington Ty.....	410	135	556	47	1600
32 Texas.....	414	1564	1018	2276	700
33 Mississippi.....	415	1147	987	1579	717
34 Minnesota.....	416	1145	682	729	1071
35 Florida.....	433	253	1065	369	730
36 New Mexico.....	435	153	781	122	980
37 Louisiana.....	457	1002	938	1053	892
38 Kansas.....	478	1000	996	1083	915
39 Utah.....	481	151	953	148	973
40 Montana.....	529	59	664	15	2610
41 Nebraska.....	561	450	1006	356	1271
42 Idaho.....	836	16	2038	23	1418
43 Dakotah.....	889	72	1877	80	1689
44 Colorado.....	1104	99	1963	77	2524
45 Arizona.....	1264	21	1926	11	3676
46 Nevada.....	1275	31	2015	18	3470
47 Wyoming.....	3897	4	5197	2	10394

The great variation between the ratios of different states and territories, shown in the above table, must strike the observer as being singular, and we may seek in vain for causes adequate to explain such a wide divergence. In the District of Columbia where the ratio is shown to be the highest (1 in 170), doubtless are gathered from different quarters of this country, and, perhaps, of the world, wards of the general government who are taken thither to be cared for by the asylums designated for the defective classes of the army and navy. This fact would, of course, swell the ratio of that District beyond its own legitimate quota. It may also be observed that the communities of lowest ratios are, as a rule, comparatively new districts, in some of which settlements are sparse, and hence facilities for census taking very imperfect. In the older states the gain by new cases

being greater than the losses by deaths and recoveries, the insane must necessarily accumulate and present a higher ratio than would be found in newer communities. Again, the proximity of certain communities to nature, as well as to artificial, avenues of travel may have some effect by bringing to a state's very doors the afflicted of all classes. But even allowing these theories to be correct, they cannot be made to account for the wide differences here shown, and I confess myself unable to advance a plausible theory in the matter. As between old and new communities we would expect insanity to be relatively less in those older states in which home influences and steady habits conduce to a more even existence than in newer communities, where disappointments meet the ardent and hopeful adventurer, and where absence of home ties and the feverish state of existence lead to irregularity of habits, and, oftentimes, intemperance.

We may probably believe that where civilization is highest, there insanity is most rife. This latter idea is one of general acceptance among many noted alienists, and, indeed, its truth seems to be borne out by the actual state of the case. The eminent English writer, Maudsley, says in connection with the bearing of this fact upon human advancement:

"If we admit an increase of insanity with our present civilization, we shall be at no loss to indicate causes for it. Some would no doubt easily find in over-population the prolific parent of this, as of numerous other ills to mankind. In the fierce and active struggle for existence, which there necessarily is where the claimants are many and the supplies are limited, the weakest must suffer, and some of them break down into madness. As it is the distinctly manifested aim of mental development to bring man into more intimate, special and complex relations with the rest of nature, by means of patient investigations of physical laws, and a corresponding internal adaption to external relations, it is no marvel; it appears, indeed, inevitable, that those who, either from inherited weakness or some other debilitating causes, have been rendered unequal to the struggle of life, should be ruthlessly crushed out as abortive beings in nature. They are the waste thrown up by the silent but strong current of progress. They are the weak crushed out by the strong in the mortal struggle for development; they are examples of decay-

ing reason thrown off by vigorous mental growth, the energy of which they testify. Everywhere and always 'to be weak is to be miserable.' An increase in the number of insane persons in a country does not mean the degeneracy of the people: the capability of development is the capability of degeneration, and where the general progress is going on actively the retrograde action in the elements must be going on also; the particular is sacrificed to the general, 'the individual perishes, but the race is more and more.'"

Of the 91,997 insane in the United States, 50,896 were in asylums and similar institutions, and 41,101 were kept at home. Of the 76,895 idiots in the United States, 2,429 were in institutions specially provided for idiots, 1,382 in asylums, 5,837 in almshouses, 47 in jails, and 67,200 were kept at home. It may be of interest to note, that in our own state, of 378 insane, 262 were in the asylum and 116 at home; and of the idiots, 21 were in the insane asylum and 160 at home. This shows that while the public burden of caring for both these afflicted classes is certainly great, and the subject of much thought by political economists, nearly one-half of the insane and more than eighty-seven per cent. of the idiotic, were cared for at their own homes.

It would be of much interest to establish a reliable comparison of the statistics of our own country with those of other civilized nations, but as stated at the outset, this is rendered almost, if not quite, impossible by the unreliability and various bases of the census in the different countries. We have at hand, however, a statement over the name of Dr. Tuke, of England, which we may accept as quite reliable, bearing upon the statistics of Great Britain.

In 1880, in England and Wales, there was 1 insane or idiotic person in 360 of the population; in Scotland, 1 in 461; and in Ireland, 1 in 425. These figures compared with those of the United States (1 in 297) show a large preponderance of the afflicted on our side of the Atlantic. We are not to forget, however, the possible and even probable difference in the systems of taking the census in the respective countries. This appears more probable in comparing statistics of both countries over a period of many years,

when we note up to and including 1870, and from 1850 a greater ratio in England than in the United States.

The following statistics, taken from the American Encyclopædia, though quite unreliable, may convey some idea of the existence of insanity in the respective countries, and are given because of the lack of anything reliable :

In 1866.. France,	50,726 insane, or 1 in	749
" 1864.. Prussia,	16,929 " " "	1,137
" 1861.. Bavaria,	4,899 " " "	980
" 1865.. Belgium,	7,431 " " "	643
" 1860.. Denmark,	5,135 " " "	506
" 1860.. Sweden,	7,512 " " "	513
" 1864.. Italy,	8,191 " in asylums.	
" 1864.. Austria,	3,215 " " "	
" 1868.. Holland,	3,179 " " "	
" 1864.. Norway,	557 " " "	

Comparing the above figures with the ratio in the United States for corresponding periods, we find, as a rule, that the ratio in European countries at that time preponderated, and, as all later statistics show an apparent increase, we may reasonably infer that insanity prevails to quite as great an extent, relatively, in European countries as in America.

Turn we now from civilized nations to those of a semi-civilized and barbarous character, and we find, as we proceed in the downward scale in the order of civilization, the relative numbers of insane and idiotic become less and less. It is true reliable information upon these questions it is absolutely impossible to obtain, but the testimony of travelers who have made observations in such countries certainly confirms the belief in the non-prevalence in them of the conditions referred to. Moreau, Aubert, Furnari, and others testify to the comparative rarity of insanity and idiocy in Africa. Other writers and travelers have given the same character of testimony regarding large portions of Asia. While this testimony is of much weight, however, it is but fair to state that a late extract from the *Asylum Journal*. British Guiana, October, 1881, given in the *American Journal of Insanity*, would seem to prove that the hereditary character of insanity is acknowledged in Africa, and that it is suf-

ficiently common for a recognized method of treatment to be formulated.

Doubtless both insanity and idiocy prevail largely in these countries, but, certainly, not nearly to so great an extent as in more highly civilized communities. Again, it is a practice with many uncivilized tribes to neglect the sick, the weak and the infirm, so that death, probably, cuts down in early life, or at an early stage of disease or infirmity, those who may be incapable of making their own way, and thus, those who survive are apt to be vigorous and free from defective taint.

As bearing upon the question of the increase of insanity, I have prepared a statistical table showing the ratio of insane and idiotic in the United States, in decennial periods, since 1880.

Year.	No. of Insane.	No. of Idiots	Total Population	1 Ins'e to popul'n of	1 Idiot to population of	1 insane or idiot to popul
1850	15,610	15,787	23,191,876	1,486	1,467	738
1860	24,042	18,930	31,443,321	1,308	1,667	731
1870	37,432	24,527	38,558,371	1,030	1,572	622
1880	91,997	76,895	50,155,783	545	652	297

From a paper on insanity, read by Dr. Maudsley, in December, 1871, before the Medico-Psychological Association, the following figures are taken, representing the prevalence of insanity and idiocy in England for the period named :

In 1844	1 in 802
" 1859	1 in 535
" 1865	1 in 434
" 1871	1 in 400

From the figures it will at once, to the casual observer, become clear that insanity and idiocy are increasing to an alarming extent, as decade follows decade in the onward march of time. But a closer and more scrutinizing examination into the question will prove that the matter is not really so bad as at first sight it may appear to be. In other words, that while the figures show such an alarming increase, such increase in the number of cases is more apparent than real. Certainly there is not such an absolute

augmentation of the number of cases as a comparison between the different figures would imply. Not only are we to allow for the defective taking of the census at stated periods, by which many subsequently enumerated were doubtless, for various reasons, uncounted, but we are to remember that at each succeeding census a large proportion of those previously enumerated is again counted—that is to say—chronic cases accumulate and are added to those of recent attack, so that the later census has to carry on its lists many of those enumerated in one or more previous counts.

We may therefore view the question in two lights—politically and socially. Politically, the acknowledged increase in numbers as the years roll by, becomes an alarming feature in state government, calling forth, as it does, greater and still greater expenditures of money for providing for this defective class of the population. Socially, however, the state of the case is not so discouraging. From a social standpoint we look, not at the number of all cases existing at any one time, but at the number of *new* cases coming under the lunatic class in given periods. From Dr. Blandford, we learn that in England from 1858 to 1867 the average annual increase in admissions to asylums was only three per cent., and while this does not give us any definite information as to the increase of *new* cases, it is a statement from which inferences may be drawn with some approximation to truth. In order to arrive at a correct solution of of this question it would be necessary to know just how many cases enumerated in the census had been previously counted, when we could easily arrive at the number of new cases in a stated period; but this information we cannot obtain, because no such calculation has ever entered into a census heretofore taken, so far as my knowledge extends. From all the facts at hand, however, we may reasonably conclude that insanity is doubtless increasing, but that the number of new cases attacked is very much less than the statistical tables would seem to indicate.

RETARDED DENTITION.

By B. A. OWENS, M.D.

Mr. President and Honored Members of the State Medical Society:—

I assure you that it is with fear and trembling that I attack the subject—"Retarded Dentition"—assigned me by our worthy President. First, the question is not a medical question, but one of dentistry; and, as I have not even had the advantage of being a student of that honorable profession, it is not probable that I shall be able to edify this Association with any very advanced ideas. Second, the question is an ambiguous one, in that it leaves us in doubt as to its reference to the first or second dentition.

After examining my own library for something relative to the subject and failing, I betook myself to the office of one of the oldest and most learned of our profession and asked for enlightenment on this subject. You will judge of my feelings, when he replied, in that quiet, unassuming way which always brings with it confidence and conviction, "No, I have little or nothing on the subject. Really, I think there is very little in it; certainly not sufficient on which to write a good paper, and I should not attempt it. There can be no more reason why teeth should be retarded in their growth than why the body, as a whole or in part, should be retarded. Had the subject been irritable or difficult dentition, then you would have had material for a good paper."

I next called upon a number of our dental brethren, who kindly placed their libraries at my service. They informed me that there was little notice taken of "Retarded Dentition" by the works on dentistry, as it seemed of so little importance. All had met with cases of retarded dentition, both in the temporary and permanent teeth; but as this phenomena had little or no effect upon the general health of the persons under observation, it attracted but little

notice. After considerable meditation, I decided upon the plan of examining a series of dental journals, hoping in this way to be able to obtain the best views of a large number of practitioners. I therefore selected the *Dental Cosmos*, edited by J. W. White, M.D., D.D.S., of New York. I have carefully examined files of these journals, reaching over a period of eight years. From this source, together with Garretson's large work on dentistry, I have gleaned some valuable information regarding *dentition*, but little, however, on the subject in hand. Offering this as a preface, I will begin by a brief explanation of the development of the primary teeth, as that subject is of too great magnitude to admit of more than a brief notice. I will add, however, that the formation of the temporary and permanent teeth is nearly or quite identical.

A tooth may be said to be an enlarged papilla of the mouth, which has undergone such histological and chemical changes that it has acquired a remarkable degree of hardness. We find three parts in a fully developed tooth: 1st, the crown, the part which projects above the gum; 2d, the neck, the part that is embraced by the gum; 3d, the root, the part which reaches down into the alveolus of the jaw. In the centre of the tooth we find a canal, with an opening at the apex of the root, which terminates above in the crown. This central cavity is completely filled with a soft substance, known as the dental pulp, which consists of connective tissue, nucleated cells, blood-vessels and nerves. As above shown, the dental tissues are divided into three parts—dentine, enamel and cementum. The dentine constitutes the greater part of the tooth. It presents a yellowish-white fibrous appearance, and is one of the hardest constituents of the body. It has a firm matrix and extremely fine canaliculi, the so-called dental tubes. Cementum is absent from the crown of the tooth of man. It commences just over the enamel, at the neck of the tooth, and forms a thick covering over the roots. It is comprised of a matrix identical with the bone and of lacune and

canicula. They communicate with some of the dental tubes and with each other. The enamel, which is the hardest substance in the body, is formed on the outer surface of the dentine of the crown of the tooth. In the early days of foetal life the jaws are planes of cartilage. These planes are covered with mucous membrane. The development of the teeth begins in this mucous membrane. The mucous membrane and the skin are continuous structures, and, anatomically speaking, are quite analagous. They are divided into two layers, the *dermis* and *epidermis*. The external layer, or epidermis, is derived from the external germinal layer, or epiblast, while dermis originates from the *mesoblast*, or middle layer. These two layers are separated by a transparent homogeneous structure, which has received the name of basement membrane. The enamel organ and dental bulb originate on opposite sides of this membrane. The first rudiment of the tooth appears about the sixth or seventh week of foetal life, when the mucous membrane is vascular, embramic or gelatinous tissue.

The rudiment, or enamel germ, is a prolongation of the stratified epithelium of the surface, into the depth of the mucous membrane. This folding and prolongation of the mucous membrane has been called the budding of the prismatic layer of epithelium. It deepens and increases in size, and it soon becomes invaginated by a papillary mass of nucleated cells which arise in the mucosa, or dermal tissue. This pappillary mass is the dental germ of the tooth. The enamel organ folds over it. The cavity of its under surface becomes more marked in conformity with the increasing concavity of the dental papilla. The surrounding dermal and subdermal connective tissue assume a laminated arrangement, which forms the tooth sac or cementum.

Previous to the year of 1838, the many theories that had been advanced upon the origin and development of the mammalian tooth were vague and general; but during that year Goodsir presented a concise and systematic statement upon the subject, which was then accepted, and has since

been reproduced, without modification, in most of the works on anatomy and physiology. Subsequently further investigations were made by other scientists upon the teeth of reptiles, fishes and other lower animals, demonstrating those organs to be muco-desmal appendages, but still accepting Goodsir's theories respecting the mammalian teeth. Since 1863, Prof. Kollikers' investigations, showing that there was no marked difference between the origin and development of the teeth of mammals and those of the lower animals, have been elaborated and confirmed by the latest and most prominent scientists. So, to-day, we recognize the origin of human teeth, in common with those of other animals, to be from an inflection of the stratum malipegium or columnar epithelium, which forms the germ of the enamel organ.

But we are most interested in the essential constituents of healthy or normal development. This complex molecular mass, with its differentiated prospective results, must depend for its normal constructions upon its original constitution on the one hand, and on the other upon the character of the energy supplied to it during development.

How to secure healthy and vigorous constitutions is the greatest problem of life. Poisons both by inheritance and acquisition are constant dangers. An inherited poison may not only be responsible for diseased fibre, but may be the cause of inflammatory conditions, which will exclude the normal nutrition by interfering with healthy digestion, healthy respiration or healthy excretion. The disturbance of any one of these may render the formative process, in part or in the whole body, faulty. Independent of these processes, pathologists believe there is something in the blood itself which is at least as essential to its healthy state as are these. The blood is indeed often occupied in correcting the evils to which they, more than itself, are subject, viz: the power of assimilation or maintenance which it possesses as independently as any tissue in the body. It is by this assimilative power of the body that the tissues are constantly guarded. Many noxious substances introduced

into the blood are changed and rendered harmless before they reach the tissues; nor can any substance introduced from without produce disease in any organ, unless it be such an one as can escape the assimilative and excretory power of the blood itself. Now, the theory of specific disease is that each of them depends upon a definite and specific morbid condition of the blood; that the local process in which each is manifested is due to the disorder produced by the morbid blood in the nutrition of one or more organs, and that, generally, this disorder is attended with accumulation, and leads to the discharge or transformation of some morbid constituents of the blood in the disordered part. This brings us back to the development and durability of dental structure.

Many authors claim that children who have suffered from any of the eruptive fevers during the development of the secondary teeth, are destined to suffer from inferior enamel, early decay and loss of their permanent teeth. Dr. Henry Lee gives as his opinion that anything which will impair nutrition at a particular age, whether mercury, syphilis or scrofula, will produce analagous teeth. Poorly fed children, or those using sugar-teats, develop inferior teeth. Dr. Southey reports a very interesting case of sixteen children, all by the same father, but of two mothers; ten by the first wife and six by the second. Out of this large family none were known to have had eruptions or snuffles in early infancy. The first teeth of all these children were good and sound; but of the teeth of the eighth child of the first wife and two of the second marriage developed teeth fully answering to the description of the teeth known as the Hutchinson syphilitic teeth. But the interesting feature was that all the children brought up by the wet-nurse, or who were nursed by the mother, had well-formed secondary teeth, while those brought up by the bottle had the so-called syphilitic looking teeth.

Dentition, though a physiological process, is yet, like that of utero-gestation, one of constant irritation. This, then, is

a matter to be considered in all these associated lesions. Yet I would not be understood as attributing all infantile ailments to dentition. Some authors estimate the mortality of children at this age to be one out of every ten. Prof. Camper states that out of 5,989 infants admitted into the foundlings' hospital, only 884 were found alive at the age of five years. Considering the great mortality among infants, it would be well for every physician to pay special attention to dental evolution, which is the physiology of the subject, as well as to the signs and symptoms which accompany it.

The diseases—if they can be so-called—directly associated with and depending upon abnormal dentition are localized stomatitis, irritative fever, diarrhoea, spasms and eruptions of the skin, especially of the scalp and face. In estimating the amount of constitutional disturbance which may result because of a want of accordance between the eruption of a tooth and the absorption of the tissues which impede it, we have but to imagine the sensitive pulp, made up of arteries, veins, and nerves, in a condition of irritation from augmented vascular and nervous action. The scientific Dr. White says—and I see that he is supported by Garretson and others—“We see that the pain so intense and unremitting as to destroy the appetite for food, to cause wakefulness, irritation, thirst, fever, diarrhoea, or constipation, congestion, convulsions and death, may be due to the irritation of dentition, *without* the existence of a single local indication. In other words, that the most serious complications of dentitions are not caused by the pressure of the advancing tooth upon the gum, but by the backward pressure of the resisting gum upon the sensitive pulp, giving rise to a true toothache, comparable only to that exquisite torture which is experienced in after life from an exposed and irritated pulp.”

I think that we may easily understand that such a condition may exist if we but remember that at the period of eruption the roots of the teeth are not completed. Instead

of the conical termination and minute foramen which characterize a perfect tooth, the aperture is large and its edges thin and sharp. Also, we must bear in mind the association of the fifth pair of nerves, which supply the dental filaments, with the great sympathetic system, thus connecting the teeth with the entire economy. The pathological bearings of such deranged action may not be limited; and under such circumstances it is not difficult to comprehend the *inefficacy* of any or all hygienic or medicinal measures, but certainly easy to understand how the thorough lancing of the gums over the tooth, or teeth, thus implicated may, by removal of the pressure, give a relief so immediate and complete that there can be no room for doubt of the correctness of the diagnosis. Dr. White reports a case in proof of these views. A child of one year of age, with four superior and two inferior incisors in position, after three weeks of restlessness, wakefulness, loss of appetite, fever, paroxysms of pain, with rapid emaciation, all without the slightest local indications in the mouth, was cured by free crucial incisions over the molar teeth, the improvement being so evidently the result of the operation that the relation of *cause* and *effect* was plainly recognized by every member of the family. Such cases are not exceptional and should suggest a more careful investigation of the developmental process of dentition in otherwise unexplainable diseases of infancy.

J. A. Webster, M. D., before the Massachusetts Medical Society, states that about three per cent. of the infantile mortality of Massachusetts is attributed *directly* to dentition, and that probably many deaths from other diseases are owing to it indirectly. Yet he says physicians in high standing are not wanting who deny that dentition exerts an special influence in the etiology of children's diseases.

It is claimed by high authority that teething is a concomitant cause of cholera infantum, as it is during dentition that it most frequently occurs; yet others are equally sanguine that cholera infantum is due to intestinal follicular

development, which is taking place at this time, which renders the child peculiarly liable to that disease. In teething we have as one of the first symptoms the excitement of the salivary and buccal glands of the mouth, stimulated to a constant overflow of their secretions, which are more or less modified by more acid in their constituents, due to the fact that the alkaline qualities are wholly taken up in supplying the demand of the system in the development of the teeth. The truth of this seems evident, in that the alkaline treatment of diarrhoea of children seems to be by far the most effective, and should suggest the administration of aquam calsis in all cases of druling in children, thereby furnishing a supply demanded by the system, and this might, in many cases, wholly arrest an attack of diarrhoea.

After carefully tracing the embryonic tooth to its full and complete development, hoping to find some plausible or tangible cause for retarded dentition, we must acknowledge that we have succeeded in failing; and we are tempted to resort to the Yankee method of solving the mystery, by asking why there is such a great difference in the complexion as well as in the physical and mental stature of members of the same family. Now, why should my osseous structure cease to elongate at the undersirable length of five and one-fourth feet, while a younger sister is rendered more graceful and symmetrical by an addition in her case of two or three inches, and a brother is rendered grand and imposing, in appearance, by the superior development of his osseous and muscular systems? Why should Tom Thumb fail to grow beyond two feet in height, while his brothers and sisters were all large and well-developed men and women? Why should the same parents give to the world a philosopher and an idiot, a giant and a dwarf, one child with low, degrading propensities, another with pure and lofty ideas? These are questions which have been studied and pondered over for centuries, and still remain unanswered. And, so far as I have been able to learn, the scientists in dentistry have failed to give any reasonable cause for retarded denti-

tion, except in cases of too early removal of the primary teeth, which interferes with the proper development and eruption of the secondary teeth. I have also noticed several articles in which the authors claimed that rickets was a cause of retarded dentition, and have gone so far as to say that rhachitis may be looked for where the eruption of the teeth is delayed. Though this may be the rule, yet we know there are many exceptions to it. Most any practicing dentist can point to numerous cases, which have come under his own observation, of persons from twenty to forty years of age who have always enjoyed good health, yet are deficient in two, four or more teeth, which have either never been erupted or were erupted late in life. When the latter is the case, it is often due to the irritation produced by wearing a plate.

Since looking up this subject, I have made some observations myself. One of my patients, a lady of twenty-three years of age, has never erupted her first four inferior molars. I reported this case to a dentist, and he informed me that aside from the wisdom teeth, which often fail to erupt, the first inferior molars were the ones most frequently absent; why, he knew not, and thus far I have found nothing relative to it. A lady said to me: "I have two sons, twelve and fourteen years of age, both large, strong, healthy boys. The older has only four of his molars, and still retains several of his milk teeth, which are worn down almost to the gums. The younger boy has all his molars except the first pair below, which he has lost by decay, though he has but lately lost his milk teeth." I am informed by dentists, and also by reports of various writers on the subject, that those teeth which are erupted late in life, as a rule, are normal and in a perfectly healthy state, having at no time caused any trouble. A dentist of this city informed me that one of his infant daughters erupted her teeth very early, while a second erupted hers late. The teeth of the second child are excellent, while those of the first child are very inferior. He said that his experience was that the teeth erupted early,

as a rule, are not so durable as those erupted later. These views are supported by many dental practitioners.

Prof. Jacobi, in a clinical lecture on irregular and abnormal dentition, presents a large collection of such anomalies. The history of congenital teeth is old, reaching far back into ancient history. The celebrated Marcus Curius, consul of the Roman Republic, two hundred years before our era, had a full set of teeth at birth, which was the reason of his being named Dentatus. Zoroaster, the Persian legislator, also had teeth at birth. Prof. Jacobi claims to have seen twenty cases of congenital teeth. He regards them as an accidental connective-tissue formation, and advises their immediate removal. He claims that it has been erroneously stated that in such cases the primary teeth do not appear. He gives a lengthy list of cases of retarded dentition. One girl erupted four temporary teeth at thirteen years of age; another at six years had only a few incisors; one lady had only two upper incisors. Several cases are cited where there were an entire absence of teeth; but in nowise does he attempt to account for this anomaly.

In conclusion I will briefly mention a case reported by Dr. L. F. Stoddard, of Hillsboro, Ill. If true, I should judge it to be one of the most remarkable cases on record. He says: "Mary McKenn was born 1787, in Green County, Penn.; emigrated to Indiana at thirty years of age; from thence went to Illinois at fifty-five years of age. At the age of seventy-three her eye-sight returned, since which time she has been able to read the finest print. At sixty all her teeth had been removed, but at seventy-nine she began cutting the *third* set, and at present she lacks only two molars on the right lower jaw of having a full set of teeth. At eighty-eight the catamenia returned, and have continued with regularity ever since." I must add, however, that Dr. Stoddard failed to inform us whether the bloom and blush of girlhood had also returned or not.

Since writing the above, one of my patients informs me that there is a similar case to the one just mentioned in

Jacksonville, Oregon, which has been much commented upon by the Jacksonville papers, and many persons have traveled long distances to satisfy themselves of the truth of the reports. This lady, Mrs. Schrupp, is past ninety years of age, and is cutting her third set of teeth. Her eye-sight has so much improved that she can read fine print without the aid of glasses. In her case I am informed that these are the only indications of returning youth.

GUNSHOT WOUND OF THE STOMACH— RECOVERY.

—
By J. T. McCORMAC, M. D.

Simon Sparks, aged sixteen years, coal miner, while hunting, received a wound from the accidental discharge of a shot-gun, in which a portion of the abdominal wall, six inches in length by two inches in width, was torn away, some of the shot also perforating the stomach.

He was standing on a log at the time the accident occurred, when, through carelessness, the gun slipped through his hand, the hammer striking on the log with sufficient force to explode the cap and discharge the gun, which was loaded with No. 2 shot.

The charge entered the abdominal cavity two inches to the left of the navel, ranged upwards and outwards for six inches, and passed out between the seventh and tenth ribs, carrying a portion of the eighth and ninth ribs and the intervening cartilages. After coming out of the abdomen, the charge entered the wrist of the left hand immediately above the pisiform bone, grazed the ulna and passed out, leaving a wound about two inches square, with the lacerated vessels and tendons exposed.

As soon as he was shot, he fell down, and told his companion, a young man of the same age as himself, to go home, a distance of four miles, for help.

The accident occurred at about 9 A. M., Thursday, May 10, 1883. As there were no trees or other shelter within a mile, he lay in the hot, sultry sun, with his bowels exposed, until 11:30—two hours and a half—when several men arrived.

They found him sitting up with his back to the log, holding his intestines (which *they* say were very much dried) in his hands, and endeavoring to keep away the ants which were crawling over them. Placing him on an improvised litter, consisting of sticks tied together with rags and covered with fir boughs, they conveyed him to his home at Southport Coal Mine, where they arrived at 2 P. M. Arrived fifteen minutes later; found patient vomiting large quantities of blood, pale and evidently in much pain; pulse 128; was lying on back with cold, wet pack applied over abdomen; gave a combination of morphia, brandy and ergot to counteract the prevailing symptoms of pain, depression and hemorrhage, receiving immediate results. The vomiting also ceased.

On removing the cloths, found the stomach, paureas, duodenum, about two feet of the jejunum and a large part of the great omentum entirely out of the abdomen, the stomach and intestines being much distended with gas. On turning the stomach over, found two wounds about one and a half inches apart, evidently the entrance and exit of a portion of the charge. The smaller wound, that nearer the navel, was about one-fourth of an inch in diameter, while the other was sufficiently large to permit the entrance of my finger into the stomach when I replaced the protruding mucous membrane, preparatory to introducing sutures.

The mucous membrane, in protruding through the wound, acted as a plug, almost completely controlling the hemorrhage from the smaller, less so from the larger opening. It even closed the larger wound sufficiently to cause the stomach to be considerably dilated with the blood and gas; but when I pushed back the mucous membrane, they both poured out, causing the stomach to partially collapse.

Used one suture in each of the openings, approximating the serious surfaces, and leaving one end of each suture long, for the purpose of bringing it out at the external wound.

Next directing my attention to the rest of the protruding parts, found them covered with minute particles of the dark flannel shirt which he had on. After picking away all that could be taken up with the fingers and forceps, with the omentum resting on one hand, allowed a stream of warm water to flow on the parts from a linen cloth held a few inches above them; but found it impossible to remove all the particles. The parts were now replaced within the abdomen, after much difficulty, on account of the accumulation of gas. Examining the edges of the wound, could feel and see the cartilages of the seventh and tenth ribs and portions of the eighth and ninth ribs, the ends of which had been carried away. The edges of the wound were much powder burnt; and the fine particles of the shirt were so burnt in that they could not be washed out.

Introduced a great many sutures, but found it impossible to get deep sutures except at the end near the navel; brought ends of sutures from stomach out at outer end of wound; introduced drainage tube; placed patient on left side; dressed wound with lint saturated with carbolized linseed oil (gr. xvi, oz. i). As there was much thirst, allowed him to drink freely of water, tea and milk.

At no time has the temperature exceeded 100 deg. The pulse gradually reduced to 67. From the third to the sixth days there was considerable hiccough (which the boy's mother claims to have controlled by application of horse-radish leaves to his feet and chest). On the seventh day the bowels moved freely. There was much sloughing from the wound, but this came away, and the wound is healing nicely. On the seventeenth day the sutures came away from the stomach, followed by a thin fluid, evidently gastric juice. This fluid, which was considerable during the first few days of the wound, has almost ceased to flow; and I

have hopes that the wound will heal without leaving a fistula. At this writing (twenty-seventh day since wound was received), he has a good appetite, eats a moderate amount of food, but avoids all hard substances, such as toast, etc., as they cause pain in the part of the stomach wounded. For the past seven days he has been sitting up in a chair from one to five hours each day; and, so far as human judgment can foresee, is entirely out of all danger.

On the evening of the accident, Dr. Tower, the physician to the coal mine, arrived, and I saw the case, in connection with him, until it was considered out of danger.

The following, from *Agnew's Surgery*, is the latest I have been able to obtain in regard to this class of cases:—

Incised, punctured and gunshot wounds of the stomach are generally considered fatal, though there have been a few instances of recovery, so that we need not utterly despair in such cases. Every one is familiar with the case of Alexis St. Martin, whose stomach, by means of gastric fistula, has enlightened physiologists so much on the subject of digestion. This man still lives (1878), and enjoys good health at about the age of seventy-three years. *Physic* relates the case of a man, who was under the care of Dr. Archer, of Maryland, who, shortly after a meal, received a wound of the stomach two inches long, through which passed meat and cabbage. In the absence of medical assistance at the time, a shoemaker sewed up the opening in the parietes. This was subsequently opened, and the patient made a good recovery. Dr. Peters, of the U. S. Army, reports the case of Private Bowers, who received a shot wound of the stomach at South Mountain, which wound discharged for two months through a fistulous opening in the abdominal wall.

These three cases are the only ones on record as having recovered in the United States. Guthrie, an English surgeon records several cases of recovery.

SPONGE-GRAFTING.

—
BY W. H. SAYLOR, M. D.

J. V., aged thirty-two, contracted constitutional syphilis in 1879. For something over three years he was treated by various home remedies and irregular physicians. In September, 1882, I took charge of the case. Examination revealed the following symptoms: The patient could walk with the assistance of a crutch and cane; there was a large ulcer on the right leg (outer side), extending from knee to ankle; the left leg was ulcerated in the same position, but somewhat less in extent; both forearms were covered with ulcers, ranging in size from a ten-cent piece to a silver dollar. I placed the patient on the mixed treatment, consisting of iodide of potassium and bi-chloride of mercury, with the usual local applications to the ulcerated surfaces. After six months' patient and persistent treatment, I succeeded in healing the ulceration on both forearms, and also that on the left leg, with the exception of a small space over the outer malleolus. The ulcer on the right leg had healed, leaving a space some five inches in length by three in width, extending over the right malleolus, with a hard hypertrophied border. The process of repair at this time seemed unsatisfactory. Three months more treatment was persisted in, using local and constitutional treatment. Adhesive straps were applied every second or third day, without any beneficial result. I then decided to try sponge-grafting. Securing a number of soft surgeon's sponges of the finest quality obtainable, I prepared them by saturating them in a dilute solution of nitric acid. Each sponge was trimmed down to one-half an inch in thickness and to the exact size of the ulcer. I then bound them down with adhesive straps and roller bandages. On the third day the bandages were removed and the sponges washed with solution of carbolic acid (one to thirty). On the fifth day the

sponges had become firmly attached, granulation had commenced around the borders, and blood had exuded through the sponges. The adhesive straps were removed and the parts thoroughly cleaned. Dry, absorbent cotton, sprinkled with iodoform, was then applied over the sponges, with roller bandages. On the tenth day granulations could be seen sprouting through the interstices of the sponges, and the margins of the ulcers had become less dense, being almost normal in appearance. From this time on granulation was rapid, and within two months the ulcers had entirely healed. At each dressing the sponges and unhealthy granulations were pared down with curved scissors.

P. S.—Since the above-mentioned case, I have tried sponge-grafting in some three or four cases of similar character, but of less extent, with the most gratifying results.

THE DIAGNOSTIC VALUE OF OCULAR AFFECTIONS IN CONSTITUTIONAL DISEASES
—WITH ILLUSTRATIVE CASES.

BY F. B. EATON, M.D., PORTLAND, OREGON.

It is a trite saying that excellency in any specialty of medicine is best attained by a thorough knowledge of the whole domain of physie.

This is self-evident. Let us, however, consider the converse of this proposition. To what extent can the general practitioner make practical use of the specialist's knowledge? It is my purpose, in answer to such a query, to demonstrate that, as a special branch of medical knowledge, ophthalmology has not only unravelled obscure pathological conditions of the system, but, in urgent, cases, has dictated correct and effectual treatment.

The natural grounds for this, rest upon the peculiar anatomical and physiological relations of the eye to the rest of the body. Let us briefly recall some of the anatomical peculiarities, particularly those relating to the circulation and innervation of the eye-ball proper:—

The vascular tunics of the globe are the choroid and retina, the choroid being supplied by the short ciliary branches of the ophthalmic artery, and the retina by the central artery of the retina, which enters the eye-ball between the bundles of fibres of the optic nerve, and dividing into four or five primary branches, ultimately forms a net-work of very fine capillaries, plainly visible by means of the ophthalmoscope. The supply of blood to the interior of the globe is regulated by nervous influence, and peculiarly by the intra-ocular tension. The principal nervous features of the eye-ball are its minute and intimate connections with the motor, sensory and sympathetic centres, exclusive of its own peculiar nerve of sight.

The ophthalmic ganglion, situated in the orbit posteriorly to the globe, is an important mediator, so to speak, between the eye and the body. This ganglion receives a sympathetic twig from the carotid plexus, also one from the cavernous plexus. In addition to these it receives a sensory root from the nasal branch of the fifth pair, and a motor root from the branch of the third pair to the inferior oblique muscles. Some of the sympathetic fibres, principally of the vaso-motory kind, influence the systolic movements of the intra-ocular vessels, and also other contractions and expansions which are independent of the pulse.

The importance of these influences of the sympathetic cannot be exaggerated, as to disturbances in the innervation of the latter are to be attributed to marked changes in the nutrition of the globe. Cutting or irritating the cervical sympathetic results in marked contraction of the pupil, recession of the globe within the orbit, and enlargement of the vessels of the iris.

In treating of the diagnostic value of ocular affections, the field of illustration is so large that I will restrict myself to those conditions which best serve my purpose.

To begin with those diseases which are apparent upon simple inspection of the eye-ball, I will mention that familiar and common affection, *phlyctenular corneitis*. Rarely in childhood do the characteristic little pustules appear on the edge of the cornea independently of the scrofulous diathesis; and what is more important, they often afford the sole external indication for constitutional treatment.

Another corneal affection is associated with the name of that distinguished surgeon, Jonathan Hutchinson, who first described its constitutional origin. I refer to that disease termed *diffuse or interstitial corneitis*, which is characterized by a peculiar bluish-gray, ground-glass opacity or infiltration of the cornea. It is a disease peculiar to childhood and youth, and in the great majority of cases is a sign of inherited syphilis, often shown by an arrest of dental development, chiefly of the middle portion of the incisor

teeth, known as Hutchinson's teeth. The great disturbance of vision induces the parents to seek the surgeon, and indications are thus given and opportunity afforded for specific treatment.

Quite a large percentage of all inflammations of the iris, as is well known, rest upon a syphilitic basis. Generally iritis first appears after syphilis has existed for some time and has been variously localized. The contrary, however, frequently occurs; the iris may be one of the first parts attacked, or be among the first of the local secondary syphilitic affections. It should always excite suspicion and lead to investigation and to a challenge of exposure. Passing now to the affections of deeper parts, we find here the evidences of constitutional influence still more apparent.

The existence of hemorrhages into the retina, and particularly of effusions into the sheath of the optic nerve, is accompanied by symptoms of compression of the nerve elements and great impairment of sight. These hemorrhages are very frequently met with as a result of alterations in the blood. The importance that the diagnosis of such hemorrhages may assume as regards blood changes in pregnancy is strikingly shown by the following case of Professor De-Wecker, of Paris, which I will give in his own words:—

I was requested some five years ago to examine a young American lady, twenty years of age, who was in the seventh month of her pregnancy, and who complained that her sight had been somewhat dim during the last few days. Her husband begged me to examine her that very evening, although to do this I had to disturb a large dinner party, which neither the condition of her sight nor health prevented her taking part in. I found there was a very slight haziness of the retina in the neighborhood of the papilla in both eyes, and deferred further examination till the next day. At ten o'clock the following morning the ophthalmoscope showed in the left eye, near the papilla, a small extravasation, which certainly could not have escaped my investigation of the previous evening. Meeting a colleague in consultation, I informed him of the fresh hemorrhage, and the increased haziness of the papilla, and begged him to persuade the patient to allow premature labor to be brought on. I felt convinced that it would not be long before serious brain symptoms would declare themselves, and that in any case this primipara would

not arrive at her full term without some accident. One of the most celebrated accoucheurs in Paris was called in further consultation, but I was unable to convince him of the urgency of the danger. During the night which followed this consultation, that is to say four days after the first ophthalmoscopic examination, the patient was seized with convulsions, following each other in rapid succession. In all haste Dr. Campbell was sent for, but he did not feel justified in forcibly delivering a patient who lay unconscious and in a moribund condition. Death occurred the following night.

Dr. Wecker further remarks:—

It may at first sight seem strange that the retina so frequently shares in any disturbance of the general circulation or nutrition. You will cease to be surprised, however, when you consider that in looking at the retina you have spread out before you a terminal artery with its finest ramifications. The ultimate capillaries are distributed in a tissue of remarkable delicacy and perfect transparency. Such conditions suffice to exhibit the slightest disturbances caused by any changes in the circulation.

The appearance of retinal hemorrhages in an otherwise healthy retina also indicates, in certain cases, hypertrophy of the left ventricle or aortic insufficiency. Such cardiac conditions, by urging forward the pulse-wave irregularly, favor rupture of the vessels. The following case of my own illustrates the fact that a rupture of the retinal capillaries may lead to the detection of a functional derangement of the circulation:—

The patient, a logger, twenty years of age, applied to me, complaining that six days before a "blur" had come over his left eye. There was no pain or sign of inflammation. The "blur" had now become a spot with sharp edges, situated in the line of vision, around which he could see. The eye had sustained no external injury. Examination of the field of vision showed at the point of central vision, a blind spot two inches by one and one-half inch.

With the ophthalmoscope I found an extensive hemorrhage at the yellow spot of the retina. Its outer edge was somewhat sharply bounded; its inner portion was less defined, the texture of the fibrous layer of the retina and its capillaries being plainly visible, indicating extravasation

beneath the retina, and also infiltration into its substance. Two minute hemorrhages were visible close to the large one. Otherwise the retina was perfectly normal, and, on comparison in no respect differed from that of the other eye. I noticed, however, on my first examination that the veins of both retinae were unusually large in proportion to the size of the arteries. The question of etiology is an interesting one as regards this case. The patient himself attributed his trouble to unusual exertion in lifting heavy logs. He stated also that two weeks before he had, in a frolic, experimented with catarrh snuff, sneezing violently for a long time. For a week after, the affected eye was very bloodshot, and after the disappearance of this redness, the spot appeared. A careful examination of the urine showed nothing abnormal. Dr. Mackenzie, who was in consultation, first drew my attention to a peculiar lividity of this patient's face, the blueness of the lips being very marked. The patient then stated that this lividity had been a peculiarity since childhood, and that if startled or frightened his face became very blue. No hypertrophy or valvular lesion nor any cardiac abnormality whatever could be discovered. Putting together and comparing the facts of the case, the most rational diagnosis seemed to be that some congenital anomaly of circulation predisposed the patient to venous congestion, as further shown by the cyanosis and enlargement of the retinal veins, while excessive muscular straining and sneezing (which latter is on record as a cause), had been singly or together the immediate or exciting causes. This patient was warned that his occupation as a logger rendered him, under the circumstances, liable to cerebral hemorrhage and he was advised to seek other work.

Inflammatory deposits in the retina also result from obscure blood changes. Another case of my own will serve to illustrate this, and also the value of the ophthalmoscope as a means of diagnosis:—

A young girl, aged fourteen, was brought to me with the history of gradually failing sight, dating three months back. Two months before, what she described as "a large purple

spot" had made its appearance before the right eye, covering and obscuring any object at which she looked. Her general health was affected; she was anæmic, appetite bad, and she was subject to occasional vomiting spells, attributed to over-use of coffee. She had had no treatment. Vision in the right eye was limited to the counting of fingers at four feet, and in the left to the reading of the largest sized type at twenty feet. Externally the eyes appeared normal. The ophthalmoscope showed in the retina of the right eye an extensive snow-white exudation, occupying the region of the yellow spot, forming a mound-like elevation about it as a centre. Small spots of similar exudation were scattered here and there through the retina. The retina of the left eye showed the same general deposits, but the yellow spot was intact. Having my suspicions as to the cause, it was deemed advisable to place her upon tonics, to impose guarding the eyes from light, and in the meantime to test the urine. Repeated and careful tests showed albumen in considerable quantity, also the typical casts, while hypertrophy of the heart and a high arterial tension, as shown by a hard, cord-like pulse and by the sphygmograph, completed the picture of chronic Bright's disease. Such retinal deposits, especially in the region of the yellow spot, are not uncommon in Bright's disease, and, thanks to the ophthalmoscope, this patient, by proper diet and tonic remedies, has improved much in health, and recovered a considerable amount of sight. Had not her vision so signally failed, the Bright's disease might have existed unsuspected for a long time.

A certain class of affections of the optic nerve result from toxic causes. Among these the most commonly met with form is that produced by the conjoint abuse of alcohol and tobacco.

Most of the individuals I have treated have been bartenders or saloon-keepers, and the history of their troubles is so characteristic, that on learning my patient is a barkeeper and has failing sight, I forthwith proceed to test his sense of color, and always find that he cannot distinguish red from

green; moreover, gold and silver coins of the same size are indistinguishable, save by their pattern.

The ophthalmoscope shows sometimes no change in the retina or optic disc, but generally partial atrophy of the optic nerves. The abandonment of drinking and smoking generally results in great improvement, not only of the vision, but also of the general health, and such cases may be cited as good examples of the timely warning given by the eyes to the body.

I wish to conclude this paper with some account of the visual disturbances which are the reflections of diseases in distant parts of the body. Here, first and foremost as a disturbing centre, must be placed the *uterus*.

Dr. Mooren, of Dusseldorf, published last year a rather startling paper on the influence exerted by the uterus upon the vision. He does not appeal to disbelief, since a large number of observers have given testimony which is in accordance with his own. He says:—

* * In inflammations of the external tunic of the eye (conjunctiva lids), there are exacerbations simultaneous with the occurrence of menstruation. Why it is that this occurs in some case and not in others we cannot explain. It is, however, a fact which no ophthalmologist, who has any claims to be called a circumspect therapist, can fail to appreciate. * * * * Nothing could be more suggestive than the fact that in young girls who have chronic granulations of the lids, we sometimes see at the time of their menstruation a new crop of granules spring up, even if the flow is irregular or very scant. I distinctly remember the case of a girl of fourteen years, who had an intense corneal pannus, and, notwithstanding the fact that every symptom of her *molimina menstrualia* was present, she could not be brought to menstruate, but, nevertheless, had such an ocular inflammation every four weeks.

The influence of the uterus is most frequently shown in the production of retinal hyperæsthesia and accommodative troubles, and accounts for many cases we meet with in women, where the patient complains bitterly of her inability to face bright light or to use her eyes comfortably in reading. Says Mooren again: "I have found in my experience of twenty-three years that when a woman cannot

wear her glasses, there is often a uterine complication." Pure pruritus vulvæ, which has been termed a neurosis of the pudic nerve, is capable of causing a stubborn retinal hyperæsthesia. No tunic of the eye and no ocular function seems to be beyond the influence of uterine inflammation or irritation. Prof. Hermann Cohn, of Breslau, has lately written exhaustively on the subject of "Eye Diseases from Masturbation." After giving a large number of cases and citing the corroborative evidence of many eminent authorities, he concludes: "If we sum up what myself, other oculists and the most eminent neurologists have observed, we arrive at the following deduction: Masturbation, when practiced excessively, can produce persistent photopsiæ, conjunctival inflammation, blepharospasm, paresis of accommodation, etc.; * * but, be it well understood, only *excessive masturbation*." In connection with the above I should mention a series of papers published a year or two ago the late Dr. Geo. F. Beard, in the *N. Y. Medical Record*, on "Neurasthenia and the Sexual Function in the Male." In these papers Dr. Beard gave prominence to the symptoms of retinal hyperæsthesia and accommodative troubles resulting from even moderate sexual indulgence, and illustrated these points by narratives of cases where business pursuits had to be abandoned, owing to the ocular troubles induced. That the ophthalmoscope has been of valuable assistance in the study of cerebral conditions in insanity, I need not remind you. Dr. E. C. Seguin, of New York City, has systematically applied visual symptoms and the ophthalmoscopic appearances to the papilla in his well-known plan of mapping out cerebral lesions. Had I space, I could multiply almost indefinitely arguments and illustrations of my subject. Sufficient testimony, however, has been given, and it only remains for me to invite your attention to the natural inferences. Since physiological knowledge is comparatively meagre and disease assumes so many protean forms, being disguised oftimes by apparently contradictory symptoms, we are handicapped in our endeavors to solve pathological problems. Let us then avail ourselves

of every aid which this or that specialty affords, striving to preserve a broad view of the field, not forgetting that, as the body is composed of many parts fitly joined, we cannot afford to separate the knowledge acquired of one organ or apparatus from that of another, since, for their healthful and harmonious function, they are mutually dependent upon each other.

LEGAL OR FORENSIC MEDICINE.

ADDRESS BY THE PRESIDENT,

C. C. STRONG, M. D.

To the Members of the Oregon State Medical Society:—

LADIES AND GENTLEMEN:—In selecting a subject for this address, I have endeavored to choose one likely, by its importance, to interest the profession.

It may be claimed that the subject I have chosen has been sufficiently presented to the Society. No one doubts that it has been ably handled by the learned gentlemen of the legal profession who have addressed you; yet there seems to be something wanting in both of the addresses to adapt them to the needs of the profession.

My object has been to simplify the details and to map out the requirements, rather than deal in generalities, the object being to furnish the physician with the skeleton, so that he might build thereon.

Medical jurisprudence is the application of the science of medicine to the administration of law, and when so used, medical science is that branch of evidence in which a medical man is called as an expert.

As represented in the Jewish and Roman systems, there was nothing of a scientific nature about it.

The study of anatomy in the fourteenth century was the first step toward improvement. This was seen in the Justinian, but more especially in the Carolinian code of 1552.

During the sixteenth and seventeenth centuries, medical jurisprudence made progress as will be seen. Several works of importance were published during this time.

In the seventeenth century, Ambroise Paré published a book on Tardy Births; and in 1602. Fortunatus Fidelis, of Palermo, compiled and published all that was then known upon the subject.

From 1621 to 1650 Paolo Bacchia, in his *Queationes Medico Legales*, made for his time an exhibit worthy of himself and the subject.

The hydrostatic test of Galen was first suggested by Harvey as a standard in supposed infanticide. Its application and utility were discussed by Bartholin in 1663; Swammerdan; 1677; JanSchreyer, 1682; and by Bohn toward the close of the century. The latter also wrote upon the relation between the physician as an expert, and judicial tribunals.

In 1684 Blegny and Devaux both furnished able articles; and in 1722 Valentini in *Pandectæ Medico Legales*, contributed some valuable memoirs; Albertini of Halle, issued a journal called *Systema Jurisprudentiæ Medicinæ*.

This was followed by *Institutiones Medicinæ Legalis vel Forensis*, by Tischmeyer, a book of such merit that it was adopted as a text-book in the German Universities and founded the basis of Haller's lectures. These lectures were published in 1782 and 1784 shortly after his death.

Plenck *Elementa*, in 1781 and Metzger's *System* of

Jurisprudence, in 1792 are both works highly commended by good authorities.

But the most valuable work of that century was the *Collectio Opusculorum*, edited by Schlegel.

In the latter part of the eighteenth century, Daniel and Plouquet published a work on Infanticide, while Plouquet produced *Evidence of Respiration in New-Born Infants*, Camper on *Signs of Life and Birth in New-Born Infants and Infanticide*, and articles on similar subjects were written by Metzger and Portal.

By various private lectures and opinions, Antoine Louis threw much light upon many hard and difficult points. The following are some of the subjects treated of by this teacher: Tardy Births, Certain Signs of Death, on Drowning and Difference between Suicide and Assassination in Persons found Hanged.

In 1789 Claussier, of Dijon, prepared a valuable memoir upon Death by Blows or Wounds. He also delivered a course of lectures upon the same subject.

About the close of the seventeenth century, a treatise embracing the entire subject was published by Fordere. In 1788 Dr. Parr of England, published his work upon *Medical Jurisprudence*.

To Dr. Andrew Duncan of Edinburgh, is accorded the honor of delivering the first lectures in England upon this subject. The lectures were delivered in his native place in 1801.

In 1806 Andrew Duncan, Jr., received the appointment as Professor on *Medical Jurisprudence*, at Edinburgh.

The most systematic work to date, 1807 was that of Dr. Mahon of Paris, published after his death. In 1808. Mare published a German translation and enhanced its worth by many original and valuable notes.

In 1813 Fordere issued the second edition of his work, much enlarged and improved.

1813 and 1814 Orifila got out a valuable work on toxicol-

ogy, followed a few years later by Devergre on the Theory and Practice of Legal Medicine. Special articles during this time were contributed by Briand, Capuron, Biessy, Esquirol and Marc. These articles were good and did much to elevate the subject.

Information of an important character and of the highest order has been furnished through the medium of the French Quarterly, upon Legal Medicine, which has been in existence from 1829 to the present time. It contains articles contributed by the best medical minds in France, and deservedly stands high in public estimation.

The Germans have always maintained a high standard, and Schmidmuller, Wildeberg, Gruelin, Remer, Bernt, Henke and many others have done much good work in this line.

The Italian writers of merit of the present century are Tortosa, Martini and Barzelotti.

The first respectable work on Forensic Medicine in the English language, was by Dr. Male, in 1818. The work of Dr. John Gordon Smith, in 1821, is still better and much more comprehensive.

In 1823, Messrs. Paris and Fonblanque, representing the law and medicine, issued a more formal and elaborate work.

Dr. Christison on Poisons, Haslam on Insanity, Hutchinson on Infanticide, Watson on Homicide, Galvin on Feigned Diseases, and the works of Taylor, Guy and Traill deservedly stand high.

Dr. James S. Stringham, of Columbia College, delivered the first course of lectures upon Medical Jurisprudence, in America in 1804, three years after Dr. Duncan's efforts in Edinburgh.

In 1815, Dr. T. Romeyn Beck was appointed lecturer upon this subject in the Western Medical College, and soon after Harvard followed the same lead by appointing Dr. Walter Channing.

The record of America in the line of published works is one of which all may be proud, for she has produced some

of the very best upon the subject. Among these may be mentioned that of Dr. Beck, which drew from Dr. Traill of Edinburgh, the remark that it was the best work upon the general subject in the English language. The works of Wharton and Stille, Ray on Insanity and Elwell on Malpractice are all recognized authorities.

This brings the bibliograph down almost to the present time. It has not been my aim to mention all the works—this would be impossible—but only to sketch here and there a few, so that we might follow the history of medical jurisprudence and mark its progress.

One reason why physicians are not better prepared for the duties involved in medical jurisprudence is that they do not feel the necessity of preparation until called upon to act. They then excuse their mistakes by saying that they could not do better on the limited time allowed them, while most likely their greatest errors have been upon those points which they should have thoroughly understood (the underlying principles), and not necessarily upon the special points involved in the case.

No one can tell how soon they may become involved in a medico-legal case. A physician's first call may place him in a position that will require a decision upon some point, as this: the body of an infant is found dead. Was it still-born? did it breathe? or, rather, was it alive? if so, what was the cause of death?—was it accidental or otherwise.

A physician is called to examine a body. Wounds are found upon it; were they made before or after death? are they homicidal, suicidal or accidental? A body recovered from the water; did death result from drowning, or was it as it dead when immersed? how long has it been dead?

A female may claim to have been rapped. Are there any grounds for the accusation; if so, what are they?

A patient sends for a physician, who may be required to decide whether the patient has a natural sickness or has been poisoned.

All these test cases and many more, are liable to fall to the

lot of the regular practitioner, however much he may labor to avoid them.

There are other cases involving the labor and skill of an expert from the very beginning. These a physician may possibly be able to shirk. Remember however, that all avoidance of public or professional duty involves a loss in some degree, of personal or professional standing.

Again a physician's own responsibility and position in the community and in the profession, may under adverse circumstances, be at stake.

A physician can hardly over-estimate the importance of carefulness and thoroughness in any medico-legal examination. A case which before the coroner may appear insignificant, may develop into important proportions and finally reach the highest court in the land. And in this day of telegraphic facilities and cheap print, the testimony a physician gives, may be telegraphed and printed all over the world; so that a case to which he attached but little importance may make or ruin his professional prospects. Many hope to appear well, depending however upon the impulse of the moment and occasion, for their thoughts. This is a chance, with great odds against a physician, while success always follows well-conducted study and training. If with this preparation is combined a high degree of honor, that positively banishes all low, sordid desire to please anyone at the expense of truth, a physician will retain his own self-respect, and be deemed an honest man by judge and jury.

There are two legal judges before which a physician may be called—the coroner and the magistrate.

The duties of the coroner are three-fold:—

First, to view the body. The legal significance of this is to determine whether the person is dead, and for this a physician may be required to exercise considerable skill; let there be but the least rumor that a person is not dead, and all sorts of stories will soon be afloat.

Second, to hear evidence as to who the deceased is; that is, to establish identity. A physician may appear as a common witness, and occasionally he might be called as an expert upon this point.

Third, the cause of death. It is here that a physician is required to make his most thorough examination, which usually embraces all that the science of medicine places at his command. It should be laid down as a rule, that in all coroners' cases a medical examination should be made, and I can imagine no case requiring a coroner where this would not be necessary. When a medical examination is not needed, certainly a coroner's investigation is an uncalled-for expense. Almost all these cases require a *post mortem* examination, and where one is ordered, it should be done carefully and thoroughly.

Never allow yourself to be hurried into making a *post mortem* examination while the jury is waiting for your findings, nor make an examination at any time or place where where ordinary conveniences and light cannot be had.

In cases known to involve, or even strongly suspected to involve, important points, there should be two independent experts.

No one personally interested in the result should be present; *e. g.*, the accused or accuser, or even a suspected doctor; but as all persons have an inherent right to due protection, it is no more than fitting that they should be represented by a friend chosen by themselves, as tampering is not altogether unknown in forensic medicine. Remember that you should be able to swear and prove that it was impossible for anything of that kind to have taken place.

After all the evidence is in, the coroner and his jury are to determine the cause of death and the causes leading to it; and as soon as this is done, their function is at an end.

Physicians are very apt to think lightly of a coroner's investigation, and it will not be denied that the surroundings and other attending circumstances are not such as to make a favorable impression.

However little a physician may think of the personnel in these investigations, he must ever remember that it is the only place for determining the cause of death; and as his testimony is reduced to writing, he should give it proper attention.

Usually the entire case must be gone over in the higher courts, and if the physician wishes to avoid unpleasant contradictions, which always place him in an unfavorable light, he must be careful. He cannot go back and make up deficiencies or correct mistakes.

It cannot be successfully denied however, that coroners' inquests as usually conducted, are of but little utility in furthering the ends of justice, often offering but little opportunity for the detection of crime; and this is not the only objection, for sometimes these inquests have a tendency to screen the criminal.

So long as the law allows such small compensation, we will be unable to obtain the necessary talent.

A coroner should have enough medical knowledge to understand the medical evidence, and sufficient legal training to enable him to discover and put the evidence in proper shape.

The function of the coroner ceases after determining the cause of death; for as a matter of fact, this is the special, if not the only duty of that officer. In all these examinations the party accused is not to be present.

We are now brought one step higher, to-wit: the magistrate whose duty it is to decide whether the person accused is the one who caused the death, and now the accused must be present.

We must separate the cause of death from the person accused of causing that death. These are entirely different issues, however closely they may seem to be connected.

Before a coroner it may not be known who is suspected of the crime, but before the magistrate the party accused must be known.

When an arrest is made upon the findings of a coroner's jury, the case may go directly to trial, or it may take the same course as where a person is held for trial by a magistrate. The case must appear before the grand jury. At this examination the physician may or may not be present; but as he is usually an important witness, very much may depend upon him.

As the only object of the grand jury is to determine whether there is sufficient evidence to warrant a trial, only those appear who are able to testify for the prosecution. The accused is therefore, not present in person or by attorney. Should they report a true bill, the accused stands committed for trial; if the grand jury reports not a true bill the person accused is immediately discharged.

We now come to the consideration of evidence. Medical jurisprudence is the application of all medical knowledge, to establish the truth involved in the subject investigated.

Evidence differs from proof in that the former is the medium by which truth is established, while the effect of evidence is proof. By complete evidence we mean that degree of certainty and wholeness which meets every requirement of the case, as where a *post mortem* examination shows positively that death resulted from organic disease of a special organ, and there can be no doubt upon the matter.

Satisfactory or sufficient evidence is described as that amount of proof which ordinarily satisfies an unprejudiced mind beyond a reasonable doubt. As it is impossible to define or measure this class of proof, it is therefore, such as will satisfy the mind and conscience of an ordinary man. So complete must be the certainty of this proof that a person will proceed to put in force the law, although such action deprives a fellow-being of liberty, and perhaps of life itself.

As an expert, the physician must guard against several errors. It is hardly necessary to warn you against giving evidence for gain, for those of you who value your self-respect cannot be induced to place your honor upon the block of

public contempt for sale. Any man who has, 'his price' will sell his honor for gold or its equivalent.

Another, a more subtle and seductive temptation, is testifying for notoriety. An important point always to remember is not to testify in support of one side or one part of the case.

Physicians are called upon as more than ordinary witnesses, the object being to get at the truth. Physicians are in the highest degree morally bound to testify as to their scientific belief, based upon reasons of a definite and accurate character. A witness should feel all the time that he could successfully defend his position, as defined by his evidence before a body of scientific men. Experts are the only witnesses allowed to give an opinion, and when they do, it only amounts to their private opinion stated under oath. If objection be made, a physician is not allowed to draw conclusions from the testimony of others, and to predicate an opinion upon the facts so obtained.

The precise question at issue, which the jury is to decide, cannot be answered by the expert. This is not a subject of evidence, but an unknown element which the jury is to determine. The courts will allow an attorney to ask the witness' opinion upon a hypothetical case, which the attorney will endeavor to state in such a way as to get an opinion from the witness favorable to his case.

In a criminal case, the evidence cannot be foreign to the question or point at issue. All questions must show a fair and reasonable inference that they bear directly upon the point.

If, for instance, a surgeon be prosecuted for malpractice, he would be permitted to offer evidence to prove his judgment and skill in similar cases, but testimony as to his general skill would not be allowed.

Again there is what is known as evidence of character, the admission of which is determined by the judge, upon the nature of the case; *i. e.*, it would be admissible to prove

threats or expressions of ill against the party killed, but not as against another, except so far as it might be necessary to show that the party on trial had reason to believe that his life was in imminent peril. The general principle of law is, that all oral testimony must be given under oath, or what is deemed its equivalent. For this reason hearsay evidence is not allowable.

Dying declarations however, are an exception. The evidence as far as possible is to be direct, and the expert must give direct answers to the questions asked, and to none other; nor are physicians to argue points with the attorney, for argument is not evidence.

The witness' replies should also be concise. Many words afford abundant opportunities for cross-examination. The witness' replies should also be distinct, so that all may understand and appreciate what is said; audible, so that all may hear. Wait until the entire question is asked, then confine the answer to that.

If a physician should be cognizant of some fact not developed in the examination, he will be permitted, upon application to the judge to give it, nor can he be prevented by the counsel.

In giving evidence whether upon the stand or in medico-legal reports, avoid technical words or terms; but should this be deemed impossible, follow them with the proper explanation.

Nor should evidence of opinion be given upon the statement of others, or on the basis of public reports.

Medical evidence is either presumptive or circumstantial.

Presumptive proof is not upon the exact facts at issue, but upon a logical deduction from proven facts.

Upon circumstantial evidence, Chief Justice Gibson says: "Circumstantial evidence is in the abstract nearly, although not altogether as strong as positive evidence; in the concrete it may be infinitely stronger." When circumstantial evidence is brought out by the expert as the conclusions of

science, it is often stronger than what passes as positive proof.

Impressions of a witness are often received as evidence, subject to the judgment of the jury as to their worth. As a general rule however, nothing is received in evidence except what the witness knows. No evidence is required upon such things as occur within the constant and unvariable course of nature.

The judge decides what evidence is admissible, and the jury are to determine the degree of probability, and to decide in their own mind, in coming to a conclusion, the weight they will allow to any portion of the testimony. The general law that no testimony shall be received except such as shall have been sworn and examined by both sides, has some exceptions.

The statement of a person knocked down has been allowed, in so far as it showed how it happened. The main exception to the general law is however, in relation to dying declarations, and in these three conditions must be met:—

First, the person must believe he is in actual danger of dying; second, he must believe recovery is impossible; third, to make these good, he must actually die.

The reason for admitting this testimony is this: The law holds that death, with the following future condition, is such a momentous question that one would not be willing, with a lie in his mouth, to contemplate entering thereon.

This testimony is not vitiated even if the surgeon should hold out encouragement, provided the man did not believe he would recover. If however, the person should say, "I think I will not recover," or that "It is doubtful if I recover," this testimony cannot be received.

"The law admits the declaration, not because recovery is impossible, but because there is in the mind of the person making it the conviction of approaching death.—*Chief Justice Erle.*"

This declaration is only used in criminal cases, and then so

far as it relates to the death of the person, and only to the direct circumstances concerning the death. When a magistrate or other legal officer is present, it is his duty to take this declaration, and then the only duty of the physician may be to express an opinion on the mental state of the person, and to make known to him his hopeless condition. If however, there was no one authorized to receive such declaration, then undoubtedly, it is the physician's duty, and usually from his learning and training, he is the most suitable person. This dying declaration is not to be wormed out of a man, but must be what he desired to say: and while parol evidence will be received, yet it is much stronger and better to commit it to writing. If the patient has no hope of recovery, the physician is expected to write down the identical words, voluntarily uttered, without comment or remark. Moreover, it is desirable that the physician read this dying declaration to the patient and if possible, secure his signature.

When placed in the witness box, the expert first undergoes the direct or chief examination, and usually three points are to be considered: First, as to written notes; second, as to authorities; third, as to professional secrets.

The witness is examined by the side that called him (do not let it be said "employed him"), and the examination will be for the purpose of getting the actual evidence upon the question, so far as it strengthens their side. Their aim will be to get out all the strong points on their side and explain away or hide those against them. In this examination, leading questions are not allowed; but an exception is made with those witnesses, who from some relationship or interest, have a manifest motive for keeping back part of the testimony, or for misleading the jury, and such witnesses are known in law as 'Hostile Witnesses.'

The first point in the examination is upon the permissibility of using notes. A witness is not allowed to read his evidence. He will be permitted to refer to notes, provided they were taken at the time; or, if the surrounding circum-

stances were such as not make this practicable, then those taken immediately thereafter. They must be the original notes, not even a copy; much less are after thoughts or additions allowed. It makes no difference how incorrect, unexplained or interpolated they are, the one essential quality is the time.

The second point in the examination is concerning reference to printed authorities. A witness is called to give his opinion; he is not allowed to quote authorities, living or dead. The witness can use the ideas of an author by adopting them as his own. The principle underlying this is, that all evidence must come from a source which has been sworn and capable of cross-examination. It is very common for an attorney to give the witness the title of a work, and ask his opinion as to its standing in the profession. Another thing he will do is to read portions to the witness and ask his opinion upon them.

Upon this point I can do no better than quote from Dr. Tidy: "If a quotation from the works of a deceased author be read to you in cross-examination, and you are asked how far you agree or disagree with the opinion expressed, never under any circumstances accept the quotation as expressing the opinion of the author in question. Neither assent to or dissent from the quotation until you have asked and been permitted to see the book from which the quotation is made, for the counsel may misrepresent the author willfully or by mistake. One sentence preceding or following the quotation read will often put an entirely new aspect on the quotation itself."

The third point has reference to professional secrets. The right to refuse to answer any question in the examination because of violation of professional secrets is a mooted question.

The English courts have often decided—and precedent is all powerful in law—that a physician does not enjoy any special privilege of a professional character. Many states

have special laws upon this subject, to the effect that a physician shall not be allowed, or even compelled to give any secret information, when obtained by reason of his professional character, and which was necessary to enable him to render the proper professional care or treatment.

It is a question involving many difficulties: the main one is, whether private interests may or may not be waived in favor of public good; when the information is of such a nature as materially to aid justice, and where it does not involve the honor of persons or families, it seems to me that public justice might demand the surrender of this right.

There is such chance for abuse, that perhaps it will be the less of two evils, to do away with this prerogative. Yet so firmly fixed is this right in my mind, that it seems to be the surrender of liberty or honor, and certainly no one is to be blamed for maintaining their honor at the cost of their personal liberty.

At the close of the direct examination the witness is turned over to the opposing counsel, this is called the cross-examination, and as now in the eyes of the law he becomes a hostile witness, leading questions are allowed. If the witness' testimony has been strong or damaging, he may now consider himself in the hands of an enemy, with all the advantage on the side of the attorney. Learning and truthfulness will be the only thing that can save the physician. As every man is allowed the best defence possible, the counsel has the greatest liberty and he will endeavor in some way to cause the physician to modify, change or contradict himself, so as to break down his testimony.

If however, the attorney carry this right too far, as some do, the witness has an appeal to the court, and if the court see that his learning and truth are likely to suffer at the hands of sophistry, the witness will be so protected as to enable him to prove his position. This gives him an opportunity to substantiate his position or show his ignorance.

Seldom is it that a witness is allowed to decline an-

swering a question, unless by answering he criminales himself. At the close of the cross-examination, if there are any points left obscure, the attorney who first examined the witness may endeavor to clear them up. But he is not permitted to introduce any new matter, except with the consent of the judge and upon this the witness can be cross-examined.

Finally the judge has the right to put to the witness such questions as he may deem necessary to throw light upon the case.

If all these things are required of the physician, then what preparation is necessary properly to qualify himself? First, he should know the *duties*, the *rights* and the *privileges* of an expert, bearing in mind the close, rigid and severe criticisms to which he will be subjected.

"This is not only forcibly true, as to the position of the medical witness, but is almost savagely so."—*Elwell, Med. Jurisp.*

A medical witness is liable to be called in almost any case, as there are few transactions in life which may not involve medical points. Not only is wealth at stake, but character, honor and life itself. If this be so, the question naturally arises, why do not physicians make a greater effort to reach this higher standard of perfection? And why does not the legal profession treat it with that high respect that its exalted position seems to demand?

It is impossible for me to go further into this matter; I have just one answer to each question just proposed.

Physicians like most men, are under the necessity of providing for their families, and, are therefore, unable to procure books and devote the proper time to study, because of the small compensation allowed by law. If the court be held in your city you are allowed \$2.20 for a days work, and there is no way you can get more than this without laying yourself open to censure as accepting a bribe.

Secondly: there are men in this profession, as in all pro-

fessions, who will accept a fee, and I am ashamed to say that I have known in to be a contingent one for their testimony.

There is but one way to avoid this, and that was outlined to this Society by Hon. Matthew P. Deady, viz: that upon an agreement between the parties, the court should select one or more competent, unbiased physicians, who should examine the subject and be compensated by the court.

So rigid should be the rules governing this, that it would be impossible for one side or the other to have any undue influence with the witness.

While the law will compel the physician's attendance, he is not required to tell what he does not know; then why appear ridiculous, and put yourself in a bad light by assuming to know what you are not familiar with.

There is therefore, every motive for thorough preparation. Let the study be as complete as possible, for rest assured the physician cannot pass muster upon a case if he come half prepared. A medical witness who comes into court with a half-performed post mortem examination, satisfied that because he has detected disease of the heart sufficient to cause death, will be in a very unpleasant position if asked whether there was fracture of the skull, and if a subsequent examination should reveal that condition, he loses professional standing that he never can recover. Completeness is necessary in all matters affecting public interest—your own vindication, or the advancement of justice.

When called upon to perform some feat of physical strength, a prudent man will prepare his body for it. Why then should a physician neglect cultivation of intellectual power.

You are all aware that it is often easier to ask questions than to answer them; then beware of the cross-examination.

Let the preparation be first; a methodical, and if possible, chronological arrangement of the facts in the case.

This can be done while refreshing the memory as to places, dates and times. When possible, give the day of the week, and the reasons which impressed it upon your mind.

Second; consider carefully beforehand, size, weight, distances, where these are involved: always give their old English standards and refer to well known articles, where proximate measure is all that is required. If the witness be able to make some kind of a sketch, it will help matters very much; but to be of any use this sketch must be accurate. In this way the relation of a body to all surroundings can be much more plainly and accurately defined.

Third; as an expert, the physician will be called upon for an opinion. His conclusions are to be deduced from proven facts, and to be of any value, must be carefully drawn. He should not therefore, wait until in the witness box before making up his opinion.

It has been truthfully said, "want of thought, laziness in fact, is a far worse crime than errors in judgment."—*Tidy, Legal Medicine.*

If there are reliable authorities for other opinions, the physician should not assume that his is the only absolutely correct one.

He is carefully to study the opinions held and expressed by others and to be able to give good, definite reasons why he adopts some and rejects others. When preparing himself however he should do so from the standpoint of a cross-examination.

Third; the difference between a fact and an opinion is so often confused in the mind of a medical witness, that no one should go on the stand without having the difference well fixed in his mind. For example, certain drugs are deadly poisons, this is a fact. Their action is an opinion. The direction, size, and character of a wound, is a fact. The deduction that the wound was made by a left-handed person was homicidal, or suicidal, is in most cases a matter of opinion.

An opinion is based upon facts, and it is essential that we should personally know these facts or those proven in evidence. Hearsay and rumor are not to be tolerated.

A witness should never assume the duties of the jury. The jury is to decide the case upon the evidence and opinions of competent witnesses.

Fourth; use plain English. Avoid exaggerated expressions. Be sure you hear and thoroughly understand the entire question. Let your answer be simple and plain, given in a clear natural voice, so that it may be heard and understood. Answer only the question asked, without ambiguity and useless repetitions. Omit 'ifs' and 'thats' and be simply confined to the question. The answer should convey real meaning in such clear unmistakable language that there can be no misunderstanding.

If a distinct opinion is not formed do not hesitate to say so. The physician should never allow himself to be drawn into, or give an opinion formed upon the spur of the moment, in the witness box.

Fifth; give the exact words as nearly as possible, of all conversations including your questions.

Sixth; the witness is always closely pressed in the cross-examination. His only safety is in coolness, self-possession and a thorough knowledge of the case. Let him never under any circumstances lose his temper, as it will only result in injury to himself and often is just what the counsel needs to weaken his testimony.

Seventh; admitted ignorance in a question not understood is not only not condemnatory but praiseworthy. "I do not know" is both safe and honorable.

Eighth; the witness may be obliged to answer yes or no in a given case. He has a right to explain his answer and he should always avail himself of this right, for otherwise a misunderstanding may arise. It is sometimes very difficult for the witness to guard against being biased, in one direction or the other by the effect of the influence of his testi-

mony. When testifying as to facts give them as you understood them.

In opinions drawn from facts be honest, never failing to express doubts, where they exist.

The witness should not say that a particular wound was the cause of death, but that death would be the ordinary result of such a wound.

On all accounts never be drawn into a discussion, but having given an opinion, and the reason for it, let it rest there.

The witness is entitled to have the question fairly and clearly stated to him, and in hypothetical cases he is to see that all the conditions or facts are properly given and understood before answering. If this hypothetical case contain impossibilities, or inconsistencies, do not try to give a mixed answer but insist that you be given a proper case.

Finally; the attorney may attempt to impair the value of the testimony brought forward by showing lack of knowledge in the witness. This the attorney will attempt to do in proposing certain difficult questions to him such as: What is a wound? What is meant by a wound dangerous to life? What is meant by greivous bodily harm? What is insanity? What is a poison? Now all such questions as these are incapable of definite answers, because of differences of opinion among high medical and legal authorities. The best way to meet them therefore, is by stating the existence of such differences. It is never desirable or safe to go beyond this.

In closing allow me again to thank you one and all for the honor you have conferred upon me. It has been my endeavor to faithfully guard the interests of the Society and to impartially preside over its deliberations.

My last official act is a formal one. I now have the honor of introducing to you Dr. W. H. Saylor, who will assume the obligations you have placed upon him, by performing the duties of President.



REPORT

OF

COMMITTEE ON OBITUARIES.



REPORT OF COMMITTEE ON OBITUARIES.

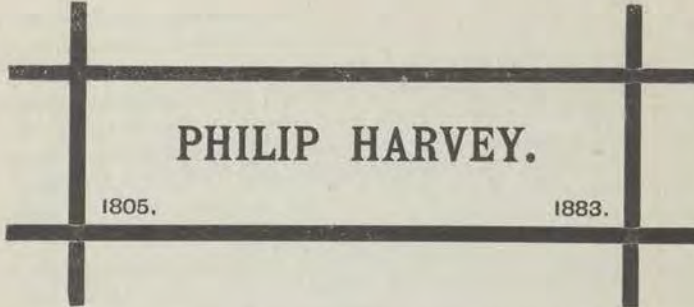
Another year has passed and we have convened to carry forward the purposes of our Society. It is fitting to pause for a little time to pay a merited tribute of respect to the memory of those who have fallen in the great battle. Some of our members are here to-day trembling with the weight of years, others whose heads time has razored bare; and still others, with whitened locks, who, before another year, may have passed beyond the river, and, like the rose that climbed the garden wall,

"Bloomed the other side."

For Death, the great enemy of our race, is still in pursuit, and here and there has snatched from the picket post one, another, and still another of our members. Nor will the measure of his insatiate avarice be full until we all shall have fallen before his scythe. There is no bribing death, were it not so, who of us would not have made himself bankrupt a thousand time to save loved ones from the grave? Wealth, royalty, honor, position in life, give no security against the King of Terrors. He will out-general us all. We may stay disease and pestilence; we may stem the stormy current of adversity; we may rise to the highest positions in life, and stand as mighty victors in the fore-front of life's great battles; we may carve our names deep on tablets of immortal fame; we may rise from the cold depths of poverty to the wealth of Cræsus; we may gain the wisdom and force of Pericles; we may have such power among men that our word may become imperious law, but these will all fail us when death comes. Then the tender tissue that binds our spirits to these tabernacles of clay, will be severed, and, we too, shall go down to the grave.

When that time comes, let us be ready with our lamps trimmed and burning with such light and force that we may, in the language of the poet,

"Go not like the quarry slave at night,
Scourged to his dungeon, but sustained and soothed
By an unfaltering trust, approach thy grave,
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

**PHILIP HARVEY.**

1805.

1883.

Philip Harvey, late Professor of Obstetrics, Medical Department of the Willamette University, died in Portland, March 23, 1883. He was born in England in 1805, and was, therefore, 78 years of age at the time of his death. He traced his descent to the family of William Harvey, the discoverer of the circulation of the blood. He graduated in medicine in London, and during early manhood came to the United States, and commenced practice in Brooklyn, N. Y., where he became one of the physicians to the Brooklyn Dispensary. Believing that a larger field was open to him in the West, he moved thither and practiced for some years in Cincinnati. During that period he published a treatise on "Food and Climate," a work of much learning, originality, and research. Afterward he was induced to remove to Iowa, where he edited, with much ability, the *Burlington Gazette*, making it a model newspaper, and greatly increasing its circulation. He was appointed and re-appointed Surveyor of the Port, and notwithstanding the absorption of much of his time by the duties of those positions, he wrote, made investigations on scientific subjects and carried on a large practice. Soon afterward he accepted the chair of Theory and Practice in the University of Iowa, which he held at the outbreak of the rebellion. He received early in the struggle the commission of Surgeon of an Iowa regiment, and was on duty at the front or in the hospital from that time till the cessation of hostilities, when he retired as Lieutenant-Colonel and Surgeon of Volunteers.

In 1875 he came to Oregon in search of relief from asthma, locating in Salem, where he at once became identified with the Medical Department of the Willamette University as Professor of General Pathology. In 1878, the Medical Department of the University being moved to Portland, he changed his residence to that city, and in the re-organization of the Faculty, he was assigned to the chair of

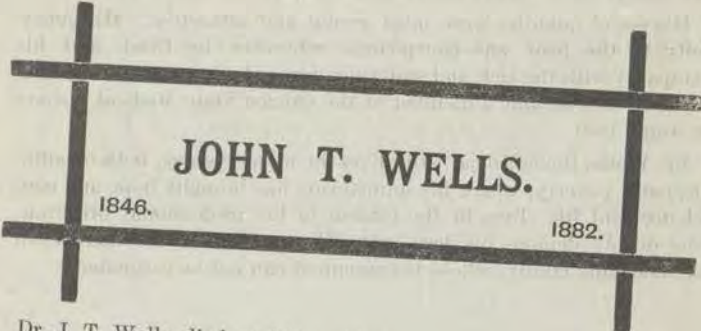
Diseases of Women and Children, which he filled for two years, when he was transferred to the chair of Obstetrics, which he filled until a short time before his death.

He was a profound scientist and Shakespearean scholar. His memory was remarkable; he could repeat word for word, whole pages after one perusal. He was a man of extremely abstemious and simple habits, of high moral rectitude and generous impulses. Sympathetic and conscientious in his professional life, he was at all times ready to sacrifice his personal ease, health or prospect of gain at the call of duty. He knew several languages well, and had some acquaintance with many; was an excellent musician, and possessed considerable artistic ability.

His widow survives him at the age of sixty-nine, also two sons, George Harvey, an artist, and Dr. Philip F. Harvey, U.S.A., and one daughter, Mrs. E. P. Rogers, of Portland, Oregon.

We should ever cherish as an inspiration the memory of his untiring industry, his manifold acquirements, his rare modesty, his sympathetic nature, his genial, social qualities, and the strength and symmetry of his character and life; and in keeping green the memory of our departed brother, we shall elevate and honor ourselves and the profession in our State.

Who of our number will emulate the example of Dr. Harvey and rise to fill his place?



JOHN T. WELLS.

1846.

1882.

Dr. J. T. Wells died at his residence on Stark street, Portland, Oregon, October 23, 1882, of pulmonary consumption, in the 36th year of his age. He was born at "Mountain Home," Floyd county, Virginia, on the 21st of February, 1846. He commenced the study of medicine in the office of his brother, Dr. G. M. Wells, where he prepared himself to attend medical lectures. His first course of nine months was taken at the University of Virginia; his second course was taken at the University of New York, where he graduated in March, 1871.

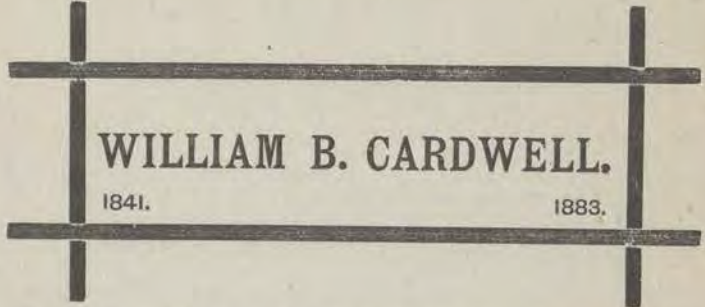
Soon after this he received the appointment of Acting Assistant Surgeon at the Naval Hospital in Philadelphia. From this post he was transferred to the receiving ship Vermont of the Brooklyn navy yard, and thence was assigned to duty on the receiving ship Independence, at Mare Island, California. The naval service being distasteful to him, he resigned it in 1874. He located in Visalia, where he soon acquired a large but laborious practice, extending over a wide stretch of country. Unable to endure the fatigue he removed to San Francisco. Through the influence of friends he was induced to come to Oregon. He therefore came to this city and commenced practice November, 1879. Here aided by brilliant success and attractive manners, he soon built up a very large practice. He was especially fond of surgery, and has been complimented by some of the best surgeons of this coast for skill in that branch of the profession. His active practice may be said to be comprised within a period of ten years, into which he crowded a large amount of arduous work.

He was endowed with unusually acute perceptive faculties, and thus enabled to diagnose his cases with wonderful quickness and precision, and with him to determine was to act. His journalistic communications were valuable, among which may be mentioned a paper on ergot, in which he was the first to suggest its use in pne-

umonia and other inflammatory diseases; also one on diphtheria, written in 1877. Whatever he has written on he has illuminated, and his papers have always been commended by the ablest judges.

His social qualities were most genial and attractive. His generosity to the poor was conspicuous wherever he lived, and his sympathy with the sick and suffering outweighed every other consideration. He became a member of the Oregon State Medical Society in June, 1880.

Dr. Wells, though dead, still lives in many homes, both of affluence and poverty, where his ministering has brought hope and confidence and life—lives in the esteem of his professional brethren, who deeply deplore his loss, and will *ever* live in the memory of his mourning family, whose bereavement can not be estimated.



WILLIAM B. CARDWELL.

1841.

1883.

Dr. W. B. Cardwell was born in Carlinville, Illinois, May, 8, 1841. He came to Oregon with his parents in 1849, who located in Portland in 1856.

He received an academic education at the Portland Academy, and afterward applied himself to the study of medicine. He entered the office of the late Dr. Hawthorn, who then had charge of the County Hospital and the Oregon Hospital for the Insane, which offered young Cardwell excellent clinical advantages. He remained under the pupilage of Dr. Hawthorn for three years, and attended his first course of lectures at Bellevue Hospital College in 1865-6, taking his degree from that institution in March 1867.

The first two years of his practice were spent in the employ of the Government as Surgeon of an Indian reservation. He located in Portland in 1869, where he remained in active practice until his death, which took place very suddenly February 10, 1883.

Doctor Cardwell was a most laborious student, and stored his mind with an immense fund of medical lore, so that he was considered an authority in medical literature. Naturally of a retiring and unobtrusive disposition, he never thrust himself upon others; and yet he was much esteemed by his professional brethren, and was frequently consulted by them. He was extremely punctilious in the observance of medical etiquette.

He became a member of the Oregon State Medical Society in June, 1875, and the same year was elected Corresponding Secretary, and in 1879 was elected Vice President. His contributions to medical literature showed that he was original in thought and industrious in research, and his fame as a medical writer was not circumscribed by narrow limits. His essay on Medical Topography and Climatology of Oregon, published in the transactions of the Society for 1877, has attracted the attention of scientific men throughout the civilized world.

But Dr. Cardwell has gone from the places and scenes that have known him so well, in the prime of manhood, leaving to a wide circle of friends the memory of a good citizen and beloved physician and to kindred and family that of one who, as a son and brother, was ever loving, faithful and true.

"To know, to esteem, to love—and then to part.
Makes up life's tale to many a feeling heart."

LIST OF MEMBERS

OF THE

OREGON STATE MEDICAL SOCIETY. 1883

NAMES.	POST OFFICE ADDRESS.
Alexander, W. F.	Albany, Oregon.
Allison, G. S.	Spokane, Washington.
Ashford, J. W.	Canyon City, Oregon.
Angur, James T.	McMinnville, "
Avery, A. G.	Portland, "
Bailey, F. A.	Hillsboro, "
Baker, W. D.	Astoria, "
Bayley, J. R.	Corvallis, "
Beebe, Chas. E.	Goldendale, Washington.
Binswanger, Otto S.	Portland, Oregon.
Blair, Hannibal	Albina, "
Boyd, W. E. H.	McMinnville, "
Browne, J. M. F., LL. D.	Portland, "
Brown, E. M.	Hillsboro, "
Calbreath, J. F.	Lafayette, "
Cauthorn, F. A.	Corvallis, "
Carpenter, H.	Salem, "
Charlton, Mrs. Callie.	East Portland, "
Chapman, W. Lang	Portland, "
Clarke, Andrew	Clackamas, "
Cox, W. D.	Sheridan, "
Crang, F.	Astoria, "
Cusick, W. A.	Salem, "
Davidson, J. E.	Independence, "
Doane, O. D.	The Dalles, "
Dodson, O. M.	Portland, "
Dodson, Z. T.	Pine City, Washington.
Eaton, F. B.	Portland, Oregon.
Ferra, George.	Corvallis, "
Flett, Geo. H.	Roseburg, "
Flim, M.	Gervais, "
Ford-Warren, Mrs. A. L.	Portland, "
Fraser, E. P.	Portland, "
Fulton, J. A.	Astoria, "

LIST OF MEMBERS. (Continued.)

Ghiselin, J. T.	Portland,	Oregon.
Giesy, A. J.	Aurora,	"
Giesy, M.	Aurora,	"
Givens, Jno. W.	Salem,	"
Glisan, R.	Portland,	"
Golden, C. B.	Marshfield,	"
Hall, C. H.	Salem,	"
Harris, T. W.	Eugene,	"
Hill, G. J.	Unknown.	"
Hill, J. L.	Albany,	Oregon.
Holmes, Reese	Salem,	"
Howard, J. W.	Canyon City,	"
Howell, Wm. A.	Colfax, Washington.	"
Joseph, S. E.	East Portland,	"
Johnson, H. V. V.	McMinnville,	"
Jones, H. E.	Portland,	"
Jones, William	Portland,	"
Kinney, Alf. C.	Salem,	"
Kirkpatrick, J. E.	Scio,	"
Kitchen, J. M.	Stayton,	"
Lane, Harry	Portland,	"
Lane, G. Cooke	Portland,	"
Lee, J. B.	Corvallis,	"
Lee, N. L.	Junction City,	"
Lee, T. J.	Independence,	"
Lee, Wm. C.	Junction City,	"
Littlefield, H. R.	Lafayette,	"
Logan, H.	The Dalles,	"
McAfee, J. W.	Salem,	"
Macnaley, S. D.	Stayton,	"
McCormac, J. T.	Marshfield,	"
McKay, W. C.	Pendleton,	"
Morgan, J. M.	Corvallis,	"
Morrison, W. F.	The Dalles,	"
Nicklin, A. I.	Portland,	"
Nicklin, J.	Eugene,	"
Norris, J. W.	Oregon City,	"
Nottage, G. E.	East Portland,	"
Owens, B. A.	Portland,	"
Parrish, Mrs. Jennie L.	Salem,	"
Parker, S.	Oregon City,	"
Payton, D.	Snodown,	"
Payton, J. E.	Drain's,	"
Power, I. N.	Neah Bay, Washington.	"

LIST OF MEMBERS. (Continued.)

Pruden, W. F.	John Day, Washington.	"
Pruett, J. M.	Pendleton,	"
Raffety, C. H.	East Portland,	"
Raffety, Dav.	East Portland,	"
Rex, R. G.	Portland,	"
Reynolds, J.	Salem,	"
Rinearson, F. B.	LaGrande,	"
Ross, H. W.	Oregon City	"
Rowland, L. L.	Salem,	"
Royal, W. W.	East Portland,	"
Saylor, W. H.	Portland,	"
Sharples, A.	Eugene,	"
Smith, J. R.	Vancouver, Washington.	"
Stott, J. S.	Hillsboro,	Oregon.
Strong, C. C.	Portland,	"
Tower, C. W.	Empire City,	"
Tuttle, Jay	Astoria,	"
Tyler-Smith, W.	Portland,	"
Wade, Wm. L.	Salem,	"
Watkins, W. H.	Portland,	"
Wells, G. M.	Portland,	"
Wheeler, C. H.	Portland,	"
Whiteaker, J. C.	Portland,	"
Williams, H. O.	Palouse, Washington.	"
Wilson, H. C.	Portland,	Oregon.
Wilson, R. B.	Portland,	"
Worthington, C. E.	McCoy,	"

HONORARY MEMBERS.

Baily, E. I. M.D., Lt. Col. U.S.A.	Washington, District of Columbia.
Chance, G. H., D.D.S.	Portland, Oregon.
Gibbons, H. Sr., M.D.	San Francisco, California.
Gibbons, H. Jr., M.D.	San Francisco, California.
Hill, R. C., M. D.	Albany, Oregon
McClellan, Eli, M.D., Maj. U.S.A.	Vancouver, Washington.
Newell, Wm. A., M.D.,	Olympia, Washington.
Marvin, F. R., M. D.	Portland, Oregon.
Rice, D. B., M.D.	Albany, Oregon.

DECEASED MEMBERS.

(Those dying during the year, in *Italics*).

John Vite, M.D.	Dec. 11, 1876	Ag'd, 46 years.
E. R. Fiske, M.D.	Aug. 28, 1877	" 61 " 2 m.
J. P. Tate, M.D.	June 14, 1878	" 55 " 7 m.
Mrs. E. A. J. F. Robinson, M.D.	June 29, 1879	" 22 " 7 m. 11 d.
A. M. Belt, M.D.	Aug. 18, 1881	" 77 " 0 m. 26 d.
M. D. Jennings, M.D.		
<i>John T. Wells, M.D.</i>	Oct. 23, 1882	" 36 "
<i>W. B. Cardwell, M.D.</i>	Feb. 10, 1883	" 41 "
<i>Philp Harvey, M.D.</i>	Mar. 23, 1883	" 78 "

OFFICIAL REGISTER FROM TIME OF ORGANIZATION.

1874.

President, Alfred C. Kinney, M.D.; Vice President, J. L. Hill, M.D.; Secretary, C. H. Hall, M.D.; Corresponding Secretary, J. Reynolds, M.D.; Treasurer, L. L. Rowland, M.D.

1875.

President, R. Glisan, M.D.; Vice President, O. P. S. Plummer, M.D.; Permanent Secretary, Curtis C. Strong, M.D.; Corresponding Secretary, W. B. Cardwell, M.D.; Treasurer, L. L. Rowland, M.D.

1876.

President, W. H. Watkins, M.D.; Vice President, D. B. Rice, M.D.; Permanent Secretary, Curtis C. Strong, M.D.; Corresponding Secretary, A. C. Helm, M.D.; Treasurer, L. L. Rowland, M.D.

1877.

President, L. L. Rowland, M.D.; Vice President, W. C. McKay, M.D.; Permanent Secretary, Curtis C. Strong, M.D.; Corresponding Secretary, C. H. Hall, M.D.; Treasurer, J. P. Tate, M.D.

1878.

President, H. Carpenter, M.D.; Vice President, F. A. Bailey, M.D.; Permanent Secretary, Curtis C. Strong, M.D.; Corresponding Secretary, O. P. S. Plummer, M.D.; Treasurer, W. H. Watkins, M.D.; Librarian, L. L. Rowland, M.D.;

1879.

President, D. B. Rice, M.D.; Vice President, W. B. Cardwell, M.D.; Permanent Secretary, Curtis C. Strong, M.D.; Corresponding Secretary, W. H. Saylor, M.D.; Treasurer, R. Glisan, M.D.; Librarian, Curtis C. Strong, M.D.

1880.

President, F. A. Bailey, M.D.; Vice President, C. H. Merrick, M.D.; Permanent Secretary, Curtis C. Strong, M.D.; Corresponding Secretary, E. P. Fraser, M.D.; Treasurer, H. Carpenter, M.D.

1881.

President, C. H. Merrick, M.D.; Vice President, W. A. Cusick, M.D.; Permanent Secretary, E. P. Fraser, M.D.; Corresponding Secretary, W. H. Saylor, M.D.; Treasurer, H. Carpenter, M.D.

1882.

President, C. C. Strong, M.D.; Vice President, Mrs. J. L. Parrish, M.D.; Secretary, E. P. Fraser, M.D.

1883.

President, W. H. Saylor, M.D.; Vice President, J. W. Norris, M.D.; Secretary, E. P. Fraser, M.D.

EXECUTIVE BOARD.

W. H. Watkins, M.D.; R. G. Rex, M.D.; S. E. Josephi, M.D.; H. Carpenter, M.D.; G. M. Wells, M.D.

FINANCIAS REPORT. (Continued.)

"	13	F. A. Bailey,	"	"	3 00
"	13	J. S. Stott,	"	"	5 00
"	13	H. Carpenter,	"	July 1, 1883.	3 00
"	13	A. G. Avery,	"	July 1, 1884	5 00
"	13	W. H. Watkins,	"	July 1, 1883	8 00
					\$597 36

CR.

1882.


June	15	Painting sign	\$	50	
"	17	E. A. Swope & Co., printing		10 75	
"	17	Seals and envelopes		1 00	
"	22	Postage stamps		2 00	
"	23	Orches. Union Hall		10 00	
July	1	Postal cards		50	
"	20	Postage stamps		1 00	
"	20	Envelopes		1 00	
"	31	Salary		50 00	
Aug.	16	Postage stamps		12 00	
"	26	Printing Transactions, etc.		180 50	
Sept.	14	Postage		2 00	
"	14	Large envelopes		35	
Oct.	20	Postage stamps		2 00	
1883.					
May	10	200 one cent stamps		2 00	
"	10	Three cent stamps		1 00	
June	2	Postage stamps		2 50	
"	14	Cash on hand		318 26	
					\$597 36

Oregon State Medical Society:


Your Committee to whom was referred the financial report of the Secretary, beg leave to report that they find it correct in every particular.

(Signed),

C. H. WHEELER,
G. M. WELLS,
C. C. STRONG.



Constitution and By-Laws.



CONSTITUTION AND BY-LAWS

OF THE
OREGON STATE MEDICAL SOCIETY.

CONSTITUTION

ARTICLE I. *Title*—This Association shall be styled the Oregon State Medical Society.

ART. II. *Object*—The object is to keep the profession within its limits in organic relation with the American Medical Association, and to unite its members for co-operative effort for their mutual welfare and professional advancement.

ART. III. *Members*—Any graduate of a medical school entitled to representation in the American Medical Association, after one year's location in practice at some point in Oregon or Washington Territory, unless in U. S. Medical Service, shall be eligible to membership.

ART. IV. *Officers*—The officers shall be a President, Vice President, Secretary and Executive Board.

ART. V. *Meetings*—Regular meetings shall be held annually for the transaction of business, reading of papers and discussions.

ART. VI. *Funds*—The revenue of the Society shall be from dues payable annually by the members.

ART. VII. *Amendments*—This Constitution may be amended at any regular meeting with the concurrence of two-thirds of the members present, but the proposed amendment must be submitted in writing to the Executive Board, and made known to the members one week or more before the meeting.

BY-LAWS

BY-LAWS

ARTICLE I.—Election of Members

Section 1. Applications for membership shall be submitted in writing to the Executive Board, and shall state the place and date of graduation, the present and previous locations in practice of the applicant, and must be endorsed by one or more members having personal knowledge of his qualifications.

Sec. 2. The vote shall be by ayes and nays unless ballots are called for, and two-thirds required to elect.

ART. II.—*Withdrawal of Members.*

Sec. 1. Any member one year in arrears for dues shall be notified by the Secretary, and when two years in arrears shall be reported delinquent.

Sec. 2. Any member not in arrears and free from other charges, shall be entitled to a card of honorable dismissal on application to the Secretary.

Sec. 3. A member may be expelled at any regular meeting with the concurrence by a ballot of two-thirds of the members present, providing: Charges of violation of the code and regulations of the Society, or conduct unbecoming a member have been preferred and made known to every member one week or more before the meeting, and that the accused have ample notice, and opportunity to reply thereto.

ART. III.—*Duties of Officers.*

Sec. 1. The President shall perform the usual duties of presiding officer, make all appointments during the meeting not otherwise provided for, and deliver an address on retiring from the Chair.

Sec. 2. The Vice President shall take the Chair in the absence of the President.

Sec. 3. The Secretary shall keep a record of the meeting of the Society and Executive Board, collect, hold and expend the funds of the Society under the direction of the Executive Board; submit an annual report of the transactions of his office, and receive a salary of fifty dollars per annum.

Sec. 4. The Executive Board shall have general supervision of the Society, have charge of its publications, make arrangements for its meetings, fill official vacancies and transact all business of the Society not otherwise provided for. It shall examine into applications for membership and charges against members, and report the same to the Society with approval or disapproval; and appoint the delegates to the American Medical Association. An account of its proceedings shall be included in the published transactions of the Society.

Sec. 5. The term of office for the President and Vice President shall be one year; Secretary, three years, and members of the Executive Board, five years.

ART. IV.—*Meetings.*

Sec. 1. The Executive Board shall give notice of the time and place of meetings to the members one month in advance, and a specific Order of Business at least one week in advance.

Sec. 2. Any papers, resolutions, applications for membership, charges against members or other matters of business, if reported to the Executive Board in time for publication with the Order of Business, shall take precedence of all other matters at the meeting, except by special permission of the Society.

Sec. 3. At each annual meeting six subjects shall be selected by the Society for the special consideration at the following meeting, and within a month thereafter six members shall be appointed by the Executive Board to prepare written reports thereon, the reading and discussion of which shall constitute the regular exercises of the meeting.

ART. V. *Dues*—The annual dues shall be five dollars for the first year of membership and three dollars thereafter, payable to the Secretary in advance.

ART. VI. *Code of Ethics*—The Code of Ethics of the American Medical Association shall be binding on members of the Society.

ART. VII. *Amendments*—These By-Laws may be amended at any regular meeting by a concurring vote of two-thirds of the members present, but the proposed amendment shall be submitted in writing to the Executive Board, and made known to the members one week or more before the meeting.

