

an extremely severe attack of neuralgia of the stomach.

Oxalic Rheumatism.—Oxalate of lime occurs in the blood, in amorphous granular masses. The urine is usually loaded with well-formed octahedral crystals, and may be milky in the granular oxalate of lime. They occur also in the fæces and expectoration ("gravel of the lungs"). Sometimes cystine is associated; sometimes other crystalline masses, crushed and fractured, are also found. Sometimes the oxalate of lime fills, more or less completely in crystals, a thrombus like plums in a pudding.

Lithic Rheumatism.—Uric acid and urates are found in the blood, in granular amorphous forms, rarely crystalline. Also in the urine, on the skin, in the fæces, saliva and sputum. Blood ropy, ridgy, adhesive. Emboli made up of fibrin and other formed elements of the blood.

Phosphatic Rheumatism.—Here the triple phosphates and the phosphates of the alkaline earths are found in the blood, in granular masses and crystals. Found in great rounded collections, which sometimes are beautifully colored an aniline blue of great purity. To make the diagnosis sure, they should be found also in the skin, or the urine and sputum. As the blood stands longer and longer on the slide and under the cover glass, these crystalline forms remain visible, with even better defined outlines than at first. So do cystine and oxalate of lime. The granules are not uniform in size.

Hippuric Rheumatism.—This is rare, and found usually in heavy feeders on vegetable foods, such as oatmeal. In the blood it is in granular form; crystalline forms in urine.

Carbonate of Lime Rheumatism.—Rare. Present in the blood in granular form, and in the urine in solid globes, with radial rays and dark color. Effervesce with acids.

Differential Diagnosis.—When persons complain of fugitive wandering pains, it is usually called rheumatism, especially if the pain increases at night; but these pains may be due to nervous prostration or neuralgia; that is, "pain in the nerves," the cause of which we are unable to find out. Once, at a medical college, I wished to study for demonstration rheumatic blood. A woman was brought to the dispensary with rheumatism. But her blood showed no signs of rheumatism. On examination, she was found to have uterine disease, which caused the pains.

Often have men come to be treated for rheumatism, and their blood been found to be normal, but careful exploration has found continuously in the urine, for the larger part of a week, protoplasm in skeins, or Indian club-shaped catarrhal discharge, which accounted for the pain by neurasthenia. A 1-inch objective is best for the detection of this catarrh.

THE DRINK HABIT.

BY W. C. HOWLE, M.D.,
OF ORAN, SCOTT COUNTY, MISSOURI.

In discussing the above subject I start out with these propositions: 1, That any ailment which can be cured by moral suasion, religious enthusiasm or simple will power can not be organic in origin. 2, That the drink habit is curable by the above methods. 3, The drink habit is not primarily a disease of any organ. 4, That organic troubles are results and not causes of the habit.

There is much being written on alcoholism and there seems a universal idea that the habit is not merely habit, but is indeed and in truth a disease. Now, if alcoholism is a disease, how does the individual who has it get well without any treatment? We are told by the wise ones that alcoholism is hereditary; now, can any hereditary disease be cured without treatment? If so, which one. Of course there are many diseases that get well without treatment, but is that class of diseases known to be hereditary of this kind? Does any one know of a case of hereditary disease being cured by will power alone? Is there a physician, so far carried away by this comparatively new idea, that he will say many diseases, both organic and functional, are curable by will power? There is no use in putting the cart before the horse until it is shown that this is the better mode of travel. The profession have known all along that the excessive use of alcohol would bring about disease, but it is only recently that the advanced men tell us that the drink habit is a *disease* and that it ought to be treated as such, and when we find a patient with this trouble we should put him to bed and give him a regular course of medicine, diet him and nurse him until he is cured. Now for a case. I find Mr. A. drunk, and I learn from his friends that he is in a habit of getting drunk. We persuade him to go to bed. We give him such remedies as seem to be indicated and on the morrow he is all right and wants to get up and go about his business, but we tell him he has a very serious disease, it is hereditary and that it will take several weeks to cure him and that he must stay in bed, diet himself and take his medicine regularly, if he wants to be cured. Is it not plain to the unprejudiced mind that the above plan would not work, and that nine tenths of his (the doctor's) patients would pronounce him an ass. I'll tell you what. If you try this plan upon any man who has not injured himself, by the excessive use of alcohol, you will either get a cursing or lose a patron and perhaps both. But if you find some old bloat, who has spent his life sponging on his neighbors and who never had any manhood about him he will willingly acknowledge that he is a diseased man, he will go to the hospital and will accept of all the good things you will furnish him. He may be diseased, but it was brought about by exposure, hunger and starvation. Alcohol had but little to do with it; this bloat was vicious before he learned to drink and alcohol was only an incidental to his downfall and bad conduct; his association had as much to do with his condition as did alcohol. No one as yet, has told us that association is a disease, but there is as much reason in making such a statement as there is in saying the drink habit is a disease. I presume house-breaking and horse-stealing will ere long be included in the list of hereditary diseases. It is well enough to take care of diseased people, but once the people of these United States take upon themselves to house, feed and clothe the host of drunkards that are here and daily coming to this country then the pension business, with all its burdens of taxation, will be economical compared with the expense. No, sir, it is time to call a halt. This country is full of dead beats who are living at the expense of the working man, and it is a shame and a scandal for the medical profession to assist in fostering upon a credulous public the host of inebriates in this country. No, sir, inaugurate the whipping post, whip every man who is caught drunk

and you will soon find these so-called diseased men very well and hearty. Mr. Keeley with his nostrum of gold would soon lose his job, and the host of drunken devils who infest cities and abuse and destroy all they can will soon be found at some useful employment. Punishment is the remedy for crime; God says so and I believe it. Fine old cure for a brute who is in the habit of beating his wife and children and living off of their wages, by putting him in a hospital and feeding and clothing him and telling him he is a diseased man. Don't any doctor with a thimbleful of brains know that drunkenness is a vice? Does any body excuse theft simply because the thief was brought up in bad surroundings? No. Neither should the drunkard be excused for his conduct. The fear of punishment is the only remedy that is effective with the vicious. Once set the precedent that crime committed when drunk is excusable and this government is gone, and if the profession succeeds in convincing the law makers, as they seem determined to do, that the drunkard is only a lunatic and not responsible for his acts, then you will see a scene of carnage that was never before witnessed in any land. Then for the sake of good government, for the sake of protected homes, for the sake of all that is good and for fear of all that is evil, stop this twaddle. Tell the law makers that you were joking and that you want every criminal pushed to the full extent of the law be he drunk or sober.

A METHOD OF CURING CHRONIC GONORRHŒA.

BY A. E. ROCKEY, A.M., M.D.,

OF PORTLAND, ORE.

PROFESSOR OF SURGICAL PATHOLOGY IN THE MEDICAL DEPARTMENT OF THE WILLAMETTE UNIVERSITY.

The complete confirmation, in recent years, of Naegeroth's theory of the persistence of gonorrhœa in its chronic form, and its etiological relation to pelvic disease in women, has invested the subject of its cure with a new importance. Gleet is no longer a matter of inconvenience alone. The gonococcus in that bland discharge, or in the deeper and less noticed clap shred that is periodically washed away by the urine, is sufficiently virulent to establish in women any one of a train of evils, from the milder inflammations of the lower genito-urinary tract, to pyosalpinx with its periodical pelvic or eventually fatal peritonitis.

My own work in abdominal surgery contains the record of a number of these cases, fortunately cured by operation; but the great importance of the subject has been more forcibly illustrated by two fatal cases of puerperal peritonitis, caused by rupture of gonorrhœal pyosalpinx, that have come under my observation.

While making a microscopical examination of *tripperfäden* (clap strings), during some recent bacterio-

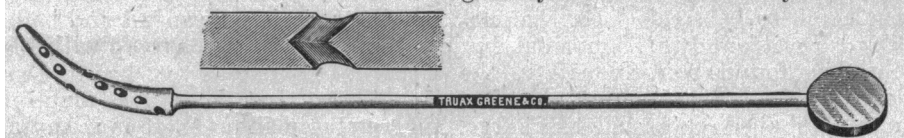
antiseptic irrigation, to cure chronic gonorrhœa in the male. The pus cells containing gonococci of which these shreds are largely composed, are derived not alone from extravasated leucocytes, but more largely from embryonal cells thrown off by the infected granulation tissue in minute fissures and ulcers. Endoscopic examination reveals not only fissures and ulcers, but polypoid granulations projecting into the urethra. The microbic cause of the disease must be reached and destroyed in order to cure it. Caustic injections into the deep urethra undoubtedly often accomplish this, but the method that I have devised is theoretically and practically superior to any others that I know of for the cure of these cases.

It requires no argument now to prove the usefulness of the curette in curing infected granulating surfaces in sinuses, the uterine cavity, or any other situation in the body. Why the male urethra has so long been an exception, it is difficult to understand.

My original instrument was made for me by Thalen, of Berlin, and since my return I have had an opportunity of practically testing its value.

It may be called a deep urethral curette, and is so constructed that, while it will thoroughly scrape any portion of the urethral surface, it cannot possibly do any injury. It will be better understood by reference to the engraving than by description. There are fourteen holes, the upper or outer edge being sharp, and the lower or inner smooth, by the direction of the bore and further rounding of the lower edge. Each communicates in the interior with the one directly opposite, thus making it possible to readily and perfectly cleanse it. The position and arrangement of the holes has been studied with great care, and makers should not deviate from the model in constructing the instrument. It passes in as smoothly as an ordinary sound, and scrapes gently but effectually as it is removed. The treatment of obstinate cases of chronic gonorrhœa with this instrument should be proceeded with as follows:

As an essential preparatory treatment, the normal calibre of the urethra must be restored, if stricture exist, by the ordinary method of curing stricture. This is imperatively necessary, and treatment with the urethral curette must not be undertaken until a sound at least one size larger than the curette has been passed. Deep urethral injections of a $\frac{1}{2}$ per cent. solution of chloride of zinc may be advantageously used for a few days before curetting. The



urethra is then anesthetized with cocaine, and the curette passed until the tip enters the bladder. It is then drawn back and forth in the prostatic membranous and deeper pendulous portions several times. The vicinity of the meatus may also be treated with this instrument, but more effectually by a simple spoon curette which I have adapted to this purpose.

After the curetting, antiseptic injections must be persistently used for a number of days in gradually



logical studies in Berlin, I was impressed with the idea that *mechanical scraping must be combined with*

diminishing strength. I first use a small injection of a 10-gr. solution of nitrate of silver with the deep