

is probably much more strongly influenced by the size of the aperture between the subdural space of the cord and that of the brain, and by crying, choking or straining under the anesthetic, than it is by any particular position.

I herewith append a brief report of a case upon which I successfully operated according to the method outlined above.

Baby H., 7 weeks old, healthy, well developed, and without deformity other than spina bifida. A translucent tumor the size of a goose-egg existed in the lumbo-sacral region. The sessile sac, not larger than the end of a thumb at birth, had steadily increased in size until the integument had become translucent and as thin as tissue paper, threatening rupture at any time; in fact, a slight leakage had already taken place.

Under chloroform, in August, 1901, an elliptical incision was carried around the tumor near its base, and the sac, which was intimately adherent to the attenuated skin, was opened at once. The elongated conus was freed from its central attachment to the sac and replaced, together with some nerve filaments, within the opening, which just admitted the point of a finger. The sac was then cut away near its base, the neck freed from its attachments to the edge of the cavity and stuffed into the opening onto the cord. The aperture was then whipped over as described above with No. 27 silver wire, the soft parts and skin being brought together with deep silkworm-gut sutures. The wound was sealed with collodion and supported as well as possible with a compress and bandage. The further progress of the case was uneventful and led to satisfactory recovery. In spite of primary union taking place there was some rise in temperature, as has frequently been noticed by others.

Although the immediate result was everything that could be desired, the ultimate fate of the child is yet to be determined. That the tumor itself will recur is extremely unlikely, but it is a fact that many such cases finally succumb to hydrocephalus.

CASE OF THOMAS P. BODEN, THE CONSUMPTIVE IRISH IMMIGRANT.

ITS MEDICAL, SOCIOLOGICAL, INTERNATIONAL AND HUMANITARIAN ASPECT.

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If Mr. Francis Tracy Tobin, the counsel for Thomas P. Boden, the Irish immigrant now detained by the immigration authorities because he is consumptive, should succeed in bringing this case before the Supreme Court of the United States, this, the highest tribunal of our country, will have to decide a most momentous question. The issue involved not only affects the few consumptive immigrants who may arrive at our ports, but it affects the several million American citizens suffering from pulmonary tuberculosis.

On the strength of a declaration of the surgeon-general of the Marine-Hospital Service that pulmonary tuberculosis is a dangerous contagious disease, the superintendent of immigration issued last June an order that in future immigrants with tuberculosis of the lungs must be debarred from all ports of the United States regardless of boards of special inquiry, which heretofore had used their discretion in the matter. Formerly the board of special inquiry at this port, after receiving the report of a case of tuberculosis from the chief of the medical division of the immigration service of New York, could exercise discretion as to the admission of the person, and there have been instances in which a child ill of the disease has been permitted to land with its parents; but henceforth no one with consumption will be admitted to the country. This rule applies to alien passengers in

the first and second cabins as well as to those in the steerage.

Is this declaration issued by the surgeon-general of the Marine Hospital Service, and strengthened by the authority of the Treasury Department, based on scientific observation? Is this opinion shared by other great authorities on the question of tuberculosis and the medical profession of the United States in general?

Ever since the discovery of the tubercle bacillus it has been demonstrated by clinical and bacteriological experiments all over the civilized world that the germ alone is the direct cause of the disease, and without its presence tuberculosis can not be conveyed. The bacilli are usually contained in the expectoration, more rarely in other secretions, very rarely in the muscular or osseous tissue. Thus the contact *per se* of a consumptive individual does not transmit the disease, and pulmonary tuberculosis is not a contagious but only a communicable malady. The destruction of tuberculous expectoration and other secretions, also of tuberculous food substances, suffices to do away with all danger of infection and transmission. Therefore, there is no scientific basis on which to classify pulmonary tuberculosis among the dangerously contagious diseases, and it is contrary to the results of experience and experiments of all who have studied the question thoroughly.

Now, what have the great European and American medical authorities to say on this subject? Koch, the discoverer of the tubercle bacillus, says in this connection in his recent London address, which I quote verbally, since it was delivered in English: "A consumptive who coughs out tubercle bacilli is not necessarily a source of infection on that account so long as he takes care that his sputum is properly removed and rendered innocuous." Professor Herman M. Biggs, whose splendid work in the prevention of tuberculosis has been most highly commented on by Koch in the same address, declares in the circular issued by him through the New York Health Department: "If the matter coughed up be properly destroyed a person suffering from consumption may frequently not only do his usual work without giving the disease to others, but may also thus improve his own condition and his chances of getting well." This circular has served as a model to many health boards in this country and abroad. Concerning the action of the Treasury Department in regard to tuberculous immigrants—not paupers—Dr. Briggs pronounced it unscientific, unwise, unnecessary and inhumane. Dr. T. Mitchell Prudden, professor of pathology and bacteriology at the College of Physicians and Surgeons, declares distinctly that pulmonary tuberculosis is a communicable and not a contagious disease.

For the United States government to declare pulmonary tuberculosis to be a dangerously contagious disease, in spite of the opinions of these great authorities, stamps several millions of American citizens suffering from consumption with a stigma wholly undeserved. That the general profession is in thorough accord with the opinion expressed by Professors Prudden and Briggs may be gleaned from editorials which appeared in three of the leading American medical journals. Dr. Frank P. Foster of the *N. Y. Medical Journal* says in an editorial of June 22: "It is our conviction that the United States Bureau of Immigration, if it has really determined upon the course of indiscriminately excluding consumptive immigrants from the country, as has been announced, has been ill-advised. . . . What the people need to be taught—and they have already partly

learned the lesson—is, not that pulmonary tuberculosis is a monster to be fled from, but that it is a danger that can be effectively overcome. Even if this were not true, it remains a fact that the policy of selfishness and inhumanity, pursued to the end, rarely if ever proves to be for the general welfare of those who follow it." Dr. George M. Gould, in *American Medicine*, of November 30, says in the leading editorial entitled "The Deportation of Consumptive Immigrants": "We think professional and lay opinion will not justify the exclusion of tuberculous immigrants on the simple ground that the disease is 'contagious' or 'communicable.' It is only so in such a low degree that the severe measure of exclusion for this reason alone seems unjustifiable." Dr. George H. Simmons, editor of THE JOURNAL A. M. A., in criticizing the indiscriminate exclusion, says: "Even hopeless consumptives may sometimes bring some good," and cites Robert Louis Stevenson as an example.

The government decision to classify pulmonary tuberculosis as a dangerously contagious disease has only been in operation a few months, but it has already had its consequences by increasing the fear of people to associate with consumptives. Healthy employes have been discharged because some one of their near relatives with whom they were living were reported to their employer to be suffering from consumption. I have learned of numerous similar cases and very recently two came under my personal observation. A sewing woman who had been employed frequently by a wealthy family mentioned incidentally that her sister was being treated for tuberculosis of the lungs, but was getting along very nicely. The result was that the poor woman was discharged and never employed again by the same family. A similar case happened within this week with a poor washwoman. How much suffering and hardship may thus be daily created only those who come in contact with the poor consumptives can appreciate. All physicians will approve of earnest and intelligent measures to prevent the spread of tuberculosis, but to exaggerate the danger by declaring consumption, which is a chronic, preventable, curable and only a communicable affliction, to be a dangerously contagious malady, we only create another disease in the minds of the people which may justly be called phthisiophobia.

By excluding pauper immigrants, whether tuberculous or not, the immigration authorities do their duty, and every loyal American citizen must approve of it; but by excluding consumptive aliens of means, or at least such who can give evidence that they will not become a burden to the community, we may subject ourselves to retaliatory measures on the part of other governments and wealthy American pulmonary invalids may no longer be allowed to enjoy the hospitality of foreign health resorts. Thus this case has an international as well as a national aspect.

Concerning the humanitarian view of the case I have to add but little to the expression of Professor Briggs and Drs. Foster and Simmons. Since the ruling of the Secretary of the Treasury that pulmonary tuberculosis is a dangerous contagious disease within the meaning of the statute, all certified cases of tuberculosis are returned without discrimination. Parents may thus be separated from their children, brother from brother, sister from sister, friend from friend, because of a law founded on an unscientific basis, contrary to all sociological interests of our own country, derogatory to our interests and in our relation to other countries, contrary to the American spirit of justice and humanity.

Have those who by this decision stamped every American consumptive as one afflicted with a dangerous contagious disease ever thought how really few families there are who have not at least one, more or less near, relative or friend who is a consumptive? Tuberculosis is the most frequent of all diseases and it is most prevalent in its pulmonary form. It is a disease of the young and the old, the poor and the rich, the East and the West, the North and the South.

May the wise judges of the Supreme Court, who it is to be hoped will soon be called to consider this matter, view it in all its aspects and decide it in the light of our present knowledge which makes the consumptive not a hopelessly ill individual, afflicted with a dangerously contagious disease, whose contact we have to fear, but which declares him only suffering from a communicable and at the same time easily preventable, and in many instances very curable disease.

THE USE OF TROPA-COCAIN IN SPINAL ANESTHESIA.*

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At the last meeting of the Arkansas State Medical Society I read a paper on my experience with spinal anesthesia and reported 23 cases in full. In that paper I gave the technique and method of preparation in detail, and will not now consume your time by their repetition.

Since last May I have had a varied experience with spinal anesthesia, having used the method on 80 different occasions. These comprise six obstetrical cases, of which three were instrumental deliveries—four multiparæ and two primiparæ. Two of these suffered from lacerated perineum—one a primipara, the other a multipara. In these six cases twenty minims of a 2 per cent. solution of cocain hydrochlorate was injected. These cases did not differ from any of the others on which I had used this method, the anesthesia appearing in the usual length of time and lasting one hour and ten minutes in the shortest case and one hour and forty minutes in the longest.

Twenty-five other cases were for the following operations, namely: perineal abscess, two gunshot wound of the foot and shattered bone removed, one; hemorrhoids, six; curettage, nine; lacerated perineum, two; lacerated cervix, two; dilatation of urethral stricture, one; amputation of foot, one; removal of portion of necrosed tibia, one. In these cases I used cocain hydrochlorate in the usual manner.

The largest amount of cocain hydrochlorate used in any case was twenty minims of a 2 per cent. solution, or 2/5 grain, producing anesthesia lasting one hour and fifty-six minutes; the smallest amount used was ten minims of a 2 per cent. solution, or 1/5 grain, producing anesthesia lasting only twenty-three minutes.

I will now confine myself to the 49 cases in which I used tropa-cocain and to which this paper refers.

In my first paper I mentioned that H. Schwartz of Leipsic reported, March 2, 1901, having used tropa-cocain in sixteen serious operations, with none of the toxic effects usually observed in the use of cocain hydrochlorate. Dr. Willy Meyer¹ of New York reports having used tropa-cocain on three different occasions with all the satisfaction that could be desired from an ideal

* Read before the Northwest Arkansas Medical Society, at Fayetteville, Ark., Dec. 3, 1901.
1. Medical News, April 13, 1901.