

delphia, 1854, suddenly from heart disease, at his home in Aurelian Springs, N. C., January 2.

WILLIAM CAMPBELL DODGE, M.D., Jefferson Medical College, Philadelphia, 1864, of Adrian, Mich., from pneumonia in Chicago, January 12, aged 58.

RICHARD E. CHRISTIAN, M.D., Vanderbilt University, Nashville, Tenn., 1886, from pneumonia, at his home in Rowlandtown, near Paducah, Ky., January 1, aged 45.

THOMAS BOHANNON, M.D., University of Louisville, one of the oldest and best citizens of Jefferson county, Ky., at his home near Louisville, January 7, aged 85.

D. PROCTOR CAMPBELL, M.D., Cincinnati College of Medicine and Surgery, 1877, suddenly from heart failure, at his home, Green Springs, Ohio, January 7, aged 65.

WADE H. JONES, M.D., Medical College of the State of South Carolina, Charleston, 1858, at his residence in Tampa, Fla., after a long illness, January 5, aged 65.

ABIJAH W. BUTT, M.D., Jefferson Medical College, Philadelphia, 1886, at his home in Paoli, Pa., after an illness of two weeks, from rheumatism, December 31, aged 38.

J. N. HUFFAKER, M.D., Southern Medical College, Atlanta, 1882, of Plainville, Ga., at the Erlanger Hospital, Chattanooga, Tenn., December 30, after an operation for tumor.

H. A. DE CHESNE, M.D., College of Physicians and Surgeons of Lower Canada, 1848, at his home in Oakland, Cal., from complications following operation for hernia, December 21.

JAMES RICHARD MORISON, M.D., Northwestern University, 1899, of Traer, Iowa, from typhoid fever at St. Luke's Hospital, where he was a member of the house staff, January 6, aged 29.

JOHN NUTT, M.D., Rush Medical College, 1849, at San Diego, Cal., January 8, aged 78.

JOSEPH A. GARVIN, M.D., Bellevue Hospital Medical College, 1894, at New York, January 11.

JACOB S. HERRIES, M.D., University of Michigan, 1878, recently, at his home in Waterloo, Iowa.

WALTER L. KEIRN, M.D., University of Pennsylvania, 1852, at his home in Lexington, Miss., January 5.

EDWARD L. PARDEE, M.D., New York University, 1870, at his home in New York City, January 11, aged 58 years.

FRANCIS GRAFTON CONNOLLY, M.D., University of Maryland, 1871, at his home in Baltimore, January 10, aged 80.

ALEXANDER SHAW PORTER, M.D., a surgeon on the retired list of the Army, at Redlands, Cal., January 6, aged 33.

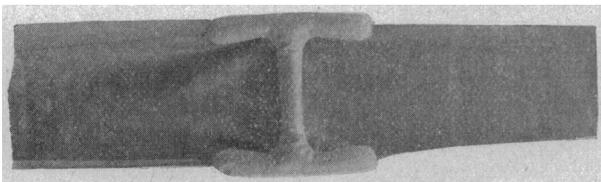
WILLIAM WOOD LESLEY, M.D., University of Pennsylvania, 1857, at his home in Philadelphia, January 5, aged 73.

## New Instrument.

A New Laparotomy Pad.  
J. HENRY BARBAT, M.D.

SAN FRANCISCO.

The ordinary Kelly pad, when used for abdominal operations, allows all the solutions used in the final preparation of the abdomen to flow under the patient's back, thus keeping it in a chemical bath during the entire operation. If the Trendel-



burg position is used the pad will probably overflow and the solutions will gravitate toward the patient's neck. If irrigation is necessary, part of the irrigating material will flow on the side which has no apron, and wet the table and floor. These conditions may appear of trifling importance, but those in whose charge the patient is placed after the performance of the operation will hail with delight any device which will avoid these inconveniences.

I have devised a pad which consists essentially of two Kelly pads joined back to back. The pad when in position has an

apron hanging down on each side of the table. The patient's spine is in contact with the center cushion, which holds the back up from the table, and keeps it from contact with any fluids which may be in the pad.

I have further arranged the operating-table so that the center is slightly higher than the sides, thus allowing all fluids to run outward instead of under the patient, leaving the pad dry at the completion of the operation.

## Miscellany.

**Viability of the Plague Bacillus.**—In his "Preliminary Note on the Viability of the Plague Bacillus," published as a bulletin of the Hygienic Laboratory of the Marine-Hospital service P. A. Surgeon M. J. Rosenau gave the result of his observations on the viability of the plague bacillus on various fabrics and substances and under varying conditions of temperature and exposure to light, presence of moisture, etc. He arrived at the conclusion that the prolonged existence of the organism was dependent upon the presence of moisture, more than upon any other one factor. He showed, for instance, that at room temperature (20 to 27 C.) the organism lived in the presence of moisture for 60 days on crash, linen, woolen or silk fabrics; that it lived 96 days in distilled water; 97 days in ordinary tap water, and for the remarkable period of 125 days upon bone dust, where the presence of moisture was assured by wetting the substance with bouillon, and carefully stoppering the container to prevent evaporation. Since the time of publication of the preliminary note, the experiments have been continued in the laboratory for a period of over a year, and have only recently been concluded. Certain food stuffs were experimented on, but the fact developed that symbiosis with saprophytic organisms was prejudicial to the prolonged life of the bacillus, and that the substances must be subjected to a preliminary sterilization, in order to favor the growth of the plague bacillus. On cheese thus prepared, it lived for 13 to 17 days; on sterilized rice for only 3 days; on dried salt beef, 3 days; on orange peel there was no growth; there was no growth on dried figs and raisins, though this was subsequently proved to be due to the amount of grape or fruit sugar contained. In many of the cases of prolonged survival, however, the virulence of the organism was lost at a comparatively early period, 62 days being the longest period after which the organism was fatal to mice. Rosenau also quotes Yokote, of Tokio, as to the effect of the presence of organisms of decomposition on the existence of plague, showing in the case of the bodies of mice dead of plague that the higher the temperature, the more the decomposition and the greater the number of saprophytes, and that with lower temperatures the reverse obtained.

**Prizes Offered by the Paris Academie de Medecine.**—Every year the Paris Académie de Médecine distributes about \$11,000 in endowed prizes, all but five open to the competition of foreigners. The total offered this year is 851,400 francs, which includes the great Audiffred prize representing an annual income of \$4800 for the discovery of a sovereign remedy against tuberculosis. Manuscripts or published works are eligible for a number of the prizes, marked with an asterisk (\*) in the list we give below, in which the prizes reserved for Frenchmen are omitted. Those not marked with an asterisk require the identity of the applicant to be concealed—name in separate sealed envelope—until after the awards. All competing articles must be received by February of the year in question. The Académie prize of 1000 francs or \$200, for 1902, is offered for the best work on "Toxins in Pathology"; for 1903, "Means of Determining the Eliminating Activity of the Kidney"; Alvarenga, 800fr., 1902 and 1905, best monograph or unpublished work on any branch of medicine; Amussat\* t. 1000 fr.; 1902, for work or research which has realized or prepared the most important progress in surgical therapeutics; Baillarger\*, b., 2000fr., "Treatment of Mental Diseases and Organization of Public and Private Asylums for the Insane"; Barbier\*, 2000fr., 1902 and 1903, for complete cure for dis-

eases now considered incurable, such as cancer, epilepsy, scrofula, typhus or cholera morbus, etc.; Boullard\*, b. 1200fr., 1902, for best work or best curative results in mental diseases; Bourceret\*, 1200fr., 1902 and 1903, best work or research on circulation of the blood; Dupierris\*, b. 24000fr., 1902, for best work on "Anesthesia or Diseases of the Urinary Passages"; Capuron, 1000fr., 1902, "Relations Between Fibrous Tumors of the Uterus and Pregnancy"; Chevillon\*, 1500fr., 1902 and 1903, "Treatment of Cancerous Affections"; Civrieux, 800fr., 1902 and 1903, "Various Forms of Dementia"; Clarens\*, 400fr., 1902 and 1903, for best work on hygiene; Daudet, 1000fr., 1902 and 1903, for best work on so-called incurable diseases, especially tumors; Desportes\*, 1300fr., 1902 and 1903, for best work on "Practical Medical Therapeutics"; Falret b. 700fr., 1902, "Somnambulisms"; E. Godard\*, 1000fr., 1902 and 1903, for best work on "Internal Pathology"; Herpin, of Metz, qd., 1200fr., 1902, "Abortive Treatment of Tetanus"; Herpin, of Geneva\*, 3000 fr., 1902 and 1903, for best work on epilepsy and nervous diseases; Laborie\*, 5000fr., 1902 and 1903, for the work that has "Notably Advanced the Science of Surgery," awarded in 1900 to Quenu and Hartmann's book on the "Surgery of the Rectum"; Larrey\*, 500fr., 1902 and 1903, best work on medical statistics; Lefèvre t., 1800fr., 1902, "Melancholia"; Lorquet\*, 300fr., 1902 and 1903, "Mental Diseases"; Meynot\*, 2600fr., 1902 and 1903, "Diseases of the Ear"; Nativelle\*, 300fr., 1902 and 1903, for best work on the extraction of the definite principle of a medicinal substance never before isolated; Orfila, b. 4000fr., 1902, "Alkaloids of Belladonna, Hyoscyamus and Datura, considered each from the point of view of Pathology, Therapeutics, Legal Medicine and Pathologic Anatomy"; Portal, 600fr., 1902 and 1903, "Experimental Study of Inoculation and Contagion of Cancer"; Pourat, 700fr., "Study of the Destination of Albuminoid Foods"; Ricord\*, b. 600fr., 1903, for best work that has appeared in two years on venereal diseases; Saintlager\*, 1500fr., to be awarded to the first person who produces a tumor of the thyroid in animals by administration of substances extracted from the water or soil of places where goiter is endemic; Saintour\*, b. 440fr., 1902, for best work in any branch of medicine; Stanski\*, b. 1400fr., 1902, for the person who best demonstrates the existence or non-existence of miasmatic contagion by infection or contagion at a distance. If no work fulfills these conditions the prize may be awarded for the best work on any question relating to contagion of inoculable diseases. Vernois\* offers 700fr., "Hygiene"; Itard\*, t. 2400fr. for best book on practical medicine or applied therapeutics, published at least two years; Lefort\*; qq. 300 fr., 1903, for best original research on mineral and drinking waters; Tremblay\*, qq., 7200 fr., 1903, for best work on "Diseases of the Urinary Passages, Especially Affections of the Prostate and Catarrh of the Bladder." All the above are annual prizes except those marked b., biennial; t., triennial; qd., quadriennial; qq., quinquennial.

#### Representation in the American Medical Association.

—The ASSOCIATION is the second largest body of medical men in the world, numbering about 10,000 and rapidly increasing. It was organized 53 years ago, when the population of the United States was less than 20,000,000 and when there were probably not more than 40 medical societies of all kinds in the country. The founders recognized the necessity of limiting the number of those who should manage its affairs, and therefore limited the number of those who should have a right to vote. Even at that time the probability was realized that the number might soon be too large to give each one a right to a voice in the management of the affairs of the association, and so the delegate system was adopted. The plan upon which it was organized is the plan upon which the Association is working to-day, with a few minor modifications. It is a delegate body and all the business appertaining thereto is managed by delegates who are supposed to be elected by affiliated societies. These have a right to vote, and only these. The plan is an ideal one. It provides for a democratic form of representation looking to a limited number of representatives who shall act for the whole. It is the adoption of the general plan of the government of our country, by which dele-

gates are elected to represent the many and to meet in congress to legislate for all. But every ten years a reapportionment is made by the government for the purpose of equalizing representation without increasing the size of the working body—the house of representatives. The AMERICAN MEDICAL ASSOCIATION, however, has made no reapportionment. The delegates are elected on the same basis now as in 1846; that is, one delegate for every ten members, every society being entitled to elect delegates in this proportion. As above stated, in 1847 there were less than 40 medical societies in the country; to-day there are nearly 1300. The number of delegates to the AMERICAN MEDICAL ASSOCIATION is not based on the number of members in that body, but on the number of members of the affiliated organization sending delegates. Thus one society may have 100 members, not ten of whom belong to the national body, and yet it is entitled to send ten delegates. One person may belong to several societies and be counted several times. Again, one State, Illinois, according to the list of affiliated societies printed in THE JOURNAL A. M. A. last spring, has 96 affiliated county societies, and as one of these has nearly 1000 members it may be presumed that the combined membership of these bodies in this one state, including the state society, represent at least 4000, entitling the state to send 400 delegates. It can readily be seen, therefore, that the number of delegates from the country at large necessarily makes a body too unwieldy for any deliberative legislative work. However, it is not necessary to present these figures in order to demonstrate that the number of delegates is too large, as this is quite evident at each annual meeting and is becoming more plain each year as the number in attendance increases. Under the present ratio of apportionment practically all who desire can receive a delegate certificate. It seems strange that in all these years, with the rapid increase in the number of physicians and in the number of societies in the country, not to mention the increase in population and in territory, no change has been made in this apportionment. If important questions are to be acted on deliberatively the body which acts on them must not be an unwieldy mass but must be composed of a limited number, elected in such a way as to fairly represent the profession in all parts of the country. It would seem desirable for the AMERICAN MEDICAL ASSOCIATION to consider whether the time has not come for a radical change in the basis of representation to its working body. The change must be radical now, for the reason that it has been delayed so long. If a change had been made each ten years, as is done in Congress, it would not have been considered radical at any time. Now it must be, if the result is to be a deliberative body that can act in a deliberate manner on the vital questions that must come before the Association.—*N. Y. State Jour. of Medicine*, January.

## Societies.

### COMING MEETINGS.

Pan-American Medical Congress, Havana, Cuba, Feb. 4, 1901.

Tri-State Medical Association of the Carolinas and Virginia, Richmond, Va., Feb. 26, 1901.

The Associated Health Authorities and Sanitarians of Pennsylvania, Harrisburg, Feb. 6-7, 1901.

THE ETOWAH COUNTY (Ala.) MEDICAL SOCIETY met at Gadsden, January 2, for its annual session, and elected Dr. John P. Ralls, of that place, president.

THE JACKSONVILLE (Ill.) MEDICAL CLUB, on December 22, elected Dr. Henry C. Campbell, president; Dr. Albyn L. Adams, vice-president; Dr. David W. Reid, secretary.

THE NEW BRITAIN (Conn.) MEDICAL SOCIETY met January 2 and elected Dr. George J. Holmes, president; Dr. Harris L. Paige, vice-president, and Dr. Joseph B. Brocksieper, secretary and treasurer.

THE YAKIMA COUNTY (Wash.) MEDICAL SOCIETY was organized in North Yakima, December 28, with Dr. Thomas B. Gunn, president, and Dr. David Rosser, secretary pro tem. both of North Yakima.

THE ARIZONA ACADEMY OF MEDICINE met at Phoenix, December 31, and elected Dr. J. Capsely McIntyre, president; Dr.