

PHELPS (A. M.)

MODERN ORTHOPEDIC
SURGERY.

A Reply to Dr. Shaffer.

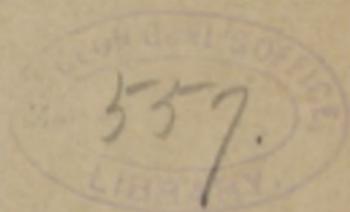
BY

A. M. PHELPS, M.D.

REPRINT FROM

American Medico-Surgical Bulletin,

October 1, 1895.



TO CONTRIBUTORS.

Contributions of Original Thought and Experiences, on Medical and Surgical Topics, are desired by the AMERICAN MEDICO-SURGICAL BULLETIN on the following conditions:

1.—Authors of Scientific Papers or Clinical Reports accepted by us will receive—according to their own preference expressed *with each communication* either:

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2.—All contributions are received only on the express understanding:

a.—That they have not been printed anywhere, nor communicated to any other journal.

b.—That, if they have been read anywhere to an audience, this fact be stated in full detail by a note on the manuscript.

Contributors will serve their own interest by heeding the following suggestions

Write Concisely and Clearly.

What we desire to print, and what professional men like to read, is information, not verbiage. An article will stand better chances of acceptance, and of being widely read and copied and discussed, the fewer its words are, in proportion to the facts or ideas it embodies. Of course, a thought too thinly clad must suffer. Use, therefore, cheerfully, as many words as appear needed to convey your meaning,—but no more.

Aim at Fact.

It is not to be expected that every Medical or Surgical paper should be a mere array of statistical data, hospital records, tabulated figures, or graphic summaries; some room must be allowed to theory, or even conjecture, in its proper place; but the true aim of theory should never be left out of sight,—which is, to lead to fact; to a rule or result of practice.—And it should be likewise borne in mind that the Reader will attach little weight to mere generalizing statements (such as, that a certain remedy, procedure, or line of treatment has uniformly proved successful, etc.);—to be convinced, he wants to see positive evidences recorded in clinical detail of cases: conditions found, courses pursued, and results achieved.

Do Not Fear,

however, that a communication you may be inclined to make would be devoid of value because you have but little time to spend on writing it! If your thought be a good one to yourself and for your patients' benefit, it will be equally so to your colleagues and their practice, and will be worth communicating. It need not come in the garb of an elaborate Scientific treatise; a simple "Letter to the Editor" will often be just as acceptable.

Some Rules of Order we should like to have our esteemed Contributors comply with

Do *not* write on both sides of the sheet.

Write as legibly as you conveniently can (*names* especially so).

Leave a liberal margin on the sheet, or space between the lines. (*Close* writing is not conducive to correct typography; and what you save in writing material has to be expended a thousand-fold by us in eyesight labor, and expense for printer's corrections.)

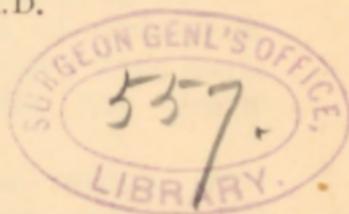
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By A. M. PHELPS, M.D.

THE highly classical and rhetorical(?) effusion which Dr. Shaffer is pleased to call "A Reply to Dr. Phelps," and which appears in the columns of the "A. M.-S. Bulletin" (July 1, 1895, p. 777 et seq.) is before me. The methods of the distinguished orthopedist have so far taken him beyond the limits of any fair and gentlemanly discussion, that I shall refrain, as far as possible, from referring to his personal attack upon me. The question at issue cannot be decided by any such methods, but must stand up to the main issue—the definition of orthopedic surgery. Every statement that I have made in my address Dr. Shaffer has clearly proved by his own pen.

My address is before the medical profession for their fair criticism, and it is for them to speak of its character. It was a defense of orthopedic surgery, and was specially aimed against a class of gentlemen who pretend to orthopedic surgery, but who are nothing more than simple blacksmiths, ignoring entirely every scientific discovery in the surgical and pathological world.

Dr. Shaffer arrogated to himself the privilege of speaking for this class, and, if he belongs to that class who do not believe

in surgical methods in a certain class of orthopedic cases, I suppose he has a right to speak—not for orthopedic surgery, but for orthopedy and himself. His report clearly proves, notwithstanding his personal disclaimer, and his attempt to convince the profession that he is an operating orthopedic surgeon, that he only performed twelve tenotomies in a series of 2440 cases admitted to the "New York Orthopedic Dispensary and Hospital." It will not do for Dr. Shaffer to pretend that he has been misrepresented in these figures. The eighty-three cases included in the "Hospital Report" for the year ending September 30, 1894, were, I suppose, included in this series of 2440 cases admitted to the "New York Orthopedic Dispensary and Hospital," and seem to be included in the table of results. In this series of cases is arrogantly printed, "No abscesses were opened during the year," and twelve tenotomies for club-foot were performed. There is no evidence in this report—which was, no doubt, made by his faithful staff—of any other operation having been performed. No deaths occurred in the hospital during the year, and no deaths are reported to have occurred in the dispensary work traceable to diseases peculiar to orthopedic work, excepting five. So, in 2440 cases treated in the dispensary and hospital there were only six deaths traceable to diseases peculiar to our specialty. When he states that 46 cases died, he states only a fraction of the truth, but on page 27, Table No. 2, if the reader will examine it closely he will find causes of death:

Pott's Disease: Cholera infantum 1, tubercular meningitis 2, pneumonia and meningitis 2, general tuberculosis 1, typhoid fever 1, heart disease 1, unknown 5.

Hip-joint Disease: Meningitis 1, diphtheria 1, general tuberculosis 1, unknown 5.

Lateral Curvature: Diphtheria 1, unknown 2.

Flat-foot: Unknown 1.

Knee-joint Disease: Unknown 1.

Bow-legs: Pneumonia 1, scarlet fever and diphtheria 1, unknown 1.

Knock-knee: Diphtheria 1, scarlet fever and diphtheria 1, measles 1, Bright's disease 1.

Club-foot: Unknown 1, diphtheria 1.

Infantile Paralysis: Unknown 2.

Other Orthopedic Cases: Pneumonia 2, pertussis 1, unknown 6.

Total 46.

Whirlwinds, water-spouts, and railway accidents do not seem to appear in this table.

In this table of 46 cases are to be found only 6 cases of death traceable to diseases for which they were treated, viz., orthopedic diseases. What have scarlet, diphtheria, and typhoid fever any more than whirlwinds, water-spouts, and railroad accidents to do with hip-joint disease? So it must be a source of gratification to Dr. Shaffer to have the profession know that in a series of 2440 cases, there died, according to his statement, both in the hospital and in all the dispensary work, only 6 cases as the result of the diseases for which they were admitted. This beats the health statis-

tics of any city, New York included. No doubt we will soon listen to a paper on the beneficial effects of suppurative hip-joint disease in childhood.

We can understand how this report may be true. But where did the cases which were transferred, and were not admitted, die? Where were all the cases of bad suppurating diseases sent to which were refused admission? How long do they remain in the institutions where they are sent before they die? If his report is intended as a scientific work, why palm off such selected material upon the profession from which to quote statistics?

Dr. Shaffer says in his "Reply" that he does open abscesses; his "Annual Report" says that he does not open abscesses; he has repeatedly stated that he does not, on the floor of the Academy of Medicine, and he has been severely criticised in my presence there.

Of course, all of the braggadocio which enters into the article which he calls "A Reply" is too transparent to hoodwink the scientific world. It is only another one of Dr. Shaffer's plays to the gallery, and he is welcome to that position. He claims on the one hand to operate seldom, if ever; and he claims on the other hand that he is an orthopedic surgeon. In replying to him it would only be safe to take his reports as correct data, and that I have done.

Let us see just how the statements of Dr. Shaffer stand in his hysterical effusion called "A Reply," and in other writings I find the following:

"And now about abscesses. Under the treatment pursued at the 'New York Orthopedic Dispensary and Hospital' there are few abscesses in tubercular disease." (See his reply.)

"And when we find a record of only 5 deaths in 333 cases of hip-joint disease (1.5 per cent.), he must open his eyes in astonishment." (See his reply.) I am not surprised at any statement Dr. Shaffer may make.

Again I quote from his "poem." "The Legend"; "No abscesses were opened during the year," &c. "As I cannot italicise the word tubercular, I repeat it, so that Dr. Phelps will not accuse me of letting purulent abscesses alone."

In a paper on the "Ultimate Results in the Mechanical Treatment of Hip-joint Disease," by Dr. Shaffer and Dr. Robt. W. Lovell ("N. Y. Med. Jour.," May 21, 1887, p. 12), the following appears: "Of the 39 cases, 27 had one or more abscesses at some stage of the disease, and 12 had none." (Nearly 70 per cent. had.)

I again quote from the same address: "During these five years 168, or 21.59 per cent., were discharged cured, and 50, or 6.4 per cent. died from conditions associated with, or depending upon, the chronic joint lesion."

On page 8 of the paper already quoted from, I find: "And as a matter of experience, abscesses connecting with suppurating hip-joints did no better under antiseptic measures than those opened by simple incision, and neither did so well as those which were allowed to open spontaneously."

Speaking boastingly of his results in hip-joint disease, I find in the same paper: "Nineteen cases" (not patients) "were found with practically ankylosed joints; six with slight motion in flexion; seven with motion in flexion of from 10 to 45 degrees, and a certain amount of motion in other directions; three with motion to right angle in flexion and good rotation and abduction; and three were found with perfectly free motion in every direction." (Tables say

"two." These two cases were so remarkable that they received the italics of the writer's pen.) Twenty-five out of thirty-nine were practically ankylosed, and every case was still crippled excepting two. Compare these brilliant results with those of the late Dr. Thomas, of Liverpool, from whom I have already quoted: "No case of hip-joint need recover with angular deformity, and ankylosis seldom appears." Dr. John Ridlon, Dr. Sidney Jones, and many others can testify to the truthfulness of the statement.

I quote from "New York Letters on Orthopedic Surgery,—The Scope of Orthopedic Surgery," by Stuart Leroy McCurdy, M.D., Dennison, Ohio. In speaking of the various institutions that he visited while in New York, he says: "The New York Orthopedic Hospital has an average daily clinic of about thirty cases. I was privileged to examine cases here. It is the aim of this institution to use the knife as little as possible, and to allow the mechanical treatment to have unbounded sway." Every man who has ever visited the institution knows that this statement of Dr. McCurdy's is a fact. Now, this is the practice followed by the gentleman who proposed a rule of practice for orthopedic surgeons. He tells us that "his definition" does not mean this kind of practice. If it does not mean this kind of practice, then it means nothing. A formula framed for a rule of conduct by any man should be fairly interpreted and lived up to by its founder, and, knowing now exactly the rule which Dr. Shaffer follows in practice, the orthopedic profession of the world

would be entirely justified in refusing, as they have done, to be nailed to any such cross. Dr. Gibney's definition is liberal enough to allow of orthopedic surgeons taking the same stand in their specialty as the ophthalmologist or the gynecologist does in his, and no amount of subterfuge or misstatement by Dr. Shaffer can change the intention of the impression which his definition was intended to make, and which his practice thoroughly demonstrates.

Dr. Shaffer has seen fit to criticise my addresses. He does it entirely from a personal standpoint, and not from that of an "orthopedic surgeon." For his satisfaction I will print two or three from among the scores of letters of congratulation which I have received. The first is from one of our oldest and most distinguished orthopedic surgeons, who has, perhaps, done more for orthopedic surgery than any man in this century. His opinion, I think, will carry weight with it. Being a personal communication I do not feel that I can print his name, but I have no doubt he would have no objection to my printing the text of his letter:

New York, May 15, 1895.

My Dear Dr. Phelps: I have just read your most interesting reply to Dr. Shaffer in the "New England Monthly." I hope you will have reprints of it sent broadcast to the entire profession, in order to correct the erroneous impression of the definition of orthopedic surgery, which Shaffer tried to palm off on the profession at Berlin, and no one at the time corrected him. I was not present at the time, or I would certainly have called him down, and I have been too ill since to pay much attention to his dangerous teachings; but have been surprised that the profession would submit to his arrogant assumption and ignorance. And I am glad that by his foolish attack on you, it has given you

the opportunity of showing him up in his true light to the profession, and I thank you for having done so. I am sincerely yours,

Another letter, from a very distinguished orthopedic surgeon of Indianapolis reads:

May 1, 1895.

Dear Doctor: After reading your caustic answer to the "strictures" of the distinguished orthopedist my pen refuses to keep still until I have written you my congratulations. It is a great pity that the dust of buckle-and-strap sophistry should be scattered broadcast to injure the vision of those already myopic through ignorance, timidity, or arrogance. "Remunerative plantar fascia" is for history. I am sincerely yours,

Dr. Shaffer says in his "Reply": "I am glad Dr. Phelps harps upon the 'remunerative tendo Achillis,' as it shows how lightly he regards a distinct advance in orthopedic work, and how far from lofty is his standard of judgment. And here again I am going to run a risk, for I am going to speak of the traction shoe. It will give Dr. Phelps another opportunity of applying his ambushed style of attack, to say 'I did not mention the traction shoe.' Neither did he, but he means it all the same." "The traction shoe applied to the tendo Achillis is a most remunerative apparatus to a large class of patients. And a good many children with club-foot, condemned to amputation or osteotomy by surgeons of limited experience, have been cured in a few months at less than half the cost to them that Dr. Phelps would charge for an open incision."

To illustrate how remunerative the tendo Achillis and plantar fascia are to the patients (and not to the orthopedist), I might here describe a series of three cases taken

from my notebook, where I have records of many scores treated by Dr. Shaffer by this same "traction method" so highly lauded alone by Dr. Shaffer. In these cases the traction shoe did not work "its miracle." All of them were practically cured at once by operative measures, whereas years of "shoe traction" had not changed their condition, at least had not improved them. Two of these cases were presented at the Academy of Medicine, and I will take occasion to present the third to some society in the near future. No bracing whatever was required, and the only remuneration that I can see which has been derived from the plantar fascia and tendo Achillis has certainly not accrued to the patients themselves. The cases in question illustrate how remunerative it is to them to have the "traction shoe" applied for from 12 to 14 years. And thus I might continue, but enough.

These cases were not relapse cases of club-foot. Every man has those, and in a series of cases which I treated by open incision such relapses are recorded. It would be far from me to resort to so unfair a method, but cases which have been treated by a certain method, so-called "interrupted traction," which is as old as orthopedy itself, with its inevitable failure in these forms of club-foot, and which has been condemned and discarded by orthopedic surgeons the world over, might with profit be printed.

I have nothing to say at present in regard to the "open incision method" of treating club-foot, either for or against. That

is in the hands of the profession, and several interesting papers can be found in Vol. VII of the "Transactions of the American Orthopedic Association," which Dr. Shaffer so much dislikes, that he might read with profit to his patients. It will be for the profession to accept or condemn, and Dr. Shaffer's traction shoe will be put to the same test, notwithstanding his enthusiastic misrepresentation as to its value.

One other personal statement made by Dr. Shaffer, and then I have done. He says: "But nothing can be unethical which is true, and the reason that I used the language was that Dr. Phelps not infrequently surprises and amuses his audience by some very remarkable histories of his achievements in surgery. It would seem that he becomes overwhelmed with the exuberance of his own eloquence and egotism, and hypnotized by his own sense of greatness, on these occasions. When in this condition he becomes a victim of amnesia pathemate, and while under its influence, he has been known to say before the surgical section of the New York Academy of Medicine, regarding excision of the knee-joint for tubercular disease, 'the average time of operation in my recent cases has been 14 1-2 minutes, including the application of the dressings.'"

It would not be expected that a mechanic or mechanic would understand a statement of this kind, and I can understand how a surgeon not familiar with Fenwick's operation might not understand it. In a series of sixty-five excisions of the knee-joint, without a death from the opera-

tion, hundreds of men in the medical classes of the University of the City of New York, Post-Graduate Hospital and School, Mary Fletcher Hospital, have held their watches, and from them the average of time has been made in a series of 45 excisions. This average has been less than 14 1-2 minutes. Fenwick's operation can be performed by almost any surgeon in that time, including the dressings. Very soon a paper by Dr. Plimpton will appear on this subject. For fear that in places where Dr. Shaffer is not known, my veracity might be questioned, I feel that I must, for the sake of my professional honor, print the following letters, corroborative of the above statements:

I.

Dear Dr. Phelps: I have seen Dr. Shaffer's statements in his answer to your reply to his attack reflecting upon the truth of your statement that the average time in your last 45 excisions of the knee-joint, from the time of the first incision to the application of the last bandage was 14½ minutes. In justice to you I will say that I have assisted you in a very large number of cases, and only in an exceptional case were you more than 13 minutes, including dressings. Fenwick's operation can be performed by almost any surgeon in that time. I am, very truly yours,

W. O. PLIMPTON, M.D.,
Lecturer on Orthopedic Surgery, New York Post-Graduate School and Hospital; Instructor in Orthopedic Surgery, University of New York, Medical Department.

II.

Dear Dr. Phelps: Dr. Shaffer's statement is wholly incorrect and unwarranted. I have assisted you in excisions of the knee-joint, and your time in performing the operation, including dressings, has always been less than 14 minutes—in exceptionally bad cases a minute or two longer. I am very sincerely yours,

CHARLES H. WALKER,
House Surgeon, Post-Graduate Medical School and Hospital.

III.

Dear Doctor: In answer to your letter I will say that I have been present and have assisted you in performing excisions of the knee-joint in extensive tubercular disease. Your time, from the first incision to the last bandage, has been less than 14 minutes. Very sincerely yours,

JOHN B. WHEELER, M.D.,
Clinical Professor of Surgery, University of Vermont.

IV.

Dear Doctor: I have been present and have seen you perform an excision of the knee-joint in less than 14 minutes, including dressing. Very truly yours,

CARTER S. COLE, M.D.,
Instructor in Surgery, Post-Graduate Medical School and Hospital.

V.

Dear Dr. Phelps: I wish to correct any unfavorable impression that Dr. Shaffer's attack on you may make. He evidently does not understand your methods, else he would not write as he does. I have assisted you in many excisions of the knee-joint, and in some of extensive disease with many sinuses. Your average time, including dressing, will fall far below 14 minutes, as I have seen you perform the operation in less than 12. I write this in justice to you. Very sincerely yours,

FRED. GOODWIN, M.D.,
Assistant to the Chair of Surgery, Post-Graduate Medical School and Hospital.

If Dr. Shaffer, or any other man, still has any doubt as to the truthfulness of my statement, I can demonstrate the fact to him in my clinics at any time, at the Post-Graduate or the City Hospital. One can well afford to operate against ether narcosis to reduce mortality. Ether administered for hours adds to shock, and the best record for excision in knee-joint excision shows a mortality of about 3 per cent.; 65 cases without a death due to the operation would warrant me in still continuing to operate with the greatest rapidity.

I stated in my address that orthopedic surgery was a combination of mechanical and surgical work; that the orthopedist had no right, moral or surgical, to violate well-established laboratory or clinical truths. The orthopedist who does not believe in operative work, but relies entirely on his mechanical genius, to cure his patients necessarily encounters a very large class of cases in which he must fail. The orthopedic surgeon claims the right to resort to any method to cure these exceptional cases. The orthopedist boasts that he "never opens abscesses." The orthopedic surgeon claims that many abscesses, under certain circumstances, should be drained, to avoid the corroding effect upon the tissues; he believes also that these are suitable cases for his attention, and should not be transferred to general hospitals, because they require mechanical treatment after the operations have been performed. The orthopedist believes that the "remunerative plantar fascia and tendo-Achillis" should be stretched 14 years; the orthopedic surgeon believes that the cutting of this fibrous tissue (particularly in this class of cases) should be done, because then his patients escape from the torture of interrupted stretching and the wearing of braces for years.

The "orthopedist," no doubt in a few years, will begin to drain abscesses, and will begin to move on a higher plane of scientific work; and, as I said in my address, when this stand is taken, colleges will want orthopedic surgeons. The College of Physicians and Surgeons has verified this statement by

appointing Dr. Gibney, who is an orthopedic surgeon. Dr. Sayre was called to the Chair of Orthopedic Surgery in Bellevue, where he has always taught orthopedic surgery. After Dr. Shaffer's retirement from the university, where he had for a few years inflated himself by listening to the echo of his own voice, as it reverberated from the empty benches, orthopedic surgery has since been taught. It is true that I teach general surgery in the University of Vermont, and if the "orthopedist" would apply rational, surgical methods to the severer forms of diseases and deformities of joints, his results might be as good, in this class of cases, as those in the Daisyfield Home at Englewood. The class of cases treated there would be transferred by the "orthopedist" to some institution where he would either prohibit their being operated upon or allow them to linger for years, and finally die of suppuration or become cripples.

Dr. Shaffer seems to think that it is a detriment for a man to have a knowledge of surgery in the treatment of deformities. And then at once he begins to speak of the large number of operations he does. O Consistency!

Dr. Shaffer says, "Why invade the domain of surgery?" I ask him, why does he perform 12 tenotomies in a series of 2440 cases admitted? This is cutting. I ask him why he treats a large number of bow-legs and genu-valgum of "maturer age" for years with braces, when he knows that such cases are only to be cured by surgical work. Not one osteotomy or osteoclasis was reported in the 59th Street

Dispensary last year in a series of 280 cases of knock-knee and bow-legs. Mechanics and surgery must be united, or else a man fails to do all that is possible for his patients. There is no place in this world for the simple buckle-and-strap man—except in a limited number of “selected cases,” and the “orthopedist” ought to have good sense enough to confine himself to that class of cases. He has no more moral or scientific right to treat acute pyogenic or tubercular processes with extensive destruction of tissue, unless he is prepared to operate, than has the oculist, who only fits glasses, to treat glaucoma, cataract, or acute affections of the interior of the eye. His work will soon be known to the professional world, and such men will read themselves entirely out of the profession, and their writings and reports will be always looked upon with suspicion by any man who cares to write for the sake of the profession, and who wishes to establish correct data.

Dr. Shaffer made a statement in a discussion at a meeting of the Orthopedic Section of the New York Academy of Medicine to the effect that he was pleased to say that in the 59th Street Orthopedic Dispensary and Hospital no abscesses had been opened during the year. It is fortunate for the profession that gag law can be no longer imposed by any medical pope, and Dr. Sayre, who is inadvertently alluded to in an ambushed way in Dr. Shaffer’s “reply,” did have the courage and the conviction to force an issue, which has drawn the line between orthopedy and orthopedic surgery. Dr. Shaffer says in his “reply” that he has

passed through all this, but it may be interesting to him to know that he has not yet entered the race with Willard, the Sayres, Gibney, Sherman, Ridlon, Kerr, Cook, McCurdy, Wirt, Moore, Gillett, Griffith, Wilson, Robert Bradford, and scores of others in our own country equally eminent that I might mention; and Owen, Schede, Kaptyn, Lorenz, Wolf, Hoffa, Kirmison, Ridard, and many others in foreign countries. All of these still continue the work of orthopedic surgery; that is, the combination of mechanical and surgical work, and Dr. S. and his satellites are to be found almost exclusively alone in the promulgation of the obsolete ideas, long since discarded by the advanced wing of the orthopedic profession.

Dr. S. attempts to make it appear that the seventh volume of the "Transactions of the American Orthopedic Association" was printed irregularly, which is as false as many of his statements printed, and he characterizes that volume as the "mud-and-mire" volume of the "Transactions of the American Orthopedic Association." Probably there is not quite enough of the "buckle-and-strap" and "blacksmith" work in it to please the distinguished orthopedist, and for the information of the profession I will state to them that in response to a circular-letter sent to every one (Dr. Shaffer included) by myself, the following papers were received and bound in the volume which he so much dislikes:

1. The paper of Edmund Owen, M.B., F.R.C.S., London, England, on the "Treatment of Severe Talipes Equino-varus in

Children," in which paper the author alludes to Phelps's operation, and severely condemns the mechanical work of certain orthopedists.

2. The paper by Nicholas Grattan, F.R.C.S., of Cork, Ireland, on "Tarsoclases." He had evidently found cases that would not yield to the "remunerative methods" of the orthopedists.

3. "Address on Phelps's Operation for Club-foot," by James E. Moore, of Minneapolis.

4. "Phelps's Method for Talipes Equinovarus and the Results in My Practice," by H. P. Kaptein, M.D., of Abcouder, Holland. In this paper the author says: "During the past few years I have seen but few cases of severe club-foot to deal with. It seems that the communications of Phelps at Copenhagen and Berlin started in many parts of Europe very great activity in the treatment of club-foot on his method. As a consequence we now meet fewer and fewer cases of inveterate club-foot."

5. "Phelps's Method for the Cure of Club-foot in Adults," by William E. Wirt, M.D., of Cleveland, Ohio.

6. "Elastic Traction in the Treatment of Infantile Club-foot," by Bernard Barlow, M.D., of Buffalo, N. Y.

7. "The Anterior Transverse Arch of the Foot; Its Obliteration as a Cause of Metatarsalgia," by Joel E. Goldthwaite, M.D., of Boston.

8. "Treatment of Congenital Dislocation of the Hip," by E. H. Bradford, M.D., of Boston, in which he presents some interesting dissections that might interest even Dr.

Shaffer, and demonstrate to him that senseless mechanical work in this class of deformity should not be persisted in at the expense of the benefactors of any institution.

9. "The Operative Treatment of Congenital Dislocation of the Hip-Joint," by Prof. Adolph Lorenz, of Vienna. Lorenz's results, as printed (and, fortunately, the profession have examined, and have already passed their opinion), would be a strong argument to present to any legislative body to secure laws to prevent the empirical work now followed in many orthopedic institutions.

10. The paper of T. Halsted Myers, M.D., of New York, on the "Treatment of Congenital Dislocation of the Hip." An associate of Dr. Shaffer's helps to make up this "mud-and-mire" volume, against which Dr. S. hisses his condemnation.

11. Further in this volume will be found the interesting paper by Louis A. Weigel, M.D., of Rochester, N. Y.: "Report on a Case of Congenital Dislocation of the Left Hip, associated with Spastic Paralysis of the Left Arm, Blindness, and Defective Mental Development."

12. Henry Ling Taylor, M.D., of New York: "Infantile Scorbutus and Its Relation to Orthopedic Practice."

13. W. R. Townsend, M.D., of New York: "Tubercular Disease of the Shoulder-joint." The scientific work done in this paper is somewhat refreshing, after examining a report which is intended solely to "play to the gallery."

14. The masterly paper by Dr. Jacobi, of

New York, on "Rachitic Deformities," would be read with interest by an orthopedic surgeon.

15. "Rachitis," by Benjamin Lee, M.D., of Philadelphia.

16. "Rachitic Deformities: Mechanical and Constitutional Treatment," by Samuel Ketch, M.D., of New York.

17. "Rachitic Deformities: Operative Treatment," by De Forest Willard, M.D., of Philadelphia. Even Dr. S. might derive some information from this.

18. The paper by Dr. V. P. Gidney, M.D., of New York, on "The Correction of the Deformity of Hip Disease," stands out in bold relief when compared with the blacksmith methods of the orthopedists.

19. "The Need of Rest in the Treatment of Hip Disease," by Robert W. Lovett, M.D., of Boston.

20. "A Splint for Hip Disease, with Remarks on Mechanical Treatment," by Wallace Blanchard, M.D., of Chicago.

21. "Lateral Traction in Hip Disease," by Calvin Gates Page, M.D., of Boston.

22. "Excision of the Wrist-joint by a New Method," by Herman Mynter, M.D., of Buffalo, N. Y.

23. "Etiology of Deformity of Knee-joint Disease," by A. E. Hoadley, M.D., of Chicago. This is a conscientious criticism of a former paper by the present writer.

24. "Excision of the Knee for the Relief of Crippling from Infantile Paralysis," by Ap. Morgan Vance, M.D., of Louisville.

25. The excellent paper by Royal Whitman, M.D., on "Observations on Bending of the Neck of the Femur in Adolescence."

26. "Rachitic Curvature of the Head of the Femur," by E. H. Bradford, M.D., of Boston, would compare very favorably with the demonstrations of mechanical work resurrected from the obsolete practice of European mechanics, which they themselves had long since condemned.

27. "The Lorenz Osteoclast," by F. S. Coolidge, M.D., of Chicago.

28. "A Case of Anchylosis of the Jaw in a Child; Recovery with Good Motion," by Dillon Brown, M.D., of New York.

29. "Amputation of Both Legs at Knee-joint for Paralytic Club-foot in a Case of Spina Bifida Complicated by Congenital Inguinal Hernia," by William J. Taylor, M.D., of Philadelphia.

30. "Old and Neglected Deformities Following Spinal Paralysis," by Stuart Leroy McCurdy, M.D., of Pittsburg, Pa.

31. "Treatment of Paralytic Deformities," by De Forest Willard, M.D., of Philadelphia.

32. "The Mechanical Treatment of Infantile Paralysis," by John Ridlon, M.D., of Chicago.

33. "Apoplexy of Infants; Paralysis of Infants," by W. J. Little, M.D., of London, England.

34. "The Treatment of Roto-Lateral Curvature of the Spine by Non-restrictive and Developmental Methods," by R. E. McKenzie, B.A., M.D., Toronto.

35. "Fixation in the Treatment of Fractures into Joints," Ansell G. Cook, M.D., of Hartford, Conn.

36. Last, but not least, the paper by M. Schede, M.D., of Hamburg, one of the

ablest surgeons in this world, a former assistant of Volkman, who was a general surgeon, and one of the ablest orthopedic surgeons the world has ever seen, and from whose intellectual ocean many an orthopedist and orthopedic surgeon receives his inspiration, this volume closes.

This volume is before the profession, and no doubt it will receive its proper criticism regardless of the personal spite which Dr. Shaffer wreaks against it. The only "mud-and-mire" portion of the volume, if any exist, may possibly be found in the paradoxical statements made in his discussion, characteristic of him. The orthopedic surgeons of this world can truthfully say to him: "You may hiss, but remember the hissing of geese once saved the proud city of Rome."

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