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Contributors

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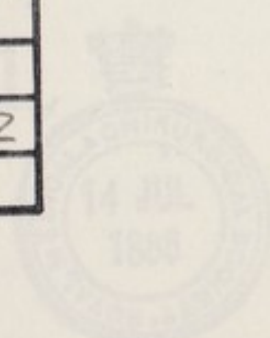
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THE JOURNAL OF THE American Medical Association YELLOW FEVER INOCULATION

Editorial by N.S.DAVIS.

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THE JOURNAL

OF THE

American Medical Association.



CONTAINING

THE OFFICIAL RECORD OF ITS PROCEEDINGS,

AND THE

REPORTS AND PAPERS PRESENTED IN THE SEVERAL SECTIONS.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS, M. D., LL. D.

ASSISTED BY WM. G. EGGLESTON, M. A., M. D.

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indefinite time. It produces no irritation of the conjunctiva, is well tolerated, save in rare cases, by the cornea, and iris, and may even be injected into the interior of the eye. The bichloride is a less powerful antiseptic than the biniodide of mercury, and is much more irritating.

Panas does not seem to think the objections raised against the use of cocaine even worthy of mention. As regards the incision for the flap, he thinks that one taking in two to three-fifths of the circumference of the cornea sufficient for the extraction of the opacified lens. The puncture and counterpuncture are always in the sclero-corneal limb. With practice the operator will be able to make the corneal flap, in the arc of a circle, by a single stroke of the knife. As a rule he avoids including the conjunctiva in the incision, in spite of the advice of von Graefe and Desmarres, since a conjunctival flap is of no use in the reunion of the corneal wound, and it may cause effusion of blood into the anterior chamber, denudation of the sclerotic, etc., which may retard primary union. As soon as the operation is finished intra-ocular lavage is resorted to, after which a few drops of a solution of sulphate of eserine (1-1000) are instilled, while a pomade of eserine and vaseline is introduced into the conjunctival cul-de-sac. By this means the pupil is kept contracted for twenty-four hours, and the iris is reduced. To proceed with the dressing, the patient is directed to close the eyes gently, and each is covered with a linen bandage greased with a pomade of benzoate of mercury, which, with its antiseptic value, has the advantage of not irritating the eye in the comparatively large proportion of $1\frac{1}{2}$ to 100. Dry carbolyzed cotton bandages are then superposed, layer by layer, and the whole is then firmly fixed so as to insure immobility of the wounded eye. This dressing is removed every twenty-four hours, guarding against any movement of the eye for three or four days. After this a simple bandage may be used to occlude the injured eye for two or three days. The patient is usually well within seven days.

Besides the shortening of the time of treatment, says Panas, the simplicity of this method is such that he has operated on diabetic and gouty persons, and those in whom acute articular rheumatism or pneumonia have occurred after the operation without cicatrization being retarded. In the treatment of senile cataract, he says, he has returned to the flap extraction without iridectomy; iridectomy being reserved for exceptional cases. Those who are interested in this subject would do well to read, in connection with the views of M. Panas, here presented,

the valuable contribution of Dr. J. W. THOMPSON, on the "Flap Extraction of Senile Cataract," which appeared in THE JOURNAL of February 20. Panas's paper may be found in the *Bulletin de l'Academie de Medecine*, No. 1, 1886.

YELLOW FEVER INOCULATION.

We learn that Dr. Irving A. Watson, of Concord, N. H., has recently received from Dr. DOMINGOS FREIRE, of Rio de Janeiro, a report on the inoculation for the prevention of yellow fever. He has performed more than 6,000 vaccinations, and not a single person has contracted the disease, although many of them lived in the midst of the epidemic and some acted as nurses for those ill with it. Between January and August, 1885 he vaccinated, in Rio de Janeiro while the disease prevailed, 6,051 individuals, not one of whom was sick. Of the whole number, native and foreign, 2,282 were less than 20 years old. In the district where 3,051 were vaccinated, 166 lived in houses where from one to five fatal cases occurred, and 279 unvaccinated persons died. These vaccinations were practiced in the most unhealthy quarters of the city, which epidemics of yellow fever have habitually ravaged.

Though no one has yet shown that Dr. Freire's figures are false, or his methods erroneous, some of our contemporaries have commenced a crusade against him in which epithets are misused for arguments. A Commission of competent medical men, two of whom will be officers of the Government, has been proposed to investigate the matter; and until that Commission reports it would be just as well to let the matter rest *sub judice*.

A NEW MEDICAL JOURNAL.—We have received the prospectus of a new journal called *The Neurological Review*, to be edited by J. S. JEWELL, M.D., of Chicago, and published by Rand, McNally & Co., monthly, containing not less than 48 pages—with departments for original and selected articles, editorial, and reviews. As its name imports, the journal will be devoted to the interests and advancement of the neurological department of medicine. Dr. Jewell established and edited the well-known *Journal of Nervous and Mental Diseases* for several years with unusual ability, and we commend his present enterprise with pleasure, well knowing that whatever he promises he will more than fulfil. The first number of the new journal is to appear between the fifteenth of April and the first of May. All communications on the subject may be addressed to J. S. Jewell, M.D., No. 1239 Wabash Ave., Chicago, Ill.

the valuable contribution of Dr. J. W. Thompson, on the "Epidemic Extension of Sicilian Catarrh," which appeared in the *Journal of February* 1900. Further report may be found in the *Sanitary & Hygienic* (Washington, No. 1, 1900).

YELLOW FEVER INDIANATION

We learn that Dr. Irving A. Wainwright, of Concord, N. H., has recently received from Dr. Thompson, of Rio de Janeiro, a report on the incidence for the prevalence of yellow fever. He has performed more than 6,000 vaccinations, and not a single person has contracted the disease, although many of them lived in the midst of the epidemic and some acted as nurses for those ill with it. Between January and August, 1900, he vaccinated in Rio de Janeiro while the disease prevailed, 6,000 individuals, not one of whom was sick. Of the whole number, native and foreign, 2,000 were less than 10 years old. In the district where 2,000 were vaccinated, 100 died in houses where from one to five fatal cases occurred, and 200 unvaccinated persons died. These vaccinations were practiced in the most unobtrusive quarters of the city, which epidemics of yellow fever have habitually ravaged.

Though no one has yet shown that Dr. Fitch's theory is false, or his methods erroneous, some of our contemporaries have commenced a crusade against him in which rights are misused for arguments. A Commission of competent medical men, two of whom will be officers of the Government, has been proposed to investigate the matter; and until that Commission reports it would be just as well to let the matter rest.

A NEW MEDICAL JOURNAL.—We have received the prospectus of a new journal called *The Medical Review*, to be edited by J. S. Jewett, M.D., of Chicago, and published by Rand, McNally & Co. monthly, containing not less than 48 pages—with editorial comments for original and selected articles, editorial and reviews. As the name imports, the journal will be devoted to the interests and advancement of the neurological department of medicine. The journal is established and edited by the well-known *Journal of Nervous and Mental Diseases* for several years with unusual ability, and we commend the present enterprise with pleasure, well knowing that whatever is published in it will be more than fully. The first number of the new journal is to appear between the 15th of April and the 1st of May. All communications on the subject may be addressed to J. S. Jewett, M.D., No. 1739 Walnut St., Chicago, Ill.

indebtedness. It produces no induration of the conjunctiva, is well tolerated, and in rare cases by the cornea, and this and may even be injected into the interior of the eye. The procedure is a less powerful antiseptic than the procedure of mercury, and is much more irritating.

It does not seem to me that the operation is indicated against the use of cocaine, even worthy of mention. As regards the incision for the flap, he thinks that one taking in two to three-fifths of the circumference of the cornea sufficient for the extension of the eyelid. The patient and the conjunctiva are always in the same constant shape. With practice the operator will be able to make the corneal flap in the arc of a circle by a single stroke of the knife. As a rule he avoids including the conjunctiva in the incision in spite of the advice of von Graefe and Desmarres, since a conjunctival flap is of no use in the tension of the corneal wound, and it may cause ethmoidal blood into the anterior chamber, demands of the sclerotic, etc., which may retard primary union. As soon as the operation is finished, a few drops of a solution of sulphate of cocaine (1-100) are instilled, while 1 pound of cocaine and vasoline is introduced into the conjunctival cul-de-sac. By this means the pupil is kept contracted for twenty-four hours, and the iris is relaxed. The patient is directed to close the eyes, the patient is directed to close the eyes gently, and each is covered with a large bandage, treated with a poultice of boracic acid, mercury, which, with its antiseptic value, has the advantage of not irritating the eye in the comparatively large portion of 1 to 100. The embedded cotton bandages are then suspended by layer, and the whole is then firmly fixed so as to insure immobility of the wounded eye. The dressing is removed every twenty-four hours, keeping against any movement of the eye for three or four days. After this a simple bandage may be used to exclude the injured eye for two or three days. The patient is usually well within seven days.

Heckel's shortening of the time of treatment says that the simplicity of this method is such that he has operated on delicate and young persons, and those in whom acute retinal inflammation or pneumonia have occurred after the operation without excitation being retained. In the treatment of white catarrh, he says he has returned to the day extension without iridectomy, iridectomy being reserved for exceptional cases. Those who are interested in this subject would do well to read in connection with the views of Mr. Farns here presented.