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THE INTERNATIONAL MEDICAL CONGRESS.

In this issue we conclude our report of the Chicago meeting of the American Medical Association's Committee on the International Medical Congress. Several of the members of the original committee were present and took part in the proceedings, a fact that can not be otherwise construed than as a complete recognition on their part—and presumably on the part of the original committee as a body—of the new committee's legitimacy.

The enlarged committee, therefore, with power to fill vacancies occurring even among the original members, now constitutes the only body charged with the organization of the Congress. That being the case, its acts assume an importance that might have been questioned before. We are glad to be able to say that the convictions which we expressed two weeks ago have been justified by the moderation and breadth of view shown at Chicago. Of course, we deplore the fact that the committee was under compulsion to cut off the heads of a number of distinguished men whose co-operation the Congress can ill afford to spare; and it is humiliating to reflect that this compulsion was not the outgrowth of any spontaneous expression of feeling on the part of the profession, but merely the natural sequence of the excitement brought about at New Orleans. It was none the less real and morally binding, however, and we readily concede that the committee, whatever may have been the feelings of its individual members, had no course open to it but the very course that it took. When in the future—and, to judge by the action taken in Philadelphia, in the near future—it comes to be admitted on all hands that an honest difference of opinion as to how far a sentiment should be allowed to sway the policy of the profession ought never to have been magnified into an issue before which every other consideration should be made to yield, and perverted into a test of personal worth, it will certainly be recognized that the responsibility for carrying out those monstrous notions to the extent of wantonly humiliating some of the best men to be found in the ranks of the medical profession, and at the same time detracting from the strength of the home representation at a convocation of the medical men of the whole world, condemnation will not be visited upon this committee, but upon those whose acts called it into existence.

The committee, we repeat, is not to be held chargeable with the crippling of the Congress that must be the result of the foolish policy settled upon at New Orleans—a policy that has already begun to bear its bitter fruit, as shown by the action of our brethren in Philadelphia. The preambles and resolution adopted by them (for a copy of which we are indebted to the

courtesy of the "Medical News," of Philadelphia) show plainly that the strong men of the profession in that city are not to be made the cat's paws of a little knot of agitators. It is significant that several of the names signed to the resolution are those of men appointed to high positions in the new list of officers of the Congress.

There was only one other main question with which the committee had to wrestle, and that was the demand for a more strictly geographical representation in the organization of the Congress. So far as the proceedings at New Orleans could be taken as an indication of what was wanted, this demand seemed much more obtrusive than the feeling on the code question. There was danger, consequently, that the committee would feel constrained to take sweeping measures, and to make the officers of the Congress represent not the medical achievements of the country, but its territorial districts. We think an examination of the new list of officers decided upon by the committee will show that, while it has done all that could fairly be expected of it by the most exacting stickler for local representation, it has yet contrived to fill the prominent places with well-known men—men in every way fitted for the positions to which they have been appointed. We must therefore congratulate the committee upon this portion of its work, and we feel convinced that whatever sense of disappointment may be the portion of those whose names have been lopped off from the original list will arise from the thought, not that they as individuals have had an indignity put upon them, but that they are debarred from showing their devotion to American medicine on an occasion when, more than on any other, it would have been conspicuous and effective. While we praise the work of the committee, we must confess that the outlook for the Congress is gloomy.

THE EMBRYOLOGICAL RELATIONS OF CONGENITAL MALFORMATIONS OF THE PHARYNX.

At the fourteenth congress of the German *Gesellschaft für Chirurgie*, an excellent digest of the proceedings of which is published in the form of a supplement to the "Centralblatt für Chirurgie," Dr. Albrecht, of Brussels, read a notable paper on the morphological significance of pharyngeal diverticula. He sought to establish that, besides the lungs, there were two different sorts of these diverticula in the human subject, namely, the dorsal, epipharyngeal, or retropharyngeal, and the lateral or parapharyngeal. The epipharyngeal diverticula of man, he says, are those which Zenker and von Ziemssen have characterized as "impulse-diverticula" (*Pulsionsdivertikel*). In all the cases thus far observed the opening of the larynx, that of the œsophagus, and that of the diverticulum have all been situated at the same level. Since a like diverticulum, the so-called œsophageal cæcum of the veterinarians, is found as a normal structure in several of the *Mammalia* (constantly in the hog, the camel, and the elephant, and occasionally in the ox), Albrecht maintains that Zenker and von Ziemssen's impulse-diverticula in man have the morphological significance of atavistic formations, and are to be referred to the same sources as the œsophageal cæcum, which latter, furthermore, he looks upon as a

homologue of the air-bladder of fishes, having no homology with lungs, since there are certain *Teleosteans* (*Diodon*, *Triodon*, and *Tetrodon*) that have both lungs and air-bladders, while, on the other hand, in some of the *Selachians* (*Galeus*, *Mustelus*, and *Acanthias*) the air-bladder is found to have the form of an epipharyngeal diverticulum. Since in the hog, the œsophageal cæcum (*Rachentasche*) of which was demonstrated with a preparation, the pouch is overlain by the crico-pharyngeus muscle, and its mucous membrane can be inverted beneath the crico-pharyngeus with the finger, thus what is known in man as pharyngocele being produced artificially, we have an explanation of the presence, often recorded in literature, of muscular fibers on the cranial portion of the impulse-diverticulum in man, doubted by Zenker and von Ziemssen on theoretical grounds. The Zenker-von Ziemssen *versus* König controversy in regard to these muscular fibers is therefore decided in König's favor, for the cranial portion of the pouch must, under all circumstances, be covered by the crico-pharyngeus.

In man, the author continues, all the parapharyngeal diverticula have the same morphological significance; they all originate in the second post-oral cleft (bounded by the hyal arch, consisting of the styloid process, the stylo-hyoid ligament, and the lesser cornu of the hyoid bone, and the ventral rudiment of the first branchial arch, the greater cornu of the hyoid bone), the cutaneous opening of which is closed, while the blind termination thus formed is dilated into a pouch. To the same mode of origin we must refer congenital cervical fistulas, and congenital hydroceles, atheromas, and dermoid cysts of the neck. If the second post-oral cleft does not close at all, a congenital cervical fistula is the result; if its cutaneous opening closes, an internal incomplete fistula is formed, which, if its lateral blind end bulges, gives the impression, as in a case cited from Watson, of a lateral diverticulum of the pharynx; if both the cutaneous and the pharyngeal openings close, either a hydrocele, an atheroma, or a dermoid cyst is developed, according as the contents are serous, pultaceous, or containing dermoid formations, such as hair and teeth.

Like congenital fistulas of the neck, the parapharyngeal diverticula lie medially of the sterno-cleido-mastoid muscle, making their way first between the external and the internal carotid arteries, then between the glosso-pharyngeal nerve and the stylo-pharyngeus muscle, to open finally into the pharynx behind the pharyngo-palatine arch. The reason why the cutaneous orifice of a congenital cervical fistula and the blind end of a pharyngeal diverticulum lie close above the sterno-clavicular joint is to be found in the cranio-caudad migration of the two respectively, a migration which tallies with the caudad migration of the stomach, the heart, and the aortic arch; and the single explanation lies in the fact that, instead of the twenty-first spinal nerve, a cranial nerve goes to the stomach in man, and the inferior laryngeal nerve makes a turn two feet long, in the adult, around the fourth aortic arch (the arch of the aorta on the left, and the innominate artery and the proximal portion of the subclavian on the right side) before reaching the laryngeal muscles to which it is distributed. The author considers

that the larynx, the air-passages, and the lungs constitute a normal hypopharyngeal diverticulum.

NEWS ITEMS, ETC.

Infectious Diseases in New York.—We are indebted to the Sanitary Bureau of the Health Department for the following statement of cases and deaths reported during the two weeks ending June 30, 1885:

DISEASES.	Week ending June 23.		Week ending June 30.	
	Cases.	Deaths.	Cases.	Deaths.
Typhoid fever.....	7	1	13	4
Scarlet fever.....	54	7	29	7
Cerebro-spinal meningitis . . .	2	2	1	1
Measles.....	89	17	100	25
Diphtheria.....	57	23	63	35

The American Medical Association's Committee on the International Medical Congress.—CHICAGO, June 25th.—The meeting of to-day was called to order by the Chairman, Dr. COLE, at 9.20 A. M. The minutes of yesterday's meeting were read and adopted. Dr. R. BATTEY offered the following preamble and resolution:

Whereas, It is expedient that the meetings of this committee shall represent, as far as practicable, the profession of all portions of our country,

Resolved, That any member of the committee who may be unable to attend a meeting shall be empowered to send as his proxy for the meeting any member of the American Medical Association in good professional standing, and a resident of his State or member of his Government Department. Adopted unanimously.

Chairman SCOTT, of the sub-committee appointed yesterday, stated that the secretary would read this committee's report before its adoption, as it had been placed in his hands. Some general remarks were made as to the method of adopting the rules, and it was decided to act on them *seriatim*. The result of this action was that most of the rules reported by the committee were adopted, some amendments being made to a few of them. As they can not be given with exactness until after the committee's final revision, it is thought best not to attempt to incorporate them in this report. It is sufficient to say at present that Rule I was so amended as to guard against the participation of irregular practitioners in the meetings of the Congress.

That portion of the committee's report which had reference to the list of officers for the Congress contained the following nominations: For president, Austin Flint, of New York. For vice-presidents, N. S. Davis, of Chicago; H. F. Campbell, of Augusta, Ga.; R. P. Howard, of Montreal, Canada; T. G. Richardson, of New Orleans; A. Stillé, of Philadelphia; W. O. Baldwin, of Montgomery, Ala.; H. M. Skillman, of Lexington, Ky.; L. A. Sayre, of New York; W. W. Dawson, of Cincinnati; J. M. Toner, of Washington; W. Brodie, of Detroit; J. L. Atlee, of Lancaster, Pa.; and O. W. Holmes, of Boston. For secretary-general, John Packard, of Philadelphia. For chairman of the Finance Committee, F. S. Dennis, of New York. For members of the Committee of Arrangements (those whose names are printed in italics being also members of the executive sub-committee):

George A. Ketchum, Mobile; D. A. Linthicum, Helena, Ark.; *R. B. Cole* (chairman), San Francisco; Charles Denison, Denver, Col.; W. C. Wile, Sandy Hook, Conn.; W. E. Duncan, Dakota Territory; L. P. Bush, Wilmington, Del.; *A. F. P. Garnett*, Washington; R. D. Murray, Moultrie, Pa.; Robert Battey, Rome, Ga.; E. P. Cook, Mendota, Ill.; F. W.

Beard, Vincennes, Ind.; W. Watson, Dubuque, Iowa; D. W. Stormont, Topeka, Kan.; W. H. Wathen, Louisville; J. W. Dupree, Baton Rouge; S. C. Gordon, Portland, Me.; *J. S. Lynch* (vice-chairman), Baltimore; A. H. Wilson, South Boston, Mass.; A. R. Smart, Hudson, Mich.; George F. French, Minneapolis; J. M. Taylor, Corinth, Miss.; N. F. Essig, Plattsburg, Mo.; R. C. Moore, Omaha; J. W. Parsons, Portsmouth, N. H.; William Pierson, Orange, N. J.; Ellsworth Eliot, New York; X. C. Scott, Cleveland; E. P. Fraser, Portland, Oregon; *J. V. Shoemaker* (secretary), Philadelphia; W. E. Anthony, Providence; R. A. Kinloch, Charleston; F. L. Sim, Memphis; J. W. McLaughlin, Austin; E. T. Upham, West Randolph, Vt.; W. C. Dabney, Charlottesville, Va.; G. Baird, Wheeling, W. Va.; Nicholas Senn, Milwaukee; J. J. McAchran, Laramie City, Wyoming Territory; J. B. Hamilton, Washington; Robert Murray, U. S. Army, Washington; F. M. Gunnell, U. S. Navy, Washington; *W. Pierson*; J. S. Billings, U. S. Army; J. M. Brown, U. S. Navy; I. M. Hays, Philadelphia; H. F. Campbell, Augusta, Ga.; *C. Johnston*, Baltimore; *J. W. S. Gouley*, New York; L. A. Sayre, New York; G. J. Engelmann, St. Louis; *F. S. Dennis*, New York; and *J. Packard*, Philadelphia. For Local Committee of Arrangements: A. Y. P. Garnett (chairman), J. S. Billings, S. O. Ritchie, and Frank Baker, all of Washington, with power to add to their number any of the physicians of Washington in good standing. For officers of sections: SECTION I (*Medical Education, Legislation, and Registration*).—President, S. E. Chaillé, New Orleans. Vice-presidents: G. Cattles, San Antonio, Tex.; R. J. Dungleison, Philadelphia. Secretaries: E. F. Dunbar, Boston; Trail Green, Easton, Pa. Council: H. D. Didama, Syracuse, N. Y.; D. C. Gilman, Baltimore; J. F. Harrison, University of Virginia; C. A. Lindsley, New Haven; W. Pepper, Philadelphia; J. F. Prieleau, Charleston; L. McL. Tiffany, Baltimore; H. Gibbons, San Francisco; J. A. Dibble, Jr., Little Rock, Ark.; C. L. Allen, Rutland, Vt.; H. O. Hitchcock, Kalamazoo, Mich.; R. H. Reed, Mansfield, O.; J. W. Bailey, Gainesville, Ga.; K. Wylie, Sanford, Fla. SECTION II (*Anatomy*).—President, J. Leidy, Philadelphia. Vice-presidents: W. Pancoast, Philadelphia; C. W. Kelley, Louisville; S. Logan, New Orleans. Secretaries: W. W. Keen, Philadelphia; G. E. de Schweinitz, Philadelphia. Council: H. Allen, Philadelphia; F. Baker, Washington; A. Henson, Philadelphia; T. Dwight, Boston; F. L. Parker, Charleston; C. T. Parkes, Chicago; T. T. Sabine, New York; N. Senn, Milwaukee; J. F. Shepherd, Montreal; R. W. Shufeldt, U. S. Army; G. Halley, Kansas City; S. W. Craft, Jackson, Miss. SECTION III (*Physiology*).—President: J. C. Dalton, New York. Vice-presidents: *H. P. Bowditch*, Boston; J. F. Hibberd, Richmond, Ind.; H. N. Martin, Baltimore; M. Michel, Charleston. Secretary: J. G. Curtis, New York. Council: G. Baumgarten, St. Louis; H. G. Beyer, U. S. Navy; A. Flint, Jr., New York; W. Lee, Washington; J. J. Mason, Newport, R. I.; H. Sewall, Ann Arbor, Mich.; W. F. Hyer, Holly Springs, Mich.; J. H. Wyeth, San Francisco; A. D. Brubaker, Philadelphia; A. F. Whelan, Hillsdale, Mich.; T. S. Latimer, Baltimore; S. Putnam, Montpelier, Vt.; C. H. A. Kleinschmidt, Washington. SECTION IV (*Pathology*).—President: F. Delafield, New York. Vice-president: W. Pepper, Philadelphia. Secretaries: H. M. Briggs, New York; W. H. Welch, Baltimore; I. N. Himes, Cleveland. Council: C. Fenger, Chicago; R. H. Fitz, Boston; E. G. Jane-way, New York; J. B. Johnson, St. Louis; G. M. Sternberg, U. S. Army; W. F. Whitney, Boston; C. H. Hunter, Minneapolis; E. O. Shakespeare, Philadelphia; H. Schmidt, New Orleans; M. Longstreth, Philadelphia. SECTION V (*Medicine—including the original section in Nervous Diseases and Psychiatry*).—President: J. M. DaCosta, Philadelphia. Vice-presidents: Alonzo Clark, New York; J. B. McCaw, Richmond; C. F. Folsom,

Boston; J. P. Gray, Utica, N. Y.; J. S. Jewell, Chicago; R. McSherry, Baltimore; A. B. Palmer, Ann Arbor, Mich.; T. F. Rochester, Buffalo; S. W. Mitchell, Philadelphia; P. G. Robinson, St. Paul. Secretaries: W. Osler, Philadelphia; J. T. Whittaker, Cincinnati; W. Hay, Chicago. Council: R. Bartholow, Philadelphia; F. T. Miles, Baltimore; S. G. Webber, Boston; J. P. Logan, Atlanta; F. B. Lester, Kansas City; A. B. Arnold, Baltimore; E. D. Ferguson, Troy, N. Y.; S. C. Chew, Baltimore; W. H. Geddings, Aiken, S. C.; W. W. Johnston, Washington; G. A. Ketchum, Mobile; F. Minot, Boston; B. Robinson, New York; J. Burnett, Cleveland; W. W. Cleaver, Lebanon, Ky.; W. H. Phillips, Canton, O.; S. S. Clark, St. Albans, Vt.; G. Williamson, Ottawa, Canada; J. Draper, Brattleboro, Vt.; E. Grissom, Raleigh, N. C.; P. Brice, Tuscaloosa, Ala. SECTION VI (*Surgery*).—President: D. W. Yandell, Louisville. Vice-presidents: D. H. Agnew, Philadelphia; W. T. Briggs, Nashville; S. W. Gross, Philadelphia; W. H. Hingston, Montreal; R. A. Kinloch, Charleston; E. M. Moore, Rochester; M. Gunn, Chicago. Secretaries: J. C. Warren, Boston; D. P. Allen, Cleveland. Council: J. Ashhurst, Jr., Philadelphia; D. W. Cheever, Boston; P. S. Conner, Cincinnati; G. E. Fenwick, Montreal; F. H. Gerrish, Portland, Me.; J. C. Hutchison, Brooklyn; C. Johnston, Baltimore; T. M. Markoe, New York; A. P. Smith, Baltimore; J. F. Thompson, Washington; T. R. Varick, Jersey City; H. H. Mudd, St. Louis; J. R. Weist, Richmond, Ind.; J. P. Wall, Tampa, Fla.; — Mercer, Omaha; H. Bingham, Burlington, Vt.; T. A. Dunsmore, Minneapolis; J. T. Carpenter, Pottsville, Pa.; W. S. Janney, Philadelphia; J. Garretson, Philadelphia; I. N. Quimby, Jersey City; T. A. McGraw, Detroit; — Russell, —, Wis.; J. H. Rawson, Burlington, Ia.; H. W. Austin, U. S. Marine-Hospital Service; O. Coskery, Baltimore; W. T. Andrews, Mitchell, Dak.; H. H. Smith, Philadelphia; — Westmoreland, Scranton, Pa. SECTION VII (*Obstetrics and Gynecology*).—President: R. Battey, Rome, Ga. Vice-presidents: W. T. Howard, Baltimore; R. B. Maury, Memphis; J. C. Reeve, Dayton, O.; A. H. Smith, Philadelphia; T. A. Reamy, Cincinnati; T. G. Thomas, New York; W. H. Byford, Chicago; H. P. C. Wilson, Baltimore; J. Goodman, Louisville; W. P. King, Sedalia, Mo. Secretaries: T. Opie, Baltimore; J. R. Chadwick, Boston; G. J. Engelmann, St. Louis. Council: R. P. Harris, Philadelphia; A. F. A. King, Washington; E. Van de Warker, Syracuse; W. T. Lusk, New York; R. S. Sutton, Pittsburgh; T. Parvin, Philadelphia; R. Glisan, Portland, Oregon; J. Scott, San Francisco; C. V. Northam, Lawrence, Kansas; E. P. Sale, Aberdeen, Miss.; W. Varian, Titusville, Pa.; T. B. Harvey, Indianapolis; E. Warner, Worcester, Mass.; L. Fay, Lowell, Mass.; D. Crea, Council Bluffs, Iowa; B. E. Hadra, San Antonio, Tex.; L. Robinson, San Francisco; E. S. Dunster, Ann Arbor, Mich.; H. O. Marcy, Boston; T. Opie, Baltimore; W. H. Baker, Boston; W. Gardner, Montreal; W. Goodell, Philadelphia; A. R. Jackson, Chicago; J. T. Johnson, Washington. SECTION VIII (*Ophthalmology*).—President: E. Williams, Cincinnati. Vice-presidents: H. D. Noyes, New York; E. L. Holmes, Chicago; W. Thomson, Philadelphia. Secretary: S. M. Burnett, Washington. Council: C. S. Bull, New York; A. W. Calhoun, Atlanta; H. Derby, Boston; E. G. Loring, New York; W. F. Norris, Philadelphia; W. W. Seely, Cincinnati; S. Theobald, Baltimore; O. F. Wadsworth, Boston; H. W. Williams, Boston; J. Green, St. Louis; P. D. Keyser, Philadelphia; D. Hunt, Boston; B. J. Jeffries, Boston; A. G. Sinclair, Memphis; B. Baldwin, Montgomery, Ala.; W. H. Sanders, Mobile; B. E. Frier, Kansas City; E. Smith, Detroit; J. L. Thompson, Indianapolis. SECTION IX (*Otology*).—President: C. J. Blake, Boston. Vice-presidents: A. M. Wilder, San Francisco; H. N. Spencer, St. Louis; D. S. Reynolds, Louisville. Secretary: S.

O. Ritchie, Washington. Council: J. H. White, Richmond; J. O. Green, Boston; G. Strawbridge, Philadelphia; S. J. Jones, Chicago; C. Turnbull, Philadelphia; J. A. Lippincott, Pittsburgh; C. H. Burnett, Philadelphia; C. J. Lundy, Detroit; E. H. Hazen, Davenport, Iowa. SECTION X (*Dermatology and Syphilis*).—President: W. A. Hardaway, St. Louis. Vice-presidents: J. M. Keller, Hot Springs, Ark.; J. N. Hyde, Chicago; J. C. White, Boston; L. A. Duhring, Philadelphia. Secretaries: F. E. Daniel, Austin, Tex.; W. T. Carlett, Cleveland. Council: I. E. Atkinson, Baltimore; A. R. Robinson, New York; E. Wigglesworth, Boston; H. C. Yarrow, Washington; H. O. Walker, Detroit; W. F. Glenn, Nashville; H. R. Carter, U. S. Marine-Hospital Service; J. J. McAchran, Laramie City, W. T.; J. A. Oterlony, Louisville; LeG. B. Denslow, St. Paul. SECTION XI (*Laryngology*).—President: J. N. Mackenzie, Baltimore. Vice-presidents: M. F. Coomes, Louisville; F. I. Knight, Boston. Secretaries: D. Bryson Delavan, New York; E. F. Ingals, Chicago. Council: W. H. Daly, Pittsburgh; G. W. Major, Montreal; E. C. Morgan, Washington; W. Porter, St. Louis; E. L. Shurly, Detroit; R. P. Lincoln, New York; C. Sajous, Philadelphia; H. Goldthwaite, New York. SECTION XII (*Public and International Hygiene*).—President: H. A. Johnson, Chicago. Vice-presidents: A. L. Carroll, Albany; J. L. Cabell, University of Virginia; J. B. Lindsley, Nashville; J. E. Reeves, Wheeling; J. N. McCormick, Bowling Green, Ky. Secretaries: W. Wyman, U. S. Marine-Hospital Service; G. H. Rohé, Baltimore. Council: A. Gihon, U. S. Navy; H. B. Baker, Lansing, Mich.; G. P. Conn, Concord, N. H.; W. H. Ford, Philadelphia; H. Leffmann, Philadelphia; D. W. Hand, St. Paul; J. H. Kidder, Washington; J. H. Rauch, Springfield, Ill.; J. H. Raymond, Brooklyn; J. R. Smith, U. S. Army; S. Smith, New York; H. P. Wolcott, Cambridge, Mass.; G. B. Thornton, Memphis; R. M. Sweringen, Austin, Tex.; C. M. Hewitt, Red Wing, Minn.; H. F. Lester, Detroit; E. S. Elder, Indianapolis; O. C. DeWolf, Chicago; E. L. B. Godfrey, Camden, N. J.; H. S. Orme, Los Angeles, Cal.; J. Holt, New Orleans; W. S. Robinson, Muscatine, Iowa; W. L. Schenck, Osage City, Kansas; B. Lee, Philadelphia. SECTION XIII (*Collective Investigation, Nomenclature, Vital Statistics, and Climatology*).—President: N. S. Davis, Chicago. Vice-presidents: J. Cochran, Mobile; E. M. Snow, Providence. Secretary: J. F. Todd, Chicago. Council: N. Allen, Lowell, Mass.; R. A. Cleeman, Philadelphia; J. H. Hollister, Chicago; J. T. Reeve, Appleton, Wis.; J. Tyson, Philadelphia; E. T. Sabal, Jacksonville, Fla.; A. C. Hamlin, Bangor, Me.; T. S. Hopkins, Thomasville, Ga.; T. J. Allen, Shreveport, La.; C. Denison, Denver; H. C. Ghent, Austin, Tex.; E. P. Hurd, Newburyport, Mass.; E. W. Morley, Cleveland; O. W. Wight, Detroit; T. T. Miner, Seattle, Wash. T.; P. C. Remondino, San Diego, Cal.; J. W. Parsons, Portsmouth, N. H.; W. P. Hart, Washington, Ark. SECTION XIV (*Military and Naval Surgery and Medicine*).—President: D. L. Huntington, U. S. Army. Vice-presidents: F. H. Hamilton, New York; H. McGuire, Richmond; S. P. Moore, Richmond; W. E. Taylor, U. S. Navy (retired); P. O. Hooper, Little Rock, Ark.; E. Andrews, Chicago; E. H. Gregory, St. Louis; D. McLane, Detroit. Secretaries: B. F. Pope, U. S. Army; McF. C. Gaston, Atlanta. Council: D. Bloodgood, U. S. Navy; R. B. Bontecou, Troy, N. Y.; J. H. Brinton, Philadelphia; E. J. Marsh, Paterson, N. J.; C. M. Mastin, Mobile; G. Peck, U. S. Navy; W. F. Peck, Davenport, Iowa; C. Smart, U. S. Army; J. R. Tryon, U. S. Navy; A. A. Woodhull, U. S. Army; J. W. Hamilton, Columbus, O.; W. Murphy, St. Paul; W. C. B. Fifield, Boston; E. Goodman, U. S. Army; W. S. Tremaine, U. S. Army; J. H. Peabody, Omaha; S. T. Armstrong, U. S. Marine-Hospital Service. SECTION XV (*Practical and Experimental Therapeu-*

tics).—President: H. C. Wood, Philadelphia. Vice-presidents: E. R. Squibb, Brooklyn; R. T. Edes, Boston; F. P. Porcher, Charleston. Secretaries: R. T. Reichert, Philadelphia; R. M. Smith, Philadelphia. Council: G. Griswold, New York; R. Amory, Boston; H. M. Lyman, Chicago; S. Nickels, Cincinnati; F. Steyart, Cincinnati; I. Ott, Easton, Pa.; D. W. Prentiss, Washington; C. Rice, New York; C. H. White, U. S. Navy; T. F. Wood, Wilmington, N. C.; J. M. Flint, U. S. Navy; E. P. Fraser, Portland, Oregon; T. F. Breck, Springfield, Mass.; R. D. Webb, Livingston, Ala.; F. Woodbury, Philadelphia; J. V. Van Velsas, Yankton, Dakota T.; — Codlock, Knoxville, Tenn.; J. F. Y. Payne, Galveston, Tex.; T. Weed, Cleveland; D. W. C. Wade, Holley, Mich.; R. C. Moore, Omaha; G. M. Garland, Boston; — Crompton, Lancaster, Pa. SECTION XVI (*Diseases of Children*).—President: J. L. Smith, New York. Vice-presidents: D. Miller, Chicago; S. C. Busey, Washington. Secretary: E. T. Williams, Boston. Council: F. Forchheimer, Cincinnati; J. M. Keating, Philadelphia; W. Lee, Baltimore; J. H. Pope, Marshall, Tex.; W. B. Atkinson, Philadelphia; A. Walker, Evansville, Ind.; W. A. Conklin, Dayton, O.; W. F. Holt, Maccon, Ga.; K. Johnson, Grand Rapids, Mich.; C. A. Leale, New York; S. H. Charlton, Seymour, Ind.; W. H. Dougherty, Augusta, Ga.; B. H. Riggs, Selma, Ala.; H. H. Middlekamp, Ironton, Mo.; J. A. Hodge, Henderson, Ky.; G. W. Moody, Huron, Dakota T.; A. A. Horner, Helena, Ark.

Dr. W. H. WATHEN offered the following preamble and resolution:

Whereas, It has become necessary, in order that this committee may fully understand the professional and personal standing of the various persons suggested for appointment, therefore be it

Resolved, That it is the sense of this meeting that all remarks bearing upon the qualifications of said persons be considered as strictly confidential between the members of the committee, and that the report of such remarks, if heretofore recorded, be expunged from the minutes. Carried unanimously.

The committee then adjourned, to meet in St. Louis on the Monday preceding the next meeting of the American Medical Association.

New York State Medical Association, Northern Branch.

—The first annual meeting will be held in Utica on Tuesday, the 7th instant. The following papers are expected to be read: "Well-water and its Uses," by Dr. Malek A. Southworth, Little Falls; "The Treatment of Hæmorrhoids by Recent Methods and Instruments," by Dr. Leroy J. Brooks, Norwich; "Extrauterine Pregnancy," by Dr. William A. Hall, Fulton; "Ankylosis of the Knee Joint as a Remedy for Extreme Paralysis of the Leg, due to Infantile Paralysis," by Dr. Stephen Smith, New York; "The Advantages of Paris as a Place of Medical Education," by Dr. M. M. Bagg, Utica; "Jaborandi and its Uses in Typhoid Fever," by Dr. Wallace Clarke, Utica.

The District Medical Society for the County of Hudson,

N. J., will meet at the Stevens Institute, in Hoboken, on Tuesday, the 7th inst., at 3 o'clock p. m. Dr. W. P. Watson will read a paper on Cholera Infantum, and Dr. J. Lewis Smith and Dr. J. H. Ripley, of New York, are expected to take part in the discussion.

The International Medical Congress and the Medical Profession of Philadelphia.

—A meeting of the members of the medical profession of Philadelphia concerned in the organization of the International Medical Congress of 1887 was held at the Hall of the College of Physicians, on Monday, June 29th, Dr. Alfred Stillé in the Chair. Dr. David W. Yandell, of Louisville, was present by invitation.

After hearing a report of the proceedings of the new committee, at the meeting held in Chicago last week, and, after considering the changes in the organization which were made, including the restriction of the scope of the membership, by which a large proportion of the profession of the country would be excluded from the Congress, the following preambles and resolution were unanimously adopted:

Whereas, Certain serious changes have been recently effected in the preliminary organization and rules for the International Medical Congress of 1887, it has seemed desirable for the members of the General Committee and the officers of the Sections resident in Philadelphia to meet for consultation; and

Whereas, It has appeared that these changes are inconsistent with the original plan, and detrimental to the interests of the medical profession in America, and of the International Medical Congress; therefore be it

Resolved, That we, the undersigned, consider that our duty to the profession and to ourselves requires us to decline to hold any office whatsoever in connection with the said Congress as now proposed to be organized:

D. HAYES AGNEW,	S. WEIR MITCHELL,
ROBERTS BARTHOLOW,	WILLIAM F. NORRIS,
JOHN H. BRINTON,	WILLIAM OSLER,
CHARLES H. BURNETT,	JOHN H. PACKARD,
R. A. CLEEMANN,	THEOPHILUS PARVIN,
J. M. DA COSTA,	WILLIAM PEPPER,
LOUIS A. DUHRING,	EDWARD T. REICHART,
WILLIAM H. FORD,	ALBERT H. SMITH,
WILLIAM GOODELL,	ROBERT MEADE SMITH,
SAMUEL W. GROSS,	ALFRED STILLÉ,
ROBERT P. HARRIS,	GEORGE STRAWBRIDGE,
I. MINIS HAYS,	WILLIAM THOMSON,
WILLIAM W. KEEN,	JAMES TYSON,
JOSEPH LEIDY,	HORATIO C. WOOD,

DAVID W. YANDELL.

Army Intelligence.—*Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from June 21, 1885, to June 27, 1885:*

- HARTSUFF, ALBERT, Major and Surgeon. Assigned to duty at Fort Hamilton, New York Harbor. S. O. 133, Department of the East, June 24, 1885.
- MIDDLETON, J. V. D., Major and Surgeon. Granted one month's leave, with permission to apply for fifteen days' extension, to take effect about the 15th proximo. S. O. 88, Department of the Missouri, June 19, 1885.
- BROWN, H. E., Major and Surgeon. Assigned to duty as post surgeon, Fort Reno, Indian Territory. S. O. 91, Department of the Missouri, June 24, 1885.
- TAYLOR, BLAIR D., Captain and Assistant Surgeon. Ordered from Department of Texas to Department of the East. S. O. 141, A. G. O., June 20, 1885.
- CASTER, WILLIAM F., Captain and Assistant Surgeon. Ordered from Department of the East to Department of Texas. S. O. 141, A. G. O., June 20, 1885.
- DAVIS, WILLIAM B., Captain and Assistant Surgeon. Leave of absence extended three months. S. O. 142, A. G. O., June 23, 1885.
- EBERT, R. G., First Lieutenant and Assistant Surgeon. Granted leave of absence for one month, to take effect about July 5th. S. O. 97, Department of the Columbia, June 17, 1885.
- ROBERTSON, R. L., First Lieutenant and Assistant Surgeon. Now on leave of absence, directed to report in person by July 7, 1885, to commanding officer, Columbus Barracks, Ohio, to accompany detachment of recruits to Department of Texas. On completion of this duty, to rejoin his proper station. S. O. 143, A. G. O., June 24, 1885.

Society Meetings for the Coming Week:

- MONDAY, *July 6th*: New York Academy of Sciences (Section in Biology); Morrisania Medical Society (private); Brooklyn Anatomical and Surgical Society (private); Utica, N. Y., Medical Library Association; St. Albans, Vt., Medical Association; Providence, R. I., Medical Association; Hartford City, Conn., Medical Association; Chicago Medical Society.
- TUESDAY, *July 7th*: Elmira, N. Y., Academy of Medicine; Buffalo Medical and Surgical Association; Medical Society of the County of Broome, N. Y.; Ogdensburg, N. Y., Medical Association; Hudson County (Jersey City) and Union County (quarterly), N. J., Medical Societies; Chittenden County, Vt., Medical Society; Androscoggin County, Me., Medical Association (Lewiston).
- WEDNESDAY, *July 8th*: American Microscopical Society of the City of New York; Medical Societies of the Counties of Cayuga and Seneca (annual), N. Y.; Tri-States Medical Association (Port Jervis, N. Y.); Franklin District (quarterly—Greenfield), Hampshire District (quarterly—Northampton), and Worcester District, Mass. (Worcester), Medical Societies.
- THURSDAY, *July 9th*: Brooklyn Pathological Society; Medical Society of the County of Fulton, N. Y. (semi-annual—Johnstown); South Boston, Mass., Medical Club (private).
- FRIDAY, *July 10th*: Medical Society of the Town of Saugerties, N. Y.
- SATURDAY, *July 11th*: Worcester North District, Mass., Medical Society.

Proceedings of Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Meeting of June 3, 1885.

A Plea for the Medicinal Use of Pure Alcohol and Alcoholic Mixtures of Known Composition in Preference to Ordinary Fermented Liquids.—Dr. HENRY LEFFMANN read the following paper:

I present to the College this evening, with some misgivings, I confess, a topic which can scarcely yet be considered a "live issue" in clinical medicine, but which is destined, I am certain, to become one. At the present time the profession does not take kindly to suggestions having in view material modifications of its policy in reference to alcoholic liquors. The majority of physicians regard those who preach or practice total abstinence, or throw doubt on the indispensability of alcohol as a therapeutic agent, as entitled to little respect or tolerance. In presenting the view that we should abandon in clinical medicine the use of the natural wines and liquors, and resort to mixtures confessedly fictitious, we must expect to encounter all the force of the conservative spirit. Many centuries of constant use have developed in the race a feeling that fermented drinks, particularly those that, like wines and malt liquors, have suffered no modification by distillation or admixture, are bounties of nature wisely given for our use. The traditions of the past associate the first preparation of liquor with the gods, and in all ages poetry and prose have combined to increase the reverence for these natural products. Yet all this feeling is nothing but a superstition. Fermentation is now known to be a process occurring under the influence of micro-organisms, and it allies itself with ordinary putrefaction. The reverence which we have for "Nature's laboratory" is born of ignorance, and

there is no progress in chemistry more gratifying in its results than that which deals with dispelling the illusions which have surrounded its application to medicine.

Whatever ulterior relations the plan advocated here may have to the questions of total abstinence are not presented for discussion; I merely offer it as a contribution to the methods of exactness and certainty in clinical work.

In the medicinal and dietetic use of fermented liquors, it is the effect of the ethyl alcohol which is sought to be obtained. It is true that those who prescribe liquors a great deal are in the habit of saying that the accessory ingredients, compound ethers, astringents, or bitter principles, etc., are also efficacious, but that, if we closely observe the customs of such prescribers, it will be found not only that the effect expected from the alcohol outweighs that to be obtained from any other ingredient, but also that, in the majority of cases, the accessory ingredients are either not known or recognized.

Taking this fact, then, as a starting point, that an agent universally recognized as one of powerful physiological activity should be used only in the most definite condition. The forms of fermented liquors are numerous, and each form is subject to minor variations, depending on locality and season. The demand exceeds the supply, and hence the strong temptation to dilute and substitute. Within the past few months further notice has been given of the communications by American consuls abroad to the effect that the wines and brandies exported from France and Portugal are fictitious articles, in the majority of cases, and it needs but a little inquiry to show that a very large trade in liquors more or less spurious is carried on over the entire world.

Chemical analysis still has much to accomplish in the study of fermented liquors, but enough is known to enable us to imitate their essential features. The tabular statement of composition gives us a long list of mineral ingredients, but we are reasonably certain that, besides the ethyl alcohol, the only ingredients that need attention are the traces of fusel oil, compound ethers, astringent and bitter principles, and the effect even of their accessories is often more on the mind than on the body.

I suggest first, then, that in all cases in which the general physiological effect of ethyl alcohol is desired, it should be given by prescription, in the form of a rectified spirit of standard strength. My friend, Dr. A. W. Miller, who is familiar with this topic, both from the point of view of the pharmacist and physician, has suggested that such a standard, pure spirit be made officinal under the title *spiritus maydis rectificatus*. Such a suggestion is in the interest of clinical accuracy and safety to the patient. If the medical profession have any concern in the protection of the health and morals of the community—and it would certainly appear that it has great concern—no better opportunity is offered for good work than in reforming the widespread errors in reference to the use of alcoholic liquors. Where is the physician who would say to a patient, Take a little laudanum or chloral every day, and leave to the patient or the druggist the duty of determining the dose, or the duration of the treatment? Yet every day physicians give similar recommendations in regard to liquors. The use of rectified spirits in prescriptions is to be recommended on the same ground that we give potassium bromide and iodide in accurate dosage, instead of the sea-water which contains them, or morphine and quinine instead of opium and Peruvian bark. Incidental to the therapeutic accuracy and moral safety which are involved in such practice is the not unimportant question of cheapness. Many liquors command prices far above the actual commercial value of the ingredients they contain. A pure French brandy, for instance, costs twelve dollars a gallon. Its place can be taken by a spirit of much less cost.

Several objections may be made to the plan of using the plain spirit. I can not stop to consider the one which arises from a belief in the superiority of a natural product, from a view that that which arises from a natural process will be necessarily superior to anything artificial; this, as I have said before, is a superstition; but there are some suggestions which are really important. It may be that the accessory ingredients have some therapeutic value, and it has been said to me that while pure alcohol may easily be used during acute disease and in hospital practice, that in long-continued treatment, and as a dietetic, patients can not be made to take it. In these cases the method to be pursued is plain. Let the alcohol be mixed with suitable accessory ingredients. If a combination of bitter tonic, sedative, and stimulant is wanted, it can be prescribed, and so on. There need be no difficulty in the matter, because modern art in the preparation of fictitious liquors has reached such perfection that excellent imitations of the natural liquors are made, and these have the advantage of definite and known composition and greater cheapness.

It is not uninteresting to note here the general nature of this work. I have the samples to illustrate it. In the preparation of fictitious liquors three methods may be employed. 1. The genuine liquor may be diluted with a suitable strength of pure spirit. This will give us a liquor differing but little from the original. 2. The liquor may be imitated by adding to pure spirit coloring and flavoring ingredients. In many cases this will give a liquor substantially identical with the original. 3. The liquor may be made up weak, and then taste and appearance of alcoholic strength be given by means of pepper and bead oil. The latter method is reprehensible, but the two former methods are, I hold, not injurious, and should be recognized.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Meeting of June 4, 1885.

The President, Dr. B. F. BAER, in the Chair;

Dr. W. H. H. GITHENS, Secretary.

Biniiodide of Mercury as a Disinfectant in Obstetrics.—

Dr. E. P. BERNARDY read a paper with this title. His attention had first been called to the use of the biniiodide of mercury as a germicide by Dr. Miquel, who had published in "L'Annuaire météorologique de Montsouris" the results of some experiments made to determine the minimum amount of a disinfectant necessary to prevent fermentation in a litre of sterilized beef-broth. His experiments showed that the mercurials were the best antiseptics, the biniiodide being nearly three times as strong as the bichloride. In his table of disinfectants he placed the bichloride fourth on the list. To a litre of sterilized beef-broth he found it required 0.025 gramme of the biniiodide of mercury to keep the broth pure, while 0.070 gramme of the bichloride of mercury was necessary to produce like effects. This showed that bacterial life was impossible in a solution of one forty-thousandth part of the biniiodide, while of the bichloride it required one fourteen-thousandth part. The reader had been so forcibly impressed with these experiments that he had determined to give the biniiodide of mercury a trial in obstetric cases where it was necessary to use an antiseptic. The following were the cases in which it had been used:

CASE I.—On February 7, 1885, he was requested to take charge of Mrs. D., who had been confined about six weeks previously. It had been her second confinement, the duration of labor had been short and delivery natural, but an extensive laceration of the perineum had occurred. No attempt had been made to bring the parts together by sutures. On the third evening she had been at-