

rock, with his back supported and legs pendent, the width of the ledge being exactly right for his length of femur. Finding his patient so easy, he made a triple-inclined-plane, and got an excellent result, only to be expatriated by a suit for mal-practice in keeping his patient confined for weeks unnecessarily, the plaintiff alleging there was no fracture. The double or triple inclined plane, Buck's extension, long splint, plaster of Paris, gutta percha, starch, silicate of soda,—anything and everything might be used which would secure retention.

An exciting and prolonged discussion ensued, in which the St. Louis men (Hodgins and Gregory especially) held to necessary shortening, the latter in every case of fracture of every bone. It was pointed out that Sayre's measurements were made *too soon after union*. Further shortening occurs after union, while suits for malpractice come at the most unfavorable of all times, when a maximum of shortening has been reached. It was also stated that corresponding bones in the same subject on different sides of the median line were often of different lengths, although the limbs as a whole were equal. Sayre, at his own request, was asked to make the measurement, in so far as possible, at a later date, and to report next year. It was also shown that a case in a fully equipped hospital, was in much more favorable circumstances, than a like case in private practice. The following resolution was adopted:—

WHEREAS, The members of the Surgical Section of the American Medical Association have listened with interest to the report of Prof. Sayre, of New York, on the subject of Fractures; and

WHEREAS, Statistics accompanying said report in the institution (Bellevue Hospital) represented unusual results; therefore,

Resolved, That this Section, after free discussion of the report and its reference to the Publishing Committee, would express their opinion, based upon experience, that the results in relation to shortening following fractures is better than can be looked for in general practice.

It is but fair to add that the Section was almost unanimous in the passing of this resolution. Later, an interesting scene occurred in which a boy of eleven, who had broken a femur six years ago, from the practice of Dr. Farrand, of Detroit, was exhibited by Dr. Sayre, and skeptics who doubted the non-occurrence of shortening, were asked to say which leg had been broken. The challenge was accepted, and several examined the boy, some

of whom declined to express an opinion. Of the rest, it is certain that the majority "got on the wrong leg," the fact being that the broken thigh was now rather longer than its fellow.

SYPHILIS.

Prof. SAMUEL D. GROSS, of Philadelphia, the venerable Nestor of American Surgeons, read a lengthy and elaborate paper on Syphilis. He contended that Syphilis is a principal cause of Scrofula so called; maintained the unity of the syphilitic poison; denied its modern origin, and affirmed his belief in its existence in the days (and probably in the persons) of Job and David. He advocated its attempted restriction by legal enactment, so as to prevent wide-spread physical degeneracy through unlicensed brothels. It should, he thought, come under the Contagious Diseases Act, (as in Britain), or some cloaking name, that its object might not be defeated by a popular cry, the offspring of prejudice and ignorance, as it had been in the only place where legal restriction had been tried, viz., St. Louis, with its recent "Social Evil Act."

This paper excited free comment in conversation, and would have been much more freely discussed by the Surgical Section next day, but for Dr. Gross being summoned to Baltimore. So much notice has it excited, that the pathological and socio-legal questions raised in it, must become matter of earnest contention for a year or two. Dr. J. Marion Sims, of New York, considered it *the* question of the day. The day had now come when religion would no longer hold up her hands in holy horror, at the handling and advocacy of the question. Indeed he was proud to know, that the medical profession had now first declared war, and was in the van, seconded or alone it made no matter.

Dr. SAYRE, of New York, strongly expressed his belief in the spontaneous generation of syphilis, and that it arose from promiscuous intercourse.

Dr. MOORE, of Rochester, denied it, instancing the Sandwich Islands, which on discovery by Captain Cook contained no syphilis, although their religion prohibited intercourse only with sisters, and so was sufficiently promiscuous. Similarly syphilis did not exist in Australia on its discovery, although similar conditions existed as to intercourse.