

found a case reported (of popliteal aneurism) in which flexion of the limb was maintained by a suspension-apparatus that allowed the patient to keep out of bed during the treatment.

Dr. Jacobi called attention to a recent paper upon the stoppage of hemorrhages by flexion of the limbs.

Dr. Salvatore Caro.—I regret, Mr. President, that I cannot present the documents that would establish the priority of the treatment by flexion in favor of my old professor, Dr. Giovanni Gorgone, of the Civic Hospital at Palermo. In 1846-8 this was his customary method of treatment in all aneurisms where it was applicable. In 1847 occurred a case which I well remember, as I was then House Surgeon in the Civic Hospital. A young man, a tailor, having a headache, had gone to a professional phlebotomist to be bled. Instead of opening a vein at the elbow, the operator opened the artery; and, not knowing what else to do, he strongly flexed the limb, and tightly bandaging it, sent the patient to the hospital. An aneurismal tumor was found about the size of a large walnut. The pulsation in it was entirely stopped by forcible flexion of the forearm. This treatment was adopted, and the patient was completely cured. On the 24th of January, 1848, after the capture of the palace of King Bomba, this hospital was destroyed by fire, together with all its records; and for this reason I am unable to give documentary evidence upon this matter. But, to my personal knowledge, the treatment by flexion goes as far back as 1847.—*Medical Record.*

Extracts.

The Relations of Physicians to Invalid Women.

By HORATIO R. STORER.

(Read before the Society, March 16, 1869.)

In the records of the first meeting of the Gynecological Society of Boston, there stands the following paragraph, embodying one of the chief principles in accordance with which the Society was founded:—

“That as in attending upon childbed, all impurity of thought and even the mental appreciations of a difference in sex is lost by the physicians, and an imputation of these would be resented as an insult by the profession, so the care of uterine disease tends to inspire greater respect in a patient for her attendant, and in him for her. It is untrue to say that high-minded and delicate women instinctively desire to be attended by one of their own sex for these diseases, any more than in confinement, just as it is unquestionably the fact that because of the mental physical disturbance temporarily induced even by healthy menstruation, women, the best of nurses, are unfitted to practise medicine or surgery, in any of their departments, with as much benefit to their patients, or as successfully, as men.”

The preceding statement represents what is undoubtedly the belief of those physicians whose duty call them to daily attendance upon sick women, and who are most competent to judge. The Society will compare with it the following allegations made

by a lady occupying a prominent position in the community, and looked upon as to a certain extent a leader of public opinion,—Mrs. Caroline H. Dall.

“Let us look the question in the face for a few moments. The best physicians are the most sympathetic men. In women sympathy is active;—we all know what tricks it plays them in hysteria. There are a great number of common diseases which men and women can treat with equal success; but when we come to diseases special to a sex, or unusual in themselves, the case is different.

“In the face of death, prejudices disappear, and sex is forgotten; but in the healthy flow of daily life intrusion is readily felt to be impertinent.

“My own opinion is that the annihilation of female diseases can only be brought about by women themselves. After a great deal of experience, I am convinced that no woman who has led an impure life can be herself, that is, be in a normal condition, in the presence of a man; no matter how sacred his motive in seeking her, she cannot be completely undisturbed. Women who are familiar with her usual aspect see the immediate change when he approaches. This remark is not irrelevant. What is true psychologically is also true physically, and for the same reason. What ever the occult sexual laws may be that determine the matter, it is certain that the diseases popularly known as women's diseases create a morbid activity of the senses in the purest women. This is openly admitted fact in hysteria, and it is equally true of all uterine diseases. A woman's presence in a sick-chamber is the only presence possible without some complication of symptoms, some aggravation of the disorder. This complication and aggravation lie outside the patient's will; they may be an extreme mortification to her, but they will have to be considered nevertheless.

“The first reason, then, for educating women as physicians is the desirableness of offering them relief pure and simple,—relief free from unwonted excitement, or perplexing disturbance. Another is to be found in the fact, that a vast amount of female diseases is merely simulated. It is not the less disease because it is neither functional or organic, and it is only the outgrowth of pampered imagination, or false living; but men themselves a disturbing influence, rarely discover that it is simulated. They pity the patient. They cannot tell, as women can, that a mental stimulus, a moral purpose, or a moved nature, will do more than a medicine. But a still stronger reason may be found in the impossibility of any man's penetrating the mysteries of an organism which he does not share. Possessed of an immense plexus of nerves of which he knows nothing, women are sensitive to a thousand pains, and responsive to a thousand remedies of which he cannot dream.”*

Now it will be observed that Mrs. Dall distinctly makes these charges:—

1. That a physician's presence in the sick-chamber is impossible without creating a morbid activity of the sexual sense, that is to say, an unchaste thought, if not an unchaste longing, even in the purest women.

*New Eng. and Medical Gazette (Homeopathic), March, 1869, p. #