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THE NEW ENGLAND
MEDICAL GAZETTE.

VOLUME XVIII.



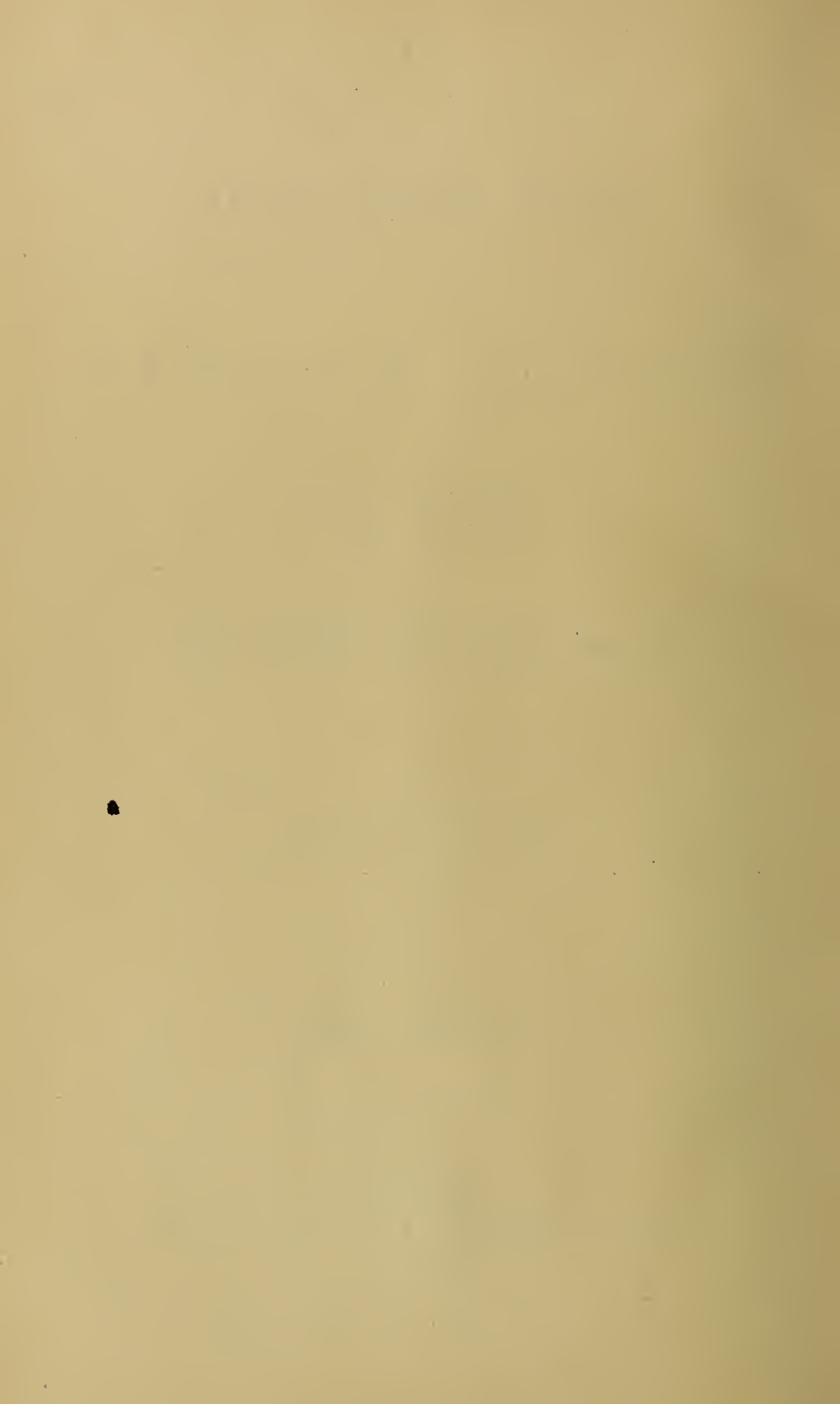
THE
NEW ENGLAND
MEDICAL GAZETTE.

A Monthly Journal
OF
HOMŒOPATHIC MEDICINE.

“Die milde Macht ist gross.”

VOLUME XVIII.

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THE
NEW ENGLAND MEDICAL GAZETTE.

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VOL. XVIII.

EDITORIAL.

1882 — 1883.

WHAT have we done the past year ; what can we do the next ? If the GAZETTE, alone, is to answer, we would ask the patient reader to take the twelve numbers of the past year, examine them page by page, and see if we have not given him in solid information many times the value of his subscription. As for the ensuing year, we can assure our readers that the GAZETTE was never in a more prosperous condition than now ; its resources, scientific and professional, are greater than ever before, and its editorial corps, after the last year's training and experience, are prepared, with your kind help, to make Vol. XVIII. better in many respects than the last.

Turning to a wider field, and considering what has been done in the homœopathic school, we may confidently answer that never before have we made such progress in a single year. Our national association, our State, county, and local societies, have held large and interesting meetings, and have done an unusual amount of valuable work. Our hospitals, already emerging from their infantile state, are gaining strength rapidly, and acquiring reputations as successful, well-conducted institutions. Our dispensaries are carrying to the poor blessings which, though they may have been slow to appreciate, they are now none the less grateful for. Our colleges have done more and better work than in any preceding year, and our journals, on every side, bear marks of prosperity. What has been said of the whole country applies with even greater force to Boston. All our institutions here are prosperous, and the number of our practitioners (116) has increased more than twelve per cent in the year.

Thus, then, we begin a bright new year ; and with increased strength and facilities may we not do still more for our cause ? A few of the early pioneers of homœopathy are still left to us. Let us cherish their presence with affectionate regard. Another class — those who, in their turn, have borne the burden and heat of the day, and are beginning to show the silvery locks and the wrinkles of age — is fast “ passing on,” and must soon relinquish active duties. To the younger, the vigorous, the strong, we must look for the work of the future. It is for them to build up new institutions and strengthen those the foundations of which have been laid so well. Free from envy, jealousy, or malice towards each other, let them duly realize that in fraternal union they possess a power from which each can draw tenfold more of benefit to himself than he alone can attain. On this class rests the hope of the future ; and may the seed sown by them in 1883 yield, even to them, an abundant harvest ! *

NOSODES AND ISOPATHY.

WHILE Hahnemann was pursuing his original investigations concerning the action of drugs on the human system, it occurred to him that a poison might remove the symptoms it had already produced. Thus the violent eruption caused by rhus, or the deep coma resulting from opium, might be cured by small doses of these respective agents. But, after great research on this subject, he was convinced of its fallacy, and condemned it under the characteristic term of “ Isopathy.” He showed that, though drugs were capable of removing similar symptoms arising from other causes, they did not have the power to remove the conditions which they had already caused ; that similars and not identicals, like and not the same substances, were to be sought in medicine ; in fact that homœopathy was true and isopathy was not. But, as if to show that great minds do not run in the same channel, some brilliant intellects have since chosen to take up the thread which Hahnemann discarded, and, without interfering with his conclusions in regard to rhus and opium, have hit upon the happy idea that diseases are in themselves their own best antidote. Thus the virus of small-pox, measles, diphtheria, syphilis, gonorrhœa, etc., becomes positive balms to their respective

owners. But, with equal obliquity of mental vision, these same scientific observers find that the curative power exists principally in the magical c^{cm} or cm^{m} attached to the virus. Now, in order to obtain these wonderful symbols, there have been various devices. The stalwart Jœnichen shook himself into his grave in his efforts in this direction; but science makes rough places smooth, and has developed the fact that one has only to put the deadly poison into a vial and let the Croton aqueduct rush through that vial for a day, a week, a month, and the potent letters at once appear. This kind of science, however, does not thrive well in homœopathic circles, and probably not one in a hundred of homœopathic physicians either believes in isopathy, or uses those substances which have acquired the name of nosodes, and are, to a great extent, the product of disease.

But it seems that the very sensitive editor of the *Boston Medical and Surgical Journal* has just discovered that this state of things exists, and his nerves are greatly shocked by the fact that “nasty” medicines are given by the “homœopaths,” even in the hundred thousandth attenuation. Encouraged by the effect of the discovery upon the editor, an enterprising correspondent goes into the matter scientifically, and becomes actually “nauseated” by what he finds in some, to us, unknown book. So delicate is his stomach that he does not call the filthy things by their English names, but uses their Latin synonymes as a pair of tongs with which to handle them. We do not choose to delve among such “nasty” surroundings as he thus Latinizes *mais chacun à son goût*, and when the editor and his correspondent have come to the end of this dirty little gulch, in which a few weak-minded doctors have been wallowing to secure products which they have diluted into watery nothingness, and then given to their patients, we can point them to a rich mine in their own *materia medica*. If the “attenuated” spider disturbs them, how will the cantharides do, — those scavengers of filth, taken in various forms, not by the grain but in the aggregate, by the ton? Or, if some animal filth is required, turn to the article “moschus” in the United States Dispensatory, and read a description of it. If we shrink with horror from putting a pellet of *syphilinum* cm upon the tongue of a syphilitic, how about inoculating him with the syphilitic virus over and over again, till his system is so satu-

rated with it that it can make no further impression? And how about that "nasty" process of vaccination, in which *virus* is taken from an animal and put into the pure skin of a child, to make there a filthy sore? No, neighbor, there are some old sayings about "glass houses" and "black pots," and you ought to realize what a fragile house you live in before you begin to throw stones; also bear in mind that your pot has been boiling over a very smutty fire for many centuries. Is it not our duty as editors to try to put our own houses in good condition rather than to defile those of our neighbors? *

A FEW REFLECTIONS ON THE FAITH CURE.

IN the Good Book we read that one disciple tried to excuse himself by saying, "Lord, suffer me first to go and bury my father." But Jesus said unto him, "Follow me, and let the dead bury their dead." On the strength of this reply, why should we not give up the habit of calling in *undertakers* when friends die? Although so repugnant, it would be just as sensible to make such a practical application of this passage of Scripture as it is for those doubtless good but misguided advocates of the Faith Cure to apply, as they do, their favorite and incessantly quoted verses in James v. 14 and 15. If a Christian's child dies, the immortal spirit leaves the body and nothing but the clay is left behind. What right has he to consume his precious time, which ought to be devoted to the salvation of souls, to the interment of this worthless decomposing clay? No, let the dead bury their dead. He should not bury his child. Many unbelievers claim that almost any doctrine, however absurd, can be supported by the authority of the Bible, and that even the energetic individual with hoofs and horns can quote Scripture to back his positions; no wonder, when professed "higher-life" Christians, refusing to interpret a verse in the clear light of its context and of the whole teachings of Christianity, isolate it and distort its meaning as they do. Here is their favorite passage: "Is any sick among you? let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: and the prayer of faith shall save the sick, and the Lord shall raise

him up." Now, we do not propose at present to expound this verse as we think it ought to be done, and we will refrain from making the criticism that the faith-curers do not, as a rule, stick to their own text, and call in to pray for them the elders of the church, who might naturally be supposed to be gifted in prayer, but instead some fairly young M. D., whose diploma from a legally chartered medical institution probably has more influence with the Lord, when called upon to attend to the physical wants of his children; but we will quote, for the purpose of throwing a little light on the subject, a few verses from the same James, standing in close proximity, which the faith-curers seemingly overlook: "What doth it profit, my brethren, though a man say he hath faith, and have not works? can faith save him? If a brother or sister be naked, and destitute of daily food, and one of you say unto them, Depart in peace, be you warmed and filled; notwithstanding ye give them not those things which are needful to the body; what doth it profit? Even so faith, if it hath not works, is dead, being alone." In the light of this parallel passage, are we not in conscience bound to make use of all the means with which we can become acquainted, and *then* exercise a faith that the Lord will bless the means? The faith-curers object to the means, because they think that dependence on these lessens the faith. Tell them, "Even so faith, if it hath not works, is dead, being alone." Why was he upbraided, who went and digged in the ground and hid his talent? Because he neglected his opportunities; he sat down idly and refused to use the means.

If the wife of the champion faith-curer should cut an artery and be in imminent danger of bleeding to death, would he be so idiotic as to neglect the means for arresting hemorrhage, and instead to anoint her with oil and pray over her, while her life-blood gushed forth? If not, where shall we draw the line? What becomes of the omnipotence of the Lord, if he is not able to check hemorrhage as well as St. Vitus's dance? The only possible inference from such actions of the faith-curers is that the Lord makes a specialty of nervous diseases, but is not posted on surgery, — we mean no irreverence, but simply desire to show the absurdity of a position which is often taken. We believe emphatically that the Lord helps the man who helps himself, and that he does not approve of laziness, but expects men to work

hard to discover the secrets of nature and to apply them, to the extent of their abilities, to the cure of disease. Doctors never cure their patients ; they make use of the best means they know of, and the Lord restores health. Farmers never raise corn ; they plant it, water it if necessary, hoe it, and the Lord makes it grow. How morbid or lazy, or both, must a farmer be to go into his closet to pray that the Lord may send him crops, instead of first going into his fields to do his share of the *work* ! But sick people who are merely prayed for often recover without the use of means. True, and wild oats often grow where the hand of man has never been. The Lord sendeth rain on the just and on the unjust. Many sick persons recover without any special praying over whatever, and certainly without any special exercise of personal faith. Many are cured by amulets or charms, many by relics or the bones of saints, whose efficacy is as solemnly urged as is the duty of having faith in God to get well. Many have been cured by the Roman Catholic miracles performed at the fountain of the Virgin at Lourdes, France, and have left behind, as evidence, uncounted crutches and canes in the cave there. Many are cured by fright or joy, or some other powerful mental emotion. The trouble is that probably unbelievers are thus cured almost as often as believers, and also that not only President Garfield, but also many consumptives in "homes," in spite of the most fervent prayers, die. The explanation of this want of success is readily given : the sufferers lacked saving faith. This has a smack of the common spiritualist's rejoinder after defeat : the "conditions" were not favorable. Indeed, this doctrine, if pushed to its legitimate logical deductions, assumes the form which a few of its boldest (probably healthy) advocates claim, that a Christian ought never to be sick. What a remarkable thinning out there would be had we an opportunity of thus "knowing them by their fruits" ! How disastrous it would have been to the sale of those numerous Sunday-school books of our youth, which narrated the lives and experiences of the very precocious and very good little boys and girls who almost invariably died in consequence of being so good, as it seemed !

We are forced to believe that, instead of this doctrine being a strengthener of true faith, it is only a delusion and a snare of the devil, — a superstition, a false doctrine, an antichrist, — which,

if allowed to run riot, will ultimately breed more infidelity than all the infidel books in existence. The wolf in the sheep's skin is often more dangerous than the lion. Would any one attempt to advance the cause of Christianity by carrying out practically the literal interpretation of the following similar passage of Scripture? "For verily I say unto you, That whosoever shall say unto this mountain, Be thou removed, and be thou cast into the sea; and shall not doubt in his heart, but shall believe that those things which he saith shall come to pass; he shall have whatsoever he saith." These are the words of Jesus, whose authority can hardly be less than that of James. Now, suppose that same religious enthusiast, looking on, a few years ago, when Fort Hill, in Boston, was being dug down, and the dirt used for pushing our wharf property farther into the harbor, should say, "Gentlemen, why all this hard work? Do you forget the promise of Jesus, laying hold of which you can remove that mountain into the sea without labor and without expense?" Such men would at once be muzzled by the faithful as likely to do the cause more harm than good. Yet why is the superficial interpretation of Jesus more harmful than the superficial interpretation of James?

Again, in Mark xvi., Jesus, after upbraiding his disciples for their unbelief, said, "And these signs shall follow them that believe: In my name shall they cast out devils; they shall speak with new tongues; they shall take up serpents; and if they drink any deadly thing, it shall not hurt them; they shall lay hands on the sick, and they shall recover." Now, why should Christians of the present generation, relying on the strength of these promises, be considered presumptuous, foolhardy, and half-witted for hiring a hall in which publicly to drink deadly things and play with serpents, and yet be upheld and applauded by evangelical clergymen for attempting to heal the sick in the same way? In either case, would they not bring contempt on the cause?

As to success in healing, the Spiritualists, in their crowded halls in Brooklyn, last year, with their laying-on of hands and prayers, could boast as much as Dr. Cullis at his Old Orchard faith-cure camp-meeting; and yet Dr. Cullis and his evangelical supporters, far from fraternizing with them, would doubtless regard these mediums as impostors and their prayers as blasphemous.

mous. This whole faith-cure business tends ultimately to bring a reproach on true religion, and sooner or later its advocates will find it out; and also that "they that are whole need not a physician, but *they that are sick.*" ¶

THE NEW YORK MEDICAL CODE.

THE *Medical News* (Philadelphia) seems to be in a very excited frame of mind lest the New York society should not repeal, "in deference to the sentiment of the whole profession of the rest of the United States," the liberal code past last year. Acknowledging that the New York City physicians are overwhelmingly in favor of the new code, the *News* appeals to the "backwoods" for help. It says: "It is, therefore, extremely important that all the county societies should be represented by full delegations, and that the permanent members should, as far as possible, be present at the ensuing meeting in February. Whatever the final vote may be, we hope the yeas and nays will be demanded, so that the profession of the State and of the country at large may know who of their honorable calling are so forgetful of the standard of professional morals as to be willing to consult with charlatans, and, by thus affiliating with them, to commend them to the respect and the confidence of the community."

Just think of it! What a dreadful thing it would be to have the yeas and nays taken in this matter, to have one's name handed down to the next generation, possibly passed along for a century or two, as "learned and wise doctors," who so fell from their lofty and noble position as to permit freedom of medical thought among their fellows, to allow their associates to hold opinions different from their own without ostracizing them and calling them quacks and "charlatans," as our friend, the *News*, does! It matters nothing to the thousand or more educated homœopathic physicians of the State of New York, who already have "the respect and confidence of the community," whether this liberal code be sustained or repealed. The steady progress of homœopathy never has been, and probably never will be, changed (unless it be assisted) by any narrow-minded, bigoted,

or foolish legislation. But, for those who do favor such legislation, the seal of public condemnation is swiftly being prepared, alike in the profession and in the communities. On second thought, let us have the yeas and nays by all means. *

BLUNDERS, OR WORSE.

OUR elderly and somewhat pretentious neighbor, the *Boston Medical and Surgical Journal*, is pleased occasionally to take its little jocular fling at homœopathy, and even to notice from time to time our own lowly efforts at medical journalism. It usually does this in its more sunny and vivacious hours, and derives from its pleasantries the same sort of amusement as, according to the fable, the duck, while swimming gracefully on the pond, found in criticising the awkward waddle of geese on the brink. It would be idle for us to notice all these piercing slings and arrows, as they are of frequent occurrence; but occasionally we may parry them for the benefit of the more, thin-skinned among our readers, who are also readers of the *Journal*.

In a late number, this genial publication breaks into somewhat shrill laughter over a letter written to us by a correspondent in Vienna, who unwarily falls into some slight lapses of the pen, such as few physicians hereabouts escape in their odd literary moments, whether they are contributors to our pages or to those of the *Journal*. The fault, we confess it with an humble and contrite heart, lay mainly with our own proof-reading, for which we have not the facilities of our proud and affluent critic; but, having made this admission, we are by no means bowed down, nor do we feel that henceforward we should be silent: there are so many grains of comfort in the chaff thrown at us that we are always able to take heart again after one of the *Journal's* sallies, and to recognize the sweet uses of our adversity.

In the first place, we may justly reflect that this is the only kind of argument, if so it may be called, the *Journal* ever brings against us, and, although it weighs infinitely more with its readers than a just and honorable consideration of our claims would do, we are aware that nobody is deceived by it for a moment. Even the efforts of the late Parkman professor of anatomy, when

stripped of their wit and their delightful diction, are no more than feeble and shallow statements, easy to disprove. Then, too, we may draw much consolation from the fact that we are by no means alone in the predicament in which the *Journal* finds us. If its readers, in their moments of elegant leisure, — say after returning home from an annual dinner of the Massachusetts Medical Society, where Latin odes have been read, which, as all the world knows, are meat and drink to the members of this cultured and refined body, — will look over the pages of all the “regular” periodicals printed in this country, those of the *Journal* included, they may easily convince themselves, if they choose, that there is not one in which the most flagrant literary sins are not constantly committed. Indeed, from the last numbers of the *Journal* at hand, we can easily cap every one of the errors for which it jeers and scoffs at us with a better one. On page 471 of its issue of Nov. 16, for example, a distinguished specialist in nervous diseases gets his nouns and verbs sadly tangled from lack of the knowledge, so essential to success at the bedside, that the nominative singular of *coagula* is *coagulum*! On page 481 of its following number, the somewhat ambitious translator of the lectures of Dr. Dujardin-Beaumetz, — lectures, by the way, which are interesting or useful only as showing the utterly unscientific and mixed state of the “regular” mind on the subject of the therapeutics of pneumonia, — speaks of “climacteric conditions of remarkable severity” in relation to the effects of the seasons on the occurrence of pneumonia. Finally, leaving aside many similar instances of the *Journal's* grammatical and linguistic purity, we point without anger or contention, but tearfully, to a letter on page 561 of the *Journal's* last number at hand, that of Dec. 14, in which a truly painful attempt is made to describe briefly a simplified mode of taking a vaginal douche. The patient is enjoined to “take a blanket and lay on the floor.” What she is to “lay” does not appear clearly from the context, though a few lines farther on she is directed to “lay down,” but a position is described in which the female of any vertebrate would find it awkward to deposit her ovum.

We abstain from all attempts at facetiousness over these blunders. The fact is, that, in spite of the truly wonderful impetus given of late to classical learning among the profession by the

American Academy of Medicine, and the very common A. M.s, A. B.s, etc., preceding the M. D.s of "regular" authors, the English grammar of medical literature remains somewhat mixed, the use of Latin terms and phrases continues to be a very precarious thing, and the proof-reading by no means what the *Journal* and its readers take it to be.

When the *Journal* makes merry, as it has done on several occasions lately, over isopathy and the nosodes, we fail to feel the sting, as these things, though themselves originally a morbid product of homœopathy, have always been distinct and separate from it. A much-disgusted contributor to our over-nice neighbor's stock of homœopathic knowledge wants the public to know who it is that administers these loathsome substances. Will he allow us to tell him that these practitioners are, on our side, a small and somewhat shady clique, calling themselves the Legion of Honor; while, on his side, they are the strictly scientific persons affected, just now, with the "inoculation furor," including Pasteur, Koch, and consorts. (See the issue of the *Journal* of Nov. 9.) We may also point with some degree of complacency to the number preceding, in which the delightful suggestion is made of urine as a substitute for beef tea. A good cup of it is said to be an excellent "stimulant and general pick-up," not, it will be noticed, in the ^{oem} attenuation, but good and strong, and freshly drawn. We shall be glad to have the public informed "who it is that administers these things"; but let it be a frank and comprehensive statement.

ISOLATION IN CONTAGIOUS DISEASES.

Report to the French Academy of Medicine, by a commission composed of A. ROGER, J. BERGERON, and J. B. HILLAIRET.

TRANSLATED FOR THE GAZETTE.

THE minister of public instruction, in a letter dated April 20, 1882, asks the Academy for the solution of a question which is of special interest in relation to the hygiene of educational institutions and the security of families. How long should a scholar afflicted with a contagious disease be separated from his companions?

Before approaching the subject, there is one point to which attention should be drawn. The letter of the minister of public

instruction contains the very general expression "contagious diseases." But the proceedings of the administrative commission show that the discussion was confined to the duration of the transmissibility of *eruptive fevers*. We shall accordingly limit ourselves to these, only adding parotitis and diphtheria, which so frequently prevail as epidemics in educational institutions.

With this statement it will be sufficient for us to state briefly the progress and duration of different eruptive fevers and of mumps, to indicate concisely the periods of contagion, and to insist on the power, and especially on the persistence and resistance, of contagion.

Varicella. — Science has proved that chicken-pox is a contagious disease of a special nature, and not, as has been thought, a mild form of small-pox. Although Trousseau and other physicians did not succeed in inoculating it, the experiences of Steiner have proved that it is inoculable at the beginning of the eruption, and that nothing has ever come from these inoculations but chicken-pox, not small-pox or varioloid. The progress of varicella is often irregular, and different from that of variola. It is sometimes developed in successive waves or impulses in such a way that the eruptive period may in certain cases last from ten to twelve days. If the usual delay of eight or ten days for the removal of the scabs and the furfuraceous scales which succeed them is added, isolation ought not to be prolonged beyond the twenty-fifth day.

Variola. — We do not take into account, for small-pox or other eruptive fevers, the period of incubation, which has nothing to do with fixing the duration of contagion.

The prodromic period lasts three days, rarely four, the eruptive from four to five, the stage of suppuration of the pustules from three to four, which increases to six before desiccation, and six days are necessary for the removal of the scabs, which are followed by the formation and successive removal of furfuraceous scales, and these continue to be reproduced even longer. We thus find a total of twenty-five days until the scabs fall off, in addition to the successive desquamation, to which no precise limits can be assigned.

Most observers admit that transmission takes place in variola from the first appearance of suppuration until the disappearance of the scabs and scales. The contagious element then does not reside merely in the liquid of the pustules, but also in the epithelial detritus caused by the continuous exfoliation of scabs and scales. These figures being accepted, and it being impossible to fix upon the duration of desquamation, it seems reasonable to add to the twenty-five to twenty-eight days of the total duration, up to the fall of the first scabs, thirteen to fourteen days for the

complete disappearance of the chance of contagion, or, in brief, forty days.

Scarlatina. — The period of invasion lasts from six to forty-eight hours; it may be, according to some physicians (Hébra, Kaposi), three days in certain cases. The eruption takes effect in five or six days, according to most French physicians, and in eight to ten in the opinion of others.

Desquamation, which begins towards the fourteenth or fifteenth day, lasts from fifteen to twenty days. It is, therefore, logical to fix the total duration of scarlatina from the beginning of the prodromic period to the cessation of desquamation at from thirty-five to forty days. Experience shows that transmission, which is possible from the beginning of the attack, is at the height of its activity in the periods of eruption and desquamation. Accordingly, isolation ought to extend over not less than forty days. In fixing this limit we come short of the assertions of some authors, who have cited cases of contagion after two months (Leroy d'Étioles), two months and a half (Sané), and three months (Spear). These are only exceptional cases, which it is, doubtless, useful to notice, but which it is not possible to retain as elements in fixing the duration of isolation.

Roseola. — The average duration of the precursory period is from three to four days, in exceptional cases from eight to ten (Cadet de Gassicourt, Kaposi). We have seen it last twelve days. The eruption reaches its height in from twelve to forty-eight hours, and the period of decline lasts two or three days. Desquamation is completed in from eight to fifteen days. The average length of duration of an attack to the end of desquamation is twenty-five or twenty-six days, and thirty-two days in exceptional cases.

At what period does contagion commence? For what length of time is it possible? Since the work of Panum on epidemics in the Faroe Islands appeared, and those of Gérard, Dumas, and others, most physicians have stated that contagion takes place from the beginning of the period of invasion. The inoculations of Lacke, and A. Meoro, who used saliva and lachrymal exudations, and those of Mayer, who took nasal mucus, would tend to show that the contagious agent is on the surface of the mucous membranes of the air vessels at least during the first period of the disease.

But is this the only period when measles are contagious? We do not think so, although A. Meoro, and, later, Mayer, have denied the possibility of contagion in the period of desquamation, from the fact that they could not inoculate it with the aid of epithelial scales. We shall admit, with the majority of physicians, until the contrary is proved, that contagion takes place to an equal degree

until desquamation is ended ; that is to say, until the thirty-second or thirty-sixth day of the disease. There is indeed no observer who has not established the facts of transmission in this latter period.

Parotitis. — No physician who has had experience in epidemics of mumps, either in institutions or communities, can deny that this disease is contagious. But how and by what ways is it transmitted? It is this which it is actually impossible to determine. The recent researches of Capitan and Charrains would tend to point out the nature of contagion. These young physicians announced that they found in the saliva and blood of sick children a very large number of bacillæ, lengthened out like little movable rods, and which have been cultivated with success. If this assertion were verified, it might be admitted that the absorption of contagion is brought about mainly by respiration. But before accepting these assertions as well established, it is proper to await new investigations.

Be that as it may, mumps last six days on an average in ordinary cases, and the convalescence from six to seven, until the complete disappearance of the parotid swelling. But in complicated cases of orchitis, mastitis, vulvitis, or ovaritis, the duration averages seven days, and four days only in cases where there are cerebral symptoms, which, though rare, are usually fatal.

If we take the longest period, we shall have fourteen days until the convalescence is complete, and, by adding ten days at the farthest, we shall have a period of isolation lasting from twenty-four to twenty-five days.

In closing this enumeration of contagious diseases, we will add diphtheria, and assign a period of fifteen days for isolation, reckoning from the total disappearance of the pseudo-membranous growth. Since the hoarseness and inflammatory condition of the throat may continue from ten to fifteen, or even twenty-five days, we ought to indicate the longest delay as forty days.

We see then that the duration of contagious diseases (eruptive fevers, mumps, and diphtheria) is variable, and the time necessary for protection against contagion cannot be the same in all.

Persons unfamiliar with medicine have asked if isolation should be as rigorous and prolonged for light as for serious cases. Yes, isolation should be the same in all cases of the same contagious disease, whether serious or light. It is not the virus which changes, undergoes modifications, diminishes or increases in violence. It is a fact long known to science, that light cases of small-pox, measles, scarlatina, and diphtheria may, in passing from one subject to another, become severe and *vice versa*, according to the constitution and aptitude for disease. But, it is said, is it not an abuse to make a pupil who has been but slightly sick

undergo prolonged confinement, and subject him to the same rule as one who has had a long and serious attack, obliging him to lose so much time, which is precious, in keeping up the studies of his class?

The answer has been given; it may be deduced from the first proposition. Moreover, though it is sad to make a pupil lose a few extra days, would there not be much more harm done if, admitted to the school prematurely, he should contaminate a number of his comrades, as often unhappily takes place? In truth, do we not see every year, pupils returning too soon to the academies and colleges and carrying with them contagious affections, which spread in spite of all that can be done to prevent it?

Contagion is diffusible. There is, then, no need of immediate contact for the propagation of the diseases we are discussing. But what is the extent of this diffusibility? This is a point which has not been fully determined, though some say, with M. Collin, that variola does not reach beyond ten or twenty yards — the width of a street; other observers, on the contrary, think that the space covered by contagion may be more extended. They rely upon the municipal statistics of Paris in relation to the spread of small-pox to quarters near certain buildings serving as hospitals. Since special pavilions have been set apart for small-pox patients at the Hospital St. Louis, has not the disease been transmitted to various parts of this great establishment, and especially to the surgical wards, which are more than a hundred yards distant? It would be the same with scarlatina. Nevertheless, in London, where the most careful precautions are taken to prevent the spread of this disease, eight yards is considered a sufficient distance to ward off contagion.

Isolation should then be absolute. In all educational institutions where this cannot be done, the sick pupils should be immediately sent home. In those where there are suitable rooms, it is very urgent that such confinement should be rigorously practised during the periods of time we have indicated. But isolation is not the only preventive measure which should be taken against the spread of contagious diseases. It is known that contagion has a very great power of resistance, that its injurious properties last for a very long time in small-pox, measles, and scarlet fever, and that clothes, draperies, bedclothes, indeed even the furniture and walls of the room, which conceal the epithelial detritus detached during the period of desquamation, act, for a very long time, as transmissive agents. Accordingly, in order to complete the list of preservative and indispensable measures, it is necessary to require the purification and disinfection of the wearing apparel, bedclothes, and hangings, and to thoroughly cleanse the furniture and the room with the aid of certain liquids which

destroy organic matter of a contagious character. Finally, as the time when desquamation wholly ceases is not fixed with certainty, and epithelial detritus might remain on the convalescent's body, we recommend a thorough bathing before he is allowed to come in contact with his comrades.

These measures seem severe, but they are put in practice throughout nearly all Europe. Even in Poland they are rigorously applied. They were even prescribed in France during the last century, having been promulgated on Sept. 25, 1779, by the town government of Dijon.

The following rules are taken from a copy of this interesting edict:—

ART. 1. The Council and Board of Police of this town expressly forbid all persons from inoculating themselves in the town or the faubourgs, under penalty of three hundred livres.

ART. 2. All physicians, surgeons, and others are forbidden to practise inoculation in this town and faubourgs, and surgeons are especially warned not to allow their students to practise inoculation, under penalty of three hundred livres for the first time, to be increased in case of a second offence, even to the extent of full damages.

ART. 3. All persons who have had small-pox, either by inoculation or naturally, away from the town or faubourgs, are forbidden to enter within forty days after the disease.

ART. 4. Persons who enter the town or faubourgs bearing fresh marks of small-pox will be considered guilty of an infraction of the law, unless they can prove by a certificate from a physician, surgeon, or the pastor of their parish that the forty days named in the preceding article have expired.

ART. 5. All persons who have had small-pox, naturally or by inoculation, are forbidden to enter society, to leave their dwellings, to frequent churches, promenades, entertainments, and all other places, and to communicate with any other persons than those who are necessary for their care, until after forty days from the appearance of the eruption, and on the written permission of the physician or surgeon who has treated them.

ART. 6. Principals and superiors of colleges and convents, and principals of boarding-schools, are required to separate those who are attacked with small-pox from the other inmates, and to prevent all communication during the forty days succeeding the appearance of the disease, and to forbid the teachers to receive children who have had small-pox before the expiration of the specified time.

(Signed)

RAVIOT.

In order that the measures proposed in this report may be rendered efficacious, it remains for us to urge an important point,—the origin of epidemics in public educational institutions. It sometimes happens that boarding pupils, going on a holiday to their families or friends, find themselves with persons suffering from a contagious disease, and carry back the evil to their companions. But it is not in this way that epidemics are usually introduced, since these scholars are subject to a certain surveillance by the directors of the institution as well as by physicians; but by those pupils who, having been sick at home, have not been

detained for a sufficient length of time after their recovery. It is then extremely necessary, in order to support the proposed measures, to require that those who have been infected with one of the contagious diseases of which we are treating shall not be received without a physician's certificate, stating that they have met the conditions contained in the conclusions which we have the honor to submit for your approval:—

1. Pupils infected with chicken-pox, small-pox, scarlatina, measles, mumps, or diphtheria shall be strictly kept apart from their companions.
2. Isolation should last forty days for small-pox, measles, scarlatina, and diphtheria, and twenty-five days for chicken-pox and mumps.
3. Isolation should continue until the convalescent has been bathed.
4. The clothes which the pupil was wearing when taken sick ought to be submitted to a heat of 90° C. and sulphurous fumigation, and then well cleaned.
5. The bedclothes, draperies, furniture, and even the walls of the sick-room should be thoroughly disinfected, washed, and aired.
6. The pupil who has been seized, when away from a public educational institution, with one of the contagious diseases mentioned in this report, shall not be readmitted unless furnished with a medical certificate stating that he has met the conditions herein announced.

The conclusions of the report, when put to vote, were adopted by the Academy of Medicine.

CYSTIC DEGENERATION OF THE KIDNEYS.

CASE REPORTED TO THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY,
BY JAMES B. BELL, M. D.

THE patient was a lady fifty years of age. She has been the patient of many physicians, and the early history of her case was not accessible. It is only known that the abdomen had been slowly enlarging for some sixteen years. The patient was first seen in August and died in November. When first seen, the abdomen was about the size of the last month of pregnancy, and very tense. There was dulness over the left half, and partial dulness over the right half. The chief complaints were of pressure upward upon the stomach and chest, with inability to lie down or take much food at a time.

The urine was at all times abundant, and of low specific gravity, containing about one half of one per cent of albumen, and

some pus cells, with here and there a cast. The urea was not much diminished, but more so toward the last. The patient vomited obstinately during the last ten days of her life, and finally perished with uræmic convulsions and coma.

At the post-mortem the abdomen presented the same tense appearance as during life, and on making the section from the sternum to the pubis, through the rather thin walls, the cut at once gaped open, and the cross-section exposed two masses, filling each flank, and coming well over into the middle line, extending also the whole length of the abdominal cavity, and looking like masses of small intestines glued together and filled with fluid. A little examination showed that they were behind the peritoneum. The left one was first enucleated, and readily proved to be an enormous cystic kidney by the entrance of the renal vessels and the absence of any other kidney. The same was true also on the right side, with the exception that this mass was slightly smaller than the other. One was about fourteen inches by eight and six, and the other an inch or more smaller. Each consisted of a mass of cysts from the size of a filbert to a large egg, and containing a clear fluid of a urinous appearance and odor. There was no appearance of secreting tissue left.

Cystic degeneration of the kidneys is a rare affection (except the congenital form, which appears very early in life), and is seldom diagnosed during life. It has never been met with earlier than the thirtieth year, and is remarkable for occurring almost always nearly equally on both sides. The condition of the urine is very like that occasioned by pressure of large tumors upon the ureters, but this may lead to a diagnosis when taken with the slow growth proceeding from both sides, and by a possible aspiration.

Dr. Horace Packard makes the following report of a further study of the specimens after maceration in alcohol for some weeks:—

“Weight of one, six pounds and eleven ounces; of the other, four pounds and fourteen ounces.

“No trace of the original renal structure is demonstrable. Each mass is built up of cysts varying from a pin’s head to a hen’s egg in size.

“Microscopic examination of the contents of two of the largest cysts shows a few thin rhomboidal crystals of cholesterine, small granular masses slightly yellowish in color, shreds of connective tissue, and a few isolated spindle-shape cells. The odor is still distinctly urinous.”

THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY THE SECRETARY, H. PACKARD, M. D.

THE December meeting was held on Thursday evening, 9th ult., at the College building. Thirty-two members were present.

The subject of the election to membership of H. A. Hands, a graduate of "The College of Physicians and Surgeons, Boston," which was laid upon the table at the last session, was considered. Dr. Talbot said that, in discussing this matter, he hoped the merits of medical schools and the legality of their diplomas would be considered, rather than the character of the person now applying for membership, against whom he knew no objection. Since the last meeting of this society, partly by the aid of the Illinois Board of Health, an institution has been discovered in Boston which has issued diplomas with more unblushing effrontery than was ever shown by "Prof. Buchanan" of Philadelphia. The *Boston Globe* has fearlessly exposed this scheme of diploma selling, and some of the officers of this "Bellevue Medical College" have been arrested and lodged in jail; yet this college claims to be legally chartered by the State of Massachusetts.

Until within a few years all corporations in this State, whether for mechanical or other purposes, required a special charter from the State Legislature; now a general statute exists which provides for the organization of all kinds of corporations. Under this general statute "The College of Physicians and Surgeons" and the "Bellevue Medical College" have become corporations, while it is said that the "Medico-Psychological Institute" and the "Therapeutical Department of the Pantological University" are purposing to secure similar charters as medical colleges. The Commissioner of Corporations has stated that these charters do not carry with them any power to confer medical or other degrees, a power which has been specially conferred upon Boston University and other educational institutions of Massachusetts, while notably in the charter of Tufts College the right to confer the degree of M. D. is explicitly withheld. Still these institutions, incorporated under general statute, claim that they have a legal right to issue any diplomas which they choose to. This is the point at issue, and until the matter is finally settled it seems hardly proper for this society to decide in favor of the legality of these diplomas, especially with the odium resting on them at the present time.

Dr. Talbot therefore offered the following vote, which was unanimously passed:—

Voted, That until the Supreme Court of Massachusetts or some competent authority shall have decided that medical or other corporations established

by general statute have the legal right to confer the degree of Doctor of Medicine, this society will not acknowledge the validity of degrees thus conferred.

On motion of Dr. C. Wesselhoeft, it was —

Voted, That this society adopt a list of reputable medical colleges whose graduates shall be eligible to membership in this society.

I. T. Talbot, M. D., chairman of the Bureau of Organization, Registration, and Statistics of the American Institute of Homœopathy, was appointed a committee to prepare such a list.

The following were elected members : Clara C. Austin, M. D., Boston ; George H. Talbot, M. D., Beverly ; Jane S. Devereaux, M. D., Marblehead ; John T. Sherman, M. D., Dorchester.

John H. Payne, M. D., presented an interesting paper on "A Case of Intussusception," which has recently come under his observation and treatment. A ring of intestine was finally discharged, followed by complete recovery. A brief review of the subject of intussusception was then presented, and the pathological condition of the parts illustrated by two specimens from the College Museum.

James B. Bell, M. D., presented a case of cystic degeneration of the kidneys, a detailed report of which appears on a previous page.

The subject "floating kidney" was introduced, and cases reported, and methods of treatment and operation described by Drs. Talbot, Conrad Wesselhoeft, and Horace Packard.

The annual meeting will occur Thursday evening, Jan. 11, 1883. John Butler, M. D., of New York, has been invited, and has expressed his intention of being present, and other physicians of eminence from various parts of New England are expected.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE annual meeting of this society was held at their room on Nov. 8, 1882 ; Dr. S. H. Colburn, president, in the chair. The annual report of the treasurer having been read and accepted, the society listened to the address of the president on "Allopathy and Homœopathy before the Bar of Statistics." The speaker, by the aid of statistics gathered almost entirely from allopathic sources, proved that the death rate of the regular school in acute contagious diseases, as well as in the ordinary hospital cases, is double that of our own practice. This result is seen both here and in every other country favored with the introduction of homœopathy.

He stated that in New England the average homœopathic physician loses nine cases annually as contrasted with a death rate of seventeen cases in the practice of the other school.

The annual election then took place, with the following result:—

President.—H. K. Bennett, Fitchburg.

Vice-President.—Charles L. Nichols, Worcester.

Corresponding Secretary.—G. A. Slocomb, Millbury.

Secretary and Treasurer.—C. O. Goodwin, Worcester.

Librarian.—A. Williams, Worcester.

Censors.—E. L. Mellus, Worcester; O. J. Travers, North Brookfield; George Porter, Webster.

After dinner the society listened to a fine tribute to the memory of Dr. A. H. Okie, with some personal reminiscences by Dr. L. B. Nichols.

The plan adopted by the society at the last session, of devoting each meeting to a certain department of medical work, was inaugurated by Dr. D. B. Whittier, as chairman of Committee on Diseases of Women, and a number of interesting papers were presented.

Dr. Barton described two cases of chorea and the general principles connected with the treatment of this disease, and, in the discussion which followed, an interesting case was reported by Dr. H. R. Brown, which, after a duration of six years, was cured in two weeks by *Iodine*¹², selected on the general indications of temperament and scrofulous diathesis. The subject of the albuminaria of pregnancy was then discussed at length, important cases being presented by Drs. Whittier and Perkins, from which the conclusion might be drawn that the presence of general anasarca was a less unfavorable symptom than local œdema. The use of infusion of *Apocynum*, and *Merc. cor.*³ was advised in the treatment of this complication. Dr. Bennett, in discussing pero-uterine cellulitis, urged the importance of an early recognition of this disease. He claimed that most cases could be prevented from reaching the suppurative stage by the use of injections, four times a day, vaginal or rectal, if the infiltration was near the posterior uterine wall. The hot-water douche being employed, two or three gallons at a time (temperature, 110°–115°), followed by a few drops of *Ver. vir.* tinct. in a half-pint of very hot water. Local applications of glycerole of *Bell. Iodoform*, or similar sedatives, when necessary, and the internal use of *Apis*, *Merc. corr.*, or *protiod*, were considered as productive of the most favorable results. Dr. Whittier claimed that when the abscess recurred, careful, persistent treatment of a similar character, with the addition of *Silicea*, would eventually cure. A case of marasmus was presented by Dr. Williams, and an article by Dr. Carmichael, on fibroid tumors, was read. These papers gave rise to very general and interesting discussions, and, after the transaction of the usual business, the meeting was adjourned.

THE RHODE ISLAND HOMŒOPATHIC SOCIETY.

REPORTED BY THE SECRETARY.

THE quarterly meetings of this society for the year 1882 were all interesting in character and alike well attended. More than twenty medical ladies and gentlemen assembled on each evening, and many participated freely in the discussion of mooted points. The April meeting was held at the residence of Dr. Darius Hicks. Both the executive officers being absent during the earlier hours of the session, the venerable Ira Barrows, M. D. (since deceased), was chosen president *pro tempore*. Joseph M. Thompson, M. D., of Providence, was admitted to membership.

Dr. F. W. Bradbury briefly reported a recent visit as delegate to the Massachusetts Homœopathic Medical Society; and Dr. T. H. Mann a similar visit to the Connecticut Society. The latter directed special attention to one notable feature of that meeting, — and one worthy of imitation, — every physician present had a paper.

Dr. Peck read a paper (the first of a series) entitled "A Young Physician's Death-List." After mentioning his deaths, their causes and their percentage of the whole number of persons prescribed for, he described peculiar cases in the first three classes, and considered questions suggested thereby. In the discussion that followed, Drs. C. L. Green, Ira Barrows, Budlong, Wilcox, and Mann bore prominent parts.

Dr. Asa W. Brown read a paper entitled "Two Cases from Practice." The former was a case of dysentery, the latter of the premature death of a foetus which remained undelivered until term. Dr. Hicks presented some gall-stones for inspection; also other specimens, with appropriate explanatory remarks.

The Executive Committee was directed to issue credentials as delegates to members visiting the next session of the American Institute, giving preference to those not belonging to that organization.

At the close of the exercises an elaborate and bountiful repast was well served.

Mary D. Moss Mathews, M. D., entertained the society with elegant and cordial hospitality at her residence in July. George D. Wilcox, M. D., was called to the chair, and occupied it during the entire evening. Lucy H. A. Brown, M. D., of Providence, and Edgar C. Gates, M. D., of Attleboro, were admitted to membership. Dr. Peck reported briefly concerning the recent session of the Institute, mentioning in detail the contents of the more important papers. Dr. Henry A. Whitmarsh, of East Providence, presented a paper entitled "A Few Thoughts on

Typhlitis," prompted by two cases, both mild, which had been recently treated by him, and had recovered without the formation of pus. Dr. Peck read the first draft of his report to the Institute, on Puerperal Annoyances, so far as it related to ante-natal questions. All these matters elicited animated discussion.

Because of their central location and the greater convenience of the membership, Dr. Isaac W. Sawin received the society in October in the spacious parlors, recently refurnished, of Drs. Wilcox and Green on Mathewson Street. The vice-president, Dr. Robert Hall, occupied the chair. Emma A. Phillips, M. D., of Taunton, Mass., was admitted to membership. The resignation of Wm. E. Barrows, M. D., of Providence, was accepted.

Dr. Peck read that portion of his report on Puerperal Annoyances that referred to post-natal difficulties, and subsequently an essay entitled "Drs. Okie and Capron; the Lessons of their Lives." It briefly detailed the prominent events in the life of each, and some of their more prominent characteristics. The former physician may justly be termed the Father of Homœopathy in Rhode Island; the latter, an eminent obstetrician, and an ex-president of the Rhode Island Medical Society, proved himself a stronger friend of humanity than of dogmas more than a generation since, when such a course imperilled professional standing if not professional occupation.

Dr. Charles Hayes reported a case of diabetes insipidus under treatment; a child, six years of age, who voids urine to an amount exceeding half the weight of her body every twenty-four hours. It decreased from sixteen pints to twelve after commencing the use of *Nux vomica*.

Upon request of her instructor, Dr. Geo. D. Wilcox, Mrs. Annie W. Hunt gave a graphic description of her twentieth obstetric case, which she conducted safely, preserving both mother and child, with no other assistance than that of a friend to administer ether. It was partial placenta prævia of the concealed variety: she delivered by podalic version. Other cases of dystocia were also reported.

Drs. Gottschalck and Mann were appointed essayists for the annual meeting in January, Drs. Hayes and Knight their substitutes.

At the close of the exercises a fine collation was found awaiting the members and guests in an adjoining apartment.

REVIEWS AND NOTICES OF BOOKS.

THE SCIENCE AND ART OF OBSTETRICS. By Sheldon Leavitt, M. D. Chicago : Gross & Delbridge. 1883.

This is quite a comprehensive work of over six hundred pages, which we can heartily welcome as a most valuable addition to our literature. Indeed we may say at once that, in the completeness and care with which the subject is presented, in perspicuousness of arrangement, and in the judgment with which the latest and most approved views and practices of leading authorities, at home and abroad, are brought together, it surpasses all the other treatises on midwifery of our school. The demand for a work of this kind has been felt with increasing force, from year to year, by both teachers and students in our numerous schools, and we cannot doubt that this one will speedily rank as the leading text-book in its department.

A work of such importance and merit, however, cannot be dismissed with a mere laudatory notice. While we commend it for the reasons mentioned, and also for leaving aside much fruitless discussion and much doubtful and confusing matter, such as too often occupies undue space in similar works, we cannot, as conscientious critics, pass by certain defects which seriously lessen the authoritativeness of the work.

What we miss above all things is, *first*, that forcible and distinct recommendation of the methods followed by the author, in preference to others, where several are suggested by different practitioners for the same end; *secondly*, we seriously feel the absence of clear, strong, and comprehensive directions for the execution of the measures given; as we do *thirdly*, the want of the reasons for selecting one measure from a number in a given case: in other words, that indispensable differentiation of indications which will at once enable the student to act intelligently with the least amount of hesitation. It is not enough merely to enumerate the recommendations of various authors, many of which are already obsolete, as is done, for example, in the management of the perineum in normal labor, or to give loose directions for traction upon the head, aided by pressure on the fundus where the shoulders do not readily follow. The exact manner of seizing the head over its sides should be given, as well as the direction of the traction, at first towards the mother's back, to bring the anterior shoulder well under the pubic arch, and then towards the mother's abdomen, to enable the posterior one to sweep over the perineum with the least

danger to this vulnerable part. The same looseness of direction we note in the treatment of emergencies as grave as placenta prævia and puerperal eclampsia and elsewhere, where, instead of merely recounting the most approved procedures and briefly stating their manner of execution, full and explicit directions should be given and the exact conditions determined under which they will find their most successful application. In a purely scientific treatise dogmatism, of course, is wholly out of place, but a text-book is nothing without it, for here rules and procedures must be laid down and defined with great positiveness, if they are to have any practical value. It is this unquestioning dogmatism which, up to this time, has made Guernsey's hand-book such a treasure to many generations of homœopathic students; and although strong statements throw a great responsibility upon the teacher, it is one from which he cannot escape, even at the risk of appearing over-dogmatic and of inviting the most adverse criticism.

The same lack of vigor is too apparent also in the treatment of the severe operations of craniotomy, including the use of the cephalotribe and cranioclast. The operation now generally accepted in Germany, and daily finding more favor in this country, in preference to Simpson's method and cephalotripsy, is scarcely mentioned. It consists in thoroughly crushing the base of the skull after perforation of the cranium. The instrument used is Braun's cranioclast or craniotractor, really a large Simpson's with a screw at the end of the handles for powerful compression. The solid blade is passed into the head, the fenestrated one over the face, and after crushing by the screw, the head is extracted without change or readjustment of the instrument whatever the position or direction of the head may be, since this is now reduced almost to a pulp.

Among the lesser points upon which we venture to offer some suggestions is the method of handling the forceps when applied in the dorsal position. Instead of "holding the blade as a pen," it will be found more convenient to hold it lightly by the handle with the thumb and fingers, the palm turned outwards, its ulnar border upwards. In this way it will be found much easier to depress the handles in all cases in which the head is not already at the outlet.

An important point is omitted in the directions for applying the forceps in face presentation, thus, instead of carrying the handles well back, as in the normal presentation, they must be kept well forward, in order to avoid undue compression upon the carotids and trachea. With the author's recommendations of the forceps in breech presentation, we must wholly disagree. Whatever their construction, their liability to slip, or, if they hold, to injure the child's pelvis, is far too great.

The indications for the use of medicines, though often treated with a direction which may be called commendable as compared with Guernsey's key-note fallacies, are for the most part lamentably deficient. This is to be especially regretted since it is this part of the work which constitutes its sole *raison d'être*. More exact indications for so many of our remedies which clinical experience has proved trustworthy, for which the provings point clearly to their application in the diseases of pregnancy and the puerperal state, would have made the chapters on these subjects towers of strength to the work. Moreover, where the drugs of the old school are recommended, this is done too often in so slipshod a fashion as to create a more undesirable impression upon the student's mind. No doses nor formulæ, no rules for preparation or administering, are given in many places where they are most essential, as in the use of washes, injections, and even the internal exhibition of drugs. The whole of this part of the book needs the most careful revision and emendation.

The publishers have done their share of the work without stint. The paper, type, and binding are all that can be reasonably asked. The illustrations alone are in very many instances subjects for adverse criticism, for too many of these are — we say it reluctantly — so crude and indistinct that they detract greatly from the presentableness, if not from the value, of the work. The proof-reading too, especially with reference to names of foreign authors and the titles of their writings, leaves much to be desired.

W. W.

PLAIN TALKS ON AVOIDED SUBJECTS. By Henry N. Guernsey, M. D. Philadelphia. 1882. 12mo, 126 pp.

The object of this book is well expressed in its title, and its scope is shown by the subjects of its ten chapters: "Introductory, (including foetal development); the infant; childhood; adolescence, of the male, of the female; marriage, the husband, the wife; husband and wife; to the unfortunate; origin of the sex."

The proper education of youth in regard to the genital system is a problem not easily solved. Some think that the plain truth should be told in a manner to disarm prurient curiosity, and to give the child at an early age a full knowledge of the mysteries which enshroud his development. Others, on the contrary, think that such knowledge is useless, and may often be harmful to the child, who should be carefully protected from it till his judgment becomes mature. It is usually the case that "truth lies between the extremes"; and here, it probably forms no exception to the rule. But one thing seems certain: that, whether this information be imparted in childhood, in adolescence, or in maturity, it is of the greatest importance that it should be done in a clear, direct, and

proper manner. There is, perhaps, no person better fitted to prepare such a book than Henry N. Guernsey. His age, knowledge of the subject, and deep religious nature enable him to speak with a fulness and propriety which is alike satisfying and elevating. We know of no book on this subject so valuable as this to place in the hands of young parents. Its suggestions and instructions will assist them in understanding and properly performing the gravest responsibilities of their lives. *

HELPS TO HEAR. By Jas. A. Campbell, M. D. Chicago: Duncan Bros.

This is a very convenient little book of 100 pages. It consists of a collection, from all sources, of descriptions of the various appliances for aiding defective hearing, thus making it ready for instantaneous reference. It is the first work of its kind ever published here, is well illustrated, and serves as a supplement to the various standard treatises on the ear, all of which are singularly silent on this all-important point. The author says: "It is not the intention to consider either the pathology or the therapeutics of deafness, but to discuss the subject entirely as an obstruction to be overcome by mechanical appliances, as by an ear-trumpet, etc." We could wish that he had been a little more explicit in giving the value of each appliance, *per se*, for, unquestionably, they are all of value when adjusted individually and not indiscriminately. The work is a very useful one, as every practitioner who has been bothered with the oft-repeated question of, "What shall I use to aid my hearing?" must testify. It serves very much the same relation to acoustics that Vilas's "Spectacles, and How to Choose Them" does to optics. The book closes with a description of the telephone and a suggestion as to the future applicability of its principles to the relief of the deaf. Surely here is a field for thought and experimentation. We have reason to be far from satisfied with our present success in this direction. Why should not the magnet and electricity be made subservient to our uses? The thought is an inspiring one. The result would be the heartfelt blessings of thousands of suffering humanity to whom thus the whole world of sound and all its accompanying enjoyments would be once more opened. And, pecuniarily, it must prove a success. []

WATER ANALYSIS: A HAND-BOOK FOR WATER DRINKERS. By G. L. Austin, M. D. Boston: Lee & Shepard. 12mo, pp. 48.

There is, perhaps, no more fertile source of disease than the impure water used for drinking purposes in town and country. Search the country through, and we should be surprised at the relatively small number of unpolluted wells. Barn-yards, vaults,

and sink-drains often find the well a convenient receptacle for some portion of their contents. Worse, if possible, is the condition of our cities. Boston has spent nearly twenty millions of dollars to bring to its citizens the soakage of the swamps of Hopkinton, enriched by the surface drainage of the manured fields of Ashland, the filth of Farm Pond, and the sewage of Pegan Brook. No wonder that analysis shows the Cochituate to contain 7.60 grains of free ammonia and 35.60 grains of albuminoid ammonia in every thousand gallons, while experience proves that more than five tenths of a grain of the former and nine tenths of a grain of the latter forebodes danger to the drinker. Is it strange that diphtheria and typhoid fever prevail so extensively here? The author has given plain, simple directions for detecting impurity in water; and to know danger is sometimes to avoid it.

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DISEASES OF THE RECTUM AND ANUS. By Charles B. Kelsey, M. D. New York: William Wood & Co.

Convinced, before reading this book, of the need of a complete and practical treatise upon the subject, after reading one will place it in his library, in a convenient corner, for ready reference. The present volume differs from the works of Van Buren and Smith in that, while they are but a collection of lectures upon some of the diseases of these parts, this one considers the anatomy, physiology, and deformities of the rectum and anus, as well as their diseases. In a word, it will prove a valuable text-book for students and practitioners alike. The author considers the operation for the permanent cure of fistula in phthisical patients always advisable, believing that one exhausting disease, phthisis, is better than two,—phthisis and fistula. The cure of internal hemorrhoids by the injection of carbolic acid into each tumor is a favorite one with the author, and its advantages over the more common methods are clearly defined. Prolapsus, ulceration, growths, strictures, cancer, impacted fæces, and foreign bodies in the rectum are all exhaustively treated. The last chapter on rectal alimentation contains all that is known upon the subject, and is full of most valuable instruction.

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CASES OF PERICARDITIS WITH EFFUSION. By J. H. Mackechnie, M. D. London. 1882.

An interesting little pamphlet of 14 pages, advocating in this disease the use of *Iodide of Arsenic* in the lower decimal triturations, and illustrating its effects by the report of four cases. These did well enough to warrant its more extensive trial, which, perhaps, may demonstrate its preferability in certain of those cases where we now use arsenic.

¶

THE NEW YORK MEDICAL JOURNAL enters upon its thirty-seventh volume with the new year under a new name and in a new form. It leaves off its former additional title of "Obstetrical Review," and, taking the quarto form, adopts a style similar to the New York *Medical Times*, — the large page with double columns. The first number starts off with Dr Carpenter's first lecture before the Lowell Institute, in Boston, on "Human Automatism," and the remainder of the number is filled with a large amount of matter valuable to the physician. It is edited by Frank P. Foster, M. D., and published by D. Appleton & Co., New York. *

THE PHYSICIAN'S MEMORANDUM BOOK AND WEEKLY VISITING LIST. Arranged by Joel A. Miner, Publisher, Ann Arbor, Mich. Fifth improved edition, with clinical columns and ledger sheets.

This visiting list is very convenient in size, and has the advantage of being perpetual. It can be used for a year, for thirty-one or sixty-two patients per week; but it will be found more useful to the allopathic than to the homœopathic practitioner. s.

OUR MISCELLANY.

SIX MEDICAL JOURNALS are published in Japan in the native language.

AN OVARIAN TUMOR was recently removed from a child, aged two years, by Dr. Hingston, of Montreal.

SHOULD BABIES' MILK BE BOILED? asks the *College and Clinical Record*. Now this shows how much the subject of infant dietetics is being over-studied. We cling to the old-fashioned view, that babies should not be milked any way, much less have their milk boiled. — *Med. Record*.

PROF. PETTENKOFER has been raised to the rank of nobility by the king of Bavaria, on account of his services to medical science and hygiene.

RARE AS PERKINS'S TRACTORS.—A wholesale chemist in London manufactures one ton of homœopathic globules annually. — *New York Medical Record*. Send one of the globules to Oliver Wendell Holmes, as a medical curiosity. — See *Homœopathy and Kindred Delusions*, 1842.

PASTE FOR LABELS ON BOTTLES, ETC. — An excellent paste for fixing labels on glass, wood, or paper may be prepared by dissolving eleven parts, by weight, of common glue, soaked a day before in cold water, seven parts of gum arabic and some rock candy in fifty-six parts of water, at a gentle heat, with continued stirring until the mass is uniform. Labels brushed with this and dried will adhere firmly if simply moistened with saliva when used.

VICARIOUS MENSTRUATION. — A writer in the *London Lancet* reports the case of a young woman who menstruates regularly from her right eye.

RESIGNED.—Oliver Wendell Holmes has resigned his position as Professor of Anatomy in Harvard Medical School, a place which he has filled upwards of thirty-four years. He has been made *Emeritus* professor.

FOR SCARS.—The Boston *Journal of Chemistry* claims that the following mixture placed upon a granulating surface will prevent the scars from appearing at all unsightly. Take of borax an ounce and a half, of salicylic acid twelve grains, of glycerine three drachms, of rose-water six ounces; make a solution and apply frequently.

THE Philadelphia *Medical Times* is authority for the statement that, in the Philadelphia Hospital, ovariectomy and other severe surgical operations are performed in the public clinic room, which is located directly between the mortuary and a ward devoted to erysipelas. It would be interesting to read the results of this method.

INDESCRIBABLE.—“Are you feeling very ill?” asked the physician. “Let me see your tongue, please.” “It’s no use, Doctor,” replied the patient: “no tongue can tell how bad I feel.”—*Hæmopathic Journal*.

FRENCH MEDICAL EXAMINATION.—Professor: “What would you administer to a person who had swallowed a large dose of arsenic?” Candidate: “Extreme Uction.” He passed.

A NEW TEST FOR ALBUMEN is recommended in the *Lancet* by Dr. William Roberts, consisting of a saturated solution of common salt slightly acidulated with dilute hydrochloric acid (5%). The method of applying the test is the same as by nitric acid, namely, letting the acid brine run down the side of the vessel so as to form a layer beneath the urine. The precipitate is soluble unless there is an excess of the salt solution.—*Boston Med. and Surg. Journal*.

JABORANDI IN ASTHMA.—Dr. Thomas reports fifty cases of asthma treated with jaborandi, all of which were benefited, and some, he thinks, cured. He gives four-drop doses of the fluid twice a day, and double the quantity on retiring. It produces free flowing of mucus, and also relaxes muscular fibre.—*Chicago Journal and Examiner*.

THE NEW YORK MEDICAL TIMES announces for its January issue a complete repertory of Dr. Oehme’s “Clinical Notes on Mental Diseases.” This will make a very interesting number of this excellent journal.

BOGUS DIPLOMAS.—The Commissioner of Education says: “The only way to anticipate and circumvent these attempts is to declare all educational charters, heretofore issued and not now in active and reputable use by responsible corporations, void and defunct after a specific time; to enact laws forcing persons who wish to obtain charters for institutions of collegiate or professional character to give heavy bonds for their proper use; and finally, to discourage the practice of conferring honorary degrees save under careful restrictions.”

TEST FOR ALBUMEN.—Dr. George Johnson, of London, recommends *picric acid* for the detection of albumen in urine. It immediately coagulates the slightest trace of albumen, and the test is believed to be quite delicate and free from fallacy. It is very convenient, can be carried in the form of powder, and all that is necessary is to warm the urine, drop a little of the acid into it, and slightly agitate it.

POISONING FROM RED STOCKINGS.—Dr. J. Woodland writes to the *Lancet* that, having had his attention directed to several cases of great irritation of the feet and legs, causing small pustules to arise, and the skin to subsequently exfoliate, and suspicion being fastened upon red stockings which the patient wore, he carefully analyzed them. He found a tin salt, which is used as a mordant in fixing the dye. He succeeded in obtaining as much as 22.3 grains of this metal in the form of the dioxide, and, as each time the articles are washed the tin salt is rendered more easily soluble, the acid excretions from the feet attack the tin oxide, thus forming the irritating fluid.—*Med. Record*.

MIGRATION OF THE OVUM.—To settle the question whether or not it is possible for ova to travel across part of the peritoneal cavity or that of the uterus, Dr. Leopold, of Leipsic, has performed some important experiments. In these he made use of eight rabbits. In each case he opened the abdomen, tied the right fallopian tube, in two places, and cut out the piece between the ligatures. The left ovary was care-

fully removed, then the abnormal wound was closed. After thorough recovery each animal was put to the male. In six cases the result was entirely negative, but in two pregnancy followed. The abdomen of the latter was opened; in one four placentæ were found in the left horn of the uterus, and one in the right. In the other there were three placentæ in the left horn and two in the right. He thinks that these experiments settle the question. In these rabbits ova could only reach the uterus by travelling across the peritoneum from the right ovary to the left fallopian tube; and could only get into the right horn of the uterus by passing down the left horn and up the right. They prove, therefore, that it is possible for ova to migrate not only across the peritoneum, but also across the uterine cavity. — *Medical Times and Gazette*.

THE INFLUENCE OF CERTAIN DRUGS UPON THE MILK SECRETION. — As the result of a chemical and experimental investigation, Dr. Max Stumpl, of Munich, gives (*Deutsch. Archiv. für Klin. Med.*) the following as his observations of the effect of certain drugs upon the secretion of human milk: —

I. Alterations in quantity of the milk.

- a. Iodide of potassium causes a considerable decrease in the total quantity of milk.
- b. Alcohol, morphia, and lead do not alter the quantity secreted.
- c. Salicylic acid appears to increase slightly the flow of milk.
- d. Pilocarpin is not a remedy furthering the milk secretion.

II. Alterations in the quality.

- a. Iodide of potassium disturbs the glandular functions so much as to lead to uncertainty as to its qualitative effects.
- b. Alcoholic drinks increase only the fatty constituents of the milk. As dietetic agents for the purpose of increasing the milk they are therefore to be discarded.
- c. Lead, morphia, and pilocarpin scarcely, if at all, affect the quality of the milk.
- d. Salicylic acid appears to increase the sugar.

III. Discharge of poisons in the milk.

a. Iodine appears quickly in the milk, and in many rapidly disappears after the discontinuance of its administration, but in the herbivora it is more persistent. As regards the proportion of the iodine discharged in this way, it bears no constant relationship to the dose taken, and varies in different individuals.

The therapeutic application of iodized milk is therefore out of the question. The drug is discharged, not in the form of alkaline salt, but in some combination with casicne.

- b. In the herbivora, alcohol does not pass over into the milk.
- c. Lead appears only in traces, but remains for several days after the ingestion of the remedy has ceased.
- d. Salicylic acid, when given in large doses, appears also in very slight quantity in the milk in man rather than in the lower animals. — *Medical Times*.

PERSONAL AND NEWS ITEMS.

R. R. TROTTER, M. D. ('77), has removed from Berne to Yonkers, N. Y.

A. E. TUCK, M. D. ('78), takes the practice of Dr. Trotter, removed from Berne, N. Y.

C. F. BARKER, M. D., and wife, also a physician, have removed from Holliston, Mass., where both were highly esteemed, to Manistee, Mich.

ORVILLE R. KELSEY, M. D. ('78), has removed from West Medway, Mass., to Waterbury, Conn.

GEORGE P. SWIFT, M. D. ('78), of Waterbury, Conn., leaves his practice for a time and devotes himself to the study of diseases of the eye.

MARY J. GRAHAM, M. D. ('81), has located at 1747 Washington Street, corner of Chester Square, Boston.

DR. T. A. FLANDREAU has located at Lancaster, N. H.

DR. E. A. WILSON, formerly of Meriden, Conn., has located at Rockville, Conn., succeeding Dr. E. L. Styles.

MRS. LUCY S. CARR, M. D., and MISS CHARITY JAMES, M. D., at 48 Pinckney Street, Boston, offer to ladies expecting confinement, or to invalids requiring medical attention and nursing, the comforts of home in pleasant sunny rooms, with the best of care.

E. I. HALL, M. D. ('81), is on a visit to the East, and will return with his bride to Minneapolis, Minn., January 1. Happiness and success go with him!

CHARLES MOHR, M. D., who, for the last year, has served as lecturer on Clinical Medicine and Physical Diagnosis in the Hahnemann College of Philadelphia, has been made professor of the same chair, formerly occupied by Prof. Korndœrfer.

JAMES H. PATTON, M. D., of Richmond, Va., has written an essay on Homœopathy, of which the *Southern Clinic*, an allopathic journal, publishes two chapters. A new departure in allopathic journalism!

DR. M. J. CHASE, of Galesburg, Ill., writes to the GAZETTE, offering his practice, which amounts to ten thousand a year, to "a consistent homœopath, who has some ready cash to invest."

J. H. CARMICHAEL, M. D., has removed from Worcester to 165 Boylston Street, Boston, where he has formed a partnership with L. A. Phillips, M. D.

CORRECTION. — In our last number, in referring to the removal of Wm. Woods, M. D., to Hotel Byron, we should have located the hotel, corner of Berkeley and Cortes Streets.

OBITUARY.

WILLIAM BAYES, M. D.

JUST as we are going to press, a letter from Dr. Pope informs us of the sudden death of William Bayes, M. D., Hon. Sec. of the London School of Homœopathy, and, if not its founder, at least one of its earliest and most efficient friends. "He was in London," Dr. Pope writes, "on Friday, Dec. 8th, as usual, returned to Brighton in the evening, and before going home called at a stationer's shop, where he swooned and fell; on being assisted to rise he again fell and became unconscious, and in this state was conveyed home in a carriage. He recovered consciousness for a short time, but became comatose before Dr. Hughes, who had been sent for, arrived, and died at 10.30 P. M.

Dr. Bayes was well known, not only by his connection with the London School of Homœopathy, but also by his distinguished professional success. He was a man of genial, earnest, and enthusiastic temperament, and though, for the last three years, delicate health and failing strength have compelled him to retire somewhat from active practice, yet his death will be a loss to our cause in England, and will be deeply felt by his many friends in this country as well as at home. *

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VOL. XVIII.

MASSACHUSETTS HOMŒOPATHIC INSANE ASYLUM.

WE publish elsewhere the report of the Governor and Council of Massachusetts in regard to furnishing homœopathic treatment for the insane under the care of the State. It is a document which treats the subject so clearly and so conclusively that we have no doubt it will be carefully read by all. In the first place, it says, "The Governor and Council are of opinion that *separate homœopathic treatment of insane persons under the care of the Commonwealth who shall desire such treatment is expedient.*" For this opinion it gives sufficient reasons, among which are, first, the large number of the community who prefer this kind of treatment; second, its gentle character; and third, the injustice of compelling persons to receive treatment in which they have no faith and — it might have added — towards which they have an invincible aversion. Again, they do not recommend the mixing of the two methods in the same building; but as the increase of the insane population is rapid, — probably at a rate of more than two hundred a year, — a new hospital must soon be provided. The plans recommended at the hearings last winter, by the committee who brought the subject before the Legislature, of a small, cheap hospital, partly on the cottage plan, are indorsed; and it says, "We recommend, therefore, that when a new hospital is established, it be to that extent (two hundred and fifty patients), and that it be arranged for acute cases, economically instituted, situated as near as possible to the centre of the insane increase, and put under the local direction of homœopathic officers and trustees." Furthermore, it says that they know of no suitable building at present unoccupied which can be set apart for the separate homœopathic treatment of the insane.

This, then, is the status of the effort made last year to provide

homœopathic treatment for the insane under the care of the State. The Committee on Public Charitable Institutions, after full and searching investigation and public hearings in the matter, reported unanimously in its favor. The measure was passed unanimously in both branches of the Legislature and referred to the Governor and Council to devise some practical plan therefor. After an extended hearing, at which allopathic physicians and those supposed to be opposed to homœopathic treatment were called in, this report and the proposed plan seem to have been unanimously adopted.

Now, it remains to be seen if it can be carried out. The only question left open in the report is *when* it shall be done. The increase of the insane population at the rate of two hundred a year, while the existing hospitals are already full, leaves no doubt but that the new hospital will be needed long before it can possibly be completed.

It is one thing, however, for the State to say a certain thing ought to be done, and a very different affair to take hold of it and do it. Politicians are very averse to spending the people's money, especially if there is no "job" in it, until the demand comes directly from the people themselves. Our duty then is plain. With the rights in this matter fully and unanimously conceded, it remains for us to appeal to the people for their aid; to ask our friends actively and energetically to assist us; to form a proper plan for the establishment and conduct of an insane hospital; and, convinced ourselves that we have secured the wisest and best method, to use our influence and that of our friends with the State government for its adoption. Fortunately the plans which will please us are such as the Governor and Council have recommended. A great unwieldy establishment, like the Danvers Hospital, — a monument of extravagance and folly, — would be as distasteful to us as it would be wasteful. But a small hospital, say two hundred and fifty beds, arranged for administration and classification partly in pavilions and partly in cottages, with land enough for gardens, workshops, and other means of employment for the inmates, would, we are sure, meet the approval of the whole people. It would remain for us to add to this the mild, benign, and efficient treatment afforded by homœopathic medicine. We must of course expect to meet

opposition, both reasonable and unreasonable, but we cannot suppose that any except the most bitter and bigoted allopaths would oppose it on sectarian grounds. In fact, we think that even this class would favor it rather than see our treatment placed in existing hospitals side by side with their own.

Let us have this hospital, then, in the interest of science, whose crowning virtue is its beneficence ; in the interest of the profession, whose greatest progress is in the trial of new and promising methods ; and in the interest of humanity, which has already received so many blessings from homœopathy. *

A STEP IN THE RIGHT DIRECTION.

A NOTICE has just been issued by the Illinois State Board of Health to the effect that, after the current scholastic year, a license to practise medicine in that State will be granted to graduates of those schools only whose requirements include a preliminary examination on the essentials of a common-school education. The standard is certainly set low enough, and yet not more than one in ten of the medical schools in our country complies even with this. The intense rivalry among them, the necessity of getting students enough to exist, have made it almost impossible that any one, however ignorant or depraved, should be rejected from a medical school. Men come from the plough and the anvil with no other qualification than the laudable ambition of desiring to better their condition, and to this end they want to become a "doctor." Knowing very little or nothing of the requirements of the profession, they naturally turn to the place where full-fledged doctors are made in the cheapest and most expeditious manner. The aspirant, if he has any shrewdness, knows that a diploma is better from some "factories" than from others, and he often takes great pains to ascertain where he can get the best diploma at the least cost of money and work. Thirty thousand diplomas, it is said, were obtained of "Prof." Buchanan for a little money each, and no work. This state of things, of course, soon glutted the market, and of the one hundred medical colleges in our country, nine tenths could not afford to raise their standard too much above "Prof." Buchanan's, lest he should do all the business. Certainly they could not drive away applicants by

the bugbear of a preliminary examination! That was entirely out of the question! Fortunately all medical colleges are not of this stripe. Of these latter we may place in the front rank Boston University School of Medicine, which, from its foundation in 1873, has required an examination before matriculation, not only "in the essentials of a common-school education," but from all who had not taken the first degree in arts, in Latin and physics. This examination has been made more and more strict with each succeeding year, and the example thus set has been followed by many worthy schools. This dictum of the Illinois Board of Health will cause a great fluttering among the medical colleges generally, but we can safely predict that if the same rule should be adopted and enforced by two or three other State boards, it would not be a year before every medical college in the United States would adopt the requirement, at least *pro forma*, of an examination for matriculation. All hail to Illinois for her leadership in this matter! It is not the first step she has taken to rid the profession of that paradoxical term, an *ignorant doctor*. *

HOMŒOPATHIC TREATMENT OF THE INSANE.

REPORT OF THE GOVERNOR AND COUNCIL OF THE COMMONWEALTH OF MASSACHUSETTS.

COUNCIL CHAMBER, BOSTON, July 31, 1882.

CHAPTER 41, of the Resolves of 1882, relating to the separate homœopathic treatment of insane persons, provides:—

"That the Governor and Council be requested to consider the expediency of providing separate homœopathic treatment of insane persons under the care of the Commonwealth who shall desire such treatment; and, in case they shall determine that the same is desirable, they are requested to present to the next General Court some practicable plan for the establishment of a hospital for such treatment; and they may set apart or reserve for the purpose the whole or a portion of any building belonging to the Commonwealth which is unoccupied or may become vacant during the present year."

Under the foregoing resolve the Governor and Council report as follows:—

The resolve embraces three questions:—

1. The expediency of the provision therein recited.
2. A practicable plan therefor.

3. The appropriation of some building thereto.

(1.) Upon the first point the Governor and Council are of opinion that separate homœopathic treatment of insane persons under the care of the Commonwealth who shall desire such treatment is expedient. It is claimed that twenty-five per cent of the population are of the homœopathic following. It is a school having at least the merit of gentle treatment, which is a good thing in dealing with the insane. It no doubt is a hardship, to those of its disciples who think it a hardship, to submit themselves or their friends to medical treatment in which they not only have no faith, but for which they have positive aversion. Indifferent to the differences among the doctors as are those who know how limited and tentative is the progress of the best of them and of the best of their schools, there are some who have martyrs' faith in them, and who of course suffer if not treated by such as they have faith in.

While it is not expedient to set apart an insane asylum for every shade of medical opinion and practice, yet there is a substantial expediency in doing so for so substantial a proportion of the community as one fourth or one fifth of its number.

(2.) Expedient though such separate treatment be, we do not recommend mixing the two methods in any now existing asylum. This would be destructive to both of them, even though a separate wing were appropriated to each; and the patient would probably come to grief between the two. Nor do we recommend that a new hospital be built for the sake of furnishing one to the homœopaths or to any other school because they want it, or because they pay their share of the public taxes. But the increase of our insane population is rapid, probably at a rate of more than two hundred a year. A new hospital must soon be provided. It ought to be small and cheap, — not a repetition of recent follies, — with provision for not more than two hundred and fifty patients. We recommend, therefore, that when a new hospital is established, it be to that extent, and that it be arranged for acute cases, economically instituted, situated as near as possible to the centre of the insane increase, and put under the local direction of homœopathic officers and trustees, but subject, of course, in harmony with the charitable system of the Commonwealth, to the general supervision of the central board of charities.

(3.) The Governor and Council are aware of no suitable building belonging to the Commonwealth, the whole or a portion of which is unoccupied or vacant during the present year, and which can well be set apart or reserved for the separate homœopathic treatment of the insane.

Adopted.

HENRY B. PEIRCE, *Secretary.*

MANAGEMENT OF DORSO-POSTERIOR PELVIC PRESENTATION.

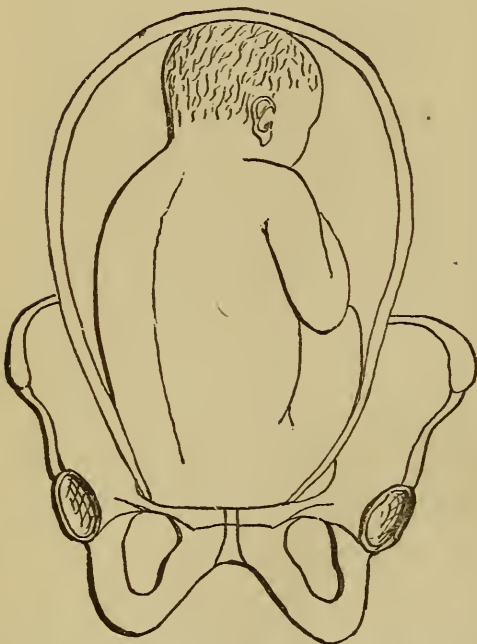
BY SHELDON LEAVITT, M. D., CHICAGO.

IN their instructions concerning the management of pelvic presentation, most of our text-books make little or no distinction between positions, whereas the importance of adopting special manœuvres in certain positions must be apparent to every attentive student of midwifery.

Dorso-anterior Positions. — The directions usually given have reference more particularly to those positions of the foetus wherein

the dorsal surface is directed more or less forward, — forward to the left, *first position*; or forward to the right, *second position*. This is true of the directions given for delivery of the trunk, as well as those for extraction of the head, including the movement of trunk rotation, by virtue of which the long, or bi-trochanteric, diameter is turned into the antero-posterior diameter of the pelvic outlet. After

FIG. 1.



Dorso-anterior position (second) of the breech, requiring no special trunkal rotation.

passage of the trunk, and the occurrence of external rotation, the occiput is easily brought under the pubic arch, and the head extracted.

Dorso-posterior Positions. — But our cases are not always of the dorso-anterior kind; and then our management should be somewhat varied, with the aim to bring forward the occiput before the head enters the pelvic brim. To do this, we must so manage

FIG. 2.



Dorso-posterior position (fourth) of the breech, requiring trunkal rotation in order to bring the occiput forward before the head engages the pelvic brim.

the trunk during its expulsion that, after passage of the foetal pelvis, the back may turn forward instead of backward, even though a little later the bis-acromial diameter be required to rotate into the pelvic conjugate in order to pass. As a result of this movement of the body on its long axis, the head is almost certainly turned, so that before reaching the superior strait the occiput looks more or less forward, and therefore engages the part in a favorable position. Emphasis should be put on this, not from the notion that it is the only successful form of treatment for such cases, but because it is the preferable mode, and that which yields the best results.

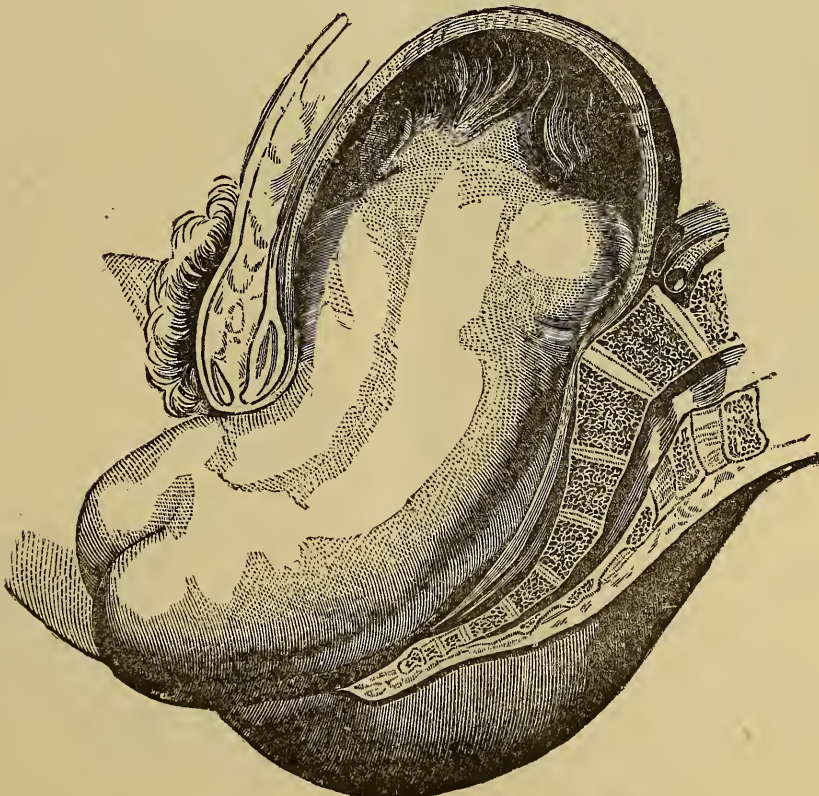
Why are Occipito-anterior Positions more desirable than Occipito-posterior in Head-last La-

FIG. 3.



Dorso-posterior position (fourth) of the feet, requiring rotation, as in Fig. 2.

FIG. 4.



Passage of foetal pelvis in dorso anterior position (first) of the breech.

bors?— The mechanism of labor is more easily performed when the occiput is forward, in both head-first and head-last cases, owing to the peculiar conformation of the cephalic extremity of the fœtus and the curve of the parturient canal. For the head to traverse the vagina and pass the vulva with the occiput posteriorly is to do violence to the soft pelvic tissues; and this is equally true whether the presentation be pelvic or cephalic.

We take it as granted that no one will question the exceeding desirability of occipito-anterior positions at the outlet. Accordingly, when the fœtus lies with its back, and hence its occiput, directed posteriorly, unless supra-pelvic rotation of the head take place (which can only occur in connection with intra-pelvic rotation of the trunk), the head will sink into the pelvic cavity in an occipito-posterior position, and final rotation, if it take place at all, must be performed under singularly unfavorable conditions, and at the expense of valuable time. The chief danger accompanying

FIG. 5.

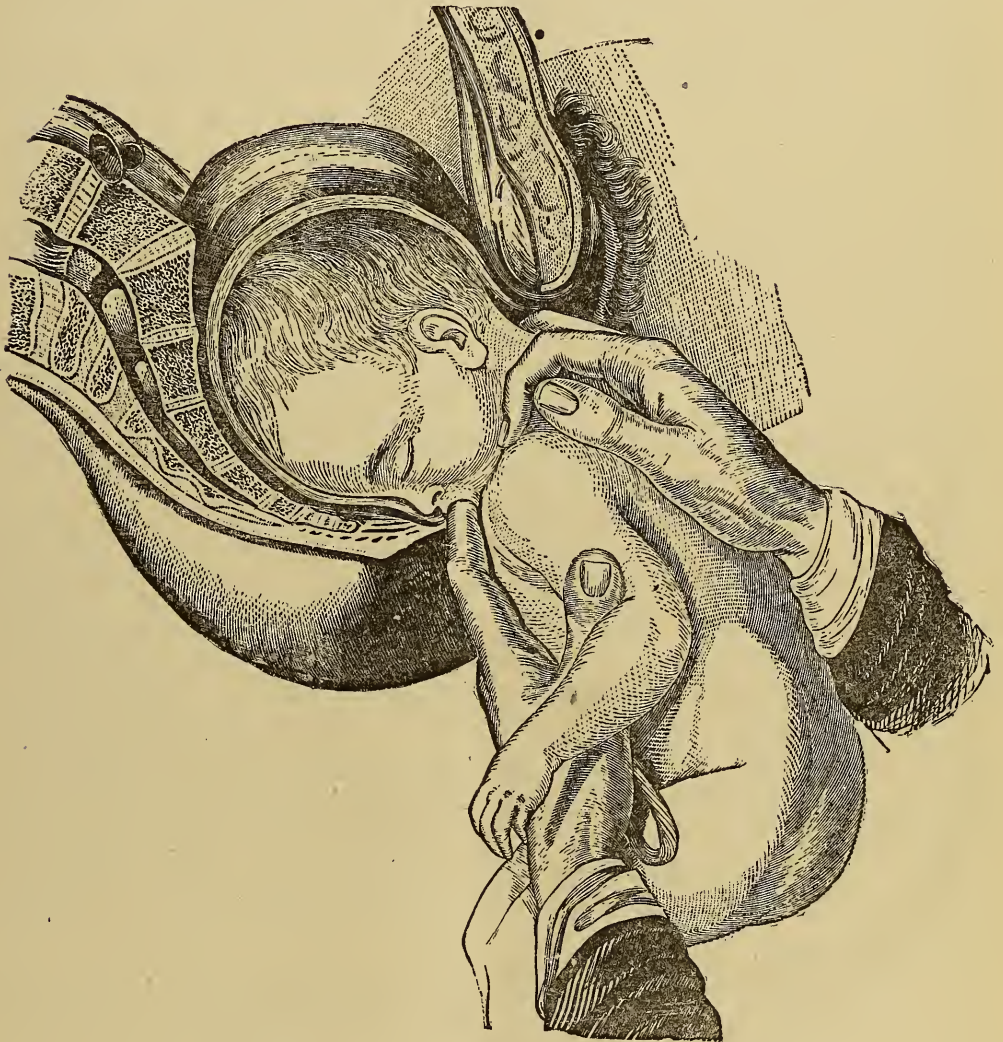


Showing the rotation of the trunk and extraction of the shoulders in pelvic presentation.

pelvic presentation is to the foetus, and it generally arises from long retention of the head after the trunk has passed; hence a position with the occiput looking away from the pubes, whether rotation take place or not, will necessarily augment this very dangerous delay.

Advantages of Trunkal Rotation at the Vulva in Dorso-posterior

FIG. 6.



Final extraction of the head in pelvic presentation.

Positions of Pelvic Presentation. — Rotation of the head above the brim, effected by suitable manipulation of the foetal body during its passage, takes place before the period of great danger to the child, arising from compression of the cord and premature separation of the placenta, arrives, and therefore promotes both foetal and maternal welfare. . It is a great saver of time, preventer of difficulty, and conservator of all involved interests.

A STUDY OF *CONVALLARIA MAJALIS*.

[A paper read in the Materia Medica Section of the Boston Hom. Med. Soc.]

BY J. P. SUTHERLAND, M. D., OF BOSTON.

IT is a fact, often commented upon, that from time to time there appears in the medical world a sort of epidemic of enthusiasm over some one remedy; it may be a new one, it may be one brought out afresh into the light of public notice after years of oblivion. Such epidemics are generally acute in character, making their appearance suddenly, quickly reaching their acme, showing symptoms suggestive, perhaps, of delirium, and sooner or later declining, leaving their enervated victims to a slow recovery. Like most epidemics, they are self-limited, and perhaps no better treatment suggests itself for them than the occasional use of cold water, — judiciously thrown on.

Within the last few years many such epidemics of enthusiasm have swept over the medical community; one has only to mention those connected with *salicylic acid*, *carbolic acid*, *salicylate of sodium*, *sulpho-carbolate of sodium*, etc., to have many others readily suggest themselves.

We have selected for a brief study the drug which, at the present time, is attracting much attention and receiving the notice of experimental physiologists and therapists. Medical journals contain articles referring to it, and, from the enthusiastic praise given by the few who have declared in its favor, it would seem that ere long we must expect to be visited by a *lily-of-the-valley* epidemic. How many will be affected by it, it is impossible at this time to conjecture. We have heard already of many prominent physicians, of all schools, who regret exceedingly that they have only recently heard of the drug, and who have observed its favorable action as a remedy. Such, in short, are the important claims made for it, that we feel justified in making it the subject of a brief study.

It is said that the *lily-of-the-valley* has been used from time immemorial by the Russian peasantry for the cure of dropsy. Its only other use has been in sternutatory powders.

Some physiological experiments with it were reported in 1867. I have not as yet been able to procure the reports of these, but the same experiments were repeated by two Russian physicians from May to December, 1880, and to the experimental investigations they added the clinical test. Although they were satisfied with their results, it needed still another impulse to bring the drug prominently before the profession, and that impulse was not long in coming. It appeared in the shape of a lengthy paper

from M. Sée, of Paris, in which he sets forth the results of his experiments, physiological and clinical.

In presenting a summary of the various authorities we have consulted on the subject, we will first consider briefly the clinical reputation of the drug, as we can find record of it. "It is pre-eminently useful in heart diseases of any form, but most strikingly so in cases of insufficiency of the mitral valves, especially in cases of cessation of compensation."

"It constitutes one of the most important cardiac remedies which we possess." "The effect the most powerful, the most constant, and the most useful is the abundant diuresis, which is above all things essential in the treatment of cardiac dropsies."

"I have used the remedy somewhat indiscriminately in every variety of heart disease coming under my hands, both functional and organic, . . . and in nearly every instance with most gratifying results. In fact I have not been able to determine any special indications, or contra-indications, for its use, its effect seemed so uniformly beneficial."

In a word, it is a great cardiac tonic. It is superior to *digitalis*, the employment of which one is often obliged to suspend on account of the vomiting, digestive disturbances, cerebral excitation, and dilatation of the pupil, which it so often produces after prolonged use. The final action of *digitalis* is exhaustion of the heart, increase, with enfeeblement, of the heart's pulsations; just the opposite effects from what we seek when we give the drug. *Convallaria* has no deleterious effect on the economy, and has no cumulative action.

In cases of advanced and extensive organic disease, of course no permanent good effects can be hoped for.

But the heart is not the only part of the system affected by it. We have already spoken of it as a diuretic, and the power it thereby has of reducing dropsies. We read of one patient who habitually passed 500 grammes of urine daily (a small amount), and who, on the second day after taking the medicine, passed 3,000 grammes. The diuresis persisted without once lessening during the entire treatment, even continuing from three to six days after the medicine was stopped. This effect was observed in cases where *digitalis* failed to increase the quantity of urine.

"The drug, also, is an excellent nervine sedative tonic, especially where the patient suffers from the consequences of excessive reflex irritability or nervousness. Thus it is useful in certain conditions of insomnia, hysteria, the restlessness of fevers, infantile nervous disorders caused by irritation of dentition, in various kinds of neuralgia, etc. It is not a narcotic or anodyne simply, and therefore does not merely lull the pain by stupefying the patient's sensibility, but seems to act as a direct nerve tonic and

sedative, restoring the equilibrium of nervous function. The sympathetic nervous system seems especially to be under its control, though it is by no means devoid of a powerful influence on the cerebro-spinal system."

Very much more might be quoted from the clinical recommendations and reports we have seen, but the above is quite enough to show that we are not without grounds for our prophecy of the epidemic enthusiasm *convallaria* threatens to arouse.

Having looked at the clinical side of the question, we will now see what has been done in the physiological laboratories to support the claims of this remedy. The experiments have been comparatively few, but the results would seem to be of the utmost importance, especially if they can be corroborated. Frogs, toads, and tortoises; dogs, and other warm-blooded animals, have been used with almost invariably identical results. An extract from the entire plant was used by M. Séé. The infusion, tincture, or extract of the flowers of *convallaria* was used by Dr. Bogoyavlenski, who also used the whole plant clinically. The results were a little more marked in warm-blooded than in the cold-blooded animals. First is noticed a slackening or retardation of the cardiac contractions, with increase of blood pressure, respiratory movements fuller, and somewhat less frequent. Secondly, strongly pronounced acceleration of the contractions, with still greater blood pressure, extreme irregularity of rhythm, and perhaps vomiting. Thirdly, it becomes impossible to count the pulse, which is very feeble; and, finally, there is arrest of heart-beat, tetanic contraction of ventricles, and cessation of respiration. In all the experiments there were no abnormal deviations in the other organs of the muscular or nervous systems. One drop brought into contact with the heart of a frog will kill it in two minutes. The same result is brought about in the same way if the drug is injected into the lymph sac. In one case the cardiac ganglia are directly affected from the outside; in the other the excitation may be carried through the vagi, or perhaps by immediate contact with the endocardium the result is brought about. It would be interesting to attempt to analyze this action, but the data at hand are too scant to allow a satisfactory explanation of the phenomena. Four drops injected into the veins of a dog will cause death in ten minutes. No diuresis was produced, however.

The above is a summary of the results obtained by experiments on animals. The symptoms are few, but point definitely in one direction, *i. e.*, to the use of the drug as an antipathic or palliative remedy in certain heart diseases, where the power of compensation has been to an extent exhausted.

But in all the literature I have seen, not one word has been found relating to the effects of *convallaria* upon the healthy

human organism. No records of provings have come within my reach ; no cases of accidental or criminal poisonings are on record. It at first seems as if a new power of an old and forgotten remedy had come to light. The clinical tests and physiological experiments point in that direction, but without the decisive test, *i. e.*, provings on the healthy man, we, as homœopaths, cannot feel ourselves safe in placing too much confidence in it, or allowing ourselves to be unduly affected by rumors of its wonderful powers. Such rumors being extant, it seemed to me, at all events, desirable to attempt some experimental investigation upon myself, and, in accordance with that idea, I obtained of Messrs. Otis Clapp & Son a tincture which was made from the flowers principally (there may have been a slight admixture of leaves, but the flowers greatly predominated) during the early part of the last summer, and I will hastily give the results of my experiments.

In regard to the active principle of the plant, some say the roots and leaves produce no effect, that the flowers contain the active principle. An alkaloid (*convallarin*) has been produced by treating the aqueous solution of the flowers with alcohol and chloroform (an amorphous bitter glucoside being obtained), which possesses all the active properties attributed to the drug *convallaria majalis flores*.

The doses used clinically were one half to one and a half grammes daily of an aqueous extract of the entire plant. Another used an infusion of three to seven grammes in one hundred and twenty to one hundred and eighty grammes of water. Another used an infusion of the flowers grs. x. to ʒij of water, a tablespoonful twice daily.

Concluding from the little I could ascertain regarding the relative strength of the dose, I began with a dose of twenty minims of the tincture alluded to, in a teaspoonful of water, thinking that a healthy person should be able to take a dose as large as that usually administered to a sick person. For nine days before taking the drug I carefully measured the daily excretion of urine, collecting it from the forenoon of one day to the forenoon of the next, as the power of the drug to produce diuresis was what I chiefly wished to investigate. The largest amount passed in the nine days was 1170 c.c. (ʒ39); the smallest, 690 c.c. (ʒ23), the average being $814\frac{4}{9}$ c.c. (about ʒ27). The specific gravity varied from 1021 to 1027, the average being 1023.

Wednesday, Nov. 1.—At 3.30 P. M. took twenty minims. Pulse, 68. No effects were perceptible.

Thursday, Nov. 2. — At 7.45 A.M. took thirty minims. At 10.30 pulse was 72 while sitting; after changing to a standing position it was 106, rather soft; took thirty minims more. At eleven o'clock, pulse, while seated, 72; after walking about the room it

was 108. I noticed a slight obstruction to taking a deep, full breath. Have experienced a sensation of dull pain (not marked in severity) in præcordial region. 12.45.—Nothing particular yet observed. Pulse varies from 70 to 100, according to position and occupation. Took thirty minims. Half an hour later, pulse 65. Have been comparatively quiet during the interval. At 6 P. M. took thirty minims. (Within twelve hours have taken one hundred and twenty minims.) Before retiring, at 11.30 P. M., while lying flat in a sleeping posture, pulse was 52. After getting up and moving about the room the pulse was 82; not at all uneven or intermittent, but even, regular, neither unusually full nor compressible.

Friday, Nov. 3.—Awoke with a frontal headache; eyeballs slightly sore to move about; a little dizziness. Bowels moved naturally. Headache gradually passed away, and at 10 A. M. took sixty minims. Twenty minutes later pulse had not changed in frequency or character.

Saturday, Nov. 4.—For the first time during the proving the amount of urine excreted exceeded the quantity of fluid taken into the system, though the excess was only a little over f̄zj. At 10.15 A. M. took eighty minims. Half an hour later the pulse had risen from 66 to 72; the impulse seemed a trifle more forcible. At 4 o'clock P. M. took one hundred minims. Twenty minutes later the pulse remains at 70, apparently unaltered.

Sunday, Nov. 5.—Had a loose, but otherwise natural, stool in the morning. Took no medicine during the day. During the preceding twenty-four hours I had taken one hundred and eighty minims, but the drug made no evident impression.

Monday, Nov. 6.—The amount of urine collected in the morning for the past twenty-four hours was the largest for twelve days, and exceeded the fluid drunk in the same time by f̄zxij. In order to answer the question which naturally suggested itself, Was this large quantity and the excess due to the *convallaria* taken on Saturday? at 12.45 I took one hundred minims. Noticed what has once before been referred to, viz., fifteen to thirty minutes after taking the drug a slight, dull pain was felt in the region of the apex of the heart; it lasted only a few moments; feeling of discomfort in cardiac region felt three or four times during the afternoon.

Tuesday, Nov. 7.—The twenty-four hours' urine collected shows an excess of f̄zxij over the liquid drunk. At 4 P. M., took one hundred and twenty minims. Pulse unaffected.

Wednesday, Nov. 8.—The liquid drunk during the past twenty-four hours exceeded by f̄zj the urine excreted. Took no medicine; no effect from that taken yesterday.

Thursday, Nov. 9.—The amount of urine collected this morn-

ing was 900 c.c. ($f\bar{3}30.4$). The average daily amount of urinary excretion during the past seventeen days has been 895.24 c.c.; and as there seems to be no tendency to an increase in the amount of urine excreted, the proving is discontinued for the present.

The following table will show the amount of water taken into the system through the stomach and the amount excreted through the urinary apparatus during the proving :—

Drank at the three meals and during the evening of Nov. 1....	$f\bar{3}$ 40	(1184	c.c.)
“ “ “ “ “ 2.....	“ 32	(947.2	“)
“ “ “ “ “ 3.....	“ 27	(799.2	“)
“ “ “ “ “ 4.....	“ 31	(917.6	“)
“ “ “ “ “ 5.....	“ 24	(710.4	“)
“ “ “ “ “ 6.....	“ 21	(621.6	“)
“ “ “ “ “ 7.....	“ 27	(799.2	“)
“ “ “ “ “ 8.....	. amount drank not accurately ascertained.		

Urine excreted from A. M. Nov. 1 to A. M. Nov. 2.....	(686 c.c.)	$f\bar{3}$ 23.17
“ collected A. M. of Nov. 3.....	(810 “)	“ 27.37
“ “ “ “ 4.....	(840 “)	“ 28.38
“ “ “ “ 5.....	(800 “)	“ 27.02
“ “ “ “ 6.....	(1075 “)	“ 36.32
“ “ “ “ 7.....	(1008 “)	“ 34.05
“ “ “ “ 8.....	(770 “)	“ 26.
“ “ “ “ 9.....	(900 “)	“ 30.4

An excess of $f\bar{3}$ 16.83	(498	c.c.)	in favor of water taken into the system.
“ “ 4.63 $\frac{1}{2}$	(137.2	“)	“ “ “ “
“ “ 1.38	(40.8	“)	in favor of excretion.
“ “ 3.98	(117.6	“)	“ water drank.
“ “ 12.32	(364.6	“)	“ excretion.
“ “ 13.05	(386.4	“)	“ “
“ “ 1.	(29.2	“)	“ water drank.

The specific gravity varied from 1021 to 1026.

To the superficial glance it would seem as if a slight diuresis had been produced on the 6th and 7th of November. But, if so, then why was there no such effect from the dose of one hundred and twenty minims, taken on the 7th? During the twenty-four hours following the taking of the dose more water was taken into than was excreted from the system; and if, as it is said, the action of this drug lasts from “five to nine days without a repetition of the dose,” it would seem that, during the nine days I experimented with it, taking in all six hundred minims, some tolerably well-marked effects might have been produced. The drug apparently has no “cumulative action.”

As to the cardiac action of the drug, my experiments thus far certainly do not show that the drug possesses any remarkable

power. The pulse rate was not apparently altered, as the figures given show. Sphygmographic tracings were taken during the last days of the trial, but at no time did they reveal any abnormally full or irregular action.

As to the diuresis which was so marked in M. Sée's clinical experiments, the question arises, How was the diuresis produced? Taking into consideration the class of cases for which the drug was administered, and reading carefully the clinical records, it would seem that the diuresis was produced by the regulated heart's action and the increased arterial pressure. The backward pressure in the venous capillaries was relieved, thereby allowing an endosmotic action to reduce the existing dropsies, and the increased pressure in the renal vessels would allow a free excretion of surplus water and effete matter. One might then reason that if no diuresis was produced in the healthy organism by the drug, it produced no increased energy in the cardiac contractions. In case any one should be inclined to attribute the increased excretion of urine of the 6th and 7th of November, as shown in the table given above, to the drug action, the following figures will undoubtedly show the fallacy of so doing: For nine days preceding the trial of *convallaria* the daily amount of urine excreted measured, in cubic centimetres, as follows: 1,110, 1,170, 880, 690, 1,050, 790, 755, 825, 1,060, an average of $814\frac{4}{9}$ per diem. For the following eight days, during which the drug was taken, the amount excreted varied as follows: c.c. 686, 810, 840, 800, 1,075, 1,008, 770, 900, an average of $861\frac{1}{8}$ c.c. per diem, — an average increase, it is true, of 57 c.c. (about $f\bar{z}ij.$) per diem; but nothing that can safely be attributed to the drug.

I fully appreciate the incompleteness of this paper as a study of *convallaria majalis*; but it has been presented with all its imperfections in the hope that it may call forth useful hints or comments, and with the desire of interesting others in personal experimental investigation.

The records presented by M. Sée and others cannot be allowed to pass unheeded. They must be accepted as facts, and we must consider the drug a "cardiac tonic," etc., or we must undertake experiments which shall corroborate those already performed, or give us ground for refusing to recognize them as of practical value.

SEVERE TYPHLITIS CURED BY BRYONIA.

Clinic of Dr. P. Fousset, in the St. Jaques Hospital, Paris.

TRANSLATED FROM L'ART MEDICAL, BY F. D. STACKPOLE, M. D.

THE patient, C—, 19 years of age, a very strong young man, entered the men's ward of the St. Jaques Hospital, Jan. 31, with the following history:—

A week ago he was working with a packer (before that he had been in the employ of a wine merchant). All day long he had lifted heavy boxes and conducted a hand-cart, the crossbar of which pressed strongly against the walls of the abdomen. The following night he was seized with violent pains in the lower part of the abdomen, so severe that they caused him to cry out. These pains were soon accompanied by vomiting of food, afterwards by bilious matter, which persisted for two days. The following day he had diarrhœa, with tenesmus. These symptoms continued, less severely, for nearly a week.

Jan. 31.—The patient came to the hospital on foot. On pressure in the region of the right iliac fossa, he complained of a severe pain. The abdomen at this point was tense. The morning before he entered he had two stools of diarrhœa. Thirst was very marked; no appetite. In the mean time there was no vomiting; the pulse was strong and bounding. Pulse, 110; morning temperature, 100.7; evening, 103.3. Treatment: *Bryonia*, 3^c, low diet.

Feb. 1.—Tension and swelling manifest at the level of the iliac fossa and right side. The skin was very hot. He had two stools, with tenesmus. Flexion of the thighs upon the pelvis; this position gave relief. For a part of the day the patient slept. He complained, for the first time, of a headache, especially in the region of the occiput. Morning temperature, 101.8; evening, 103.1. Prescription: *Bryonia*, 3^c, poultices.

Feb. 2.—The tumor was rounded, cylindrical; its lower extremity was well circumscribed, its upper extremity continued in an indeterminate manner with the colon; it was always very painful. Over the tumor there was relative dulness on percussion. At night he had two diarrhœic stools, with tenesmus; in the evening, epistaxis. Morning temperature, 101.5; evening, 103.6. Treatment the same.

Feb. 3.—Abdomen still very painful, flexion of the limbs upon the pelvis. Morning temperature, 101.1; evening, 102.7. Same treatment.

Feb. 4.—The patient had alvine dejection only once in the twenty-four hours. The abdomen was less distended and had regained its elasticity. He expressed himself as feeling comfortable, and his countenance wore a smile for the first time. Morning temperature, 99.5; evening, 98.6. Same treatment.

The following days he made a rapid progress toward recovery; he took nourishment, and his strength returned.

He left the hospital Feb. 19.

Remarks.—The resolution of this case of typhlitis was accomplished Feb. 4; that is to say, after five days of treatment,—a great success in so severe a case.

Dr. Jaccond recommends repeated purgatives, local blood-letting, and applications of ice. A few drops of *Bryonia*, 3^o dilution, that is to say, the millionth, was sufficient to cure in five days, and that, too, a typhlitis of great intensity, with fever and prostration. The form of the tumor, of which the superior limits were insensibly continuous with the colon, made our *confrère*, Dr. Ozanam, present at the visit, think that it seemed like a phlegmonous abscess of the iliac fossa; the attitude of the patient, which he found easy, through flexion of the thighs upon the pelvis, and the violence of the fever, seemed to confirm this diagnosis; but, independently of this, that the relief by flexion of the thighs upon the pelvis is a symptom common to both abscess of the iliac fossa and typhlitis, the form of the tumor, which was superficial and well circumscribed at its inferior part, its peculiar consistence confirmed us in the diagnosis of typhlitis; and the event has shown that we were right.

The existence of intestinal catarrh and the diarrhœa relates again more to typhlitis than to phlegmasis iliacus.

We are very much puzzled to determine the etiology of this affection. The bodily efforts and the friction of the shafts of the hand-cart were given by the patient; but we think them insufficient causes. It is certain, however, that there had existed for several days in this young man an inflammation of the large intestine, with diarrhœa and tenesmus. We remark, also, that the very high temperature, 103.6, which this patient presented, is not, as is claimed by Robert de la Tour, the certain sign of an essential fever, and that we should have made a mistake if, relying upon this sign, we had interpreted the epistaxis, diarrhœa, pain in the iliac fossa, and prostration in the sense of a typhoid fever.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY HORACE PACKARD, M. D., SECRETARY.

THE society held its annual meeting Thursday evening, January 11, 1883. Propitious weather and an attractive programme brought out a larger number than the society ever before assembled at any one meeting, upwards of ninety persons participating.

The usual routine of business was quickly despatched. The following were elected members: Thomas M. Dillingham, M. D., A. A. Klein, M. D., and Prosper Bender, M. D. L. M. Kimball, M. D., J. M. Carmichael, M. D., and Mary J. Graham, M. D., were proposed for membership.

The election of officers resulted as follows: John L. Coffin,

M. D., president; J. K. Culver, M. D., vice-president; Horace Packard, M. D., secretary; A. L. Kennedy, M. D., treasurer; and C. H. Farnsworth, M. D., M. Louise Cummings, M. D., and Conrad Wesselhoeft, M. D., censors.

The secretary presented the following scheme of meetings, to be held during the coming year, which was adopted by the society.

ORDER OF MEETINGS FOR 1883.

- Jan. 11. *Annual Meeting*, 7 P. M., collation at 9.30 P. M.
 Jan. 25. Surgical Section, 7 P. M.
 Feb. 8. *General Meeting*, 7.30 P. M., coffee at 7 P. M.
 Feb. 22. Materia Medica Section, 7 P. M.
 March 8. *General Meeting*, 7.30 P. M., coffee at 7 P. M.
 March 22. Surgical Section, 7 P. M.
 April 19. *General Meeting*, 7.30 P. M., coffee at 7 P. M.
 April 26. Materia Medica Section, 7 P. M.
 May 10. *General Meeting*, 7.30 P. M., coffee at 7 P. M.
 May 24. Surgical Section, 7 P. M.
 June 14. *General Meeting*, 7.30 P. M., coffee at 7 P. M.
 Recess during July, August, and September.
 Oct. 4. *General Meeting*, 7.30 P. M., coffee at 7 P. M.
 Oct. 18. Materia Medica Section, 7 P. M.
 Nov. 8. *General Meeting*, 7.30 P. M., coffee at 7 P. M.
 Nov. 22. Surgical Section, 7 P. M.
 Dec. 6. *General Meeting*, 7.30 P. M., coffee at 7 P. M.
 Dec. 20. Materia Medica Section, 7 P. M.

The following invitation and request were also presented by the secretary:—

“Members of the society and physicians interested in the work of the society are cordially welcomed to any of the general or sectional meetings. Any member desiring to present an essay, case, or topic for discussion is requested to inform the secretary at least one week before the meeting is held. Notice should also be sent by those who wish to become active members of either of the sections.

The report by the secretary of the work accomplished by the society during the past year was as follows:—

Whole number of meetings	10
General meetings	8
Sectional meetings	2
Average attendance at general meetings	32
Largest number at any one meeting	44
Smallest “ “ “	13
Whole membership	128
New members	15
Withdrawals	2

During the past year sections have been formed under the auspices of the general society for the special study of materia medica and surgery. These sections meet in alternate months, between the meetings of the general society.

For special report of sectional work, the chairmen of the respective sections, J. P. Sutherland, M. D., and Alonzo Boothby, M. D., were called upon.

Dr. Sutherland reported considerable interest in the *Materia Medica* section; he said that high hopes were entertained of accomplishing more and better work under the new plan, and invited other members of the society to join.

Dr. Boothby said that one meeting of the Surgical section had already been held, at which twenty-four members were present, and several interesting papers were read. He announced a meeting of the Surgical section, Thursday evening, Jan. 25, when papers will be presented by Drs. I. T. Talbot, Walter Wesselhoeft, and W. P. Defriez.

The following institutions, under homœopathic management, were reported:—

HUGHES CLUB, reported by F. D. Stackpole, M. D., secy.:—

Whole number of members (limited)	. . . . .	15
Meetings in 1882	. . . . .	16

This club meets bimonthly, except in the summer months. The object of the club is mutual improvement and sociability. The work of the past year has been the compilation of all available reliable provings of gelsemium.

BOSTON UNIVERSITY SCHOOL OF MEDICINE, reported by I. T. Talbot, M. D., dean, is in a flourishing condition. The whole number of students is about the same as last year, but the entering class of this year is larger than has been for several years, and the students were unusually well prepared to begin the study of medicine. There is also a larger post-graduate class than ever before. There has been added to the Faculty several assistants, peculiarly well qualified by supplementary study abroad, and who are able to give additional time for instruction in the various departments. The standard of attainment is yearly improving.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL. — Reported by Alonzo Boothby, M. D., attending surgeon.

Number of patients in hospital Jan. 1, 1882	. . . . .	20
“ “ admitted	. . . . .	245
“ “ treated	. . . . .	265
“ “ remaining Jan. 1, 1883	. . . . .	24

Number of medical cases	136
“ surgical “	130
“ operations	82
Amputations (1 of foot, 1 of thigh)	2
Removal of cervix uteri	1
Burn (over 500 square inches)	1
Broken catheter in bladder	1
Cleft palate	1
Extirpation of uterus	1
Fistula in ano	
Fracture	3
Inguinal hernia	1
Lupus	1
Necrosis	3
Perineorrhaphy	4
Polypus uteri	1
Stone in bladder	4
Trachelorrhaphy	10
Tumors of all classes (scirrhous, 8; cystic, 1; encephaloid, 1; epithelioma, 5; mammary, 1; ovarian, 2; fatty, 2; fibro-cystic, 1; cancer of cervix, 1; deaths, 2),	23

BOSTON HOMŒOPATHIC MEDICAL DISPENSARY. — Reported by H. C. Clapp, M. D., superintendent.

Central Dispensary,	{	New patients	1,572
		Prescriptions	5,137
West End Branch,	{	New patients	2,358
		Prescriptions	5,914
College Branch,	{	New patients	7,452
		Prescriptions	19,494
Total,	{	New patients	11,382
		Prescriptions	30,545

HOME OF MORAL REFORM. — Reported by L. M. Porter, M. D., attending obstetrician.

Whole number of births	29
Males	16
Females	13
Twins, females, single placenta	1
Breech presentation	1
Acephalus, lived forty-eight hours	1

All the other cases were normal. All the mothers made rapid recoveries.

After the presentation of the above reports, John Butler, M. D.,

of New York, was introduced, and addressed the society on "The Value of Electricity as a Therapeutic Agent." Dr. Butler's remarks were very interesting and instructive. He gave a prefatory exposition of the underlying principles of the electric current, spoke of the facility with which it is made to manifest itself as heat, light, or motion, and urged his hearers to bear in mind that electricity is a unit. He is frequently asked what kind of electricity he uses. His answer always is, "There is but one kind of electricity." The so-called frictional, voltaic, thermotic, and magnetic electricity are only modifications of one and the same force. The therapeutic value of electricity is beyond computation, and its homœopathicity is unquestionable. The application of electricity in the treatment of tumors, strictures, etc., was then elucidated, and the chemical and physical changes produced by it in the tissues explained.

At the close of Dr. Butler's address, the society adjourned to the supper hall, where, after a bountiful collation and an hour of social conversation, the president again called the meeting to order, and formally introduced and welcomed the guests of the evening, several of whom responded in a pleasant and humorous vein. Choice vocal music was kindly furnished by four of the Newton Brothers' Sextette, aided by their sister, Miss Nettie Newton.

Among the visitors present were Drs. John Butler, of New York, E. U. Jones and J. W. Hayward, of Taunton, W. Von Gottschalck, of Providence, R. I., J. H. Gallinger, of Concord, N. H., and D. B. Whittier, of Fitchburg.

The next general meeting will occur Thursday evening, Feb. 8. Subject for discussion, "The Placenta." Carefully prepared papers will be presented and cases of more than usual interest reported.

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

THE thirty-second annual meeting of the Homœopathic Medical Society of the State of New York will be held in the Court of Appeal room, new Capitol (north entrance), Albany, on Tuesday and Wednesday, Feb. 13 and 14, 1883. The session will open at 10 A. M. of the first day, and the annual address will be delivered by the president, Dr. Jno. J. Mitchell, of Newburg, in the Assembly Chamber, new Capitol, on Tuesday evening.

A. P. HOLLETT, *Sec.*

OFFICE AND CONSULTING ROOMS OF J. C. BURGHER, M. D., 332 PENN AVENUE.

SUMMONS.

THE AMERICAN INSTITUTE }
OF HOMŒOPATHY, } *ss.*

To the Members of the American Institute of Homœopathy, Greeting:

You are hereby severally and collectively enjoined to set aside all professional engagements and every manner of business excuses and delays whatsoever, and to appear *in propria persona* at the annual assembling of the Institute at Niagara Falls, N. Y., June 19, 1883, and take part in the transactions, discussions, and business mapped out for the rapidly approaching session, or show cause why you should not. Whereof fail not at the peril of missing a memorable social event and much valuable information, which will make your future professional labors and your patients ever grateful.

Given under the hand and seal of the general secretary, this fifteenth day of January, 1883.

PITTSBURG, PA.

HOMŒOPATHIC HOSPITAL, WARD'S ISLAND.

THERE were 808 patients treated at this hospital during the month of December, 1882, with a death rate of 2.07 per cent.

Among the interesting cases treated were the following: aortic insufficiency, 9; aortic stenosis, 7; alcoholism, acute, 9; bronchitis, acute catarrhal, 9; chololithiasis, 1; endocarditis, 1; erysipelas, idiopathic, 4, and traumatic, 10; gastritis, acute, 1; fatty degeneration of liver, 1; malarial intermittent, 21; mitral insufficiency, 17; mitral stenosis, 9; pneumonia, acute croupous, 3; pneumonia, acute catarrhal, 1; pleurisy, acute, 5; rheumatism, acute articular, 6, and acute muscular, 3; tricuspid insufficiency, 3; sciatica, 3; anthrax, 1; burns of first degree, 4, and second degree, 3; cellulitis, 7. Fractures: scapula, 1; ribs, 9; tibia and fibula, 1; clavicle, 2; humerus, 1. Wounds: abraded, 2; contused, 12; incised, 11; lacerated, 4; synovitis, 4; pernio, 7. Syphilis: primary, 2; secondary, 4; tertiary, 2; chancroids, 2; gonorrhœa, 3; orchitis, 1.

The whole number of patients treated during the year ending Dec. 31, 1882, was 5,369, with a death rate of 5.08.

A. P. WILLIAMSON,
Chief of Staff.

REVIEWS AND NOTICES OF BOOKS.

HAHNEMANN AS A MEDICAL PHILOSOPHER. 12mo. pp. 94.
London: E. Gould & Son. 1882.

This is the second Hahnemannian lecture delivered by Richard Hughes, L. R. C. P. Ed. It first appeared in last year's January number of the *British Journal of Homœopathy*, and has since that time been reproduced in an elegant little volume by itself, awaiting patiently some notice by the editors of the GAZETTE, which unintentional neglect it gives the writer of this great pleasure to make good, even at this late day.

It is much pleasanter to write a review of what we agree with than of what we disapprove; hence we think that the author's interests, no less than those of his subject, cannot be better served than by stating the sum and substance of his lecture.

While Dr. Burnett exclaimed *ecce Medicus*, Dr. Hughes proclaims Hahnemann in the words *ecce Philosophus*; but in doing so points out how unavoidably natural are changes of philosophical views in a long life of productive thought. Such changes of view appear as stages in the five editions of the "Organon"; thus the psora theory did appear distinctly before the fourth edition. The theory of dynamization was hardly propounded before the fifth edition, proving that what is even now considered by many of his followers as fundamental was an after-thought. "To Hahnemann it mattered little whether a thing commended itself to speculative reason, his one concern was that it should be true." Had Hahnemann's advice been followed, to make medicine an art, this would not have been conspicuous by its absence at the recent International Congress in London; it was not absent at the Homœopathic Convention.

In the fifth paragraph of his lecture, Dr. Hughes, speaking of the Introduction to the "Organon," uses the following significant and practical words: "Chaos itself, to the habitual dwellers in it, seems to be cosmos; it can only be apprehended for what it is by those who have the cosmos in their souls. This was Hahnemann's case." Hence, the simplicity of Hahnemann's conception, and the entire freedom from hypothesis. This independence of all medical theories characterizes the first three editions of the "Organon"; yet some of Hahnemann's present disciples represent homœopathy to be a complete scheme of medical philosophy, resting on the dynamic origin of all maladies as well as on the psora hypothesis of the later editions of the "Organon." This Dr. Hughes proves to be an entire mistake.

Among Hahnemann's critics there were many fair-minded men, among them Hufeland, whose remark that the success of homœopathy would prove to be "the grave of science," Dr. Hughes ingeniously — we may add ingenuously — turns into an unintentional compliment, inasmuch as Hahnemann describes true medicine as an *art*, and not as a science. Owing to the predominance of science, we have "the nihilism of so much modern teaching; hence, at the late congress, the miserable half-penny worth of therapeutic bread to the gallons of scientific sack."

The author's remarks on Hahnemann's doctrine regarding the totality of symptoms are exactly to the point, as well as the defence against the accusation charging Hahnemann with disregard of pathology and the causes of disease. Equally apt are Dr. Hughes's words on the "triad" of the three possible actions of medicines, — the antipathic, allopathic, and homœopathic. These definitions have not only been ridiculed, but they led to the utter repudiation of all expressed definite principles by the old school, while, on the other hand, it hastened to apply furtively in practice just that member of the triad which it seemed most to abhor.

It is true that Hahnemann conceived homœopathy to be applicable to all non-surgical diseases; yet he is not responsible for the excesses of his disciples, who are often more extreme in their exclusiveness than Hahnemann himself. Coming next to the dose question, the author argues that the extreme of dosage, the thirtieth and beyond, is owing to the fifth edition of the "Organon," as the fourth and previous editions were much more moderate and reasonable in their doctrines, and therefore much less difficult to defend. This applies with equal force to the dynamic nature of disease, which Hahnemann finally regarded as a distinct *force*, in regarding which he suddenly fell into speculations, while it would have been better if the "Organon" had kept itself clear of such questions, and had occupied the solid ground of observation and experiment.

Touching the psora theory, Dr. Hughes takes the modern ground that Hahnemann was simply abreast of his time. If we translate his meaning into *diathèse, herpétique, or dartreuse, or scrofula*, "we have the substance of his thought, which is absolutely true, and of the utmost importance."

Touching dynamization of medicines, Dr. Hughes shows clearly that what Hahnemann at first designated as refinement he subsequently changed into potentization, — an after-thought with which the "Organon" proper has little to do. The power of attenuated medicines, nevertheless, remains a fact, "although Hahnemann's dynamization, in the light of later science, must be held untenable."

These brief extracts contain some of the principal points of Dr. Hughes's lecture, from which we have not culled a synopsis to spare others the perusal of the whole, which we herewith commend most cordially to the readers of the GAZETTE.

But, at the end, we incline to notice an apparent though not actual inconsistency. It is evident, from the context, that the author considers the extreme of dosage to and beyond the thirtieth as "immoderate and unreasonable"; yet, later (p. 87), dilutions from the sixth to the thirtieth are deemed "as well-trying agents as any on which ordinary medicine depends." So they are, no doubt, based on experience. Experience upholds everything, the wonder doctor as well as the honest worker; allopathy as well as homœopathy rests upon its wide, vague domain. Experience as surely sustains the votaries of hundred thousandth and the millionth "potencies" as it supports those of the thirtieth. Why, then, exclude those "highest" potencies? Let us pause to reflect that it would be inconsistent to exclude this "experience" unless we find, as we eventually must, that the difference lies in the *grounds and manner upon and in which experience is interpreted*. Certain observers have found that the limit of divisibility (potentization, etc.) is far below Hahnemann's purely arbitrary point. "This thing must have an end somewhere," said he. Yet Hahnemann did not know at what point to look for this "somewhere." At our time all who will may know at least the region wherein to search for the limit. It is not yet fashion to look for it, and it is mostly ignored from force of inborn habit, from reverential fear of committing a heresy to question the words of the "master," and of those of his disciples who outmastered the master. It is a weakness we should banish from our souls, and look the question in the face fearlessly, as Hahnemann met allopathy. Let us be as bold as he was, and say to our students, There is a limit to the divisibility of matter accepted and taught by ample modern literature or physics and chemistry. Dare to know it, dare to accept it, and do not fear to be at variance with, because you are in advance of, others in common knowledge of things. If *aude sapere* does not mean this, it means nothing; it is a hollow phrase.

C. W.

THE EXPERIMENTAL METHOD IN MEDICAL SCIENCE. By J. C. DALTON, M. D. pp. 108. New York: G. P. Putnam's Sons.

Three lectures delivered by the author before the Alumni Association, College of Physicians and Surgeons, New York, during January and February, 1882, form the substance of this little book. The lectures are in the form of historical sketches, and are intended to show "the manner in which certain parts of

our scientific knowledge in medicine have been attained." The subjects treated are, —

I. Galvani and Galvanism in the Study of the Nervous System.

II. Buffon and Bonnet in the Eighteenth Century.

III. Nervous Degenerations and the Theory of Sir Charles Bell.

It is not necessary to present here an abstract of the lectures, but a few words as to their scope may not be out of place. They set admirably before us three most important truths. *First*, that the value of any truth established by experimental discovery extends far beyond any limits its discoverer can foresee; and that however isolated may seem to be any fact thus established, it is certain, sooner or later, to find its own valued place. *Secondly*, that experimental investigation should never be conducted with the view solely of substantiating some hypothesis already formed, lest thereby some fact of vital importance be overlooked; since experimental discoveries "possess a vitality which distinguishes them in a marked degree from the ephemeral products of scientific hypothesis. *Lastly*, the utter worthlessness of mere theory, however ingenious in construction and fascinating in detail, if unsupported by experimental research; how soon such theories die, and how apt they are to retard real progress in the attainment of knowledge.

That the lectures are written in a clear, smooth, and pleasing manner, and that they are well worth reading, will be taken for granted by all after a glance at the author's name. The book will have done a good work if it rouses even a few of its readers to pursue some line of original experimental investigation. †

BURNETT'S ESSAYS. Boericke & Tafel. 1882.

These essays, by the accomplished editor of the *Homœopathic World*, having already been presented to the public separately, are now gathered together into one volume, in the accurate and elegant form characteristic of the publications of Boericke & Tafel. Each essay is worth the careful perusal of the homœopathic physician, and should meet the approval of all the many schismatic sections in our ranks, because the writer has for twenty-five years maintained that *similia similibus curantur* is the all-important principle upon which to unite, the others which grow out of it being secondary, and questions of experience rather than argument.

If this standpoint were more universally adopted, and the motto, "*in dubiis libertas*," more strictly carried out, our noble principle would be still more widely diffused than it has been, wonderful as is its progress.

The essay upon Hahnemann discusses the question of the origin of the principle of similars, and shows to advantage the broad culture and extensive reading of the author. All previous suggestions of this law he classifies under these four heads: the doctrine of signatures, the proposition that parts of the world may be compared with similar parts of the body, *e. g.*, gold with the heart, silver with the brain, etc.; that animal parts cure similar human parts, *e. g.*, pulmo-vulpis, and that remedies for diseases prevailing in certain places are found in those regions. These partial truths, he claims, were suggestions only, and, perhaps, aided Hahnemann to the thought, but that his glory came from deducing from these suggestions and his own observations the law which he believed to be universal.

In the essay on *Natrum Muriaticum*, Dr. Burnett presents undoubted cases of medicinal action from this drug, which in the crude form is inert, and deduces therefrom proofs of the efficacy of drug dynamization. In the next essay gold is treated in a very thorough manner, the pathogenesis and a series of provings being followed by extensive extracts from ancient and modern writers, showing the use of this remedy in heart troubles, diseases of old age, and mercurial poisoning. Then follow the excellent papers upon the medicinal treatment of cataract and of venous enlargements. With regard to these, little need be said here, very full criticisms having already been presented when they were first published. Nothing but commendation can be bestowed upon these careful observations and laborious attempts of the author to render unnecessary those words once uttered by Dr. Valentine Mott: "Gentlemen, I am ashamed to say that we must have recourse to the knife." It is so easy to advise this course, and the results are often so rapid and brilliant, that the domain of surgery has been extended far beyond its proper sphere, and we would do well to imitate and advance these valuable efforts of the author to prove beyond doubt the efficacy of medicinal treatment in these and similar diseases. ||

SUPRAPUBIC LITHOTOMY. By William Tod Helmuth, M. D.
Quarto. pp. 93. New York: Boericke & Tafel. 1882.

In this quarto, illustrated with eight lithographic plates and numerous engravings on wood, Prof. Helmuth has sought to revive and give a legitimate position to an old operation which had fallen into desuetude.

In the first chapter is given a history of the operation from the famous case of "Jean Doot, the smith of Amsterdam, who, in 1651, cut himself in the *linea alba* above the pubis, and took out of his bladder a stone as large as a hen's egg," to the last operation performed by the author. Tables are given of four hundred

and thirty-one operations, collected from various sources ; and these are again classified in such manner as to show the various relations of sex, age, time, etc.

The anatomy of the parts is carefully described, and also a large number of experiments upon the bladder, to determine its position, capacity, etc. Finally, the operation is carefully detailed, and cases related at length to illustrate all the conditions before, during, and after the operation. The book probably will not have a large circulation, but every surgeon who intends to perform the operation should have a copy.

The superb style in which this monograph is published, the paper, printing, illustrations, and binding, entitle the publisher as well as author to everlasting gratitude. *

HOMŒOPATHIC FAMILY GUIDE AND INFORMATION FOR THE PEOPLE. By E. R. Ellis, M. D., Detroit. 1882. 12mo. pp. 244.

If poor paper, poor printing, and poor binding could make a good book, we should find it here in perfection. But, notwithstanding its uncanny form, and the fact that it contains many statements which will be new to the public, and perhaps to most physicians, still, in examining the book, one cannot avoid the conclusion that its principal *raison d'être* is to advertise its author. On the title-page it proclaims him "Professor of Surgery in the Detroit Homœopathic College," an institution of the existence of which we were ignorant. The author tells us where he lives, street and number, and moreover, on the next page, gives his office and residence "in the rear of the high school," and the additional information that he has given *special* attention to difficult cases, and may be consulted . . . fee, one to five dollars. All through the book the same handwriting is evident, and on the last page he gives a picture of his "box and book, price, \$15.00," of which he says, "Persons with these medicines can successfully treat, taken at the outset, all the sickness likely to arise in a family." This book, like many others, printed nominally in our school, deserves no wider circulation than its author can give it by peddling it among his patients ; and we pity them as much as we blame him. *

THE PHYSICIAN'S VISITING LIST FOR 1883, published by P. Blakiston, Son & Co., Philadelphia, has been received from A. Williams & Co. It contains, besides the visiting list, an almanac, Marshall Hall's ready method in asphyxia, poisons, and antidotes, the metric system of weights and measures, a posological table, and a table for calculating the period of utero-gestation. S.

OUR MISCELLANY.

A NEW MORGUE is to be erected in New York.

TOY PISTOLS. — A law forbidding the sale or use of toy pistols has been passed by the Vermont Legislature.

A SAMPLE of Phillips's Palatable Cod Liver Oil combined with the wheat phosphates is sent free to any physician asking and mentioning this journal.

HOMŒOPATHIC DISPENSARY. — Six physicians of Marseilles, France, have opened a free homœopathic dispensary, dividing the days of the week between them for consultation. This is the re-establishment of a work formerly very flourishing and discontinued for some time in that city. — *L'Art Medical, Paris*.

PATENT MEDICINES AND EPIDEMICS. — When diphtheria becomes epidemic in a city, the advertisements of patent medicines suddenly experience a change. What were advertised as a sure cure for chilblains, scald-head, vermin exterminators, polish for brass knobs, etc., are now warranted an infallible remedy for diphtheria. — *Norristown Herald*.

A NEW SIGN OF PREGNANCY. — Jorissenne claims to have discovered a new sign of pregnancy. Graves long ago called attention to the fact, that in all cases of hypertrophy of the heart the radial beat remains constant, no matter what be the position of the body. Assuming that a hypertrophy of the heart exists in pregnancy, Jorissenne has found that, while in health there is a variation of from ten to twenty beats in the radial pulse, according as the body is in an upright or horizontal position, in pregnancy no such change is observed. He advises that the pulse should be carefully counted when the patient is standing, then when sitting, and then when reclining. He has been able to make out the existence of pregnancy as early as the first month by this sign, when the only other symptom was amenorrhœa. His explanation of the reason for this uniformity of the pulse is to be given hereafter. — *Boston Medical and Surgical Journal*.

THE ODOR OF IODOFORM. — Having tried nearly all the devices that have been suggested for mitigating or disguising the odor of iodoform, and found them all of little or no avail, we have lately come nearer to the object by using oil of eucalyptus, according to the following formula: —

R Pulv. iodoform, ℥ ss.;
Ol. eucalypti, f ℥ ss.;
Vaselin, ℥ IV.
M., fiat unguentum.

We do not remember to have seen any account of the oil having been used for this purpose by others. The ointment thus prepared is not without odor, but the odor is not that of iodoform. — *New York Medical Journal*.

WHEN DOES THE DANGER OF INFECTION IN SCARLATINA CEASE? — Mr. John Simon (*Lancet*, Vol. I., 1881, p. 146) says: "It is believed that the dispersion of contagious dust from the patient's skin is impeded by keeping his entire body (including limbs, head, and face) constantly anointed with oil or other grease; and some practitioners also believe this treatment to be of advantage to the patient himself. When the patient's convalescence is complete, the final disinfection of his surface should be effected by warm baths, with abundant soap, taken on three or four successive days, till no trace of roughness of the skin remains. Not until this has been done, nor without the greatest care that the clothes are clean and free from infection, should the patient, however slight may have been the attack, be allowed to associate with persons susceptible of scarlatina." — *Homœopathic Journal of Obstetrics*.

FAITH CURE does not pay in Buffalo, and the establishment recently opened there had to go under the hammer. Of course there was no difficulty in curing the patient every time, but somehow or other patients would not come to be cured. Lo, the "perwersity of human nater!"

THE NEW SIAMESE TWINS.—The brothers Tocci, born in Turin in 1877, are considered to be even more curious than the famous Siamese twins. They have two well-formed heads, two pairs of arms, and two thoraces, with all internal organs; but at the level of the sixth rib they coalesce into one body. They have only one abdomen, one umbilicus, one anus, one right and one left leg. Their genital organs consist of a penis and scrotum, and at the back there is a rudimentary male genital organ, from which urine sometimes escapes. It is a curious fact that the right leg moves only under the control of the right twin (named Baptiste), while the other is movable only by the left twin (named Jacob). As a result they are unable to walk. This left foot is deformed, and is an example of *tulipes equinus*. Each infant has a distinct moral personality: one cries while the other is laughing; one is awake while the other sleeps. When one is sitting up, the other is in a position almost horizontal. — *Presse Medicale, Belge*.

HOW DR. PHYSIC TREATED A DISEASED KNEE IN 1818.—A letter from Dr. Physic, published in the *Maryland Medical Journal*, shows his treatment of arthritis sixty years ago: "First. A recumbent posture on a bed or sofa day and night, placing patient in such a way that the knee may be more elevated than the other superior parts of the body. Second. A vegetable diet with water alone for drink. Third. If, on applying the hand, the heat of the diseased knee feels greater than that of the other knee, to take some blood from his arm, and afterwards, by cupping and scarifying, or by leeches, from the knee. Fourth. Purging every other day with jalap, senna, or some such article, given in doses sufficient to procure three or four stools each time. Fifth. Blistering the knee and repeating it occasionally. Sixth. After the above treatment, to endeavor to promote absorption of the effused fluid by making moderate compression with a bandage, or with what is called a knee-piece, laced over the swelling.

A WORTHY EXAMPLE.—A beautiful memorial of his daughter, who died last summer, has been made by Senator Edmunds, by endowing in her name a room in the Mary Fletcher Hospital, Burlington, Vt. Over the door, outside, a handsome tablet bears the name, "Julia M. Edmunds," and the date of the endowment. Within, the room is luxuriously furnished, every article in it being marked with the initials "J. M. E." On the wall hangs a superb engraving of Millet's painting, "L'Angelus." The endowment, \$5,000, provides for the support and care of one free patient, and its first beneficiary has just been received. Practical charity is not so common in this country but that so beautiful an example of it should be given extensive notoriety. No one could erect a more lasting or pleasing monument to the memory of a dear departed one than by following his worthy example. Our hospitals are none too rich; and such munificence would enable them to dispense even more charity than they do at present. — *Medical and Surgical Reporter*.

PILOCARPINE, as our readers are aware, has lately been much vaunted as a remedy for hydrophobia. Some cases have been published in which it seemed to have curative effects. M. Nocard, who has especially favorable opportunities for information by reason of his position at the Veterinary College clinic, has recently published a note giving his conclusions. We need not follow him through his various experiences: it will suffice to state the conclusions to which he is finally conducted. First. That pilocarpine has neither curative nor prophylactic action in hydrophobia. Second. That it does not effect in enraged animals any modification of the crises which characterize the furious form of the disease. — *Medical News*.

SASSAFRAS IN RHUS POISONING.—Dr. Hinton, in the *New York Medical Journal*, advises the use of sassafras root as an antidote to the poison of rhus toxicodendron. A strong infusion is made of the bark of the sassafras root, allowed to cool and then applied frequently by means of cloths wet in it. Recovery may be expected within twenty-four hours.

THE NUMBER OF PHYSICIANS IN THE WORLD.—According to calculations made by the Medical Academy of Paris, there are at the present time 189,000 doctors scattered over the world. Of these there are 65,000 in the United States, 26,000 in France, 32,000 in Germany and Austria, 35,000 in Great Britain and its Colonies, 10,000 in Italy, and 5,000 in Spain. Putting aside pamphlets and memoirs innumerable, it is estimated that 120,000 works have been published on medical subjects. Among the writers 2,800 are American, 2,600 French, 2,300 German and Austrian, and 2,100 English. — *Medical Record*.

FACIAL INDICATIONS OF PAIN. — Marshall Hall says that in general it may be observed that the brow is contracted by pain within the head; the nostrils are drawn acutely upwards by pain in the chest; and the upper lip is raised and stretched over the teeth or gums by painful affections of the abdomen.

ALLOPATHIC TEXT-BOOKS. — A correspondent lashes himself into fury because a college pretending to teach homœopathy recommends sixty-four allopathic and only thirty-four homœopathic text-books. He says he has refused to become a professor in any college for fear of jealousy, and yet more than half of our colleges have not adopted a book, of which he is the author, as a text-book. Poor fellow! if he had been wise enough not to write a poor text-book he would have saved himself from the disappointment which grieves him, and five colleges would not have felt obliged to put his book on their list.

“NEW YORK CODE.” — Our allopathic exchanges seem to be in a great state of trepidation in regard to the new code. Will it be sustained? Will it be repealed? are questions constantly being printed and discussed. The old code is aimed especially at us, and yet we are the party least interested in its repeal. We can see its absurdity and injustice; but it does not harm us in the least. In fact, it has done more than anything else to develop individual strength and the cultivation of specialties in our school.

SIR THOMAS WATSON, the Nestor of British medicine, died in Reigate, Eng, on Monday, Dec. 11, 1882, aged 90 years. Although he occupied many important professional positions during his long and busy life, yet he is best known to the medical world as the author of the classic “Lectures on the Principles and Practice of Medicine.” These he delivered in King’s College, London, between 1836 and 1840. He was made a baronet in 1866.

CAULOPHYLLIN. — The editor of the *Boston Medical and Surgical Journal* is only just beginning to find out the influence of *Caulophyllin*, second trituration, upon the uterus, about which there are seven thousand homœopathic physicians in the United States who could instruct him. With true allopathic logic, however, he says, “If it will arrest uterine hemorrhage, why would n’t it be a good plan to give a little of it every hour in case of other hemorrhages, — a wound of the radial artery, for instance?” Luckily medicines themselves are more reliable than is the editor’s knowledge of them.

SMALL DOSES. — The following are recommended by Dr. A. A. Smith, of New York: “Castor oil, five drops, rubbed up with sugar and given every two hours in intestinal irritation of children. Tincture of hamamelis, one drop every fifteen minutes, as a sedative in children. Tincture of pulsatilla, one drop, in dysmenorrhœa, every fifteen minutes, also in orchitis and epididymitis. Fowler’s solution, one half drop, in nausea of pregnancy and after a drunken debauch. Tartar emetic, one grain in a quart of water. Dose, one teaspoonful every fifteen minutes, in the bronchitis of children. Calomel, one fiftieth of a grain, in syphilitic headache, without gummata, every fifteen minutes. Also in children, with vomiting, accompanied with mucous discharges, one half grain bichloride of mercury in a pint of water, and administered in teaspoonful doses every fifteen minutes; good for the same affections. Fluid extract of ergot, one drop every fifteen minutes, in menorrhagia.” — *Medical News*.

REDUCTION OF STRANGULATED HERNIA WITHOUT OPERATION. — The following simple procedure is stated by Dr. Finkelnstein, in the “*Allgem. Med. Wochenschr.*,” to have been successfully employed in the reduction of a large number of cases of strangulated hernia: “The patient is placed in the ordinary position upon the back, and every fifteen minutes one or two tablespoonfuls of ether, mixed with a little oil, are poured upon the tightly stretched skin over the intestine. In the course of an hour the bowel usually slips back of its own accord into the abdominal cavity. This action is explained by the author in cases where the strangulation is caused by contraction at the orifice of the hernial sac, as due to relaxation of the inguinal ring from the ether. In other cases, where no contraction exists, Dr. Finkelnstein refers the favorable result to a double action of the cold in causing a diminution in size of the knuckle of intestine and in setting up forcible peristaltic movements. The oil is added to the ether, in the proportion of 20 parts to 100, simply to prevent local irritation of the skin.

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A COMMENT.

THE following is an extract, *verbatim*, from the editorial column of the *Boston Medical and Surgical Journal* of Jan. 11: "No two patients have the same constitutional or mental proclivities. No two instances of typhoid fever, or of any other disease, are precisely alike. The intelligent and efficient care of any case of illness demands a consideration of *all the circumstances which are peculiar to itself, and of the traits of body and of mind which are peculiar to the patient* [the italics are ours]. No 'rule of thumb,' no recourse to a formula book, will avail for the proper treatment even of the typical diseases. Above all, what is the mere routinist to do in the presence of those protean groups of symptoms which characterize the complicated associations and conditions of our modern social life?" This is not quoted for the instruction of our homœopathic readers, but for their edification. Can it be possible that our neighbor of the *Journal* has inadvertently gotten hold of an edition of our "Organon," and, not aware of its title, has been unconsciously infused with the spirit of its teaching, and has been inspired thereby; or has the truth descended and lighted upon him as a revelation never before vouchsafed mankind? It certainly was given with all the *naïveté* of heaven-born inspiration. Let us turn to our "Organon" for reply. Page 94, § 6: "For the physician the totality of the symptoms alone constitutes the disease." Page 95, § 7: "To cure disease, it is merely requisite to remove the entire symptoms." "The totality of the symptoms — *this image of the immediate essence of the malady reflected externally* — ought to be the principal or sole object by which the latter could make known the medicines it stands in need of, — the only agent to determine the choice of a remedy that would be most appropriate. In short,

the *ensemble* of the symptoms is the principal and sole object that a physician ought to have in view in every case of disease." § 14: "Every curable disease is made known to the physician by its symptoms"; and § 18: "The *totality* of the symptoms is the sole indication for the choice of the remedy." § 258: "Never lose sight of this great truth: that of all known remedies, there is but one that merits a preference before all others; viz, that whose symptoms bear the closest resemblance to the totality of those which characterize the malady." And so on through the whole work this key-note is sounded and responds with its music. It is the red thread that runs through the whole fabric of its teachings. Undoubtedly cures have always been made by this method, for the law of similars is a fixed law of nature, though its recognition is of recent origin, the credit of which is due Samuel Hahnemann. We are pleased to know that our friend of the *Journal* is possessed of the spirit of homœopathy, and can express so well its sentiments, though it pains us to see that he is so reserved in acknowledgment of the source of his inspiration. Perhaps he has transgressed the prescribed limits of the code of *ethics* of the Massachusetts Medical Society by consulting with some homœopath. We cannot help but think so from the nature of his musings. We sincerely hope that ostracism will not be his fate. []

THE NECESSITY FOR NEW HOMŒOPATHIC BOOKS.

OUR literature is meagre in monographs. We rely almost exclusively on our general materia medica, leaving the consideration of the vast field of pathology and hygiene to the old school. The consequence is that our new practitioners are obliged to resort to standard text-books of the old school, and thus unconsciously drift from considerations of its pathology to that of its therapeutics, which consists in the main of varying doses of opium and morphine. This, being a far easier way of disposing of a troublesome patient, is readily resorted to by our young colleague, and thus a habit formed which is very difficult to correct. It is so difficult to take your materia medica and study to individualize your case, and is beset by so many obstacles to a young man whose fund of knowledge of drug provings

is very meagre, that, when importuned by his patient to do something at once to alleviate her sufferings, he yields to the allurements of opium, and thus loses all control of his case from a homœopathic standpoint, as ever thereafter the symptoms purely of the disease must be complicated with those engendered by the drug. This tendency is fostered by the number of cheap allopathic libraries that are daily thrust under our noses by polite book venders. We have a case of obstinate constipation that has persistently resisted our chosen remedies. Not recognizing the fault in ourselves of insufficiently individualizing our case, and securing by patient questioning the *tout ensemble* of symptoms, we resort to Allingham on "Diseases of the Rectum," or Flint's "Theory and Practice," in vain endeavors to elucidate some cause for this alarming state of affairs, whether due to pathological changes, morbid growths, or strictures, and finally end with a dose of castor oil or senna. Or the case is one of obstinate nasal or pharyngeal catarrh, and we have in despair resorted to the nasal douche and sprays of salt and water, or alum, borax, etc. All of this might have been prevented, and the case successfully led up to a permanent cure instead of a lifetime of misery, had we possessed monographs, giving in direct and lucid language the pathology, etiology, and finally the homœopathic indications for remedies. Bell on "Diarrhœa and Dysentery" has undoubtedly done much in the right direction, its influence is of incalculable value; also Brigham and Morse on "Catarrhal Diseases"; Bonninghausen on "Whooping Cough," and on "Intermittent Fever"; yet we need constant endeavors in the same direction, we need revised editions of the same works from time to time; and we need also, in connection with therapeutic indications, the pathological changes of the disease discussed, its etiology and prognosis under conscientious homœopathic treatment, so that there will be no necessity of resorting to ancient bastard authorities, there will be no necessity of placing in the hands of young students for careful perusal and vigorous digestion text-books that are faint-hearted in vindication of homœopathy or are directly opposed to its tenets. Many of our young students learn to look up to these as authorities. Human nature has great veneration for authorities, and the young mind will readily absorb this poison, which is ever there-

after to taint their future efforts and to clog their progress. This *locomotor ataxia* is an alarming disease and one very difficult of eradication. The prescription should be prophylactic, — good sound homœopathy, as promulgated by Samuel Hahnemann; earnest study of the “Organon,” and of Hahnemann’s “Materia Medica Pura,” and thorough consideration of the same.

[]

RHEUMATISM NOT THE CAUSE OF CHOREA.

BY CHARLES VISHNO, M. D., NEW HAVEN, CT.

[Recently a theory has been started, and has gained a wide circulation in the medical journals, to the effect that rheumatism is the genetic cause of chorea. The bare statement of this proposition is sufficient to make an abiding impression upon the minds of many medical men, and we may expect to see choreic patients drenched with salicylic acid or compound tincture of colchicum until somebody broaches a theory in regard to it still more absurd. — ED. GAZETTE.]

WHAT I have to offer in this line of thought is culled in part from a paper entitled “The Nature and Management of Chorea and Epilepsy,” by E. C. Spitzka M. D., read before the Manhattan Medical and Surgical Society, May 6, 1882, also from the writings of several other distinguished medical authors.

Dr. Spitzka introduces the subject of chorea as the first portion of his paper, and commences by stating that the question of the pathological basis of chorea has been very much complicated by the neglect of the different observers to discriminate between genuine chorea and symptomatic chorea. The difference is great, and analogous to the difference between idiopathic epilepsy and symptomatic epilepsy. He says, “We know that attacks in their main features resembling the epileptic fit may be due to tumors of the cerebral membranes, to neoplasms, and inflammation of the brain substance, and to other organic affections of the encephalon. But such cases are very much less in frequency than idiopathic epilepsy, a disease in which the most careful investigators have failed to find any essential lesion. It is the tendency of certain self-considered authorities to diagnose a cortical lesion whenever they find spasmodic action of half the body, and it is absurd, and teachings based on such grounds are unfortunate, and misleading in the highest degree; so it is irrational to suspect a cortical or subcortical origin in disease, in chorea, because choreic symptoms are occasionally associated with such a disease. It may be safely asserted that, of the pathological basis of simple chorea, we positively know nothing. The origin, progress, and termination of chorea support the view that

the cause of choreic movements is not to be found in visible brain changes. In several cases of chorea terminating fatally, capillary emboli of the arteries of the corpus striatum have been found by the English observers, and they came to the conclusion that the peculiar motor phenomena of chorea are due to the disturbance of nutrition of the great ganglia of the brain, provoked by occlusion of emboli of their vessels. It is considered by some prominent authors yet to be of rheumatic etiology, as rheumatism produces endocarditis, with valvular vegetations, fragments of the vegetations being carried by the circulation, producing occlusion of the vessels of the great ganglia, and thus the functional disturbance manifesting itself in choreic movements. The writer, by referring to statistics, claims that rheumatism has not that close relation to chorea which has been granted by many. The statistics compiled at Prague showed but two per cent of the number of choreic children who had ever suffered from rheumatism. In his opinion the large percentage which has been given by English writers, and Ziemsen, is to be accounted for by examining the heart of a choreic child, and, upon finding the pronounced murmur present, instantly jumping to the conclusion that a murmur of so marked a character (usually at the mitral valve) can only be the symptom of a valvular lesion growing out of an endocarditis, and, upon questioning the child, it is found that it at some indefinite past time complained of pains in the limbs, and the diagnosis of rheumatism is thus completed." The writer believes in many cases that these pains are neural. Similar pains occur in perfectly healthy children, without any signification being attached to them, and are known as growing pains. It is true that rheumatism and scarlet fever may produce an enfeebled condition of the nervous system, thereby affecting the membranes, predisposing to chorea; but this view is entirely different from the one which would refer to rheumatism the specific relationship to chorea. He refers to fifty cases of his own, and found but one case which he could trace to a rheumatic cause, and even that of doubtful character.

In support of the same reasoning and conclusion, I briefly refer to another distinguished investigator, viz., Octavius Sturges, physician to the Westminster Hospital. He says, "During the past two years I have noted seventy-one cases of chorea with reference to its association with rheumatism. Taking the first series of fifty-one cases, fourteen boys and thirty-seven girls, acute rheumatism is in the history of one, a girl aged ten years and a half.

Rheumatic symptoms are also in the history of six others, and in two of these it is marked as doubtful, and in one as very doubtful. Taking the second series of twenty cases, seven boys and

thirteen girls, acute rheumatism is in the history of two ; in three there were limb pains, which, from described character, were clearly not rheumatic ; and in no instance did chronic or subacute rheumatism seem to have been present." That fifty-one consecutive cases should favor no more than six, or three, instances of previous rheumatism does not go far to encourage the belief that the rheumatic poison or diathesis, in some way or other, produces chorea. Neither is such a belief supported by the statistics of others. The distinguished Trousseau believed that the vice rheumatismal was the most marked and unquestionable of predisposing causes, and reached that conclusion, considering as evidence of rheumatism any traces of past endocarditis, as well as the articular disorder. By the same kind of evidence and reasoning, Dr. Peacock found articular cardiac affection in as many as five out of fourteen choreas, and, speaking in a general manner upon the subject, the statistics are rendered valueless, owing to the fact that cardiac murmur (which it is now admitted may belong to chorea as such) is taken for evidence of rheumatism. Rheumatic fever occupies a somewhat different position. Dr. Ogle found eight cases of rheumatic fever in eighty cases of chorea ; Dr. Chambers found six in thirty-three ; and in twenty-two consecutive cases, recorded by Dr. Sturges at the St. George's Hospital, there were three in immediate and observed connection with acute rheumatism.

In the seventy-one cases of Dr. Dickinson, there were four which succeeded definitely and immediately upon acute rheumatism. In the twenty-two fatal cases, by the same author, rheumatism is put down as the cause of the attack in five. All but one of these had acute rheumatism, and that one, a girl of thirteen, had it three times in connection with as many attacks of chorea. There is similar testimony in a paper presented by Dr. Bright, entitled "Diseases accompanying Affections of the Pericardium." He says, "We have here a youth of seventeen years affected with violent convulsive spasms, which is likened to chorea, and associated with rheumatism and endocarditis. The convulsions are more violent than is almost ever seen in chorea. It may be also added that the subjects of this form of affection are mostly past childhood." An instance very similar to Dr. Bright's, occurring in a case of a girl of eighteen, lately reported in abstract by Dr. C. E. Hoar, of Maidstone, the choreic movements occurred in the course of acute rheumatism with mitral murmur. It soon became extremely violent, and terminated in death in four days. In reference to these last-named cases, it is a question beyond doubt that the symptoms were those of acute rheumatism. In each, the convulsive affection arose in connection with that disease, and there was a strong presumption in

favor of fibrinous deposit about the cardiac valves. Nevertheless, although a wide search or exceptional opportunity may yield many cases of the kind, so far is it from representing any rule of chorea, that we have fifty-one consecutive cases with but one instance of it. Rheumatism is an extremely vague expression, and more so in instances of children. Joint pains in girls is mostly non-rheumatic. We often meet cases in our general practice of chorea developing out of pain; as pain, the rheumatism which is spoken of, is not in immediate connection with the chorea. It is alleged to have taken place at some period, and this, in the majority of cases, by ignorant women who answer at random. So grave and mysterious a doctrine as that the rheumatic diathesis tends to produce chorea can never become established on so small a foundation. In the cases under special consideration the evidence seems to amount to this fact, that in fifty-one instances there were six which were said to have suffered from symptoms which might have been rheumatic; but in half of the six the facts were admitted to be doubtful. Among the rare incidents of acute rheumatism, none are more remarkable than those produced by embolic plugging of the cerebral vessels. That such an event should by a slight modification not produce paralysis, but convulsions described as choreic, yet, as Dr. Bright remarks, more violent than is most ever seen in chorea, may very easily be conceded to the advocates of the embolic theory of chorea. But the occurrence of embolism, though undoubted, is a very rare and unusual event of acute rheumatism. Much more, then, must this particular consequence of it be rare and unusual. Embolism happens precisely in those cases where death enables the pathologist to find it. The connection between acute rheumatism and chorea must be admitted in certain cases, but so rare is the combination, however, in non-fatal chorea, that, in the first series, it contributes but one in fifty-one, in the first and second together, but three in seventy-three, and in all three, including the third series of twenty-two, but six in ninety-three. These facts seem to justify, somewhat, the following conclusions:—

That acute rheumatism is seldom found in the history of chorea, yet does occur in isolated cases in such a connection as to justify the assumption of direct relationship, but the instances are so exceptional that it scarcely affects the question of the ordinary attacks of chorea in childhood. Again, chronic rheumatism is so difficult of identification, and so often disconnected in time, so seldom seen by competent observers in actual connection with chorea, and imputed without just cause, that the rheumatic diathesis, as a cause of chorea, is not duly proven by facts.

FIVE CASES OF PLACENTA PRÆVIA.

READ BEFORE THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY,
BY DR. WALTER WESSELHOEFT.

THE following five cases are those which have come under my own personal knowledge in twenty years of obstetrical practice. They present no points of special importance apart from the great interest attaching to all such cases, but I believe them to be typical of the various forms under which placenta prævia is liable to occur.

Case 1. Mrs. R. M——, aged forty-two; mother of six children; free from uterine disease, but of a delicate, sensitive, nervous organization. The pregnancy in question showed no noteworthy deviations from any previous one, except increased prostration, languor, pallor, and feeble and capricious appetite. First hemorrhage occurred at about the seventh month, waking the patient out of sleep at night, and ceasing spontaneously after two or three copious gushes. After that, at intervals of about three weeks, there were hemorrhages varying in quantity, but never to an alarming degree. Towards the end of the ninth month, about ten days before confinement was looked for, sudden and violent hemorrhage came on early in the forenoon, preceded, as the previous attacks had been, by bearing-down sensations and fulness, like the sensations attending menstruation. The gushes were so rapid and profuse that at the end of three quarters of an hour, when I reached the patient, she was already pale, almost pulseless, with cold extremities, vomiting, great nervous excitement, and severe frontal headache. Internal examination. The finger passed through masses of coagula, which filled vagina and cervix, through the internal os, which was dilated sufficiently to admit the first joint, but no more. The edges were firm, not yielding or dilatible as is generally said to be the case under these circumstances. The tip of the finger came at once against the unmistakable substance of the placenta, which was felt to be firmly adherent in all directions. The adhesion was tough, fibrous, and not easily broken over. The presentation could not be made out. As dilatation and turning were not practicable, either on account of the general condition of the patient or that of the os, I immediately punctured the membrane by means of the stylet of a catheter, the hemorrhage still continuing freely during the manipulations, which were somewhat retarded in consequence of the great toughness of the placenta itself as well as the membranes. As soon as the liquor amnii had escaped I plugged the vagina, according to the method in use in those days, with two large silk handkerchiefs; whereupon the hemorrhage ceased. Stimulants

caused vomiting, but milk and gruel and plenty of cold water were borne well. The patient gradually came out of the state of collapse, pains slowly set in, and at the end of three hours labor was well under way. In further three hours the child was born without artificial aid. The placenta followed spontaneously at the end of half an hour more. The child was still-born. The mother recovered slowly but satisfactorily.

Case 2. M. S. W.—, aged twenty-four; mother of one child; always regular in menstruation; no uterine affection, and otherwise healthy, with the exception of severe attacks of asthma, which continued throughout pregnancy, increasing in force towards the end. Was seized at full term with slight hemorrhage, amounting at first to no more than the copious flow not unfrequently seen in primiparæ at the beginning of labor. With increasing pains, which set in before the discharge, this latter increased, until at the end of an hour it came in frequent and copious gushes, both during the pains and the pauses. Vagina and cervix filled with firm clots; os undilated at first, but at the end of an hour and a half as large as a quarter of a dollar. The placenta could be distinctly felt, and its margin made out overlapping the right margin of the os. The membranes were punctured, the water escaping rapidly, all pains ceasing, though up to this time they had been rapid and strong. As the hemorrhage continued the vagina was plugged with pledgets of cotton, well packed into the fornix and around the os. The bleeding was lessened by the plugging, but not wholly checked. At the end of half an hour the pains again set in, expelling a living child, in head presentation, at the end of two hours. After half an hour, during which the uterus was encouraged to contract, the placenta was expelled by expression.

During the progress of this case the pulse never became alarmingly feeble or rapid, though the effects of the loss of blood were apparent in the faintness at the præcordia, the vertigo, severe headache, and restlessness. All these symptoms ceased after the plugging and marked lessening of the flowing. Persistent dribbling of blood set in after the expulsion of the after-birth, with renewed symptoms of acute anæmia. By steadily compressing the uterus from above, and counter-pressure with two fingers in the vagina, all undue hemorrhage ceased at the end of an hour. From that time forward both mother and child did well.

Case 3. Prague, Aug. 3, 1871, with Dr. E.—. Elderly woman, mother of several children; squalid, ill-nourished; in a small, filthy room, intensely hot and stifling. Had had pains and flooding for an hour or more before our arrival. Bed and floor drenched with blood. The only attendant a half-idiotic girl. The pulse was hard to be felt; extremities cold; cold sweat, constant faint-

ing; neither patient nor attendant can give any account of what had gone before. The os dilates to size of silver dollar; placenta distinctly felt adherent throughout circumference of os. Adhesion here also seemed tough and leathery. Plugging was attempted by pledgets of lint, while alcohol, and afterwards ether, were injected subcutaneously. The pulse rallying a little, Dr. E—— determined, against my judgment, to deliver, as the presentation by external examination could be made out to be by the breach. The breaking-away of the placenta from its attachment so greatly increased the hemorrhage that before the child could be wholly extracted the patient was dead. The child's head was delivered with great difficulty. Still-born.

Case 4 Mrs. E——, aged thirty-four; pale, sallow, dyspeptic. Mother of one child; many miscarriages, probably wilful; was nearly six months pregnant; copious and increasing hemorrhage for three days, but has been up and about, as she thought she was going to miscarry, and wanted to hasten matters by moving about. Cervix long, thick, firm; internal os but slightly dilated. Finger reached nothing but clots. Pains moderately strong, but at long intervals. Plugged firmly with cotton pledgets at night. Next morning, on removal of plug, found os dilating; placenta felt covering os, firmly adherent. Os firm, hard, dry, thick. As bleeding is slight, plug is not renewed. Great restlessness, headache, excitement; anxious, haggard expression. Pulse 110, temperature 101.3. Cool applications to abdomen. *Arnica*. In the afternoon renewed hemorrhage. Plugged by Barnes' dilators, which, however, could not be made to remain in the cervix. The pressure, however, checked the flowing and excited pains. After six hours the foetus was expelled. The placenta refusing to follow by expression, the attempt was made to detach it. Only the larger half was brought away, however. As no hemorrhage followed and the woman was greatly exhausted, it was thought best to leave the remainder to loosen and come away by itself. The patient had a moderately good getting-up, no new hemorrhages setting in. At the end of the fourth day the remains of the placenta were removed with ease. Febrile disturbance and inflammatory symptoms were slight. The long-continued loss of blood before delivery sufficiently accounted for the subsequent debility.

Case 5. Alice ——, primipara; age twenty-two; barely recovered from exophthalmic goitre of three years' standing. During pregnancy the thyroid again enlarged, the bulbi protruded, and great debility ensued. No history of uterine disease except menorrhagia and dysmenorrhœa. Conceived speedily after marriage; passed through pregnancy with much suffering from prostration, vertigo, fainting fits, and excessive morning

sickness throughout. Was seized with flowing about a fortnight before confinement was looked for, but flow subsided spontaneously before aid could reach her. Remained well and in bed for another week, though greatly affected by the loss of blood, which was not in itself excessive. As both quickening and foetal pulsations were growing daily more feeble, it was proposed to hasten delivery. Before measures could be taken, however, to bring on labor, hemorrhage set in with such suddenness and violence that the patient expired before any aid could be rendered. The os was so little dilated that it would hardly admit the smallest size of Barnes' dilators. The membranes were ruptured, but before the waters escaped the pulse had stopped. No post-mortem was permitted, and all the physicians, who had been summoned in haste, agreed that it was useless to deliver the child, since all signs of life were extinct. In this case the actual loss of blood was by no means as great as in any of the preceding ones. The disease of the vascular system and the pre-existing state of debility make it probable that the patient would not have survived her confinement, even if it had been normal.

So far as any inferences regarding treatment are concerned, these cases, taken by themselves, are too few to warrant any conclusions; but, taken in conjunction with such other well-reported cases as I have been able to find in the literature at my disposal, they are not without value. Until I have wider experience, however, I shall continue to hold to teach that the cases in which dilatation and turning are possible and safe are much less common than those in which the so-called expectative course, *i. e.*, rupturing the membranes, and plugging, is indicated. In none of these cases have I found that soft and yielding os, which is said to be almost invariably present. Without attempting to lay down for myself any hard and fast rule which can never be done for any large class of cases, I think it safe to say:—

First, that in all cases in which the os is but slightly dilated, whether soft or hard, the hemorrhage great, and the effects of the loss of blood marked, the safest course is to rupture the membranes, and plug effectually. Those will be found by far the most common cases. Second, in those cases in which the os is actually dilated, or so dilatable as to readily admit the hand without undue stretching or bruising, in which the hemorrhage, in spite of the dilatation, persists, and the woman is still possessed of sufficient strength to bear the shock of the operation, turning is safe and advisable. These cases will be found comparatively rare. The reasons why I would limit this procedure to the cases most favorable for it are, that the great vulnerability of the os and inferior segment, in consequence of the great vascularity and alteration of its structure from the insertion here

of the placenta, predisposes more than under normal conditions to traumatic inflammation, to rupture of the circular artery of the cervix, or to paralysis of the muscular fibre at the site of placental attachment. From these conditions follow the numerous cases of death from septicæmia, and postpartum hemorrhage, which swell the death-rate of the cases of placenta prævia reported. In some three hundred cases which I have analyzed, with eighty-four deaths, no less than thirty-three deaths were due to placenta prævia hemorrhage and various forms of destructive uterine and pelvic inflammation. My preference for the more conservative course is based upon the fact that since Barnes in London, and Thomas in this country, began to teach this method, the death-rate has undergone a marked change for the better. Barnes mentions a series of twenty-nine successive cases without a single death; and of sixty-nine cases in which various methods were used, his death-rate is but nine per cent against four per cent, according to the less conservative method. It is due to Dr. Guernsey, of Philadelphia, to say that he taught the method of rupturing the membranes, which, by the way, is as old as any, before either Barnes or Thomas, and while the entire profession was following the harsh, irrational, and destructive teachings of Simpson of Edinboro'. Dr. Guernsey's essays I have not been able to find; but I believe them to be very favorable. In seventy-four cases reported by Spiegelberg and Fraükel, the death-rate is sixteen per cent, in all cases comparing favorably with the other statistics. Here, too, it is evident that the increased saving of life is owing to the less frequent resort to rapid dilatation and turning. While in these cases the immediate result was uncommonly favorable, viz., five and a half per cent of all mothers, and twenty-two per cent of all children alive directly after delivery, the actual results gathered at the end of the cases, as above, was sixteen per cent of women and about thirty-five per cent of children; though I believe this latter far too favorable a showing. Of upwards of one hundred cases reported in a paper read before the Institute of Homœopathy in its session of 1880, the death-rate, as I judge, is about eleven per cent; but as the cases are so badly reported, being neither tabulated, analyzed, nor classified with regard to treatment and its results, as so large a mass of valuable material should have been, they are of no practical value. It is to be regretted that the writer of the paper should have been led into recommending the most pernicious of all the methods of treatment, that which consists in tearing through the placenta and membranes, and extracting the child through the opening thus made. Losing time, too, with all manner of dilators, such as are recommended in this paper, is, to my mind, bad practice.

REMOVAL OF BROKEN CATHETERS FROM THE BLADDER. TWO CASES.

BY I. T. TALBOT, M. D.

CASE I. Mr. K——, aged seventy-two, a thin, wiry man, was broken down by hard work, exposure, domestic grief, and loss of his property. He had suffered from dyspepsia for many years, accompanied by rheumatic pains in back and joints. Of late years he has suffered from enlarged prostate gland, attended with much cystitis and occasionally severe ischuria. At times he has been obliged to have the urine drawn with a catheter. In October, 1880, after a severe cold, the cystitis was greatly aggravated and urination could only be secured by the catheter. On Nov. 1 he procured a flexible catheter and learned to pass it himself. By exposing the instrument to intense cold, or other cause, it became brittle. On Dec. 3, he applied to me, stating that, in attempting to withdraw the catheter two days before, it had broken, leaving a part of it in the bladder, and that the urine was constantly dribbling from him, and was not under his control. He was, moreover, suffering great tenesmus and pain. On examination, I found the broken end was still remaining in the membranous portion of the urethra, but I was unable to withdraw it with the urethral or alligator forceps. On the 4th it had still farther receded, and, notwithstanding careful manipulation, escaped through the sphincter vesicæ into the bladder. The cystitis was greatly increased, and through the catheter large quantities of mucus were voided. The pulse and temperature increased, the tenesmus was aggravated, and there was great soreness of the lower part of abdomen. Doubting his ability to bear an operation, and yet fearing fatal results if the foreign body was not removed, on Dec. 6, at 12 M., with the assistance of Drs. Packard and Emerson, under the carbolic-acid spray, and with subsequent antiseptic dressing, I performed suprapubic lithotomy. The urine was first drawn and the bladder thoroughly washed, and on filling it with carbolized water the fundus readily rose above the pubis. The thin abdominal parietes made it very easy to open the bladder and seize its edge with forceps. The gush of water from the opening brought to it the fragment of catheter, which was readily seized and withdrawn. The mucous lining of the bladder was found to be highly inflamed. The edges of the wound were drawn together with ligatures of carbolized catgut, and the abdominal walls with silver wire. The peritoneum was not wounded. A flexible catheter was left in the bladder, and the urine not allowed to accumulate. He passed a comfortable afternoon and evening, recovering well from the effects of ether, but

the latter part of the night he was restless and feverish, and at 4 A. M. had a well-marked chill. At 8 o'clock, on Tuesday, Dec. 7, the day following the operation, his pulse was 120, temperature 104.8. The evening, temperature decreased, but rose next morning to 105.6, pulse 130, with considerable tympanites. On the 9th the urine became scanty, delirium ensued, and in the afternoon he sank into a deep coma and died at 4 A. M. of Dec. 10.

An autopsy revealed extreme cystitis, with ulcerative abrasion of large patches of the vesical mucous membrane. The bladder contained two ounces of pus and bloody mucus. The right kidney was nearly normal in size and appearance, although somewhat congested. The left kidney was less than half the size of the other, with considerable pus in the pelvis and along the ureter. There was some lymph on the superior portion of the bladder, and peritoneum in its vicinity, and considerable serous effusion in the surrounding tissues.

CASE II. Mr. A. C.—, aged seventy-two, of medium size and elastic temperament, never robust or strong, but usually well and able to attend to active business, which was that of accountant, entered the Massachusetts Homœopathic Hospital on Tuesday, Nov. 14, with the following history:—

For several years he has been troubled with ischuria, which was caused by enlargement of the prostate gland. Whenever he took cold, or was unduly exposed, he was obliged to have his urine drawn with a catheter. As his physician resided at a considerable distance, he was taught how to pass the catheter himself, and a well-tried silver prostatic catheter was left with him for that purpose. He used it several times successfully, but on the Saturday preceding, probably by bending it with too much force, he broke it, and left four and a half inches remaining in the bladder. No special efforts were made to remove it from the bladder until he entered the hospital. The sound readily detected contact with metal, and on Wednesday, 15th, linear lithotomy was performed, opening freely the prostate, and passing the forceps through the sphincter without dividing it. The ends of the catheter were found to be lodged in the sides of the bladder, the curve toward the fundus. It was a difficult matter to change the position with the forceps, and quite impossible to bring either end of the catheter to the orifice. A small blunt hook was introduced, with which the catheter was seized near its centre, and by gentle traction the curve was reversed and brought nearer to the orifice. From the contractions of the bladder it was found to be quite impossible to further change the position of the catheter, or to bring either end to the opening. As the catheter had already broken on slight pressure, was it not possible to repeat

this in the bladder? An additional blunt hook was thrown upon the opposite side of the catheter from the one already holding it, and firm but gentle traction made, and without great force the catheter was found to bend upon itself, and was easily withdrawn from the bladder. No essential violence was done either to the walls of the bladder or to the sphincter. A flexible catheter was inserted, and worn, with occasional change, for two weeks, at which time the wound was quite closed. No untoward symptom arose in the mean time, the pulse never exceeding 80, or the temperature 102°. The patient remained in the hospital until Dec. 20, when he was discharged cured.

While it might be a somewhat dangerous expedient to break a silver catheter within the bladder, allowing the ends to press against the walls, yet an actual trial of the force required to do this would show it to be much less than one would suppose. An instrument might easily be arranged to be passed down the sides of the hooks, which could afford counter-pressure, and thus completely relieve the danger of injuring the bladder; and, if such cases were of frequent occurrence, such an instrument would be very important.

IRRITABLE ULCER OF THE ANUS.—A CLINICAL CASE.

F. B. PERCY, M. D.

THE following case is presented, not because of anything unique in its character and treatment, but merely to show that mild measures and the appropriate medicine will often produce results which surprise us. To a physician who has ever treated a case of this kind, there is no need of proving to him, by citing such authorities as Mollière, Nelaton, or Van Buren, that a spontaneous cure is impossible. Just here let me preface my case by a few words about this disease. As to what it is, I quote from Van Buren, who says, "There is no disease to which humanity is liable, — certainly none so insignificant in extent, — which is capable of causing more intolerable suffering than the ailment generally known as *fissure of the anus*. It is more properly styled an *irritable ulcer*; for this designation describes accurately the true pathological nature of the disease. The ulcer originates in a fissure or crack in the delicate integument lining the orifice of the anus, or, to speak with greater exactness, in the integument just about assuming the character of mucous membrane which lines that portion of the rectum embraced by the sphincter ani muscle. Doubtless there are cracks and fissures occurring frequently in this exposed locality under the influence of costiveness and violent stretching, which will get well

promptly without their existence having been suspected; and others, again, which last a longer or shorter time and give but little trouble. But in certain conditions of the system, and when, under the necessity imposed by habitual constipation, this forcible distention is repeated daily, the fissure fails to heal promptly, and then, as under circumstances of constantly repeated mechanical irritation, an unhealthy condition is begotten in the little wound thus balked in its effort at repair, and this effort gradually diminishes, and finally ceases entirely. The solution of continuity, or ulcer, as it is now, being still exposed to constantly recurring mechanical violence, and to the contact of chemically irritable substances, is kept thus in an actively excited condition, and soon puts on all the features of an 'irritable ulcer.' "

As to the diagnosis of the disease, this same author says, " You will be naturally anxious to know how to recognize an affection for which there is so prompt a remedy; and this knowledge is gained by observing the periodical character of the pain, and the manner in which its paroxysms are produced,— for it is paroxysmal in its occurrence, and at times the patient is entirely free from suffering. You will find that the pain invariably follows the act of defecation, either immediately or after a short interval. In the act itself, the pain is not necessarily severe, — it may be confined to a moderate sensation of smarting or burning, — but shortly afterward the peculiar, unbearable, tormenting pain which characterizes the disease comes on, and continues without cessation for a period which varies, in different cases, from two to fifteen or twenty hours. It then goes off entirely, except in rare cases, to return inevitably with the next movement of the bowels." Oftentimes such a case is dismissed as one of neuralgia of the rectum, whereas a careful examination would have at once revealed the nature of the disease.

The treatment of the disease by the old school was singularly unsuccessful until Boyer first practised division of the sphincter ani muscle for its cure. Since his time, various modifications of his operation have been offered; but Van Buren's method of forcible dilatation offers the simplest and most rational means for its relief, and his success is a sufficient guarantee of its utility. So you see, the cure of an irritable ulcer by old-school practitioners is relegated to the domain of surgery, though a few of the English school profess great confidence in an ointment, of which the subchloride of mercury is the principal ingredient. As to the homœopathic treatment of this condition, there seems to be an almost universal concession of opinion as to the efficacy of *Nitric acid*, though Dr. Jansset uses empirically *Ledum acre*, and in Vol. III. of the *Homœopathic Times*, the value of *Rhatany*, externally and internally, is highly extolled by a writer on this subject.

But enough of these introductory remarks, and now let me present the case before promised. I was called to see Mrs. —, April 14, 1882. I found her in bed, exceedingly weak, much reduced in flesh, anæmic, and with an expression of face indicating great suffering. The history of her case, as given by herself, was as follows: Some two months previous she first noticed a peculiar, gnawing pain after stool. It was not severe enough to make her cry out, but a dull, wearing pain, even harder to bear than the other. Upon examination, she discovered on the anterior wall of the anus, just within the external sphincter, a slight crack, and, thinking it a simple thing, she used various salves and ointments; but all to no purpose. She then consulted a lady physician in Boston, who evidently understood the nature of the trouble and applied *Nitric acid*. A first application failing to relieve, a second was made, but only with the result of making bad matters worse. At this juncture an old-school physician, who had confined her with her only child, was called in. He made a slight incision through the sphincter, applied a wash of mercury, gave cathartic pills, and opiates to allay pain and produce sleep. It is needless to say, neither sleep nor freedom from pain was obtained by such measures. On examination, I found a deep, angry looking ulcer on the anterior wall of the rectum, involving not only the sphincter, but also extending along the perineum. A movement of the bowels was now attended by the most agonizing pain, which continued for hours. The discharge from this was thin and serous, and there was not the slightest indication of any healthy granulation. I need not rehearse to you the symptoms which so clearly pointed to the use of *Nitric acid*, thus only confirming the strong clinical evidence in its favor. Suffice it to say, I administered the remedy in the 2^x dilution, dissolving ten drops in three ounces of water, of which two spoonfuls were taken every two hours. Her food was chosen with reference to forming as little excreta as possible, and consisted largely of milk, farinaceous foods, beef-tea, and fruit, adding to this list eggs, beef, etc., as she was able to bear them. The food was administered in small quantities once in three hours. I also advised the daily use of injections of tepid water, to remove any fecal accumulation, throwing into the bowel, immediately after the water, an ounce of olive oil, which not only lubricated the parts, but also protected the raw surface of the ulcer. After movement, I had inserted a rectal suppository of *Calendula*, and also through the day had a lotion of *Calendula* constantly applied. The first night proved a comparatively comfortable one: the pain much diminished, the movement of the bowels less painful, and her appetite improved. In the course of a few days the discharge changed in character, became

thicker ; granulations sprang up, and in three weeks she was discharged cured. The almost immediate and permanent relief of the pain, and the improvement in general health dependent upon the use of *Nitric acid*, were almost marvellous. Its use was continued uninterruptedly, and only supplemented for a time by the use of *Hepar sulphur* 3^x.

A CASE OF INTUSSUSCEPTION.

REPORTED TO THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY
BY JOHN H. PAYNE, M. D.

THE patient, a male, age forty, of fine physique, stout, strong, and energetic. On the evening of Jan. 5, 1877, while carrying a package of glass under his arm, he slipped on the ice and fell, and in the effort to save the glass wrenched himself. On recovering his footing, managed to crawl to his home, where he fell down unconscious. Remained in this state until the afternoon of the following day. Allopathic aid was summoned, which pronounced it intussusception, and immediately resorted to injections of air and turpentine and hot soapsuds, in the effort to inflate the intestines sufficiently to cause a return to their normal position. Failing in this, the patient having recovered consciousness enough to be sensible of the terrible agonizing pain which he was suffering, they administered opiates. The result was a constipation so effectual as to cause complete inanition of the bowels for nineteen days. This had to be eased by senna and figs, and by injections of soapsuds and turpentine, which, as the patient says, resulted in a discharge of a small portion of intestine and a deluge of blood. After this, the opiates were again resorted to. This treatment continued under various allopathic physicians for a period of *three years*, the patient meanwhile losing ground, and being left finally with the cheerful assurance of being beyond human skill, and that death might result at any moment.

I saw him first during the spring of 1880. He then presented the following symptoms : Abdomen much bloated and fluctuating on percussion, ameliorated by lying down. Left lumbar region three inches to left of umbilicus and on a line with it, over the descending colon, and covering a space the size of a hand, exquisitely sensitive to the slightest touch. Stools mainly of blood and mucus and pus (he was then living on the thinnest of gruel and water), preceded by a sharp, shooting pain from left abdomen, region of sore spot, directly across to right abdomen, and thence through to rectum, where it culminated in agonizing tenesmus, and a sensation as though the rectum was filled with

bits of broken glass which were cutting and tearing their way through. This symptom was constant. Usually nausea and occasionally vomiting of bile and ingesta during and following stool. The region of the obstruction would seem to fill up as if the fæces had collected there above a constriction, and just previous to stool he would feel a sudden giving way in this region, followed by a partial relief of the pressure. The patient had lost much flesh, though not emaciated; was drawn down very much to the left side and could not walk erect, and in moving about made use of a crutch or stout cane. I prescribed *China*³⁰, a diet of milk, gruel, and light broths, a cold wet bandage completely about the waist and abdomen, and avoidance of all excitement. Under this treatment the sensitiveness of the abdomen and the bloating markedly decreased, and the character of the stools changed and became more fecal and less of blood and pus. The nausea, vomiting, and tenesmus continuing, together with the peculiar shooting pain in abdomen from left to right, and the scratching sensation in the rectum, I prescribed as an intercurrent an occasional dose of *Ipecac*³⁰, which very soon had the desired effect of amelioration, and ultimately produced a complete disappearance of these symptoms. After about six weeks of this treatment a ring of the intestines was discharged with the stool. He continued under my care for six months, receiving meanwhile an occasional dose of the above-named remedies as required. At the end of that time he was discharged as cured. I have seen him frequently since, and he assures me that he is perfectly well and strong, and able to eat anything. He stands erect and can accomplish a great amount of manual labor.

In this case the principal symptoms demanding the use of *China* were: Extreme sensitiveness to pressure of abdominal walls, the ascitic state of the abdomen, and the exhaustion consequent on a prolonged drain on the system. The symptom of scratching and cutting in rectum, as if filled with bits of broken glass, is not found in the proving of *Ipecac*, though the "pain in abdomen constantly shooting from left to right" is found under this remedy. In this case it seemed to afford prompt relief from both of these symptoms when associated with nausea and vomiting at stool.

A MEDICAL NEW DEPARTURE.

[From the *Boston Evening Transcript* of Jan. 31, 1883.]

UNTIL very recently it was the proper thing for a homœopath to hate an allopath (officially), and for an allopath to despise a homœopath (also officially), with all his mind and might and

strength. Time was when a physician of the regular school would no sooner think of consulting with the disciple of Hahnemann than would the Israelite of old stoop to dealings with the people of Samaria. But prejudices, notwithstanding their proverbial longevity, are bound to die out at last, when, like all things dead, they are soon forgotten. Thus will it undoubtedly be with the schisms which have divided the medical men for so many years. The time is not far distant when it will be forgotten that there ever were such feelings upon questions of mere method, where the aim sought was upon every hand identical.

At the meeting of the New York State Medical Society, in February of last year, a new code of ethics was adopted, containing the following significant rule:—

Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.

Here was the entering wedge which was to rend asunder the hide-bound prejudices of generations of schoolmen, and at this week's meeting of the Medical Society for the County of New York that wedge was driven home—"in the interest of humanity," of course, and not because of any letting-up of the abhorrence in which the heretics must always be held by the disciples of the true doctrine—by the following resolve, adopted by a vote of one hundred and thirty-five to forty-three, "amid the applause of the assembled physicians."

Resolved, That the Medical Society of the County of New York approves the amendment to the by-laws of the Medical Society of the State of New York adopted at the annual meeting in February, 1882, and that we indorse the system of medical ethics therein substituted for the former one, especially because it leaves the matter of consultation to the discretion, the honesty, and the humanity of the individual practitioner.

Dr. D. B. St. John Roosa, who introduced this resolution, endeavored to include a recommendation to the delegates to the State society that "they labor for the further simplification of the system of medical ethics until it shall not contain specific rules for the regulation of professional etiquette, but only authorize procedure against conduct plainly unworthy of a physician and a gentleman." This, however, was more than could be swallowed, and Dr. Roosa, being a discreet physician, withdrew the objectionable feature of his resolve, no doubt concluding to wait until his patients should be in condition to bear such strong food. Indeed, even what was taken was accompanied with wry faces, plainly showing that it was not particularly relished, and it re-

quired such condiment as the following from Dr. Roosa to make it go down at all:—

“It is said that we are about to take the homœopathists into our arms, and that this action will be heresy. We are going to do nothing of the kind. The new code simply says that we may consult with homœopaths when asked to do so. It don't say that we must call in homœopaths to consult with us; and nobody imagines that we shall so far forget our duty to our patients as ever to do such a thing. An idea has prevailed in the past that for a regular physician to consent to consult with a homœopath was equivalent to his committing murder. The idea was absurd, and I rejoice that the new code gives us a little personal liberty on this question.”

It is pleasant to read that “these remarks were greeted with loud applause.” But up rises Dr. John P. Garrish, to protest against what he characterized as an outrage. “Are we going to allow everybody,” he asked, “to come into our profession, and recognize them as practitioners? That is what this rule practically amounts to. I am happy to say that I never consulted with a homœopath, and I never shall. I have too much respect for them. I should have very little respect for myself if I did consult with them. I do hope and trust that this resolution will be voted down.” It is proper to remark that the report from which we quote these hysterics is sandwiched with “laughter.”

Dr. Andrew H. Smith then adds a little more condiment — “in the interest of humanity,” of course, and not out of any love for the homœopaths.

He was as firmly opposed to dogmatism as any gentleman on the floor; but for fifty years the profession had endeavored to oppose dogmatism in precisely the manner in which the dogmatists wanted to be opposed. The result of the old code was that when the patient of a homœopathist desired to have, say, Dr. Austin Flint called in to consult in his case, the dogmatist could say to him, “Dr. Flint won't consult with me. He won't see you unless you dismiss me.” In nine cases out of ten that silenced the patient, and he was deprived of the benefit of the experience of a regular practitioner because the code had no provision for the needs of humanity. We don't propose to take the dogmatists into partnership with us, but we do propose that when their patients ask for a legitimate opinion in regard to their cases they shall be privileged to receive it.

It was now Dr. Austin Flint, Sr.'s, turn to make up a wry face. He believed in the old code, under which the profession had prospered and become respected in the past. That code required that no regular physician should hold a consultation with any one whose practice is governed by exclusive dogmas. “I

think," he said, "that when a body of men organize in opposition to the medical profession, take a name of their own, and practise in accordance with exclusive dogmas, ignoring the accumulated experience of physicians, no regular physician can fraternize with them and maintain his self-respect. The old code was adopted thirty-five years ago by every organization in this country which has adopted any code at all. It contains rules of which we, as a profession, should feel proud. The adoption of this substitute would, I believe, do away with the code altogether; and I do not believe that this will ever be done. Whatever this society may do, I do not believe that the code of ethics will ever be abrogated."

In quite a different vein were the remarks of Dr. C. R. Agnew. He thought that the tendency of the new code, and especially the rule governing consultations, was to elevate the moral standing of the profession. "My position," said the speaker, "is simply this: I believe in meeting error with the truth, and not with persecution. From some of the things which have been said here to-night one might suppose that we were living in the first half of the seventeenth century. Error never has been and never can be destroyed by persecution. I advocate the new code because it is in keeping with the refined ethics of the time in which we live. Nothing could be safer than the new rule governing consultations. When the old code came into existence there were, perhaps, a score of homœopaths in this country; now there are fully six thousand. What has persecution done to defeat error here? You can't re-enact the old proscriptive, trades-union code if you want to. It is a dead letter, like the Fugitive Slave Law; and this society should recognize the fact."

These remarks, which were "loudly applauded," found a responsive echo in the generous words of Dr. Fordyce Barker, who showed himself more willing than any of his compeers to break loose from old moorings "in the interests of humanity."

The "exclusive dogma" of the old code has dignified a false doctrine to such an extent that it has grown into a new school, which has many followers among the public. Exclusive dogmas are not confined to the homœopathic school. They are found among many who belong to the old school; and many of these "exclusive dogmas" are far more dangerous than those of the honest homœopathists. We are meeting with exclusive dogmas in the profession constantly; and these dogmas are generally a "rejection of the accumulated experience of physicians," to quote the old code. If we are called to consult with a homœopathist, in order to save the life of his misguided patient, it is our duty to consult with him and undo the evil he has done, if we can; and I am glad that we have a code at last that permits us to do our whole duty to humanity.

At the conclusion of this speech, which was received with alternate laughter and applause, the resolve was passed.

It is easy to see for one who reads between the lines of all these speeches, that the homœopath is not exactly held to be the charlatan and quack that all this devotion to "the interests of humanity" might lead one to infer, but rather that he is recognized as a brother worker in the healing art; and, that the slurs which were cast upon the heretics were mainly intended in a Pickwickian sense, is apparent from the jollity which their utterance called forth. When men laugh a great deal they are not likely to be in a vicious frame of mind; and in this instance the laughter would seem to indicate how lightly these physicians held the great principles for which they had all their lives been dying, and leaving others to die. Clearly, the world moves,—and the New York doctors have moved with it,—but not the Massachusetts world, nor the Massachusetts physicians.

The code of the Massachusetts Medical Society contains the following paragraph:—

"Any person engaged in the practice of medicine or surgery in this Commonwealth who has not received such a medical education as is required in By-Law I., and any one guilty of practices forbidden to fellows, shall be deemed an irregular practitioner; and it shall be disreputable and unbecoming for any fellow to advise or consult with any such irregular practitioner, or in any way to abet or assist him as a practitioner of medicine or surgery."

Among the essentials to admission into the society, contained in the by-law referred to above, is one, that the candidate "does not profess to cure diseases by, nor intend to practise, spiritualism, homœopathy, allopathy, Thomsonianism, eclecticism, or any irregular or exclusive system." The members of the society profess to be practitioners of medicine in the broadest sense; and, while all its members are what is commonly known as allopaths, a candidate professing to cure by allopathy would not be admitted. Homœopaths are denied membership, and members cannot consult with physicians outside the society; therefore the disciple of Hahnemann is an irregular practitioner,—a quack, if you will,—and not to be consulted with. In drawing up the code, much sagacity was shown in throwing the onus upon the homœopaths by denouncing allopathy as well as homœopathy; but the interesting fact remains, that the allopaths (so called) are in and the homœopaths are out, and it is the intention of the former to keep them out.

At the recent annual meeting of the New York State Medical Society, held at Albany, N. Y., Feb. 7, 1883, Dr. E. R. Squibb,

of New York, offered the following, which was adopted, and on motion made the special order for the evening session :—

Whereas, The special committee on the code of ethics, in its report at the last annual meeting, recommended a change in one part of the code, which was more in the nature of a revolution than of a revision, and, therefore, may be more radical than was expected or desired by the constituency of this society; and

Whereas, That report was adopted at a session wherein only fifty-two members voted in the affirmative, and thus legislated for the entire profession of the State on a subject of vital importance in a direction which may not have been anticipated or desired by the profession at large; therefore, be it

Resolved, That all the action taken at the annual meeting of 1881 in regard to changing the code of ethics, be repealed, leaving the code to stand as it was before such action was taken.

Resolved, That a new special committee of five be nominated by the nominating committee of the society, and be appointed by the society to review the code of ethics, and to report at the annual meeting of 1884 any change in the code that may be deemed advisable.

Resolved, That the report of this committee be discussed at the meeting of 1884, and be then laid over for final action at the meeting of 1885.

After some sharp parliamentary practice the roll was called, and the resolution declared defeated by a vote of ayes 99, nays 105.

Dr. Roosa then offered the following, which was carried, and, on motion of Dr. Wey, of Elmira, laid on the table for one year :

The Medical Society of the State of New York, in view of the apparent sentiment of the profession connected with it, hereby adopt the following declaration, to take the place of the formal code of ethics, which has, up to this time, been the standard of the profession of the State :—

With no idea of lowering in any manner the standard of right and honor in the relation of physicians to the public and to each other, but, on the contrary, in the belief that a larger amount of discretion and liberty in individual action, and the abolition of detailed and specific rules will elevate the ethics of the profession, the medical profession of the State of New York, as here represented, hereby resolve and declare that the only ethical offences for which they claim and promise to exercise the right of discipline are those comprehended under the commission of acts unworthy a physician and a gentleman.

Resolved, Also, that we enjoin the county societies and other organizations in affiliation with us, that they strictly enforce the requirements of this code.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY HORACE PACKARD, M. D., SEC.

THE February meeting of the society was held at the College Building, East Concord Street, Thursday evening, the 8th inst. President John L. Coffin, M. D., conducted the exercises. A very pleasant social lunch preceded the regular session. J. H. Carmichael, M. D., and L. M. Kimball, M. D., were elected to membership. It was voted that Mary J. Graham, M. D., who was proposed for membership at the last meeting, be recorded on the list of deceased members. A short sketch of her life was presented by Dr. C. E. Hastings, and the secretary was directed to place the same upon the records of the society.

It was voted, on motion of Dr. I. T. Talbot, that a petition, signed by the president and secretary of the society, be presented to the Massachusetts State Legislature, asking for the establishment of an asylum for the homœopathic treatment of the insane.

The scientific session was devoted to a consideration of "The Placenta." An introductory paper on the "Development, Anatomy, and Function of the Placenta" was presented by Dr. C. E. Hastings, followed by a paper on the "Management of the Placenta in Normal Labor, and when Retained," by Dr. Geo. R. Southwick, and another by Dr. Walter Wesselhoeft, on "Placenta Prævia."

All the papers presented were listened to with the greatest interest, and were followed by animated discussion and reports of instructive cases bearing upon the subject under consideration.

It was voted that the same subject be continued at the next meeting, which will occur Thursday evening, March 8, 1883.

The Materia Medica section will meet at the usual place, Thursday evening, Feb. 22, at 7.30.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE Court of Appeals room, at the new Capitol, was well filled at the opening session of the thirty-second annual meeting of the State Homœopathic Medical Society, at Albany, on Feb. 13, 1883. The roll-call was responded to by thirty-six members. There were also present, as visitors, Drs. D. E. Collins, C. J. Hasbrouck, Gertrude G. Bishop, B. R. Gifford, J. E. Slaughter, O. E. Pratt, and W. W. French.

The president, Dr. John J. Mitchell, of Newburg, called the

meeting to order at half past ten o'clock, after which prayer was offered by the Rev. Dr. Smart. A brief preliminary address was then made by the president, who congratulated the society on the harmony, enthusiasm, and success that had attended its labors during the year. He said they should frown down all attempts that might be made to limit the individual freedom of any member of the society, or to in any way add new articles to their creed. Referring to the bill before the Legislature, in regard to a board of State examiners, for license to practise medicine, Dr. Mitchell said that it was a matter for very careful and thoughtful consideration. He suggested a change in the method of nominating for regent's degree, and for honorary membership of the State society.

On recommendation of the board of censors, twenty-two physicians were elected permanent members of the society; eighteen were placed in nomination, and referred to the censors; then followed nominations for the various officers of the society for the ensuing year.

Dr. Charles A. Bacon, from the Bureau of Histology, presented a report, and papers were read by Dr. W. S. White, on "The Nerve Supply of the Kidney," and Dr. R. R. Greggs, on "All Classes of Organized Tissues but one nourished in Excess in Phthisis."

Communications were received and read from Drs. Carruthers, of Alleghany City, Pa., and S. S. Guy, of Brooklyn; also from the secretary of the State Homœopathic Institute at Minnesota.

Reports were also received from the Committee on Legislation and the Auditing Committee. The Committee on Medical Societies and Institutions reported thirty-nine societies auxiliary to the State society, and a large number of institutions in a prosperous condition.

Dr. A. W. Holden read the report of the necrologist, giving brief biographies of deceased members. A recess until three o'clock was then taken.

AFTERNOON SESSION.

When the members next came together, a motion was made to suspend the by-law in relation to the election of members, and, this being done, the gentlemen whose names were proposed and referred to the censors during the morning were declared permanent members. The remainder of the session was devoted to reading papers, as follows: Dr. H. M. Paine, of Albany, on "Objections to the Separation of Dynamic from Homœopathic Practice, and the Reasons offered for such Separation"; Dr. Walter Y. Cowl, of New York, on the "Definition of a Homœopath"; Dr. T. L. Brown, of Binghamton, on "The Symptom which in-

dicates the Right Remedy"; Dr. J. W. Dowling, of New York, on "Valvular Disease of the Heart," with specimens; Dr. Asa S. Couch on "The Prophylactic Value of Belladonna in Scarlatina"; Dr. R. C. Moffat, of Brooklyn, on "The Treatment of Scarlet Fever," read by his son, Dr. J. L. Moffat.

These papers were ably discussed by the various members present, after which the society adjourned to meet at half past eight o'clock in the Assembly Chamber of the new Capitol.

THE EVENING SESSION.

In addition to those present at former meetings, a large number of visitors, students, assemblymen, and others assembled at the evening session. Promptly at half past eight o'clock Dr. Hasbrouck arose and introduced the president, Dr. John J. Mitchell, of Newburg, who proceeded to deliver his annual address, taking as his subject "The Future of Homeœopathy." The meeting then adjourned until half past nine o'clock of the following morning.

FEB. 14.

The final session of the State Homœopathic Medical Society was held at the new Capitol, Dr. J. M. Mitchell in the chair.

In response to the call for the report of the Bureau of Ophthalmology, Dr. Kinney, a delegate from the Connecticut society, came forward and read a report on the subject from the proceedings of that society, at which he was present.

Dr. A. P. Williamson, chairman of the Bureau of Mental and Nervous Diseases, read his report by title.

Dr. Carmichael read a paper on "Granular Endometritis," and introduced improved instruments to illustrate his remarks.

The society then proceeded to elect officers, with the following result:—

President, Dr. E. Hasbrouck, of Brooklyn; first vice-president, Dr. W. B. Kenyon, of Buffalo; second vice-president, Dr. A. P. Williamson, of New York; third vice-president, Dr. L. A. Clark, of Cambridge; secretary, Dr. A. P. Hallett, of Havana; treasurer, Dr. E. S. Coburn, of Troy.

Censors were also chosen.

The Committee on Nominations reported for heads of the various bureaus.

On ballot, Ithaca was named as the place of the next annual meeting, the time of which was fixed for the second Tuesday in September.

Papers were then read by Dr. Baylies, on "Strangulated Hernia"; Dr. Houghton, on "Do Children outgrow Ear Diseases?" and Dr. Terry, on "The Value of Bromine in Phlegmoneous Erysipelas, Pus Inoculation, and Rhus Tox. Poisoning."

Dr. Cowl, reporting on "vital statistics," said experience proved the necessity of large scarification in vaccinating.

Dr. Terry, from the Bureau on Surgery, read a paper on "Bromine in Surgical Practice," by Dr. George Allen, of Watertown.

Drs. S. A. White and T. S. Armstrong were then elected permanent members, after which a number of reports were presented by the various bureaus, and the society adjourned *sine die* at one o'clock.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

THIS society held its thirty-third annual meeting at the Narragansett Hotel, Providence, on Friday evening, Jan. 26, the president, J. C. Budlong, M. D., in the chair.

The election of officers resulted as follows: Robert Hall, M. D., president; George B. Peck, M. D., vice-president; Charles Hayes, M. D., secretary; Charles A. Barnard, M. D., treasurer; George D. Wilcox, M. D., Charles L. Green, M. D., and J. C. Budlong, M. D., censors.

C. H. Hadley, M. D., of Block Island, and C. C. Howland, M. D., of Providence, were proposed for membership.

Dr. George B. Peck, who resigned the secretaryship several months ago, having filled the office for seven years, reported that about a thousand patients had been prescribed for at the dispensary,—nearly a hundred had been under the hands of the dispensary dentist,—and that one hundred and seventy-one orders had been issued by the overseer of the poor to homœopathic physicians during the year.

Dr. Mann, of Woonsocket, presented a very interesting paper on Tuberculosis, and Dr. Gottschalck an equally instructive article on Typhoid Fever, with special reference to the late epidemic of that disease.

There were present from other societies, Drs. S. E. Sylvester, of Portland, and H. B. Whiting, of Biddeford, delegates from the Maine Homœopathic Medical Society, and Drs. E. U. Jones, of Taunton, and H. C. Clapp, of Boston, all of whom made brief remarks.

At 9.45 the members and invited guests repaired to the dining-room and partook of supper. Among the guests were His Excellency Gov. Littlefield, several resident clergymen and prominent members of the Rhode Island bar.

Adjourned about midnight.

REVIEWS AND NOTICES OF BOOKS.

THE HOMŒOPATHIC TREATMENT OF CONSTIPATION. By H. Bernard, M. D., Mons, Belgium. Translated by T. M. Strong, M. D. New York: A. L. Chatterton Pub. Co.

This book is compiled in a form for ready reference, and, as far as we can judge from a superficial examination, is very complete in drug provings. A more extended examination and a practical experience are necessary for verification as to the truth of the therapeutic indications. The greater portion of the subject matter has been placed in a form corresponding to the well-known work on Diarrhœa, by Dr. J. B. Bell. It consists of one hundred and ninety pages, the first one hundred and sixty pages being a symptomatology of remedies, the remaining thirty pages a repertory. The general plan pursued under each remedy is: 1st, stools, their nature, etc.; 2d, before stool; 3d, during stool; 4th, after stool; 5th, concomitants; 6th, generalities; and 7th, illustrative cases. The author says, "We do not claim to have studied here all the homœopathic remedies suitable to constipation." "Forced to sail between the two rocks which rise up fatally before a work like ours, — barren dryness or tiresome prolixity, — we have, nevertheless, pursued one aim, — that of making a useful and practical work. Thus we have given our principal attention to those remedies which are in every-day use." Although this is a subject of comparatively little importance to the homœopath, it is often the source of much uneasiness to the patient and her allopathic friends, and, as such, should be considered, if only to protect ourselves against the pernicious results of drastics surreptitiously taken. The actual amount of essential fecal matter voided, in relation to the amount of food taken, is the same in the small, hard, black ball as in the gushing, profuse, soft stool. One holds the same relation to the other as a bale of compressed hay does to a load of non-compressed. This was proved to the satisfaction of a troublesome patient by one of our eminent physicians. He procured two crucibles, one of a bluish color and the other a white, to distinguish them, and placed in one the small, hard lump of the patient, and in the other the copious, soft stool of the servant. These were both placed in the fire and covered with live coals. After evaporation had taken place, the contents of each were carefully weighed and compared, when it was found that the remains of the small, hard stool were of considerably greater amount than that of the soft. Nevertheless, the presence of impact fœces, by its mechanical

effects, often is productive of many annoying and, sometimes, alarming reflex symptoms, and is frequently as terrifying to the imagination of the patient as the presence of a *tænia solium*.

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MEDICAL ELECTRICITY: A Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A. M., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia. 2d Edition.

A book of two hundred and eighty-six pages, eighty of which are devoted to electro-physics, thirty-two to electro-physiology, one hundred to electro-therapeutics, and forty-one to electro-surgery and thermo-electricity. One hundred and nine illustrations are introduced, many of which are superfluous, *e. g.*, the reintroduction on page 157 of the same identical cut that appears previously on page 33. Again, on pages 57 and 87 will be found nicely executed illustrations, but they are just alike. We are not aware that the changes in facial expression produced by electrical stimulation of the various facial muscles are of so much importance as the professor would lead us to believe from the profuse illustrations he has introduced on pages 191 to 197 inclusive. Not content with giving the interesting and instructive (?) expression produced by stimulation of the *levator menti* (Fig. 70, page 194), he kindly treats us to a side-view of the same on another page (Fig. 75, page 197).

The work, as a whole, seems to be the result of an ambition on the part of Prof. Bartholow to write a book, rather than to present something of real value to the profession.

A commendable feature is the care and conciseness with which the author has defined the various technical terms used in electro-therapeutics, — a quality sadly neglected in many text-books.

OUR MISCELLANY.

NO COMPLAINT. — A man, in passing a country churchyard, saw the sexton digging a grave, and inquired, "Who's dead?" Sexton. — "Old Squire Bumble." Man. — "What complaint?" Sexton (without looking up). — "No complaint; everybody's satisfied." — *Medical Record*.

THE *London Homœopathic World* insists that the phrase "an exclusive system" belongs rather to the old school than to us; because it is exclusively surgical in its ideas of drug-action and the drug-cure of disease, to the exclusion of a just medical theory.

LINEAR INCISION IN CANCER OF THE RECTUM.—At a recent meeting of the Société de Chirurgie de Paris, Dr. Trélat reported a case of extensive rectal cancer in a man fifty-six years of age, in which marked relief followed linear incision of the rectum. The patient was too weak to permit of an operation for artificial anus, so a longitudinal incision was made with the thermo-cautery through the posterior wall of the rectum. The man's condition improved at once, and his life was prolonged for eight months after the operation. In the discussion which followed this communication, Dr. Verneuil stated that he had practised this operation many times with benefit. Le Dentu related five cases in which he had performed linear incision of the rectum in cancer with immediate relief of the pain and tenesmus. Després was opposed to the practice, and preferred gradual dilatation.—*Medical Record.*

INTESTINAL OBSTRUCTION RELIEVED BY MASSAGE.—Dr. Bitterlin reports a case of intestinal occlusion, accompanied with much pain, vomiting of fecaloid matter, hiccough, continuing in spite of treatment for eight days, finally relieved by kneading and malaxation of the belly. The manipulation was very painful. Some instants after, violent colic came on, and gurglings, the bowels shortly afterwards moved, and the patient recovered. Dr. Bitterlin mentions a second case in which he was called in consultation, where the same treatment was followed by the same happy results.—*L'Union Médical.*

A NEW WEEKLY.—The lunatics at the Wards Island Asylum are about to publish a weekly newspaper called *The Moon*. They will write all the "copy," set the type, and print the paper. There is a large number of practical printers among the inmates of the asylum. Its printing office has a fine press run by steam, and a lever press for job-work. All the printing of the Department of Charities is done in this office.—*Medical News.*

PERSONAL AND NEWS ITEMS.

DRS. A. F. STORY and S. Hasbrouck, Class of '82, B. U. S. of M., are at Rotunda Hospital, Dublin, Ireland, until March, when they go to Freiburg, Baden, Germany, to study under Hager & Menz.

NANCY T. WILLIAMS, M. D., has removed to Augusta, Me.

E. E. PHILBROOK, M. D., has located at Waterville, Me.

DR. R. C. GRANT, formerly of Portsmouth, N. H., has removed to Rochester, N. Y.

W. T. LAIRD, M. D., has removed from Utica, N. Y., to Watertown, N. Y.

F. S. SAMPSON, M. D., has removed from Houlton, Me., to Scottsville, N. Y.

O. A. BEMIS, M. D., has removed from Barre, Vt., to Craftsbury, Vt.

SOMEBODY, calling himself a "student," has asked the Kansas City (Mo.) *Times*, "Is there any State in the Union where I can practise medicine without a diploma? I have attended one course of lectures." And the *Times* replies, "Yes, in Massachusetts."

MORTALITY OF BOSTON.—During the month of January, 1883, the number of deaths was 779, which is at the rate of 22.7 per thousand annually. Of these deaths, 401 were males, and 378 females; under five years, 239; died of contagious diseases, reported, diphtheria had 170, scarlet fever 123, typhoid fever 25, small-pox 1.

OBITUARY.

ROBERT J. MCCLATCHEY, M. D., died at Philadelphia on Jan. 15, 1883, of apoplexy, after an illness of about fourteen hours. Dr. McClatchey was president of

the Hahnemann Club of Philadelphia — the organization which owns the *Hahnemannian Monthly* — and was for ten years its editor. He was born at Philadelphia, April 6, 1836. He commenced the study of medicine under the preceptorship of Dr. Wm. S. Helmuth, then professor of practice in the Homœopathic Medical College of Pennsylvania, and graduated from that institution in 1856. In 1863 he located at Philadelphia, where he remained during the rest of his life. He was an earnest worker in the cause of homœopathy, his executive ability being well illustrated in the reorganizing of the homœopathic physicians of Philadelphia into the Homœopathic Medical Society of the County of Philadelphia, of which he held the office of secretary for nine years; also in the organizing of the Homœopathic Medical Society of Pennsylvania at Pittsburg, in which he held prominent offices. In 1867 he accepted the professorship of anatomy in the college of his alma mater. In 1868 the faculty appointed him to the editorship of the *Hahnemannian Monthly*. In 1871 the American Institute of Homœopathy elected him to its general secretaryship, which position he retained for eight consecutive years. He first suggested the advisability of the establishment of a homœopathic hospital for children, and the result was "The Children's Homœopathic Hospital of Philadelphia." Most of the honors conferred by the profession upon Dr. McClatchey were such as involved laborious toil and constant self-sacrifice. The whole of his professional life, with the exception of a few of his later years, exhibited an almost tireless physical and mental energy.

GEORGE RUSSELL, M. D., died at his residence, No. 14 Lynde Street, Boston, on Sunday, February 18, aged eighty-seven years and six months. Dr. Russell was the son of Dr. George Russell, of Lincoln, Mass., where he was born on Sept. 23, 1795. He was graduated from Harvard Medical School in 1820, and practised medicine for twenty-five years in his native place and the adjoining town of Waltham with great success. In 1839 he adopted the homœopathic system, and in 1845 moved to Boston, where he continued in practice till his death. He was one of the charter members of the Massachusetts Homœopathic Medical Society, of which he was afterwards the president. He was also a senior member of the American Institute of Homœopathy, having joined that body in 1848. He felt a deep interest in our homœopathic institutions. One of the original founders of the Homœopathic Medical Dispensary, he remained on its board of trustees till he died. An earnest friend of both the college and hospital, he contributed liberally to their support. He was highly respected by his associates in the profession and the community. His tender nature, generous sympathy, and entire faithfulness warmly endeared him to the many brought under his professional care. But all his many virtues could not protect him from the injustice of the Massachusetts Medical Society, which in 1873, after a membership of more than fifty years, tried to blacken his character by branding him as "guilty of conduct unbecoming and unworthy an honorable physician," simply because he believed in homœopathy and endeavored to give to the profession honorable proof of its superiority. While he bore it nobly, yet the sense of this injustice never left him till death closed his labors.

MARY J. GRAHAM, M. D. — The announcement of the sudden death of Mary J. Graham, M. D., caused the most heartfelt sorrow among her friends, especially to those most intimately acquainted with the circumstances of her life, who have watched with interest her brave, determined struggle for a thorough medical education. Her efforts were crowned by a most honorable graduation from the Boston University (School of Medicine) two years since, her rank being second in a large class. Having an intense desire to still further qualify herself for her life-work by a larger experience, she was assisted by a wealthy lady in Boston, through whose generosity she was enabled to study in the hospitals of London and Vienna thirteen months. By her marked ability and earnest work she won golden opinions there, and had offered to her the highest position occupied by a woman in Queen Charlotte Hospital. Loyal to her native land, she returned to Boston last September. Friends welcomed her with enthusiasm, and her success as a practitioner was already assured; but at the very threshold of a brilliant career she fell a victim to diphtheria, contracted in her practice. We deeply mourn the loss of a true friend and an earnest worker in the field of medicine.

A LADY FRIEND.

DR. WILLIAM GALLUPE, one of the oldest homœopathic physicians in the country, died at Bangor, Me., Feb. 13, 1883.

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VOL. XVIII.

MEDICAL PLAGIARISM.

“Such kind of borrowing as this, if it be not bettered by the borrower is accounted *plagiary*.”—*Milton*.

DR. A. A. SMITH, Professor of Materia Medica and Therapeutics, and of Clinical Medicine, at the Bellevue Hospital Medical College, in “A Lecture on the Frequent Repetition of Doses,” puts forth some ideas which, at present, are certainly far in advance of his school, and which savor so much of homœopathy pure and simple, that we deem it a pleasure, as well as a duty, to quote extensively from him,— a pleasure, because he seems ripe to become a good *homœopath*; and a duty, because we think all such examples of blundering, or plundering, as this should be recorded for future reference. It should not be allowed that our ideas (ours, as homœopaths, by right of prior discovery) should be so filched and no notice taken of it.

Dr. Smith touches upon many remedies, and, although he dwells on no single one to any extent, yet in many cases he has called attention to the remedy by a few well-chosen and characteristic symptoms, which are every-day indications to the choice of the very same remedy by every homœopath.

The “frequent repetition” of the dose implies a decrease in the quantity of the dose. Here, doubtless, without knowing it, he loses the truth, and gives as a weighty reason for a small dose the following remarkable statement: “I may here remark that one of the important advantages connected with the frequent repetition of doses is the fact that the medicine may be so largely diluted with water or other vehicle as to be rendered comparatively tasteless, and harmless to the mucous membrane of the stomach.” Think of that! “Harmless to the mucous membrane of the stomach.” Instead of trying to find the minimum

curative dose, he is content to find a dose which will not injure the stomach! It is for no such mechanical reason as this that we use a small dose. It is too much like gauging a boiler, tested to so many pounds to the square inch, and this must not be exceeded. Even in the mechanical arts they do better than that; and if human beings are to be treated as machines, at least apply to them the principles governing all machinery. The engineer does not drive his machine to its utmost, but very carefully gauges it to do its work with the least expenditure of fuel and energy, and with the least injury to itself.

The first direct homœopathic indication he gives for a remedy is as follows: "Urticaria is often *caused* by the administration of full doses of *balsam of copaiba* in cases of urethritis, or inflammation of other mucous membranes, and it may seem strange to you, when I make the statement, that a single drop of the same drug given every half-hour will sometimes *control urticaria*. I have no explanation to offer, but I make the statement not alone upon the authority of others; I myself have often observed the efficacy of the treatment. . . ." (The italics in the above are ours.) This needs no explanation. It is one of the foundation principles of homœopathy, and leads up to the law *similia*.

Of Fowler's solution he says: "Half a drop given every half-hour for six or eight doses will often relieve the morning vomiting of drunkards, and is of decided benefit in the sympathetic nausea and vomiting of pregnancy." This seems a very near approach to every-day practical homœopathy, except that one thing is lacking, as indeed it is throughout all these prescriptions. They are made for pathological conditions or for names of disease; whereas, there should be indicated just what symptoms of morning sickness call for *Arsenic*. This remedy stands out no more markedly than many others, and needs its characteristic symptoms attached to it.

In speaking of the *Sulphate of atropine*, many homœopaths would give no smaller doses than does he. ". . . a solution of the sulphate of atropine, one one-hundredth of a grain in a goblet of water, a teaspoonful of which shall constitute a dose, amounting in all to about sixty doses." This represents an attenuation about midway between the third and fourth decimal, and is advised "every hour or half-hour, according to the severity of the

attack," in cases of "false croup of a reflex origin," and seems a prescription worthy the average homœopath.

The frankness of the author of this lecture is absolutely winning, and it is in no spirit of ridicule that we draw attention to these different public utterances. One can but wish he would go further and not rest content with the moiety he has discovered. He says: "I began the use of some of these remedies administered in this manner on the recommendation of others, and I must say in a somewhat sceptical frame of mind, thinking that the effect which they produced was probably due to the moral influence upon the patient, or that it had no foundation in fact, it being a mere coincidence that the drugs were administered at a time when the patients would have recovered in the absence of any treatment; but having seen benefit follow their administration repeatedly, I concluded they must have a wider range of usefulness, and began to use them much more frequently." There is nothing homœopathic in the above, as homœopathy is not a "dose," but we have so often heard this same argument urged against homœopathy that we draw attention to it as a refutation of any such ideas. These every-day testimonials are not to be thrown aside as a "mere coincidence."

Almost any homœopathic materia medica or repertory would furnish what he says of *Chamomilla*: "You will often meet with children of a nervous, excitable frame of mind, who are, perhaps, naturally of a sensitive, nervous temperament, who are disturbed by the slightest noise, and are unable to go to sleep before ten or eleven o'clock at night. . . . An excellent effect will be produced by chamomilla in some one of its forms, as the tincture, administered in minim doses every fifteen or twenty minutes."

His remarks upon *Ipecac* are worthy of any homœopath: "You are aware that a teaspoonful of the syrup of ipecac is likely to produce emesis; but it is also a fact, regarding which I was at first quite sceptical, that a single drop of the wine of ipecac will often arrest obstinate vomiting. It should be repeated every ten or fifteen minutes. When administered in this manner, I have often known it to relieve vomiting from different causes, among which are pregnancy and subacute gastritis. Children often vomit from very slight causes, and are liable to suffer from diarrhœa and

vomiting, which have no other assignable cause than disturbance of digestion. A single drop of the wine of ipecac, repeated every fifteen or twenty minutes, will often produce the most marked relief, both from the vomiting and from the diarrhœa." Here even the causes are ignored, so far as the prescription is concerned, the vomiting being relieved, although it may arise from widely differing sources.

In certain forms of diarrhœa of children, which are "accompanied by mucous passages, indicative of a certain degree of inflammatory action or enteritis . . ." *Merc. cor.*, one grain to the quart, a teaspoonful every hour, gives great benefit.

Again: "Put a grain of tartar emetic into one quart of water; teaspoonful doses of this solution every half-hour will prove effectual for the relief of the wheezing and cough accompanying a slight bronchitis in children." This is recorded as an "extraordinary statement based on clinical facts," and it was just such clinical facts as these, recorded years ago over and over again, carefully worked out and applied, that led to the great truth of homœopathy.

"It is well known that cantharides, when given in large doses, is liable to cause inflammation of the urinary tract; but it has been found that a single drop of the tincture every hour will in many cases relieve vesical catarrh." Among the first teachings of homœopathy, the merest novice learns this fact; all the text-books lay it down; yet here it is put forth as if it were a newly discovered idea.

We would all subscribe to the use of *Digitalis* here advised: ". . . the frequent repetition of small doses will produce much more benefit than larger doses at longer intervals. A single drop of the tincture of digitalis, given to a patient suffering from symptoms due to organic heart disease, when digitalis is indicated, administered at intervals of an hour or half-hour, according to the severity of the symptoms, will often give greater relief than larger doses, and without liability to ill effects." We use *Digitalis* constantly for heart disease (*when it is indicated*), and here we meet on common ground, for many homœopaths use a dose nearly equivalent to this here recommended. Fifteen minims in half a glass of water, in severe cases of organic heart disease, is not an unusual prescription. But we do not here find

the indications for *Digitalis*, or how to distinguish its use from *Gels.*, *Spig.*, *Cactus g.*, *Ars.*, *Kali-bi.*, etc.

Pulsatilla tincture, two-minim doses every hour, gives great relief in "orchitis and epididymitis." Also "in dysmenorrhœa not of a membranous, obstructive, or neuralgic character." Homœopaths give *Pulsatilla* in these cases also, *when it is indicated.*

When *Aconite* is spoken of, it is useless to ignore the source from which it was first brought to notice, and which first held to view the indications for its selection. It is advised in the tincture, in "one third to one half a minim given every fifteen minutes," in "cases of febrile movement, with dry, hot skin, a full, bounding pulse, the mucous membrane of the throat and nose probably dry — cases in which the febrile movement is not the commencement of one of the continued fevers." These are better indications than have before been given, and even in the latter case, it might be found useful as reducing the arterial tension and fever.

Although we have quoted here extensively, almost too much so, yet we have omitted much of the same sort which we may fairly claim as savoring of homœopathy. The frequency of the dose has nothing to do with the question here discussed. Whether a remedy is given every five minutes or only once a day, does not constitute its homœopathicity to the diseased state. It must be selected according to its resemblance, according to the law *similia*; and even if this is done unwittingly, it is none the less a practice of homœopathy.

The lecture from which we quote so extensively would not have been out of place delivered in a school of homœopathy, provided it were prefaced by the lecturer, as was this one, as follows: "It is not my intention this morning to deliver a scientific lecture. . . ." Either the allopathic school does not read the homœopathic literature, but stumbles on to these truths because they are obvious, or else they read the books and then purposely or carelessly ignore the sources from which they draw. But in the near future, when a broader liberalism takes possession of the profession, when honest men are willing to meet and exchange honest opinions, due acknowledgment of this form of "plagiarism" will be abundantly forthcoming.

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MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

A RECEPTION and reunion of the friends of the Hospital was held at the Vendome in Boston, on Friday, March 16. Upwards of three hundred ladies and gentlemen attended, and among them were many well-known and distinguished citizens, friends of the Hospital, some of whom had assisted at the great Fair in its aid held eleven years ago,—even present from Providence and other distant places. The large hall and adjoining apartments made an admirable place for such a social gathering. Visitors on arrival were presented to the committee of arrangements by ushers, and then were free to promenade through the rooms and engage in social conversation. Vocal and instrumental music of a choice character was provided, and added much to the delightful entertainment. During the evening the cheering announcement was made that a “Friend of the Hospital” had made a donation of \$40,000 to the building fund of the Hospital. This, with \$10,000 secured the past year, \$5,000 of which is in hand and invested, and \$5,000 promised on completing the subscription, will make the \$50,000 required to build the proposed addition, which will more than double the present capacity of the Hospital, besides giving the patients many advantages in proper classification and private rooms. The supporters of the Hospital were reminded that, however great might be their pleasure at this generous gift, it carried with it increased responsibilities and greater expenses, which would have to be met.

The reception proved a success in every way, and, beside the social pleasure it gave to all present, it added some five hundred dollars to the resources of the Hospital. *

POST-PARTUM HEMORRHAGE.

BY H. E. SPALDING, M. D., HINGHAM, MASS.

ONE of the most trying and alarming accidents to which the parturient woman is exposed is hemorrhage occurring during or shortly after the completion of the third stage of labor. Without forewarning, while all are rejoicing in the apparently happy termination of labor, the life of the mother is thrown into imminent peril, and the accoucheur is called upon to meet an emergency that will admit of no delay for reflection or consultation.

Unlike most of the serious complications of the lying-in-chamber, this is an accident of not infrequent occurrence. Its relative frequency it is impossible to give from statistics, but it is safe to say that the young physician will not officiate as accoucheur in many cases before he will be called upon to treat one of greater or less severity.

The limits of a paper for this occasion will admit of only a running glance at the various causes and phases of this trouble, and at the different methods of treatment.

The causes may be classed as *predisposing* and *immediate*.

Under the first may be noticed the fact that the accident happens more frequently to those of the higher or wealthier class of society, — their sedentary lives tending to a condition of lax muscular fibre and general physical inertia.

The habits of dress demanded by fashionable society are also, without doubt, a predisposing cause.

A very hot climate, by its relaxing and debilitating effects, favors this evil, as is shown by the great fatality attending child-bearing English women in India. Women who, naturally or as a result of disease, have frail and weakly constitutions, are in danger of this accident. Some, from their repeated attacks, have earned for themselves the title of "flooders." These attacks may have resulted from some of the causes already mentioned, or from the fact that they possess that peculiarly vascular condition of tissue belonging to the hemorrhagic diathesis. In such cases, from any slight wound, hemorrhage may result to an alarming degree. Frequent child-bearing, as might be inferred from the fact that only multiparæ have after-pains, and over-distention of the uterus from a multiple pregnancy or an excess of amniotic fluid, both tend to the production of this evil, by making the worn-out and strained uterine fibres lax and feeble.

Immediate causes are a failure of uterine contractions or of thrombosis to close the open sinuses of the utero-placental vessels, and less frequently laceration of the cervix or perineum. In this paper we shall confine ourselves to the consideration of hemorrhage from the cavity of the uterus only. This condition of uterine inertia may be induced by the predisposing causes already mentioned; by general and uterine exhaustion, resulting from tedious labor; by nervous shock; or by the discovery that the child is still-born. A most marked case occurred in my own practice. The mother had, about a year previously, lost a beautiful and interesting boy, her only child. Her intense grief was mitigated only by the hope that her season of gestation would give to her another boy to take the place of the dead. Labor reached what appeared to be a most happy termination. The child was delivered, and in due time, with proper care and

manipulation, the placenta also. The uterus was well contracted and nothing gave hint of impending danger. Some one in the room now mentioned the fact that the child was a girl. The mother's old sorrow now broke out afresh. She began to wail and cry, "Where is my boy? Doctor, you said you would give me back my boy! Where is he? Give me back my boy again!" Words of admonition and comfort were of no avail. She was exceedingly restless, and in a few moments began to show signs of syncope. A deathly pallor crept over her face; her skin grew cold and clammy; her pulse feeble and thread-like. A hasty examination revealed the napkin that had been placed at the vulva saturated with blood; but there was then no unusual flow from the vagina. Placing my hand on the abdomen, in place of the hard, firmly contracted uterine mass that I had assured myself of but a short time before, I found an enlarged uterus, corresponding in bulk to at least the sixth month of pregnancy, occupying the abdominal cavity. I had here one of those rare and dangerous cases of concealed post-partum hemorrhage. Another cause of uterine inertia is the rapid emptying of the uterus. For this reason hemorrhage is likely to follow hasty instrumental deliveries.

The so-called hourglass contraction is said to be a patent cause of post-partum hemorrhage. It is a fact of my experience, which I believe coincides with most observers who have seen long practice or have had means for very extensive observation, that all my cases of hourglass contraction occurred among the first few scores of patients that I attended. I do not have them now, and am quite satisfied that in those early cases I mistook a contracted internal os uteri for a constricted portion of the fundus forming the so-called hourglass contraction. The accident, if possible, must be of very rare occurrence. It would, perhaps, be better to call all such described cases instances of irregular uterine contraction. It sometimes happens, from a condition of general debility of the uterus or a local weakness over the site of placental attachment, that while other portions seem well contracted this seems lax and uncontracted. Should this condition be extreme, the placenta will not be fully detached, thus giving another cause for hemorrhage. A mismanagement of the third stage of labor is a frequent cause of this trouble. Retained portions of the placenta or even of the membranes are other causes. In this last case the hemorrhage does not usually immediately follow delivery in any great degree, but only after several hours does its long continuance or sudden profuseness excite alarm.

Signs and symptoms of uterine post-partum hemorrhage vary according as the flow is revealed (escapes at once through the vagina) or concealed (as in the case recorded), gradual or sudden.

It may occur before the expulsion of the placenta, immediately after its expulsion, or some time later, when the once-contracted uterus has become relaxed. The pulse continues high; hence hemorrhage may be suspected while the pulse remains at or above 100. There are restlessness, sighing, pallor, faintness, body cold and bathed in a profuse perspiration, rigors, loss of vision, jactitation, convulsions, and death.

Treatment first to be considered is very properly preventive. Tedious labors should be so expedited as to prevent exhaustion, or, as some one has tersely called it, "syncope of the uterus." With this end in view, where there is a known predisposition to hemorrhage, the membranes should be ruptured as soon as the os becomes dilated or easily dilatable. The proper management of the third stage of labor, encouraging firm uterine contractions to expel the placenta, and allowing ample time for it to be accomplished, is of prime importance. A full dose of the fluid extract of *Ergot* given at this time is not only a good protection against hemorrhage, a most potent means of checking it when once established, but is, moreover, a good prophylactic against after pains. With multiparæ, I now make this rather the rule than the exception. The binder, when properly adjusted, is believed by some to be a protection against hemorrhage, after the uterus has once become contracted. It should never, however, be looked upon as a means of promoting primary contractions, nor should it, on any account, be applied until contraction has been accomplished.

The curative measures most potent, hemorrhage having supervened, can most properly be learned by observing the methods adopted by our good mother Nature. The peculiar construction of the uterine blood-vessels, their frequent anastomosing with each other, their repeated interlacing among themselves and the uterine fibres, make a firm, tonic contraction of the uterus a sure protection against, and its absence a sure cause for, hemorrhage. This constriction not only obstructs the flow of blood through the vessels, but favors the closure of the open sinuses by thrombosis. When Nature, unaided, fails to accomplish her work, we must direct our efforts to produce the desired result by following in her footsteps. The uterus should first be emptied of whatever it may contain, whether it be placenta, a portion of the secundines, or a clot. This being done, the presence of the hand within the uterine cavity, pressing the fundus, conjointly with the other hand applied to the abdomen, will usually excite forcible contractions. A sponge, saturated with hot water and carried into the uterine cavity with the hand, by its hemastatic as well as irritating effects, may be advantageous. In either case, the attendant should allow his hand to be "born again." These measures of

relief the accoucheur has always at hand, and in the majority of cases they will have produced the desired result before the other means that he at first takes the precaution to order, in case of failure, can have been provided. Another method of treatment is compression of the uterine walls. This may be accomplished by pressing with the fingers of the right hand inserted into the posterior *cul-de-sac* of the vagina against the posterior wall of the uterus, while counter-pressure is obtained by the left hand applied to the abdomen.

While these manipulatory measures are being applied, appropriate internal medication should not be neglected. Without doubt the most reliable and important remedy is a full oxytocic dose of *Ergot*. It is needless to say that this remedy, administered in this manner and for this purpose, belongs to no special pathy or school of medicine more than does a splint for a fractured limb. In a case of passive hemorrhage, all mechanical causes having been removed, a remedy may be selected that is a similitudo to the diseased condition, which will produce a most satisfactory cure. When, however, the salvation of a life depends upon such action as can be crowded into the space of a few minutes of time, one certainly will not calmly sit down and meditate or con his symptomatology to select one of the forty remedies proposed by one author, who gives no other or hardly any other directions for the rescue of the imperilled woman.

The remedies that may be thus indicated I shall not attempt to consider or even enumerate in this paper.

When the patient is not too exhausted to respond to reflex irritation, it has been suggested to promote uterine contractions by slapping the abdomen with a towel wet with ice-water, by the momentary and repeated application of ice to the abdomen, or by the injection of ice-water into the rectum. These measures are, however, fraught with both danger and unreliability. The injection of cold water and the insertion of ice into the uterine cavity have, in past years, been considered and proved effectual means for checking hemorrhage, and with perhaps fewer evil results than would at first be supposed.

After mechanical irritation and the drug effects of *Ergot*, perhaps the most potent and ready relief is afforded by injections into the uterine cavity of hot water. The hemastatic action of the continued application of hot water in closing open blood-vessels has become a physiological axiom. The uterus having been cleared of all clots, the hot water should be thrown in a continuous stream and with some force, against the fundus uteri until firm contraction has been established and the hemorrhage is under control. After that, the constant watchfulness of the attendant, with his hand applied to the abdomen for perhaps an

hour, to check by manipulations any threatened relaxation of the uterus, will place the patient beyond immediate danger. Compression of the abdominal aorta, thus lessening the supply of blood and the tension of the uterine vessels, has been resorted to with good results. There is, however, a difficulty in effectually applying it, especially where the abdominal walls are thick or the patient is very uneasy and restless, as she usually is. Doubtless some instrument might be devised for this purpose, and there would have been ere this had the demand been urgent.

There have doubtless been cases where it has been necessary to throw into the uterine cavity styptics as a *dernier ressort*. For this purpose one part of the perchloride of iron or of the solution of the subsulphate of iron to four or five parts of water is generally used. The liability that these hard clots thus formed in the open blood-vessels, whose caliber has not been properly lessened by uterine contractions, may be taken up into the general circulation and cause mischief in other and remote parts of the body, makes it a dangerous remedy.

Other means that might be properly termed adjuvants to the treatment must not be lost sight of. If the bladder is full, it should be emptied by the catheter. By reflex irritation it has been a cause of postpartum hemorrhage. A free supply of fresh air should be admitted, not to a distant corner of the room, but to the patient. Stimulants should be used, but judiciously and with caution. The stomach may be, with the rest of the body, in a state of torpor, and for a time act as a simple receptacle for the alcohol which, with the arousing of vitality, may be absorbed and, instead of healthfully stimulating, may throw the patient into a condition of dangerous inebriation.

I recently had occasion to try the efficacy of a neat bit of practice. The idea is not original with me, but by whom it was first suggested I am unable to say. I refer to ligating the extremities in severe cases of hemorrhage so as to keep a full supply of blood for the brain and other organs most important for the vitality of the body. I was called to a case of neglected and maltreated uterine hemorrhage. The woman was on the verge of collapse. I had little chance to learn the history of the case, and, to keep up the vitality of the patient until I could have time to act and act understandingly, I improvised a tourniquet, after the manner of the "Spanish windlass," for each of the extremities. Passing a strip of cloth around the limb, with a compress over the artery, I introduced a stick and twisted it until the compression had sufficiently checked the flow of blood to the extremity. In this case it worked like magic. Of course care must be taken not to continue this constriction too long, and above all not to remove the obstruction to the flow of blood suddenly, or their will likely

occur sudden and dangerous syncope. It may be applied to one or more extremity as the severity of the case may demand. The best appliance for the purpose, should it be available, is the Esmarch rubber bandage; but in these cases, as in many others, the physician is neither forewarned nor forearmed, and he is most skilful who can do the work of gods with the arms of men.

PLACENTA PRÆVIA.

BY F. H. KREBS, M. D., BOSTON, MASS.

By the solicitation of your indefatigable secretary, I have put upon paper my somewhat limited experience in the management of placenta prævia.

Unavoidable hemorrhage is one of the most formidable complications in midwifery, and there is no department in obstetrics with which the practitioner ought to be so well acquainted as with placental presentation.

What causes these complications is not sufficiently known, yet a too large uterine cavity, deficient involution of the uterus, and spasmodic contractions are considered to incline to it.

The first case of a placenta prævia partialis came under my care in October, 1865. Mrs. R. — had been flooding at intervals for two weeks; her doctor had wisely recommended to her perfect rest and the recumbent posture; but, he being called out of town, I was sent for.

The woman was in the eighth month of her third pregnancy. The labor pains were but slight, yet the hemorrhage was copious.

On examination, I found a large clot of blood in the vagina; the os uteri was soft, and dilated to the size of an old copper cent, with the placenta over the os.

In inserting my finger into the uterus I separated some of the cotyledons, and passed beyond the edge of the placenta, which caused some loss of blood; but I could not make out the presentation.

I left *Secale c.*, to be given every half-hour, but returned in twenty minutes with my instruments, and with new courage. The colpeurynter was introduced and injected with ice-water. This did not only stop the hemorrhage, but it brought on more powerful uterine contractions.

In less than one hour the pains came on more powerfully and more frequently, so that I removed the bag, and found the cervix sufficiently dilated to admit my hand without trouble.

Finding a hand presenting, I ruptured the membranes and delivered by turning. Although accomplished within a few minutes, the child was asphyxiated, but soon revived.

The placenta was removed in the usual way, and no undue amount of flooding followed. Mother and child did well.

A most distressing case of placenta prævia centralis came under my observation in the first part of December, 1881.

Mrs. F——, a most accomplished German lady, in her eighth month of pregnancy with her first child, was taken with copious hemorrhage in the night between the 5th and 6th. There were no pains and the cervix was not dilated. I prescribed a dose of *Hamamelis*, and ordered her to remain in bed.

There was no return of hemorrhage until the eleventh, late at night, and which seemed less profuse than the first time. Dr. Ahlborn, who, on my recommendation, had been sent for (living in the neighborhood), I found in attendance.

Not having a colpeurynter, one of Barnes's dilators was introduced and inflated with air. The cervix was undilated, and no signs of approaching labor.

The patient was uncomfortably situated : over her room a boys' school of over thirty children was daily held. Taking into account this situation, it was decided, after a short consultation, to send her in the early morning to the lying-in hospital in McLean Street. She was there delivered two days after, but mother and child died.

It seems to me that, in this case, had the placenta been separated entirely, and by so doing the metrorrhagia stopped, the life of the mother might have been saved.

EDUCATIONAL REFORM.

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

THE writer has already trespassed somewhat upon the patience of the readers of the GAZETTE by reference to the question forming the heading of this communication, but from the fact that no result is apparent, either by way of assent or dissent, he fears one of two states of fact exist : either the question is without interest to the mass of the profession, or he has failed to present it in the manner best calculated to attract attention. It is simply incredible that the first should be the case, as the most superficial observer cannot fail to see evidences, on every hand, that "doctors" are made in numbers outrageously disproportionate to the demand, made too easily, and made out of very poor material. Accepting the second alternative, therefore, let me try once more to secure the attention of all who are worthy of the high calling they have assumed.

The fact that there are too many doctors, I will not discuss ;

we may assume that. That there *are* too many is an argument that the right to the title is too cheaply earned. But what shall we say of those who are chiefly responsible for this? There are many who are inclined to assail the "college men" without mercy, but they are radical. The truth, it seems to me, is something like this: Many men, no doubt, are in college chairs who have no earthly claim to what *should* be an honor, either professional or personal; they "worked for" the position as a convenient mode of advertising; others, happily quite a number (but still too few), are fully competent, and are in such stations through no solicitation on their part; still others are honestly of the opinion that the institution they are connected with is a necessity, from some local considerations, and work and toil, to their own discomfort, to keep it alive and prosperous. Ah! that is the word,—*prosperous*. It means, in their language, large classes, undergraduate and graduating, no debts, and money in the treasury. In the golden age of medicine, it will mean thorough preparation (both of student and teacher), an equally thorough tuition, and a careful, fearless passing upon fitness at the close.

As a simple matter of fact, the actual wants of the country and the honor and dignity of the profession demand a complete change in the whole system of *teaching*, a reduction in the *number* of so-called "colleges," and a consolidation of the best teaching ability now scattered all over the country. We probably need a college in the East, one in the South, one in the West, and one on the Pacific coast. I say "probably," for, in my own mind, two would fully meet the demands. The best teachers in the existing schools should be secured and the rest dropped. The professorships should be endowed, or some provision made for paying salaries that would relieve the professors from the necessity for active practice; students should be in possession of a degree of arts, or at least capable of entering the junior class in a first-class college of arts. Four years, of nine months' term in each year, should be spent in undergraduate study. Graduation should confer only a bachelor's, or perhaps a master's degree. These are *sine qua non*, I take it; but four years' *study* (as we now call it) in the prevailing system would be utterly inadequate. The system of teaching must be changed; and this is the gist of the whole question.

The medical lectures of the day are little more than a more or less literal recitation from some one or more popular text-books. The teacher gravely announces a list of text-books which the student must purchase, and deliberately stands up and recites pages from the very book his students are reading! Can there be a more contemptible farce than this travesty on *teaching*?

How can it be bettered, many will ask, when text-books are so numerous that a lecturer cannot be original? In two ways: first, abolish the lecture system; and, second, require that the teacher shall be an original thinker, himself a leader in the opinions of the day. Of course, we cannot find teachers enough to "go round" with our present number of "colleges": by all means, then, let the colleges be discontinued.

It is easy to make a diagnosis; let us try next to find the remedy. It can be summed up in few words: Teaching must be objective; morbid action to be taught clinically; not an indiscriminate clinic, where the number of cases is to be the standard of excellence, but a selected clinic, where the natural sequence of disease groups may be observed. For instance, one day primary syphilis; another, chancroid; another, secondary disease; another, tertiary; another, congenital. One typical case should be the topic for the hour. Have the classes broken up into sections and the teacher devoting his time to instruction, rather than a curtailed hour, once or twice a week, snatched from a busy professional life. Physiological studies to be in the laboratory, the experiments from which theories are constructed made before and *by* the classes; obstetrics to commence with embryology, with an incubator and laboratory; later, manikins and living subjects. So on through the whole list. Inflammation and allied conditions, with the experiments *made*, the microscope, camera-obscura, and thoroughly objective. When theoretical questions are under discussion, give the class topics to read and study, afterwards meeting them and comparing information, and correcting misapprehension. Some chairs, as materia medica, would need some modification; but here we commence with botany *in the fields*; physics and pharmacology in the laboratory; when we come to symptomatology, arrange a sort of recitation. I have heard innumerable teachers of this fundamental branch read page after page from Hering or Lippe as glibly as though it were something concerning which their hearers had no other means of information.

This represents *work* for some one, brethren; but who will dare say it would be profitless? The instruction most of our students now receive could be just as well had at home; their diploma is a valueless, unmeaning piece of *paper* (even sheepskin is obsolete), and a doctor is *very* far from being a truly "learned man."

More remains to be said on this vital question, particularly with reference to the possibilities of State schools, but this communication is already long enough. If I have succeeded in arousing a little interest in the most pressing question of the day, I may, in a future number, take up this continuation, founded upon my five years' experience as a teacher in two State universities.

THE RESULTS OF MECHANICAL TREATMENT OF CONTRACTIONS OF THE LARYNX.

TRANSLATED BY D. G. WOODVINE, M. D., BOSTON.

[Communicated to the International Congress of London, in August, 1881.]

FROM DR. HERING, PHYSICIAN OF THE HOSPITALS AND MEMBER OF THE MEDICAL SOCIETY AT VARSOVIE (POLOGNE).

Gentlemen,—The diversity, and in part the contradiction, which prevails in the appreciation of the value of mechanical treatment of laryngeal stenosis has induced our committee of organization to make this subject the order of the day, hoping that a thorough discussion and an exchange of ideas among us may serve to elucidate this question. You have been pleased, gentlemen and honored colleagues, to commission me with a report upon the topic of our controversy, and I am here to respond to your gracious invitation.

It has been proved that *contraction of the larynx* (laryngeal stenosis) constitutes a morbid condition as disagreeable for the patient as for his acquaintances and for his family, who have been forced to assist at a long and painful combat between the patient and attacks of dyspnœa, which at any moment threatened to suffocate him.

Formerly all the attempts of the physician succeeded but little in relieving such a condition, and the surgeon appeared in truth *deus ex machina*, unless he arrived in time to proceed with the operation of tracheotomy. The asphyxia was removed for the moment, but at the same time there arose another series of symptoms no less grave; the patient continued to live, but was deprived of the voice. This was then only palliative treatment, and the patients, after having submitted to the operation, were obliged to wear their canulas during life, and were in some degree an object of curiosity for troublesome persons. In order to state precisely the processes which ought to contribute to the restoration of the contracted larynx to its normal size, and consequently to avoid the continued use of the canula, I desire to recapitulate briefly the different kinds of laryngeal stenoses.

From a pathological point of view, the contractions of the larynx cannot be considered as a morbid whole *sui generis*; they constitute rather the result of different anterior processes, acute or chronic. Acute contractions of the larynx emanate most frequently from inflammatory maladies, such as the croup, diphtheria, perichondritis, or other phlogosis provoked by chemical or mechanical causes.

Chronic contractions of the larynx have for the starting-point

inflammations of the mucous membrane, the submucous tissue, or of the perichondrium.

Besides, it is necessary to class among the most frequent causes of laryngeal stenosis, cicatrices or other membranous products, remains of ulcerations, the sequelæ of variola, of typhoid fever, of syphilitic symptoms; paralysis of the respiratory muscles of the larynx, or that which compresses this organ from without.

The details and evolution of these pathological phenomena being well known to us, I pass in a trice to the statistical enumeration, based upon more than a hundred observations which I have been able to gather, either from different authors or in my personal practice. The classification in groups, which I have endeavored to follow, has not been as easy as I had believed at first, the casuistic which I was obliged to use not giving me the necessary guarantees, especially concerning the present condition of patients declared as cured or convalescent. On the other hand, there were some breaks of diagnosis and observation; so, and to quote only one case, where one had diagnosed a "*hypertrophy of the inferior vocal cords*," the existence of a *chronic perichondritis* was found as the starting-point of contraction.

In these circumstances, and in order to secure to my work all the necessary precision, I have been obliged to ask information from those of my colleagues who have published researches upon the same subject, and I desire to thank them here for the details which they have very willingly given me upon the subsequent progress and the eventful relapses with the patients, which they had observed. I have, however, been obliged to exclude the cases which were only mentioned, as will be seen in the descriptions where I have tried to sum up in special columns the salient sides of each observation.

The methods and processes employed being well known to us, it is useless for me to relate them. It is the same with the historic part. In return, I have striven to base my conclusions not only upon my own experience, but upon the observations of our colleagues. Such as they are, my statistics cannot be exempt from errors, and I should be very grateful to you for any correction of this subject.

There are two principal processes for the mechanical treatment of contractions of the larynx.

I. The introduction into the narrowed larynx of sounds or tubes *before tracheotomy*.

II. Systematic dilatation of the stenosis *after tracheotomy*.

I.

Desault appears to have first proposed to replace tracheotomy in laryngeal stenosis by the introduction of hollow tubes into the

larynx. Mr. Bouchut, having revived this idea in 1858, under the name of *tubing the glottis*, employed to this effect the silver canulas, bent as needed. The result of this tubing having been only negative, a commission nominated by the Academy of Medicine of Paris has expressed, by the voice of the late Trousseau, reporter, an opinion little favorable to the new invention.

It was only in 1871 that Weinlechner revived the idea of Mr. Bouchut under another form, in counselling the introduction into the larynx of silver tubes or hard rubber, as a prophylactic remedy preventing asphyxia, especially in croup and diphtheria. His attempts aroused the very serious objections of Huttenbrenner, of Rauchfuss, and Hack, and there was only Monti who, being quite agreed with them that the catheterism of the larynx did not respond entirely to the hopes of this first propagator, had its claim to be used as a palliative means in imminent asphyxia, and allowed the necessary time to prepare for tracheotomy. It is then right to affirm that catheterism of the larynx and its introduction into daily practice by Weinlechner cannot be passed by in silence, and constitutes a real progress in the care given in cases of asphyxia following contractions of the larynx.

You know, gentlemen, that it is to Schrötter that we are indebted for the further progress of this method, — progress elsewhere authorized by serious observations that permitted him to take out his freedom in the art of medicine. It is he who first had the idea of replacing the elastic canulas by the triangular tubes of different calibers, corresponding to the configurations of the larynx. These hard-rubber tubes have served to introduce into practice a new process of mechanical dilatation of the contracted larynx, a process which its inventor has succeeded in applying not only to sudden or acute stenosis, but also to chronic contractions. The introduction of the tubes of Schrötter in acute cases is shown to be particularly salutary, because not only the operator has gained the necessary time for the operation of tracheotomy, but more, in several cases the application of the rubber tubes had rendered unnecessary the latter operation.

We proceed then to study : (A) the catheterism or tubing of the larynx in acute contractions threatening death by suffocation.

(B) The catheterism of the larynx applied to chronic stenosis.

(A) *Catheterism of the larynx.* Here are attached the observations of Labus, Hack, MacEven, O. Chiari, Szeparowicz, who have shown this process as efficacious in : —

1. The extravasations of blood infiltrated into the submucous tissues in the train of fractures of the cartilages of the larynx. (Schrötter.)

2. The spasm of the larynx. (Hack.)

The application of the process which occupies us has had place in the following circumstances, which were all complicated with imminent suffocation :—

Phthisis of the larynx	2 times.
Acute œdema of the glottis	2 “
Œdematous perichondritis	2 “
Paralysis of the respiratory muscles	1 “
Hypertrophy of the mucous membrane of the larynx	1 “
Syphilitic contraction	1 “
Total	9 “

Catheterism of the larynx is then indicated as a work of necessity in all acute stenosis of the larynx caused by œdema of the mucous membrane or by paralysis of the respiratory muscles accompanied with imminent suffocation.

Labus also proposes in cases of need to use an ordinary sound, whereas Szeparowicz counselled to employ the end of a stomach sound or probang. Although *secundam regulas artis* all operations in the region of the larynx ought to be accompanied with the use of the laryngoscope, yet one may, with strict care, direct the tube or sound by the aid of the index finger introduced behind the epiglottis.

Table No. i indicates the details of nine observations already mentioned, and sums up the results in the following manner:—

(1) Success in two cases of acute œdema of the glottis, in one of syphilitic paralysis, and in one case of paralysis of the respiratory muscles.

(2) Tracheotomy was delayed by the use of the tubes of Schrötter in two cases of laryngeal phthisis, and in one case of perichondritis.

(3) The disease was made worse by the appearance of subcutaneous emphysema in a child eighteen months old in a case of hypertrophied laryngitis. (Szeparowicz.)

CONCLUSIONS.

I. Catheterism may, with adults, take the place of tracheotomy in the cases above indicated ; with little children, however, it can only be used in extreme cases and with the greatest possible precautions.

II. The tubes of Schrötter left immovable in the larynx cause there a species of decubitus, which may even provoke a denudation of the cartilages. One will then avoid leaving them in patients exhausted from previous diseases, for example by typhoid fever. (Szeparowicz.)

III. This method demands the greatest circumspection and

continued superintendence from the hands of the physician, in order to avoid the mortal suffocation caused by the removal of the tube by the patient himself. (Szeparowicz.)

IV. In case of no success in catheterism being forced, it is not necessary to delay tracheotomy. It is understood that even in the use of forced catheterism, we will have first recourse to the tubes of small caliber, which we should take care not to leave too long a time in place.

V. The contractions caused by laryngeal phthisis or by cancer of the larynx are opposed to the use of the process of Schrötter and demand immediate tracheotomy.

Methodic catheterism of the larynx used in chronic contraction of the larynx, and the results of this process.

I have already mentioned that in this method we used as well the œsophageal sound as the usual sound, and most frequently the canulas of Schrötter. Table No. 2 contains forty-seven observations published in these last years, according to the results obtained by the use of mechanical treatment:—

Chorditis hypertrophica inferior	12 times.
Blennorrhœa stœrkii	8 “
Perichondritis chronica	8 “
Stenosis syphilitica	6 “
Stenosis a cicatricibus ? Nef.	4 “
Paralysis muscul. crico-arytenoid post	3 “
Stenosis hyperplastica	2 “
Perichondritis tuberculosa	1 “
Lupus laryngis	1 “
Epithelioma laryngis	1 “
Abscessus laryngis	1 “
Total	47 “

According to the nature of the disease which manifested itself by the disturbances in the breathing and talking, I understand by cure, the dilatation of the larynx to its normal caliber, and the cessation of the symptoms of the stenosis, even in case of exaggerated physical labor (fast walking, prolonged elevation of the voice, etc.). In regard to the expression, complete cure, it is the summing up of not only the recuperation of the normal respiration, but the return of the natural voice or that approaching it, by its clearness and its power. I arrange in the category, amelioration, or incomplete cure, the observations where the stenotic respiration appeared only in case of exertion or of fatigue, the voice having simultaneously gained, if not in clearness, at least in strength.

We may then sum up in the following manner the results of the forty-seven observations of table No. 2:—

Normal respiration and normal voice have reappeared in	12	observations.
Normal respiration, hoarse voice in	15	“
Ameliorated respiration, hoarse voice	11	“
Results unknown	3	“
Negative results	6	“
	<hr/>	
Total	47	“

The diseases in which the mechanical and methodical treatment of laryngeal stenosis have caused recovery of the natural voice and respiration are :—

Chorditis hypertrophica inferior	4
Blennorrhœa stœrkii	3
Laryngitis hyperplastica inflammatoria	1
Stenosis syphilitica	1
Paralysis muscul. crico-arytenoid post	1
Stenosis hyperplastica laryngis et tracheæ	1
Perichondritis chronica	1
	<hr/>
Total	12

You see, gentlemen, that out of forty-seven observations of diseases very advanced, we have to register twenty-seven cases where the normal respiration has returned. This result is very good, and invites us to persevere in the path indicated.

Unfortunately, as in everything, the picture has its dark side.

Out of the six observations given among the negative results, we find five terminated in the death of the patient. These are the following :—

Perichondritis acuta	2
“ chronic	2
Paralysis respiratoria	1

One case of death occurred unexpectedly following the removal, by the patient, of the canula, which had been left in place. One other was caused by too precipitate and harsh dilatation of the contracted larynx, which brought on œdema of the lungs. The other three owe their fatal termination to the disease which occasioned or complicated the stenosis.

CONCLUSIONS.

I. The methodical and mechanical dilatation of the contractions of the larynx gives the most favorable results in the form called *chorditis vocalis hypertrophica inferior*.

II. It is necessary to avoid the forced and rough dilatation of the contracted larynx, and to leave the patients treated by this process under the constant supervision of a physician.

[To be continued.]

A TRANSLATION FROM BULLETIN DE LA SOCIÉTÉ
MÉDICALE HOMŒOPATHIQUE DE FRANCE.

BY F. D. STACKPOLE, M. D., BOSTON.

THE *Revue Homœopathique Belge* gives, according to Dr. T. Kafka of Carlsbad, the following details concerning the situation of homœopathy in Austro-Hungary:—

Homœopathy in Austria is not in as bad a condition as one was led to suppose at the International Convention held in London in 1882. If we have lost a hospital at Sechshaus, a suburb of Vienna, we have gained another one, namely, the children's homœopathic hospital in Vienna, founded by the late Dr. Chevalier de Lebenswarth, physician in ordinary to the late Archduke John of Austria. I have visited the establishment; it is well built, well ventilated, and perfectly comfortable for the little patients. The physician in chief of the hospital is Dr. Huber; the medical assistant, Dr. Klauber. The two other homœopathic hospitals are well known, namely, the Gumpendorf (Dr. Rossivall, successor of the late Dr. Fleischmann), and the Leopoldstadt (Dr. Carl Wurstl, successor to Drs. Wurmb and Eidhess). At Baden, near Vienna, there is also a homœopathic hospital of the Sisters of Mercy (Dr. Kosak).

At Linz, the capital of Upper Austria, there has existed for many years a famous homœopathic hospital. The successor of the celebrated Dr. Reiss is Dr. Fischer.

In Bohemia there is only one homœopathic hospital, at Brün, not far from Toeplitz, directed by Dr. Sieglens. In this city, the state physician (physician of the city and of the court of justice), appointed by the municipality, is a homœopath, Dr. Carl Müller. The magistrate of this small city is very favorable to homœopathy, inasmuch as he has transformed into homœopathic, a hospital formerly allopathic.

In Hungary we are able to name three hospitals at Buda-Pesth, the royal capital. First, the homœopathic section of the hospital St. Roch, under the direction of Prof. Dr. Bakody, where he gives daily lectures in clinical and therapeutic homœopathy; second, "Bethesda" hospital of the reformed church, directed by Prof. Bakody and Dr. Lippner; third, "The Eilzabethan," a private hospital founded by the Hungarian aristocracy, and confided to the care of Dr. Koland Hausmann, son of the celebrated homœopathic Prof. Hausmann. At Frouhyos, an important Hungarian city, the military and civil hospital is also homœopathic. The physician in chief of this grand establishment is Dr. Chevalier Hopnerde Vesekenyi. The number of homœopathic physicians in Austro-Hungary is also increased.

. . . There are at present homœopathic physicians in cities where there were none formerly, for example, at Reichenberg, Friedland, and Tachau in Bohemia, and at Steyer in Upper Austria. — *Bulletin de la Société Médicale Homœopath. de France.*

OVARIOTOMY.

J. H. CARMICHAEL, M. D., BOSTON, MASS.

OVARIOTOMY in a lady seventy-four years of age, successful. This case is reported, owing to the extreme age of the patient and the general exhaustion attending the case three months prior to the operation. June 12, 1882, I was called to see Mrs. P—, aged seventy-four years. She has been under the care of a lady physician for “hypertrophy of the womb,” and this diagnosis was corroborated by a masculine member of the profession, who was called in counsel. I found the lady confined to her bed, very large from distention of the abdominal walls, very much exhausted from frequent vomiting; pulse, 120; temperature, 103° Fah. By examination I found a compound cyst of the left ovary. The case was explained to my patient, who readily took in the situation, as she had *three* sisters, all of whom were afflicted in the same manner, two dying without operation; but the third was cured by ovariotomy in February, 1882. “Well, doctor, what am I to do?” “Be patient, and if you improve I will operate the last of September,” not wishing to operate during the hot weather. To make the history short, she was given warm sponge baths and indicated remedies. She improved, and in three weeks was up and about. No vomiting, bowels regular, and able to take exercise about the house and yard. Sept. 27th, at 1 P. M., with the assistance of Drs. Phillips, Bennett, and Warren, I made an incision three inches long down to the peritoneum. The hemorrhage was checked by torsion of the vessels in the abdominal walls, which were very vascular. I plunged a trocar into the cyst, after opening the peritoneum, but its contents were too thick and dense to flow through the canula. The abdominal incision was lengthened two inches, patient turned upon the side, an incision made into the cyst, and the gelatinous fluid was removed, a number of smaller cysts broken up, and the cyst walls brought out of the abdomen. One pelvic adhesion was ruptured, and an omental adhesion tied with silk and dropped. The pedicle being large, broad, and vascular, a Thomas clamp was applied and severed by serrated scissors, peritoneal cavity cleansed, and wound closed by six deep and the same number of superficial sutures, operation lasting fifty minutes. The patient rallied well, and with the exception of a slight

cystitis during the second week, she had no untoward symptoms. The tumor weighed thirty-four pounds, was multilocular, containing a solid portion as large as my fist. It was first noticed by the patient about ten months before she called me. During the operation the atmosphere of the room was kept impregnated with a carbolized spray; but no carbolic acid was used about the patient thereafter.

*A PECULIAR EXHIBITION OF QUINIA POISONING. —
SCARLATINOID.*

L. A. FALLIGANT, SAVANNAH, GA.

A FEW cases having been recorded in relation to the action of *Quinine* upon the cutaneous surface, it has seemed to me proper to record a case occurring under my own care.

Miss F——, aged eighteen, was sick last fall with malarial fever. In a remission of the fever I ordered *Quinine* to be given, when the father protested that it would give his daughter "*scarlet fever* and make her *peel off* afterwards, as it had already affected her so once or twice previously." He was so positive in this assertion that I concluded to try the *Sulphate of cinchonidia* in doses of five grains *ter die*, for two days. A day or two afterwards she was covered with an eruption precisely similar to scarlet fever, attended with sore throat, which remained out about five days, and after its declension the skin of her hands and feet peeled off. No evidence of a contagious or infectious character was illustrated by any subsequent case traceable to this one.

CASES FROM PRACTICE.

JOHN J. SHAW, M. D., PLYMOUTH, MASS.

CASE 1. Annie B——, four years old, complains by spells through the day that the house is falling down; after being put to bed wakes up frightened and crying because she is falling.

This occurs very frequently and sometimes continues all night. Her appetite is poor, and she has failed in flesh and manner. Dr. B—— of this place diagnosed serious brain trouble, and treated her six months, with no improvement. I gave her *Stram.*^{3x} two drops morning and night. She took the medicine one week with complete subsidence of the symptoms, which had not returned at the end of one year.

CASE 2. Mrs. C——, after a severe attack of dysentery, had nightly, toward morning, severe colicky pain, followed by one or two mucous and somewhat bloody discharges. During the day there was no vestige of the disturbance left, and a natural action

of the bowels usually took place. *Nitric ac.* proved to be the remedy.

CASE 3. Charles T——, age eleven, had been sick five or six days with pain in the right leg from the knee to the hip. There was considerable hard swelling in the region of the bone, and the pain was deep-seated and excruciatingly intense, so much so that the boy had not slept for three nights, and was somewhat delirious. The cause was, undoubtedly, a blow on the leg, and subsequent standing in the water until chilled. I diagnosed periostitis. I was especially interested in this case as, according to my remembrance, it exactly resembled the case of a brother of mine, who was treated by an allopath, in which the result was suppuration and complete necrosis of the shaft of the femur. I treated the case with *Heckla lava* and *Silica*. I was too anxious about the result to trust the *lava* alone. The case began gradually to improve in about three days. The pain was then relieved so the patient slept some and the delirium had disappeared. From that time there was a steady improvement to complete recovery. It was upwards of two months before the limb had returned to its natural size, and the knee had acquired its previous facility of motion.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY HORACE PACKARD, M. D., SEC.

THE regular monthly meeting of the society was held at the College Building, East Concord Street, Thursday evening, March 8, 1883.

A social lunch preceded the business session.

Upwards of thirty persons were present, including the presiding officer, John L. Coffin, M. D. Lucinda B. Ballou, M. D., of Concord, Mass., was elected to membership.

The scientific session was opened by a short inaugural address by the president, in which he expressed his devotion to the best interests of the society and to the science of medicine.

F. H. Krebs, M. D., presented a paper on *Placenta Prævia*.

J. H. Sherman, M. D., reported two cases of *placenta prævia*, which had previously appeared in print (see "The American Homœopath," Vol. IX., No. 1).

H. E. Spalding, M. D., presented an instructive and carefully written paper on *Post-partum Hemorrhage*.

These papers were followed by an animated discussion participated in by the members at large.

At the close of his paper, Dr. Spalding mentioned a case of *placenta prævia* in which hemorrhage occurred every four weeks during pregnancy. The woman was delivered sixteen weeks

before full term, and, incredible as it may seem, the child lived, and is now living and healthy. Concealed hemorrhage took place after delivery, but was controlled by *Ergot*. By special request, Dr. Spalding gave his method of managing normal placenta. In the early part of his career he delivered the placenta immediately after the birth of the child; now he covers patient up and waits for natural expulsive pains to set in, which usually result in the delivery of the placenta in from fifteen to twenty minutes. It is his custom to administer *Ergot* soon after the birth of the child, in teaspoonful doses. In case the expulsive force of the uterus is insufficient for the delivery of the placenta, he resorts to expression, combined with gentle traction on cord, the latter of which he considers not harmful and perfectly justifiable.

In case of hemorrhage before expulsion of placenta, he endeavors to excite uterine contractions first, then extracts. The beneficial effects observed from the use of *Ergot* are not only immediate contraction of uterus, but he is confident the troublesome after-pains are prevented by it. He has never seen ill results follow the use of a single dose.

Dr. Coffin reported a case of hemorrhage every four weeks, during two successive pregnancies. Both children were extremely anæmic, and lived but a few weeks.

Dr. Carmichael reported a case of calcareous degeneration of placenta. The labor was three hours in duration. The placenta was expelled in about twenty minutes. In a few minutes frightful hemorrhage set in, which was checked by hot douche thrown into uterus. It soon began again, however, and the same treatment was again resorted to, with the same results. At last, in desperation, the hand was passed into the uterus, and, attached to the fundus, a hard, resisting mass was felt. It was detached, and on removal was found to be a calcified portion of the placenta, weighing, perhaps, a quarter of a pound. The hemorrhage stopped immediately. He condemns the use of *Ergot*: believes he has had a case of temporary spinal anæmia following its use.

Dr. Krebs also condemns the use of *Ergot*. He has never used it and never finds it necessary. He is always able to relieve after-pains with medicines prescribed according to the peculiar symptoms of the case.

Dr. L. D. Packard related a succession of most frightful postpartum hemorrhages occurring in his practice, all within a comparatively short space of time. They came so thick and fast that at last it was with fear and dread that he consented to attend each new case. One woman suffered from most violent hemorrhage after two successive confinements. In the first instance *Ergot* was used, while in the second the hot douche was used with most satisfactory results. In her third confinement, by special request,

he was called early, and arrived fifteen or twenty minutes before delivery. A teaspoonful of *Ergot* was administered immediately, and puerperium was completed without hemorrhage.

Drs. Hastings and Southwick favored the society with a *résumé* of the most recent methods of treatment in the great European hospitals. In impending collapses from post-partum hemorrhage, the limbs are bandaged, to concentrate all the remaining blood in the vital portions of the body. No traction on cord is practised till it is flaccid. *Ergot* is administered only in those cases where the hemorrhage is persistent, and then hypodermically cool carbolized water is injected into the cavity of the uterus until it returns clear. The abdomen is never bandaged in the great lying-in hospital in Vienna.

The next meeting of the society will occur Thursday evening, April 19.

WORCESTER COUNTY HOMŒOPATHIC SOCIETY.

REPORTED BY OTIS GOODWIN, M. D., SEC.

THE regular quarterly meeting of this society was held at their library in Worcester, Feb. 14, 1883. Fifteen members present.

After disposing of the preliminary business the president, Dr. H. K. Bennett, of Fitchburg, delivered a brief address, in which he made several suggestions looking toward improvement in working methods.

These were separately discussed and acted on by the society, after which, according to the change of programme inaugurated at the last meeting, the Standing Committee on Materia Medica and Clinical Medicine were called on for their report.

Dr. Chamberlain, chairman, then read a paper by Dr. C. L. Nichols comparing *Kalmia*, *Belladonna*, *Spigelia*, *Mézereum*, and *Rhododendron*. This with the ensuing discussion occupied the time till the dinner hour.

After dinner clinical cases were presented by Drs. Sibley, Brown, Slocomb, and Sanford, which were generally commented upon by the members. Interesting pathological specimens from Drs. Forbes and Carmichael also received a share of attention. Adjournment was reached at 4 P. M.

Two new names were proposed for membership.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

As already announced, the thirty-sixth session of the Institute will be held at Niagara Falls on June 9. To properly prepare the annual announcement, and avoid changing the matter after

it is set up, thus involving additional and unnecessary expense, all reports from the chairmen of bureaus and other matter belonging to the circular as usually issued must be in the hands of the secretary not later than May 1.

The headquarters of the Institute will be at the International Hotel. Fuller particulars will be given at a later date.

J. C. BURGHER, M. D.

PITTSBURG, PA., Feb. 10, 1883.

General Secretary.

BUREAU OF MATERIA MEDICA AND PROVINGS.—AMERICAN INSTITUTE OF HOMŒOPATHY.

JABEZ P. DAKE, M. D., Nashville, Tenn., *Chairman*; Conrad Wesselhoeft, M. D., Boston, Mass.; Timothy F. Allen, M. D., New York, N. Y.; E. A. Farrington, M. D., Philadelphia, Pa.; A. C. Cowperthwaite, M. D., Iowa City, Iowa; William Owens, M. D., Cincinnati, Ohio; A. W. Woodward, M. D., Chicago, Ill.; Lewis Sherman, M. D., Milwaukee, Wis.; J. W. Hayward, M. D., Liverpool, England; P. Jousset, M. D., Paris, France; Tomasso Cigliano, M. D., Naples, Italy; H. R. Arndt, M. D., Grand Rapids, Mich.

Our special subject for presentation at Niagara Falls, June, 1883, is "A MODEL FOR MATERIA MEDICA." Each member of the bureau is expected to prepare such an exhibit of the two drugs named below as, in his judgment, the present provings and clinical records will allow, and in such form as may best suit the purpose of the homœopathic student and practitioner (the exhibit of each drug not making more than five pages *octavo, breviter type, leaded*). It is the purpose of the bureau to arrive at the best method of abbreviating, or condensing into one volume, say, a manual of eight hundred pages, the useful knowledge we have of the leading articles of materia medica. Each member is to report his work to the chairman, Dr. Dake, at Nashville, Tenn., before May, 1883. The reports may be written in English, French, German, or Italian.

Drugs to be considered,—*Nux vomica* and *Kali bichromicum*.

HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.

THE annual meeting of the Hahnemann Medical Association of Louisiana was held Friday evening, Feb. 9, at the Homœopathic Pharmacy, No. 130 Canal Street, and the following officers were duly elected to serve for the ensuing year: J. G. Belden, M. D., president; Walter Bailey, Jr., M. D., vice-president; Mrs. Harriet C. Keatinge, M. D., recording secretary; Charles J. Lopez, M. D., corresponding secretary; Christian Sanders, M. D., treasurer.

REVIEWS AND NOTICES OF BOOKS.

WOOD'S MEDICAL LIBRARY. LEGAL MEDICINE. By C. Weymott Tidy, M. B., F. C. S.

Under this title the publishers have offered the medical profession two very valuable volumes, forming the November and December numbers and completing the set for the year 1882. Together the two volumes make 612 pages, and form a work all physicians should be thoroughly conversant with. Perhaps no work of the set for the year 1882 contains more valuable or useful information. Indeed the usefulness of this work is not confined wholly to the medical profession. The arrangement of subject matter and the compilation of "illustrative cases" at the end of each subject treated, showing the most important points of the testimony given and the decisions rendered, must be valuable to those of the legal profession having, or likely to have, cases of a medico-legal character.

Volume I. opens with an introductory lecture in which the importance of legal medicine is ably and clearly set forth. From the first sentences we quote the following, which may be read profitably by others than students, to whom the lecture was originally delivered: "Your first day in practice — the first ring at your bell — may bring you face to face with a medico-legal case requiring all your thought and acumen — powers of observation — knowledge of facts — habits of induction. The body of an infant is discovered — was it born dead or alive? A lifeless wounded body is found — were the wounds inflicted before or after death, and were they homicidal, suicidal, or accidental? A body is recovered from the water — was it alive or not when immersed? A girl lodges an accusation of rape — are there any or no grounds for such accusation? You are called to see a patient — is his illness natural disease or the effects of poison? These are examples of the many hundred questions, any one of which, I say, your first day's practice may require you to consider."

The nature and different kinds of "evidence," as well as the necessary preparation for giving it, with other matters connected with the "witness-box," comprise the introductory chapter. "The Signs of, and the Appearances produced by, Death," the subject of "Personal Identity," "The Causes of Death," "The Post-mortem, — a medico-legal inquiry," and the question of "Sex, Monstrosities, etc.," are the subjects of the various chapters into which the volume is divided.

Volume II. considers "Expectation of Life (insurance)," "Heat and Cold," "Burns and Scalds," "Lightning," "Explosives and

Combustibles," and "Starvation," from a medico-legal point of view, and is fully as readable and instructive as its companion.

We should be glad to refer at greater length to a few of the subjects mentioned, but even if our space permitted, it would be found difficult to make a selection, as each chapter is so interesting, so well arranged, and each subject so clearly, though sometimes, it would seem, too briefly stated. We are glad to learn from the prospectus for the present year that two more volumes on this same subject ("Legal Medicine"), by the same author, are to be included in the Library, and we venture to predict for them a hearty welcome. ‡

THE INFECTIOUSNESS OF PHTHISIS. By Charles Dennison, A. M., M. D. Denver, Colorado. 1882.

The writer of this pamphlet, who is the professor of diseases of the chest in Denver University, acknowledges that it is made up to a great extent from Dr. H. C. Clapp's "Is Consumption Contagious?" The original additions are interesting and in the same direction. It is noticeable that those physicians who have much to do with phthisis are quite apt to consider it an infectious disease within certain limits. ¶

FAMILY PRACTICE. London: E. Gould & Son.

This handy little volume is the companion to "The Principal Uses of the Sixteen most Important Homœopathic Medicines." Both are useful to the layman, and are in the main reliable. We notice many good points in the instructions concerning accessory treatment under the different headings, and are pleased to read the careful statements regarding general hygienic measures, the preparation of foods, and the management of sudden emergencies. That this book has reached its fourteenth thousand is sufficient guarantee that its value is appreciated by the thinking public. ||

OUR MISCELLANY.

TREATMENT OF ASPHYXIA.—1st. The most effective treatment of asphyxia of new-born babes is the employment of a hot bath at 50° C. It is absolutely necessary to ascertain the temperature of this bath by means of the thermometer, and not less indispensable is it to remove the infant after it has been in it four or five minutes, at the longest. 2d. When a case of asphyxia by submersion is capable of resuscitation, the accident to be most strenuously combated is the loss of heat of the body. The sole practical treatment is to place the patient before a very bright fire, dry him, and perform artificial respiration by simple elevation and depression of the arms. A prolonged hot bath at 50° C. would be dangerous. Our experience demonstrates that hot blankets, electricity, and the different commonly employed means are entirely ineffective. — *Cincinnati Lancet and Clinique.*

A CASE of ruptured membrana tympani is reported from Vienna, caused by an ardent lover kissing his inamorata in the ear.—*Boston Medical and Surgical Journal*.

CHLOROFORM INHALATIONS IN TETANUS.—A child of ten years had his finger amputated. Ten days afterwards tetanus set in. Gray ordered chloroform inhalations every two hours. For six days this was steadily done, and the young patient recovered.—*L'Union Medical Journal*, 1882.

PESSARY ON THE BRAIN.—In a speech at the recent meeting of the British Medical Association, Prof. Playfair speaks of the "overmuch and injudicious local treatment" of the uterus. He alludes to a case in which "the patient may fairly be said to be suffering from pessary on the brain, so incessantly is she thinking of one or other of the *seventy-nine* different instruments which she has had inserted in the last few years in America and in this country."—*Medical Record*.

A NEW VEGETABLE STYPTIC.—A recent number of the *Neue Freie Presse* states that during the French expedition to Mexico a plant was discovered, called by the natives by a name which may be rendered as "fowlwort" (*Tradescantia erecta*, Jacq.), which has the property, when chewed or crushed, of stopping any hemorrhage. A specimen, planted in 1867 by the discoverer in his garden at Versailles, has not only flourished, but flowered and fruited, without having its peculiar properties as yet appreciably diminished. Although no exotic, or remarkable for particular beauty of bloom, it nevertheless deserves a wider extension on account of its valuable properties, especially as its acclimatization may be regarded as having been fully established. Its action exceeds that of all styptics as yet known, as, for example, perchloride of iron, and it can, moreover, be very cheaply procured.—*Lancet*, Oct. 28, 1882.

PRACTICAL ANATOMY.—A recent exchange states that in one of the New England States for some time three parallel laws existed. One declared that no person should be allowed to practise medicine in the State unless he had dissected one whole subject. Another act declared that no bodies should be used for dissection except those of executed criminals. By a third enactment, capital punishment was abolished. Of course, the laws must be observed, both in letter and spirit.—*Louisville Medical News*.

VACCINATION AFTER SMALL-POX.—Dr. C. T. Armstrong, of Corunna, Mich., writes: "I had small-pox in 1856 treated by Prof. Sagar, of Michigan University. A few days since I was vaccinated by Dr. H. B. Shank, of Lansing, and have as nice a vaccine pock as one would care to see. I have treated many cases of small-pox in hospital and camp, also in private practice, without taking the disease."—*Medical Record*, N. Y.

BLOCK, of Dantzic (quoted in *Annals of Anatomy and Surgery*), has been experimenting with a view to ascertaining the feasibility of operative surgery upon the thoracic viscera, and reports that he has a number of times opened the thorax in dogs and sewed up purposely made rents in the heart muscle, after laying the pericardium freely open; in a considerable number of cases the animals survived this operation. He also resected the lungs in a large number of dogs, removing from one to four lobes; and several of the largest animals lived for months.—*Boston Medical and Surgical Journal*.

A LADY DOCTOR FOR THE LONDON POST-OFFICE.—Mr. Fawcett is said to intend appointing a lady doctor for the lady employés in the London post-office. The *Lancet* is stirred up to protest against such action.—*Medical Record*.

VERTIGO AS A REFLEX SYMPTOM IN HYPERTROPHY OF THE TONSILS.—Dr. Weiss (*Memorabilien*) relates the case of a boy, twelve years of age, who had suffered from vertigo for three years. The attacks were induced by stooping, and were sometimes accompanied with vomiting. Nothing abnormal could be discovered in any of the organs except an enlargement of both tonsils. As pressure upon the carotids and vagi might account for the vertigo, in the absence of any other apparent cause, Dr. Weiss amputated the tonsils. The attacks at once ceased.—*Medical Record*.

TREATMENT OF WHOOPING-COUGH WITH EUCALYPTUS.—Dr. Wittauer (*Memorabilien*, Nov. 15, 1882) reports four cases of pertussis treated with tincture of *Eucalyptus globulus*, which recovered in a little over three weeks. The dose for children from two to four years of age was 5-8 drops. One of the patients, eighteen months old, suffered from well-marked rickets. After taking the *Eucalyptus* for four weeks, not only was the whooping-cough cured, but the enlarged epiphyses were reduced, and the child, who had never before attempted to stand on its feet, learned to walk. — *Medical Record*.

PERSONAL AND NEWS ITEMS.

DR. GEORGE RUSSELL, even in his extreme old age, did not forget his relations to the medical profession. In a will made only a few days before his death he bequeathed \$2,000 each to the Boston University School of Medicine and the Massachusetts Homœopathic Hospital, and small sums to those physicians who had attended him in his various sicknesses.

Dr. MARY J. SAFFORD writes from Tarpan Springs, Florida, where she has been spending some weeks, as follows: "We seem at last to have struck the real 'Fountain of truth,' if what 'they say' is true. There is a spring near here, the water of which is a deep blue color, and quite tasteless. An elderly man had been very badly crippled with rheumatism for several years. He was induced to go and bathe in and drink the water. In a surprisingly short time he found his before-stiffened limbs now supple with an agility belonging to youth. Not only that; his previously bald head became covered with a luxuriant growth of brown hair, and the fringe of gray hair, all that was left of the original growth, was also restored to its natural color. He now still lives to tell this wonderful tale, and there are living witnesses to support him in it.

"While I write, this last day of winter, I look from my open window upon the perfected foliage of early summer. There are twelve varieties of wild flowers on my table before me. The thermometer ranges about 68° to 70°. There is always a cool breeze coming inland from the Gulf. We have no mosquitoes, and flies are very amenable to treatment, if one gets accustomed to their idiosyncrasies. Fever and ague are rarely contracted on this west coast. I don't see how graveyards are ever started here, especially in localities where doctors are unknown."

Through an unfortunate transposition, the illustrations used in the advertisement of C. H. Phillips, "Palatable Cod Liver Oil," in recent issues of the GAZETTE, have been made to misrepresent instead of explain the differences in articles mentioned. They appear correct in current issue.

DR. E. A. MURDOCK has removed from Watertown, Mass., to Spencer, Mass., where he succeeds Dr. — Kingsbury.

DR. G. A. TOWER has removed from Wilton, N. H., to Watertown, Mass.

A. F. STORY, M. D., has passed his examinations at Rotunda Hospital.

C. F. GOODELL, M. D., Hahnemann Medical College, Class '83, has located at Ashland, Mass.

E. R. EATON, M. D., has located at East Taunton, Mass.

DR. A. L. KENNEDY has removed from No. 1 St. James Avenue to No. 136 Boylston Street, Boston. Office hours 8 to 10 A. M. 1.30 to 3, and 6 to 7 P. M.

DR. SAMUEL CALDERWOOD has removed from South Waldoboro, Me., to 2463 Washington Street, Roxbury, Mass.

DR. J. M. WINSLOW has removed from Lowell to North Adams, Mass.

FRANCIS BRICK, M. D., has removed to Nos. 43 and 45 Pleasant Street, in the new building next to his former location.

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EDITORIAL.

PROFESSIONAL BIGOTRY.

IN all professions justice and fairness are great elements of success. In the progressive science of medicine, above all, a man should stand with eyes open for clear seeing, and a mind ready to receive the truth in whatever form it comes. Surely, in no other profession, is an openness to conviction and a nice balancing of considerations, a critical comparison of pros and cons, so absolutely essential. Life and death hang in the balance, and "if the scale be turned but in the estimation of a hair," on the death side, the case is lost. Fairness of judgment, then, and unflinching admission of the facts on either side, may often turn the scale the other way. Dr. Parvin, in his address to the Medical Department of the University of Louisville, would have done well to name, as one of the first requisites of a good physician, that of an unbigoted mind. Be just, be just, and everywhere be just. A bigoted man is an obstinate man, and often blind to claims that press upon him and demand fair play.

While administering much wholesome advice to the young graduates, in what seems to be a manly spirit of loyalty to the truth, there is manifested a petty spirit of bigotry that is surprising in these free-thinking days. We hold only partial truths. If we possessed complete truth in any one department of science, progress then would cease. The medical heavens have been swept with telescopes of increasing power from the time of Hippocrates down, and finer lenses, more accurate adjustments, different points of observation, have constantly revealed more distant stars.

The search for truth, says Lessing, is better than the truth, and the search for truth is unending. So long as there are beating hearts, and unsatisfied, aspiring souls, by various paths, men are striving to reach the heights where calm-eyed truth abides, and "God speed" should be the password and watchword among this army of seekers.

Dr. Parvin, admitting that he cannot express approval of the movement, still extends the right hand of fellowship to those women who, with faith and heroism, have taken up the study of medicine under the old-school banner; but, for the men and women who, under slightly different colors, are waging the same war, he has only scorn and abuse. He makes quackery and homœopathy synonymous, and accords no quarter to these prophets of a new faith. "So far as my observation goes," says Dr. Parvin, "irregular systems of medicine, especially homœopathy, that essence of absurdities and most impudent of shams, find their most devoted supporters in immigrants from New England. Without such support, the life of these systems would be like the Psalmist's grass. That any intelligent man or woman can trust homœopathy after the description Dr. Holmes has given of it, is both strange and passing strange."

The bigotry that can pronounce so unjustly against an earnest band of brother workers might almost say, "It is better to die under orthodox treatment than to live through heterodox remedies." Old errors have deep roots, venerable age is often accorded too great reverence. Dr. Parvin taunts homœopathy with its youth, exclaiming, "True medicine is not a mere sham, a creation of to-day; it is a living truth, strong with the growth of centuries, and growing still, as the light of science grows." Again he speaks of homœopathy as a mushroom growing up in the damp soil of ignorance and superstition. Here is an evident inconsistency. The moss and ivy of superstition and ignorance gather on time-honored structures, while around every corner and angle of modern edifices pours God's free sunlight. Born of ignorance and superstition it can hardly be, since, during the past eighty years, there have been mighty illuminations, in whose dazzling light the darkness has been dissipated, and old superstitions have grown pale and ghastly. Clinging to old and ungentle methods, bound by ancient laws and traditions, the old school

of medical practice was jostled out of its sleepy conservatism, when Hahnemann made the first decided break from the old line of practice. Since that time homœopathy has gained brilliant adherents, and has lived and grown in strength in the face of opposition and persecution. Homœopathy has sent new currents coursing through new channels ; it has broken with old errors ; it has brought into prominence the therapeutical side of medicine, and is feeling its way to a more perfect science. It is still in its infancy, but may yet prove a giant in its strength. A creation of to-day it may be ; though, in its doctrine of similars, Hahnemann was anticipated by Hippocrates and Paracelsus, from which royal lineage Dr. Parvin proudly asserts "true medicine," as practised by the "rational physician," descends. Every discovery which has advanced the civilization of the world was once a creation of to-day.

The electric light flings its searching glare in the very faces of those who, ten years ago, would have cried out upon it for a silly dream. The medicines of the homœopathic school are denounced as sugar and milk nothings, for amusement or deception. Finally, the whole science is condemned to deserved and disgraceful oblivion. How much more catholic and high-minded, how much more gracious and liberal, to say : You have some truth, we have some ; neither has it all, nor can have : let us clasp hands in mutual sympathy and in loyal allegiance to a great cause. The man of science should be tolerant of all opinions ; and it is always well to remember that *hinter den Bergen sind auch Leute*.

RECOVERY FROM A SEVERE BURN.

DR. A. BOOTHBY.

THE patient was a medium-sized woman, twenty-seven years of age. The accident occurred at her home, late in the evening, while rekindling a fire in the cook stove containing warm or hot coals. She used kerosene freely, and lighted the wood by putting her hand through the top of the stove. The warm and partially volatilized oil ignited quickly, and flashed around her arm and into her face. This did not, however, catch the sleeve of her dress, or burn her in any way. Upon looking down she noticed that her cotton wrapper was burning by her right side, which,

doubtless caught, judging from the construction of the stove, from the blaze coming through the draught of the grate. She became frightened, and attempted to throw off her clothes. At this moment her husband returned, and hastily assisted his wife in tearing off her clothing; but by the time her clothes were entirely removed they were all consumed. The suffering woman was placed in bed, and dressings of grated potato were applied as quickly as possible. Several neighbors assisted in the work, and as soon as one application was warm and painful, a fresh poultice of potato was applied. A physician came in about forty minutes, and changed this dressing to one of oil and lime-water. This dressing, as far as we know, was continued until the patient was brought to the hospital, five days later. The accident occurred on the evening of March 25, and March 30 the patient was brought to the hospital, after a journey of twenty miles by rail and two miles in an ambulance. Here her burns were examined and dressed.

The injured surfaces, including the vesicular and ulcerative portions only, were as follows:—

	Square inches.
Every part of right hand and arm	225
Left hand and part of arm	69
Right side of body, including breast	200
Left side of body	38
Calf of left leg	36
Left thigh	25

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All these surfaces may be classed as ulcerative burns except that of the left hand, and perhaps that of the right leg too; but even these ultimately ulcerated in parts. After examination the former dressings were carefully removed, and the surfaces were redressed by a covering of collodion gauze (white tarlatan), well saturated with a mixture of sweet oil and the white of egg in equal parts.

As the dressing dried, more of it was put on, in order to form a firm, thick covering.

April 2. The ulcerative process (which had partly commenced before the patient entered the hospital) has now proceeded so far that the above treatment is abandoned; the gauze having by degrees sloughed away, bringing with it the cuticle, and allowing a free discharge of pus. The patient now has trouble in recognizing some of the attendants, — probably due to her weakened state. This condition lasted but a few hours, and no other trouble of like nature succeeded it. Sufficient nourishment, in the form of milk, gruel, and broths, is given her, and is relished. As the burnt surfaces become free, plain cosmoline, spread thickly on soft cotton cloth, is used to protect them.

April 5. All the burnt surfaces are exposed and discharge pus freely. Each morning the burnt surfaces are cleansed with warm running water, which with the pus is collected in a rubber sheet and conveyed away. The cosmoline dressings, held in position by loose bandages, and occasionally rearranged, are applied and allowed to remain until the next morning.

April 6. The discharge of pus is considerable from all the surfaces, and a thick layer of absorbent cotton is placed outside of the cosmoline cloth, all around the body, arms, and hands. The disagreeable odors and bad air are effectually remedied by using a fifty per cent solution of bromo-chloralum, the spray of which, from a C and S atomizer, is continued some minutes twice daily.

April 8. Pulse 120°, temperature 100.5°. Sloughing is finished on right hand, arm, and side, leaving a red, granular surface. Some of the bromo-chloralum spray is allowed to fall directly on the cloths, and while dressing on all the suppurating surfaces. Left hand has shown no sloughing except that of the cuticle, which came off at first.

April 15. Pulse 120°, temperature 100°. Bromo-chloralum and cosmoline dressing with a thick layer of absorbent cotton is used daily. Patient has not suffered acute pain at any time, and is far more comfortable than could be expected.

Her head and left wrist, having entirely escaped the fire, are used as handles by which to move her during the day.

The spray of bromo-chloralum upon the raw burns is changed to-day for one of myro-petroleum album solution. The effect seems to be very beneficial, as it causes no pain and produces a gentle stimulation. The pus, which at this time amounted to about twelve ounces daily, was much lessened for a day or two by the myro-petroleum solution, but soon fell back to its original quantity.

The solution of myro-petroleum above referred to was prepared by rubbing one part of the myro-petroleum in five parts of boiling water until dissolved. When cool, the solution was separated from the undissolved parts with a siphon.

April 17. Pulse and temperature 120° and 100° respectively. All the burned parts which border on healthy skin have healed smoothly to the distance of two inches. Very small white spots now make their appearance among the bright red granulations, some of them being only one half an inch apart. These gradually increased in size, and proved to be little islands of true skin. None make their appearance on the right arm above the elbow or on a large surface on the right side of the body. A bed-sore over the sacrum, first noticed April 12, became quite painful. Notwithstanding the large discharge of pus (twelve ounces

daily), this sore was kept dry and clean by bathing twice daily with dilute alcohol, and by means of a hollow cushion (a new one each day), and to-day the sore is entirely healed, although patient has been on her back day and night.

April 20. Pulse 125°, temperature 101.2°. She has begun to use left arm a little, the smaller and superficial burns having nearly healed.

April 21. Discharge of pus remains about ten ounces daily. Can bend right arm a very little. Thumb kept straight and away from the hand by a large ball of cotton smeared with cosmoline.

April 22. Doing wonderfully well. First natural stool to-day, although the bowels have not been very loose at any time. Stood upon the left foot for a moment to have the bed-clothes arranged. Myro-petroleum album spray used constantly on the burns, and bromo-chloralum spray for the air of the ward.

May 5. Doing nicely. Used a fifty per cent solution of bromo-chloralum spray instead of the myro-petroleum. It will not be necessary to perform skin grafting, because the edges heal so rapidly, and minute dots of skin appear here and there on the granulations.

May 15. Slight constipation relieved by *Nux vom.* Can sit up in chair while bed is making.

May 18. Temperature 100°, pulse 100°.

A slight rash came out on the body, which caused considerable itching. After Sulphur this lasted hardly a day and did not return, although some itching remained for several days.

May 25. Temperature 99.5°, pulse 110°.

Gaining fast and drinking much milk and gruel. The surfaces are healed, except the breast, side, and right arm, leaving a smooth, thin, red skin. The new finger-nails on right hand are pretty well grown. She has gradually recovered the use of the right hand and arm. Contraction of the fingers has been avoided by a little care and occasional straightening.

June 25. The patient was discharged from the hospital. Only small place on the inside of the right arm, where no islands of skin made their appearance, had not healed. There were also signs of contraction at the elbow, but nothing which interfered seriously with movement. The patient left with full assurance of perfect recovery.

THE INDIAN METHOD OF RESUSCITATING NEW-BORN CHILDREN. — Restore the life of the still-born child through the umbilical cord by its mother's breathing, the baby to be held by a nurse near to its mother, who is told to take a long breath, and to keep doing so. This being done, the child responds to it, giving, after some seconds, evident signs of returning life, and cries lustily. — *Chicago Clinique.*

ACTION OF PULSATILLA IN THE TREATMENT OF
GONORRHŒAL EPIDIDYMITIS.

BY F. R. STURGIS, M. D., PROFESSOR OF DISEASES OF THE GENITO-
URINARY SYSTEM AND OF VENEREAL DISEASES IN THE N. Y.
POST-GRADUATE MEDICAL SCHOOL ; ONE OF THE
VISITING SURGEONS TO CHARITY HOSPITAL.

[Read before the *Materia Medica Society of New York City*, Dec. 28, 1882.]

A FEW years since I published in the *Medical Brief* a short paper with the report of four cases on the action of *Pulsatilla nigricans* in the treatment of gonorrhœal epididymitis where the drug seemed to me of benefit. Others of my colleagues had used the drug with varying success, but I believe the majority rather coincided with the opinion of Dr. E. L. Keyes, to wit, "It" (*Pulsatilla*) "has failed in my hands, employed in both ways" (*i. e.*, "from one tenth minim, often repeated, up to one drop three times a day,") "either to check the pain or modify the course of the malady." Coming from the source it did, this statement led me to reflect that perhaps my desire to relieve pain had interfered with a calm judgment of facts. I therefore determined to extend my experience of *Pulsatilla* in this class of cases, and the result of this experience is what I shall now present.

The preparation of the drug used in all my cases was the homœopathic tincture, the so-called mother tincture, and my object in so doing was to obtain a preparation of uniform strength. It is made in the proportion of one part of the fresh plant to six parts of alcohol. Although the species used by me was the *P. nigricans*, other varieties of the *Pulsatilla* (the *P. pratensis* and the *P. nuttalliana*) are, according to Hughes, of equal value, as they all contain the active principle, anemonin. Introduced to professional notice by Baron Stoerck for a variety of diseases,—cataract, amaurosis, secondary syphilis, etc.,—it speedily fell into disrepute, or rather disuse, perhaps because the preparations used were of variable strength. I was led to employ the drug in the hope of finding it useful in allaying the exquisite pain attendant upon this variety of gonorrhœal complication, and certainly, in the results shown in the cases reported, I believe my expectation has been realized.

CASE I. — G. J.—, aged twenty-seven, was admitted to the Charity Hospital, Nov. 17, 1880, with a gonorrhœa of somewhat over a week's duration. His previous venereal accidents were gonorrhœa, dating back seven years, without complications, and syphilis contracted six years before.

One week after the commencement of his present attack the left testicle became swollen and exceedingly painful. This was shortly before his entrance into the hospital. Two leeches were applied on the 18th inst. to the external abdominal ring, and the testicle was wrapped up in a tobacco poultice. This treatment was continued for several days without benefit, the testicle still continuing swollen and painful. On Dec. 1 he was ordered to get out of bed and take two minims *Tinct. pulsatillæ* every hour. Three days later, Dec. 4, the record showed that there was very little pain except at the globus major, and the testicle had diminished very much in size. The *Pulsatilla* was continued until the 6th inst., when it was discontinued, as there was no further pain. The urethral discharge was treated by injections, and on Dec. 29 he was discharged well, no pain having returned meanwhile in the testicle.

CASE II. — P. K——, aged forty-two, entered the hospital Dec. 6, 1880, with a clap of twelve days' duration. His previous venereal history was two attacks of gonorrhœa, one dating back twelve years, the other two. The first attack was complicated with a suppurating bubo in the right groin, the second with two swelled testicles. Ever since this last attack he has had a gleet. On Nov. 24, 1880, the right testicle began to swell, accompanied by a dragging sensation in the scrotum, which was relieved by an elevated position. Has had, and now has, a slight urethral discharge, but no acute clap.

On entrance into hospital, Dec. 6, 1880, inspection showed a swollen and inflamed scrotum. The right testicle was enlarged, and tender upon handling, the pain extending up the cord. Usually the pain is of a dragging nature, except when the testicle is squeezed, when it becomes acute and produces nausea, extending up into the inguinal canal and into the abdomen. Nothing was done for him until the 10th, when, as the symptoms remained as acute as at first, two minims of *Tinct. pulsatillæ* were administered every hour, and he was not allowed to remain in bed.

Dec. 12. Pain in testis is decidedly less.

14th. Can bear quite rough handling. Epididymis still large and hard, but less so than on Dec. 10.

16th. *Pulsatilla* stopped, as the pain has gone. To use injections for the urethral discharge.

21st. Discharge disappeared. Reports some return of pain in the testis. As this organ shows no signs of inflammation and admits of free handling, nothing was done.

28th. Pain has entirely gone.

Jan. 18, 1881. No return of pain in testis, which has resumed its normal size. Slight induration left at globus minor. Discharged well.

CASE III. — D. S——, aged twenty-four, entered hospital, Dec. 10, 1880. No previous venereal accidents. On Dec. 1, 1880, he first noticed an abundant muco-purulent discharge from the urethra, with dysuria. Dec. 8 his left testicle swelled and was very painful. This pain extended to the small of the back. The discharge diminished as the pain came on. Examination revealed the following condition of things: slight urethritis. Left epididymis swollen and very painful on handling. Scrotum inflamed. Spermatic cord thickened and painful. Tobacco poultice applied to the testicle, which on the 12th inst. was changed to one of flax-seed.

Dec. 15. On the 13th inst., as the condition of the testicle had not improved, he was told to use two minims of the tincture of *Pulsatilla* every four hours. No local application was made, and patient was directed to keep out of bed. To-day the pain in the testicle much relieved.

29th. *Pulsatilla* stopped on the 18th, as the pain had entirely ceased. The testis is as large as before, but painless. Discharge improved.

CASE IV. — T. D——, aged twenty-five, entered hospital, Jan. 18, 1881. No previous venereal accidents. On Dec. 28, 1880, four days after coitus, his clap began. On Jan. 5, 1881, his right testicle became very much swollen and painful. On Jan. 14 the urethritis ceased.

Jan. 18. No discharge from the urethra. The right testicle is swollen, red, and moderately painful on pressure. The swelling extends up the cord. Was directed to take *Pulsatilla tincture*, one minim every hour, and to remain out of bed.

25th. Pain was not relieved for four days after commencing medicine. Now all the symptoms recorded at entrance have disappeared. The epididymis is slightly enlarged, otherwise the testicle is normal. Discharged well.

CASE V. — N. M—— entered the hospital, Jan. 18, 1881. Previous venereal accidents were gonorrhœa in 1873 and chancres in 1875. No syphilitic history. On Dec. 31, 1880, three days after coitus, he discovered a muco-purulent discharge from the urethra without chordee or dysuria. On Jan. 13, 1881, his left testicle became swollen and painful.

Jan. 18. Examination showed the left epididymis swollen and extremely tender. Body of testis normal. Scrotum slightly inflamed; cord not implicated. Muco-purulent discharge still present, but without dysuria or chordee. To take *Tinct. pulsatillæ*, one minim every hour, and to remain out of bed.

25th. Twenty-four hours after treatment was commenced the pain in the testicle was relieved. To-day no pain is manifested in handling the testis. The inflammation of the scrotum has

subsided, and the enlargement of the epididymis is materially less. Urethritis unchanged. Discharged at his request.

CASE VI. — H. S——, aged twenty-six, entered the hospital, Feb. 28, 1881. Previous venereal history is three attacks of gonorrhœa without complications. Nothing else until present attack, which was first seen Jan. 30, 1881, five days after coitus, in the shape of a slight urethral discharge, accompanied by ardor urinæ. The discharge was at no time very abundant. On Feb. 24, 1881, patient felt pain in the testis and cord on the right side, and discovered that the organ was swollen. The pain and swelling have increased up to the present (28th). The scrotum became inflamed on the 26th inst. On the 24th the discharge diminished in quantity, and at present is confined to two or three drops in the morning.

Feb. 28. Examination shows the whole epididymis of the right testicle acutely inflamed, accompanied with effusion into the tunica vaginalis. It is very painful, and swollen to three times its normal size. The scrotum is reddened and the temperature of the part is elevated. He was ordered to take *Tinct. pulsatillæ*, one minim every hour, and to remain out of bed.

March 1. Complains of increased pain in testicle. Ordered to bed. *Pulsatilla* continued.

4th. Pain still worse, and as it was evident that the *Pulsatilla* was not doing good, its use was abandoned and the patient was put upon other treatment.

These cases include all the gonorrhœal affections of the testis treated by *Pulsatilla* during the four months of November and December, 1880, and January and February, 1881, in the wards of the Third Venereal Division of Charity Hospital, and the histories are to me instructive. Here are six cases, all acute, in three of which one minim of the tincture is given every hour; in two cases two minims are given every hour; and in one, two minims are administered every four hours. In one case relief is obtained in twenty-four hours; in two cases in two days; in one case in three days; in one case in four days; and in one case there is a total failure. In one case, No. 3, where two minims were given every four hours, relief was as speedy as in No. 2, where the same dose of the medicine was given every hour, and more speedy than in No. 1. In No. 6 there was no success; and I regret that, before changing the treatment, I did not try smaller doses of the medicine, which are said to be effective when larger doses fail. The length of treatment varied from one to seven days, — an average of about six days, — but relief began long before that time in all the cases which were benefited.

The date of the disease at which treatment was begun varies from thirteen to twenty-nine days from the first appearance of

the clap, and from the result it would not appear that the element of time exercised much influence upon the cure.

In the five cases in which the symptoms were relieved no relapse took place, although during and after the treatment the patients were not allowed to remain in bed.

Two points are worthy of special mention in giving this drug for the relief of gonorrhœa epididymitis: one is that its action is confined to the relief of the pain and seems to have no influence in reducing the size of the inflamed testicle; the second is that the relief, if any is to be afforded, will take place within forty-eight hours after the administration of the drug. I certainly should not continue its use beyond three days if no benefit ensued within that time.

I offer this fragmentary contribution, with many apologies for its imperfections, with the less hesitancy, because I think in this drug we have another and a fairly good means of combating a painful and distressing affection. — *Medical News.*

MANAGEMENT OF THE PLACENTA.

READ BEFORE THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY BY
DR. G. R. SOUTHWICK.

THE first part of the subject assigned me is the management of the placenta in normal labor. Now, strictly speaking, there is no management further than a judicious letting it alone. It is always well to twist the placenta as it is expelled, so as to form a rope of the membranes and remove them entire. Sometimes, in spite of our best efforts, they break off within the vagina. Here, by pressing with one hand on the fundus, the other hand seizes them with a dry cloth, so as to obtain a firm hold; then, with gentle traction, they usually come away; or the membranes may be seized at the os with placenta forceps, twisted round and round, and removed as before. One of the most important safeguards against postpartum hemorrhage, or retained placenta, is to always follow down the fundus with one hand during the birth of the child; not only this, but the physician should make it a rule to keep his hand on the fundus till the binder is applied. Not long since, in a suit for malpractice, the defence had to acknowledge the practitioner committed an error in leaving the woman before the placenta was expelled, to wash his hands. The question now arises, How long shall we wait? If there is no hemorrhage, twenty minutes is long enough. We now come to consider whether the placenta is only *retained* or *adherent*, *i. e.*, by actual adhesion or growth to the uterine wall, — the one quite

common, the other very rare. Indeed Credé denies the existence of adherent placenta,¹ and Schroeder² has occasionally met with placenta adherent in bands, the result of previous metritis or endometritis. There were nearly fifteen hundred cases during my term in the Rotunda Hospital, and do not remember a single genuine case of morbidly adherent placenta while I was there; nor was there one in the Royal Lying-in Hospital of Saxony while I was there, and did not see one in Vienna. True, there were many cases thought to be morbidly adherent, but, without exception, they were all expressed in time.

During the last few weeks of pregnancy, fatty degeneration takes place between the placenta and uterine wall so that separation easily occurs at the end of gestation. This is effected by the uterus contracting from the placenta, which is a non-tractile body, and therefore separation ensues. If, from any cause, the placental site does not contract properly, as in paralysis of it, — which is apt to occur when the after-birth is thin and spread over a large area, — the placenta may still retain its loose attachment to the uterine wall. Another form of retained placenta is associated with hourglass contraction of the uterus, a fact which must make us very cautious in the use of *Ergot* during the third stage of labor. Too great care cannot be exercised in the administration of this drug. Still another form is when it appears to be encysted. In these cases, it is attached at one angle of the fundus, occupying the area of Rusch's muscle.³ The central part of the area is liable to paralysis, and the circular bundles on the margin of the area being excited to contraction, close in on the placenta, forming a sack. These latter forms of retained placenta are very rare, and the irregular contractions are most frequently induced by injudicious meddling.

In case of fundal attachment, the separation begins at the centre of the placenta and extends to its margin. But if a portion of it has dipped down within the orificial zone, this part may be detached during the expulsion of the child and hemorrhage afterward; or, on the other hand, it may not have been detached, and when the uterus contracts it is only the fundal and equatorial regions of the organ which contract so uniformly as to throw off the placenta, — the orificial zone not contracting to the same extent, the placenta corresponding to it remains adherent, and again hemorrhage results. In either of these cases separation begins at the margin.

It is a very common experience that weakness of the second

¹ See American Journal of Obstetrics, 1881.

² See Schroeder's *Lehrbuch der Geburtshilfe*, 1882, p. 436.

³ See Barnes's *Lectures on Obstetric Operations*, 1876, p. 524.

stage is very apt to be continued into the third. The consequences of retention of the placenta are: —

1. Usually hemorrhage and spasmodic pain.
2. Sometimes no hemorrhage, but expulsion after an indefinite period.
3. Decomposition of blood in the uterine cavity and imprisonment of the products by the placenta blocking up the orifice. Physometra is the consequence; the uterus enlarges, becomes tympanitic, and exceedingly offensive discharges escape.
4. Septicæmia, from absorption of the products of decomposition.
5. Metritis and peritonitis.
6. Disappearance by disintegration, liquefaction, and, some authorities say, absorption, which is very doubtful.

We can only conclude from these that the placenta must be removed, — and what is the best method of doing it? The first thing to do is to see that the placenta is not in the vagina, or half-way through the os. Credé's method of expression will be sufficient in nearly every case, if the practitioner has the knack of it. The patient may be on her back or side; I prefer the latter, — more from habit, perhaps. The palm of the hand is applied to the fundus, the fingers to the posterior, the thumb to the anterior, wall, and, *during a contraction*, the uterus is firmly compressed in the direction of the parturient canal. The most common causes of failure that I have seen are: 1, insufficient force; 2, instead of applying it on the fundus in the proper direction, squeezing directly against the promontory of the sacrum; 3, efforts to express while the uterus is relaxed. If gentle friction on the fundus does not excite a contraction, immersing the hand in cold water and suddenly applying it to the abdomen usually will. This is much better than pouring cold water on the abdomen, as is sometimes recommended. In a case where I was called to express the placenta, the attendant, a man who had seen a large number of obstetric cases, told me everything had gone on normally otherwise. I made one attempt and failed. Examining more closely, the bladder seemed to be moderately distended, although the woman stoutly asserted that she had passed her water freely and frequently. Doubting her statement, I passed a catheter, drew off a considerable quantity of urine, and the placenta was expressed with ease.¹ In some cases we may be unable to express the placenta at the time of delivery, but can do so in a couple of hours, keeping the uterus contracted meantime. This is best done by keeping the hand on the fundus, with gentle friction when it relaxes, by putting the child to the breast, by the

¹ Since reading this paper, have met with another similar case.

moderate use of *Ergot*, by the use of cold. If *Ergot* is given hypodermically, it should be thrown deep in, as superficial injections are apt to cause abscess. *Viscum album* (mistletoe) has been recommended recently as an oxytocic, but have had no experience with it. A well-contracted uterus should not be rubbed: it only tends to irritate it. In case of retained placenta from paralysis of the site of attachment, Mojon has recommended injecting the umbilical vein with cold water; by this means cold is applied directly to the paralyzed site. Scanzoni speaks highly of it. It is an easy thing to do, as the nozzle of an ordinary rubber syringe can be easily introduced into the vein. I tried this in one case; the result was an immediate and unusually firm contraction of the uterus, but without expulsion of the placenta.

Two hours have been mentioned as a proper time to wait before proceeding to manual extraction.¹ Perhaps this may seem ludicrous to many, as there is perhaps no obstetrical operation in which there is a greater tendency for the practitioner to operate in behalf of his own convenience. But it must be remembered this same operation is one of the most dangerous obstetrical operations.² Taking puerperal septicæmia — by far the most common cause of death in this as well as other obstetric operations — as a basis, Hegar found the mortality in septicæmia

From manual extraction was	0.7%
“ forceps operations	2.2%
“ version	5.3%
“ manual separation and extraction of the placenta	7.0%

i. e., one in fourteen dies.³ This also shows the need of very careful disinfection before operating. Another compilation of *Kilian* is conclusive as to whether active or passive means should be employed. By passive means I mean leaving all to nature. In 285,611 labors, there were disturbances of the third stage of labor in 2,170 cases; 2,121 were treated by the active method, and 206 died; 9.2%, or the proportion of 1 to 10.3. Of the remaining 49, which were treated by the passive method, 31 died, 63%, or the proportion 1 to 1.6. These statistics are sufficient to show that the operation is not so trifling a matter as might be supposed. But to proceed to the operation.

In case of hourglass contraction, the hand will have to be introduced in a conical shape, and by steady pressure the spasm tired out; then the fingers insinuate themselves by a waving motion upwards between the placenta and uterine wall; meantime

¹ See Zweifel's *Lehrbuch der Operationen Geburtshilfe*, 1881, p. 294.

² The same, p. 293.

³ *Die Sterblichkeit Während Schwang, etc.*, Freiburg, 1868.

the uterus is always to be supported by the other hand from without, and the hand and placenta to be withdrawn, or rather expelled, only during a contraction.¹ This last is always to be borne in mind, otherwise true post-partum hemorrhage is apt to ensue. A morbidly adherent placenta is to be treated in much the same way. Great care is necessary not to bore into the soft uterine tissue with, perhaps, fatal mischief. Here the finger-nails should be turned toward the uterine cavity. Where the union is very intimate, some authors recommend the wire ecraseur. Morbid adhesion may be suspected, if the placenta cannot be expressed; if there has been unusual difficulty in removing the placenta in former labors; if, in the third stage, the uterus contracts firmly at intervals, each contraction being accompanied by blood, and yet, by following up the cord, the placenta is still in the uterus; if, on pulling the cord, two fingers being pressed at the root, you feel the placenta and uterus descending in one mass, with a sense of dragging pain.

Hitherto we have only mentioned adherent placenta at the end of gestation. But the most frequent and troublesome occur in abortions from the fourth to the sixth month. The former practice was to remove it with the fingers or placenta forceps. This is now being abandoned, as it is very apt to cause hemorrhage or metritis. Intra-uterine injections of hot water once or twice daily, using a double channelled catheter, if the os is small, is considered preferable.² The decomposing particles are washed away, and, the process of fatty degeneration continuing, the placenta separates without hemorrhage, and if loose, the water forces it out, on the same principle that it expels foreign bodies from the ear. The chief advantages for hot-water injections are:—

1. The existing hemorrhage is stopped almost instantly, and there is but little liability of return while the douche is continued.
2. There is seldom any need of instrumental interference.
3. The patient, who may be in a state of collapse, is revived by the application of heat.
4. By carbolizing the water, septicæmia may be guarded against.
5. Nothing can be suggested which would be more likely to save the patient from pelvic inflammation with its attendant evils.

¹ Schroeder recommends that the hand should be passed *within the membranes* in loosening the placenta, as the fingers covered by the membranes will not be so apt to injure the uterus.

² London Medical Record, June 15, 1882.

MECHANICAL TREATMENT OF CONTRACTIONS OF THE LARYNX AFTER TRACHEOTOMY.

TRANSLATED BY D. G. WOODVINE, M. D.

PART II.

FRENDÉLENBURG (1871) is the first who has indicated and tried the treatment of stenosis of the larynx by the means of tin cones of different calibers introduced by the buccal orifice. Elsewhere, Schrötter, who worked in the same direction and made experiments upon a certain number of patients, tried to dilate the larynx by means of triangular rods of tin. After having perfected his processes, he recorded the principles and results of them in a work very remarkable and well known by specialists, published in 1876 (*L. Schrötter, Beitrag zur Behandlung der Larynxstenosen*). The processes in use for the treatment of laryngeal stenosis can be arranged in three different categories.

(A) Mechanical dilatation after laryngotomy by means of tin rods or the tubes *ad hoc* introduced through the wound of the neck.

(B) Dilatation by means of different instruments introduced likewise through the tracheotomic opening.

(C) Dilatation by means of instruments introduced by the buccal cavity (method of Schrötter).

(A) *Mechanical dilatation (after tracheotomy) by means of tin rods or special canulas introduced through the wound in the neck.*

The trials of this kind attempted by Freundélenburg, with a result relatively satisfactory, have not, however, encouraged the decisive and complete avulsion of the tracheotomic canula. They have served as a point of departure to another process of the same author, that is to say, to the introduction of tin cones by the buccal cavity. Dupuis has had satisfactory results with a system of canula in the form of a T, with a patient attacked by cicatricial contraction of an inferior segment of the larynx.

(B) *Mechanical dilatation upward by the tracheotomic opening, by means of sounds, canulas, dilators acting in the channel of a screw, and of rubber tampons.*

The difficulties which very often accompany the introduction of instruments by the mouth have induced practitioners to try dilatation from below, that is to say, by the artificial opening of the trachea. Unhappily, this process which Liston, Zermack, Busch, Victor de Bruns, and several other operators have used, has not gratified their expectations.

Another series of trials (Parona, Stoerk, Braun) has been made by the use of special dilators or small rubber sacks. These

were numbers 98, 99, and 100 in table No. 4. In two cases, 98 and 100, the success was complete, and the use of the canula was not required; one patient (99) returned cured, but with the formal injunction to continue the use of the dressing some time.

Here follow trials of the dilatation of the larynx by the apparatus invented and tried by Gerhardt, Paul Bruns, and Burow. We have only to mention the results, as they have been negative or very little known. A look at the table which sums up the observations attached to our method will suffice to convince us that the method of mechanical dilatation upward has been condemned and abandoned too precipitately. Although the anatomical dispositions of the larynx militate in favor of dilatation by the mouth as the most rational, it may happen in certain cases that dilatation through the tracheotomic opening excels the other. First of all, it is necessary not to forget that the dilatation by the mouth demands great technical experience, in order to execute the necessary manipulations by the interior of the larynx; it is then only accessible to specialists. The method which operates upward is, on the contrary, within the reach of all surgeons familiar with the use of the laryngoscope.

The good results obtained by Delenffy in cauterizing the contraction by the aid of the Vienna caustic, as also the observations of Stoerk, Parona, and Braun, encourage us to make new trials in the way they have shown us, that is to say, by means of mechanical dilatation upward.

(C) *Dilatation of contractions of the larynx from above through the buccal orifice by the aid of metallic sounds, of special dilators, and tin bougies.* "Zimibolzen" of Schrötter.

Oertel used, in 1863, with success triangular metallic rods of various calibers in the treatment of contraction caused by typhoid fever (No. 95).

Paul Bruns has just published a work upon the extirpation of the larynx, and in this study he appreciates the method of Schrötter, without taking any part, and bases his opinion of it upon five personal observations. He is agreed that, by its use, one obtains the gradual dilatation of contractions even advanced, and that the patient may breathe quite easily even in obstructing the tracheotomic canula; but he insists no less upon the long duration of time which the application of this process requires.

Indeed, the patient submitting to this treatment ought to be cared for during months, and even years. The treatment is disagreeable for the patient, and he is not free from all danger, a dilatation too severe being able easily to cause inflammatory irritation, pains, œdema, abscesses, and fever.

A letter which I have received from Prof. Burow contains the following appreciation of Schrötter's method: "I have often used

this process; unhappily, neither the rubber canules nor the tin rods have gratified my expectations. The contraction is dilated a little, but in cases more advanced, where it had been necessary to resort to tracheotomy previously, it was necessary to have it, the canula, in place." This is also the opinion of Prof. Roser.

The Schrötter process has been applied in the following cases:—

Perichondritis idiopathica	16 times.
“ ex typho	8 “
“ syphilitica	5 “
“ ex variola	2 “
Retrecissement inflammatoire	2 “
“ membraneux	1 “
Chorditis hypertrophica inferior	1 “
Catarrhus chronicus (papillomata)	1 “
	—
Total	36 times.

Of these thirty-six observations of contractions, thirty-one were caused by perichondritis. Eight operations were terminated by the definite removal of the tracheotomic canula. Ten times the larynx has recovered its normal dimensions, the tone of the voice has been ameliorated; but it was impossible to remove the canula. With four patients, where the mechanical dilatation authorized removing the canula, there was a relapse after a certain length of time, and we were obliged to resort to the previous cicatrix. The rest of the cases observed (14) did not give any result, or an insignificant amelioration.

On summing up, one has then obtained: A complete cure with removal of the canula with eight patients; a complete dilatation of the larynx with inability to remove the canula with ten; negative results with eighteen patients. Total, thirty-six observations.

(*V. Annex: Table No. III.*)

In the eight cases recorded as followed by complete cure, the patients were from four to twenty-six years old; the duration of the contraction before the beginning of the dilatation was from three months to two years; the average duration of the treatment was from three weeks to one year, with the exception of the cases observed by Prof. Labus, of which the average duration was *three months*.

In the eighteen patients with which the laryngitis was complicated with perichondritis, and where in consequence the results were not satisfactory, the method of Schrötter was applied during a month or a month and a half; and it is not impossible that the short duration of the application may have something to do with the inefficiency of the treatment.

Several patients, fearing the return of the stenosis, have not allowed the physicians to remove the canula, in spite of a sufficient dilatation of the larynx and the return of the natural tone of voice. Beside the thirty-six observations treated by the Schrötter method, I have inserted in table No. 4 three observations, Nos. 91, 92, 93, in which were used the metallic bougies, or the hard-rubber cylinders. Here follow the observations of Störk, Asch, Weinlechner, and in particular those of Reyer, as instructive as interesting, and which I regret not to be able to reproduce. (*Archiv für Klinische Chirurgie*, tome 19, 1876.) The canula was removed with three patients.

The same table, No. 4, reproduces also four observations in which the dilatation was made by the aid of special apparatus introduced by the mouth. These are the following observations (Nos. 94, 95, 96, 97): one of Navratil, one of Oertel, two of Whistler.

Three of these patients were cured; with one of them there was amelioration, and, finally, with the four it was necessary to extract the canula.

I hope, gentlemen, that I have not annoyed you too much with dry numbers and statistic tables; but it is impossible to review in a few words the question of contraction of the larynx. Having seen its importance, it merits to be seriously treated, not only on account of the patients, but for the sake of the variety of processes used. Moreover, this question is so difficult that every favorable result does credit to him who obtained it.

It is incontestible that the method which occupies us can only be used in certain forms of contraction of the larynx, and only when the operator is well accustomed to the manipulations which it requires. It is especially efficacious in recent contractions not having the cylindrical form. It should not be used until after the cessation of inflammatory symptoms or fever.

To sum up, the conclusions which we believe we may draw from this study, are the following:—

1st. The relatively rare success of the mechanical method should be, for the most part, attributed to a want of patience and perseverance on the part of the patient, and sometimes on the part of the physician.

2d. The favorable observations, among others those of Labus and of Szeparowicz, prove that by acting at once in a prudent and energetic manner one may arrive at a good result, that is to say, at a complete recovery with removal of the canula, even in the complicated and inveterate cases of perichondritis from typhoid and variolic origin.

3d. The inflammatory symptoms happening as a consequence from too harsh or too precipitate treatment demand an interruption of the surgical process.

4th. The presence of cicatricial swellings, of adhesions, or of granulations, in the larynx or in the trachea, demand the avulsion and destruction of these last before the commencement of the mechanical dilatation. This avulsion may be made through the buccal orifice, or through the tracheal wound; the first is preferable, and, according to all probability, the imperfect accomplishment of these preparations has much to do with the negative results of the treatment.

5th. The inveterate contractions of cylindrical forms caused by perichondritis, complicated with necrosis and partial exfoliations of the cartilages, cannot be the object of this treatment, and indicates the use of laryngotomy, or of partial excision of the larynx.

6th. The rods of Schrötter may sometimes be replaced by the metallic sounds of Beniqué of different sizes. Besides, and when the introduction of the rods of Schrötter present great difficulties, one may have recourse to a small sound of Belocq of very little thickness, which one introduces as far as the mouth through tracheotomic opening and through the contracted larynx. Here they attach the rod to a button which terminates the sound by means of a thread of silk, and by drawing this last we easily pass the rod through the narrow passage. (Hering.)

The mechanical treatment of contraction of the larynx constitutes a great progress in laryngeal surgery; and all the merit of this method returns to Schrötter.

7th. In order to avoid the vomiting and a too abundant salivation that might be caused by the silk thread (attached to the tin pin), by irritating the glottis and base of the tongue by its friction, I advise passing this thread through the nose by means of the Belocq sound. (Hering.)

8th. For the purpose of fixing the pins in the tracheotomic canula, one may replace with advantage the pincer of Schötter, by the interior tube, presenting to its surface a groove one and a half millimetres broad by three millimetres long. This proceeding prevents the granulations from penetrating to the interior through the opening of the canula, does not hinder the respiration, and conveniently permits one to apply and remove the canula. The neck of the pin fits itself into the groove and there rests steady, though preserving a certain mobility. (Hering.)

A VERY serious epidemic of measles has visited Iceland during the past summer, of special interest, because the island, owing to its isolated position, had for thirty-five years enjoyed immunity from the disease, so that few of the inhabitants had ever had it. The disease was introduced May 2, and by the end of June 1,100 out of the 2,700 inhabitants of Reykjavik were ill, and six to eight deaths occurred daily. The total number of deaths in that town was one hundred and fifty. The commonest causes of death were the complications, capillary bronchitis and catarrhal pneumonia. — *Boston Medical and Surgical Journal.*

GRANULAR ENDOMETRITIS.

J. H. CARMICHAEL, M. D., BOSTON, MASS.

[Read before the New York State Homœopathic Medical Society, Feb. 14, 1883.]

Mr. President, Ladies and Gentlemen, Members of the New York State Homœopathic Medical Society :—

It is with no slight degree of diffidence that I present a paper to this august body.

The subject upon which I am to speak has been one of great interest to me, and I find that it is so little understood by the general practitioner that I venture to assert that it may have some interest for you. Granular endometritis is the name I have given to a very frequent disease in our female patients. I am not aware that it has been known by this title heretofore, but, instead, each author has a designation of his own where such a condition is at all recognized, — such names as “Endometritis Hyperplastica Chronica,” or “Polyposa,” “Fungous Degeneration of the Uterine Mucous Membrane,” “Uterine Fungosities,” “Chronic Endometritis,” “Metritis Villosa, and Hæmorrhagica,” etc. They all mean something, but in reality none, excepting Thomas, has at all defined the condition I intend to present to-day. It is a granulation of the uterine mucous membrane; and I know of no simpler designation than Granular Endometritis.

T. Gaillard Thomas more fully recognizes the true relation of this condition at the present time than any other gynæcologist who has written upon the subject; yet he has not given it its full import, even in his last edition of diseases of women.

The general literature of the day of both schools is decidedly barren on the subject. All gynæcologists recognize a pathological condition of the uterine mucous membrane when the granulations or villous degeneration is severe enough to cause menorrhagia or metrorrhagia, and in writing upon the subject, will put forth these subjective symptoms as being of paramount importance and calling for a careful examination of the endometrium; but I shall give you more frequent symptoms, when, upon examination, you will find granular endometritis. I do not claim originalty in discovering this condition, for T. Gaillard Thomas, of New York, diagnoses and treats this condition every day in his practice. I must say, in honor to him, that it was through him that I was led to discover the true relation granulations occupied to what has generally been known as “chronic endometritis.” These granulations are composed histologically of structureless basement substance, containing great quantities of small round cells, nuclei, and blood vessels. Granular endometritis is not confined to the

married, or parous woman, but occurs in all classes at all ages, even after the menopause. It is generally caused by long-continued congestion of the uterus and abortion. These are the most frequent direct causes of granular endometritis. Uterine congestion may be the effect of a variety of causes, such as chilling the lower extremities, wetting the feet during menstruation, pressure of ill-fitting corsets, weight of skirts suspended about the waist, uterine displacements, uterine and abdominal tumors, laceration of cervix, etc. Abortion may be accidental or acquired. Too often it is the latter, which, if performed at or near the second month, is almost sure to entail punishment upon the woman by leaving a traumatic endometritis, and, in its turn, granular endometritis. The symptoms generally complained of will be leucorrhœa, which is excoriative, causing vaginitis. Pain will be complained of in the abdomen upon one side or the other, and occasionally you will meet a case simulating sciatica. Your patient will have added to these amenorrhœa; or, if the case has been of long standing, you may have menorrhagia or metrorrhagia. Most authors give great prominence to hemorrhage, the cause of which must be looked for in granular endometritis unless another is plainly visible. But, gentlemen, my object in bringing this subject before you was to impress upon your minds that by far the most cases of granular endometritis do not have hemorrhage (properly speaking) as a symptom. They have uterine leucorrhœa, which may be watery, purulent, or sanguinolent, but it is excoriating in the large majority of cases. Your patient's general health is undermined, — and this means, in woman, a general nervous exhaustion. Your patient, we will say, has tried all sorts of vaginal washes. You perhaps have given various homœopathic remedies, among them the arsenical preparations; and yet the old trouble continues. Perhaps a number of those present have some of these patients on their hands, and have had them a year, others two years, and still others three years or more; but I hope you will be able to perform the cure in less time than eleven years, which was the time a physician told me he had treated such a case.

Ladies and gentlemen, seriously, these cases, unless properly treated, may go on a score of years or more in this condition, and not get well. We will now examine our patient and see if it is possible to find the cause of her trouble. Placed upon the chair in Sims's position, if you have an assistant, use Sims's speculum, if not, use Hale's or any of the modern bivalve specula; hook the tenaculum into the anterior lip, and if the os is patent enough introduce a Thomas wire curette (such as I show you here), and gently scrape it over the anterior wall of the uterus and then the posterior. If the internal os is not sufficiently dilated, introduce

a dilator similar to this (which is Palmer's,— and a very good reason why I recommend this is because of its simplicity, which is of great value when a person has in view cleanliness), gradually expand its blades by compressing the handles, and it will cause sufficient dilatation to admit the curette. The curette, to the experienced hand, will detect the roughened endometrium, even if none of the granulations are large enough to become detached; but in most cases you will be able to confirm your diagnosis by bringing away one or more of these formations. After gently and thoroughly passing the curette over every portion of the uterine cavity, you will have served a double purpose, diagnosed the case before you, and, in addition, performed so much toward curing it. I usually wind some cotton on a probe of this nature and remove any blood that may be in the cervical uterine cavity; then apply fresh cotton and swab out the cavity with compound tincture of iodine. A tamponade of glycerine is applied to the cervix, speculum removed, and patient placed upon her feet and allowed to depart for her home. Every week for two months the same operation is repeated, excepting the week of the menses; then perhaps once or twice for two or three months following, when I generally succeed in curing my patient. My patients travel anywhere from ten to seventy-five miles by rail after this operation, and I have never had a bad sequela follow it in hundreds of operations during the past five years; and, let me add, that during that time I have cured all my cases by this means, and that not a single case of "chronic endometritis" has recovered under my care by any other. I have discarded the intra-uterine suppositories as unreliable, and in particular cases absolutely injurious. I give my patient any remedy that seems indicated; but I will speak of three worthy of special mention, *Viscum album*, *Picric acid*, and *Sanguinaria canadensis*. *Viscum album* is an admirable remedy in those cases characterized by enlargement, either subinvolution, areolar hyperplasia, or hypertrophy. It acts upon the circular fibres of the uterus, causing contraction, and through this means the pathological engorgement is relieved. The first menstrual period may be profuse and prolonged to even three weeks after commencing the *Viscum album*; but have no fear: it will be of decided benefit to your patient, and permanent. I use the first decimal in from three to five drops, three times daily.

Picric acid may be remembered better perhaps if I call it a tonic. It is indicated in a condition simulating chlorosis, great loss of vitality, not from hemorrhage particularly, but from a general deterioration of the blood. Your patient will complain of coldness, weariness physically and mentally, general asthenia. I use the 6^x three times daily. *Sanguinaria can.* comes into use here also; it has the reputation of curing polyipi. My indica-

tions are menses delaying or not appearing, with cough, periodical neuralgia occurring upon the right side, with flushing of the face, 3^x to 6^x, menorrhagia or metrorrhagia with the cough, neuralgia, etc., 30° to 200. The curette was introduced by Récamier, but his instrument was harsh and dangerous. Sims improved upon this when he made the steel-cutting curette, which in its place serves a useful purpose to-day. But T. Gaillard Thomas introduced the curette of which I have spoken. It acts as a stimulant and alterative to the relaxed mucous membrane, causing the small blood-vessels to contract, and in this way benefits the diseased condition. Recollect, I have said nothing about granulations which are severe enough to cause hemorrhage (having purposely avoided it), but in many cases the same treatment will cure many of them; others may need Sims's sharp curette or Emmett's curette forceps, while others will be diagnosed malignant, by the microscope. My paper is intended merely to direct your attention to the fact that granular endometritis is a frequent disease, and that nearly all cases of so-called "chronic endometritis" will be found to be granular by the curette, and cured by the same instrument. A word of caution and I will close. Before using the curette examine carefully for cellulitis or peritonitis, as you would before introducing a uterine probe, and if found to exist, use treatment as for congestion and their removal, before resorting to the curette. Again, in all cases attended by profuse hemorrhage, it is better to do the curetting at the house of the patient.

PLUMBUM A REMEDY IN BRIGHT'S DISEASE.

A CORRESPONDENT contributes the following, which is "not for publication, — at least, not with my name, — until further observation, study, elaboration, and inquiry." Do you recollect some time ago of publishing an article in regard to the use of large doses of the *Plumbi acetat*, and that you afterward called attention to your personal experience in its use in hemorrhage? I am going to mention my trial of it and results (though I have not mentioned it as yet, for fear I would not be believed) in any other direction. First, in a case, April, 1881, commencing with uræmic convulsions, sequelæ to scarlet fever, in a girl ten years old. Convulsions treated successfully with *Muriate pilocarpin*, gr. 1.20, hypodermically, the urine remaining loaded with albumen and containing a great deal of blood. Tried for a week to reduce the quantity of blood voided without success. Finally, bethought myself of your statement of the use of acetate lead as a hæmostatic in large doses. Gave the child fifteen grains every

two hours for two days. Blood and albumen entirely disappeared and neither returned.

October, 1881. Second, a girl, aged thirteen, scarlatinal albuminuria, with convulsions; œdema of the limbs, eyelids labia and dyspnœa. *Pilocarpin*, hypodermically, first; then 15-gr. doses of *Acetate lead*, and $\frac{1}{8}$ gr. of *Morphia*. Albumen disappeared.

April, 1882. Third, a young man, twenty-eight years of age, single; had been treated for a year with various physicians for chronic albuminuria; had been out of health, unable to work, scarcely strong enough to walk around, for that time. I treated him for nearly three months without making any progress, except in his gaining a little strength, but not appreciably diminishing the albumen. Finally, as there was occasional blood in his urine, say as often as twice a month, lasting twenty-four hours, I bethought me of the *Acetate of lead*, and put him on 20-gr. doses three times a day for two days, alternating, two days with tonics. After about the tenth dose, he complained of his stomach. Then I gave him tonics a few days and tested his urine. The albumen had disappeared for the first time in fifteen months, and did not again appear, but he gained strength and flesh rapidly, and shortly went to work as a telegraph-line contractor, which is hard work, and has now been at his work over four months without any signs of failing health.

Fourth. A man, aged twenty-five, married, feeling badly, keeping at his work, but just dragging around, complaining of uneasy feelings behind pubes; diminished urine; irritable bladder, with general malaise. Tested urine for oxalates, pus, and uric acid; found none. Nitric acid and heat both showed albumen. Put him on 20-gr. *Plb. acet.* three times a day. After two days he complained of pain and heaviness in the stomach; stopped the lead; next day tested urine; no trace of albumen. This case is still under treatment.

Now, I would like to know if lead is a remedy for albuminuria. If painters and lead-workers have the disease. Have you thought or inquired in that direction? I never had a painter with Bright's disease, and would like to know your and others' experience. I don't suppose anybody else has ever used lead as a cure for Bright's disease. — *Medical Age*.

CHRONIC BRIGHT'S DISEASE.

[More complete and satisfactory answers to the queries appended to the above article than the following lecture contains would be hard to find, and for that reason we republish portions of it. The supposed empirical use of Plumbum can be accounted for by *the law* of therapeutics, and the massive doses prescribed were entirely unnecessary. — ED.]

Still another factor in the etiology of the disease is lead. At St. George's Hospital, statistics show that thirty per cent of the cases of plumbism treated there had the red granular kidney.

Dr. Dickenson, of the same institution, found that twenty-six of forty-two cases were similarly affected. There is abundant testimony to prove that lead poisoning is peculiarly liable to induce chronic nephritis.

Let us consider the pathological anatomy of a red granular kidney.

Microscopically, it will appear shrunken to perhaps one half its natural size. When the capsule is peeled off, the denuded surface is granular and of a red color; hence the name. Cysts of various sizes are seen scattered over the surface. These cysts have been demonstrated to be dilated tubules. On section, the pyramids appear normal, but the cortex is contracted, has a granular appearance, and is darker in color than should be. If a section of such a kidney be examined with a microscope, the uriniferous tubules will present several different appearances. Some of them will have their epithelial lining intact, and will be to all appearances normal. In others the epithelial cells will be swollen and cloudy, that is granular, quite different from the clear normal cell. In some of the tubules no cells can be distinguished, but the lumina are filled with granular masses. These masses are composed of swollen granular cells, bound together by fibrin, and when expelled from the kidney are recognized by the microscope as broad granular tube casts. Other tubules have cells lining their sides, but the centres are filled with granular masses, which, when expelled, constitute the narrow granular casts. Still others are partly lined with epithelium and partly denuded. Some are denuded throughout the whole extent. Such a tubule will soon be crowded together and collapse, having no lumen patent, and presenting under the microscope the appearance of a fibrous band. In some places you will find a tubule choked with granular detritus, while the part beyond the obstruction is dilated. This dilatation constitutes a small cyst, and when it becomes sufficiently large it is seen with the naked eye.

What is the clinical history of this disease? It generally comes on insidiously, and it is some time before the patient is aware that he is really sick. Considerable progress has generally been made before he goes to a physician, and it may be quite advanced before it is recognized as Bright's disease. It is preceded, as you have seen, by dyspeptic symptoms and urinary changes. There may be no dropsy in this form of Bright's disease. If there be any, however, it takes the form of œdema of the cellular tissue of the face and lower extremities. It is due to hydræmia. Another condition, which is not present in all cases, is hypertrophy of the heart. It is so common, however, as to preclude the idea of coincidence, and establishes it as one of the essential features of the disease. This is the reason, which, I think, is generally

accepted, although there may be some dissenters to it. The blood, surcharged with lithic acid, is rendered irritating, and as it circulates through the system it causes a spasm of the capillaries, which contracts their lumen, and the heart has more work to force the blood onward. It meets the extra demand made upon it by undergoing hypertrophy.

Another change met with is atheromatous degeneration of the arteries. Any artery in the body may be involved. A deposit takes place on the inner coat of the artery, which is grayish-white in appearance, much like fibro-cartilage or coagulated albumen. After undergoing atheromatous degeneration, it consists of cholesterin crystals, globules of fat, calcareous particles, and albuminous substances. It is soft and pasty, and is deposited in lamellæ, which can be turned up as one would the leaves of a book. It occurs on the lining membrane of the vessels, while the membrana intima becomes thinner, soft, friable, and easily dilated. This is the condition known as "brittle artery."

With hypertrophy and spasmodic contraction of the capillaries at one end, and the great force-pump of the system working away at the other, and atheromatous degeneration of the arteries between the two extremes, another symptom, which occurs late in a certain proportion of cases, is accounted for. The symptom I refer to is hemorrhage. Epistaxis is quite frequent, and from what has just been given it is easily understood. The arterioles of the Schneiderian mucous membrane are atheromatous, and rupture. There is no hæmostatic action of the blood, and so the bleeding is apt to be intractable. Cerebral apoplexy may occur as a result of rupture of one of the cerebral arteries.

The course of the disease is chronic, and may run two, three, or even eight, years. I once had a case of eleven years' standing.

I bring before you two cases of the red granular kidney for the purpose of clinical demonstration. They have been in the hospital a little over four weeks. This man you have seen before. He was presented to you two weeks ago as an example of renal dropsy. At that time there was marked œdema of the lower extremities and slight puffiness of the face. I am able to say that there is now no œdema. The second case is one of longer standing than the first. The urine in both cases is characteristic of the disease, and this brings me to speak of its most important diagnostic feature. Urine of low specific gravity, pale color, containing more or less albumen, and having a slight sediment composed of tube casts, epithelial cells; granular matter and blood or pus corpuscles is pathognomonic of the disease, and on it alone a diagnosis can almost always be made. The low specific gravity distinguishes the chronic from the acute form. It usually ranges between the limits 1,003 and 1,015. These cases are respectively 1,012 and 1,010.

The albumen is present in varying quantities. No. 1 had thirty-five per cent of albumen in his urine when he was admitted to the hospital. Now there is only ten per cent. Specimens from the second case contain about the same amount. Microscopical examination of the urinary sediment shows it to be composed of granular casts and detritus, hyaline casts, and a few blood corpuscles. The hyaline casts are supposed to be derived from the fibrin of the blood.

In the early stage of the disease the quantity of urine voided is about normal. Fifty ounces are being passed daily by No. 1. As it progresses, however, the quantity increases. No. 2 passes about seventy ounces during the night. Toward the close, it again becomes diminished. The reason for these changes in the secretion is simple.

At first there is no change in the structure of the kidney to cause an excessive secretion of urine, but as soon as some of the tubules lose their epithelial linings, they play the part of malpighian tufts, and the watery ingredient of the urine is secreted in much larger quantities than it should be. You have virtually multiplied the number of malpighian tufts. Later, when the kidney has become contracted, the quantity is again diminished, because the secreting surface has been reduced. As the urine diminishes in quantity the œdema is likely to increase.

What are you going to do for this form of Bright's disease? I think there is but one remedy worthy of consideration, and it is lead. *Plumbum* 6^x trit. is the only remedy I have used for the last eight years. Its relation to the disease you have seen, and clinical experience proves it to be of great value in the treatment.

Both of these men have made remarkable improvement since they were placed upon it. The œdema has disappeared, the quantity of albumen has been reduced, and the quantity of urine secreted by No. 2 has been materially diminished. I have so much confidence in the remedy, that I think a case of the red granular kidney taken in its incipency can be cured by it, and the progress of more advanced cases can be checked for a considerable length of time.

Six years ago I treated a case of incipient Bright's disease, in which the diagnosis was clear and unmistakable, with *Plumbum*. Recovery was prompt, and the man is in good health at the present time.

PLUMBISM.

I consider myself fortunate in being able to show you in this connection a typical case of lead-poisoning, and thus be able to illustrate its close relation to the red granular kidney, and to prove its homœopathicity to that disease.

Lead, in any form, will cause plumbism, and it can be introduced into the system in many ways. Pickles kept in glazed, earthen jars are dangerous, for the glazing is composed of a lead-salt, which is dissolved by the acid in the brine. Litharge, or oxide of lead, is used sometimes to adulterate French wines, and has been known to cause plumbism. Soft water flowing through lead pipes will hold in solution a small per cent of the lead. The entire household of Louis Philippe of France was poisoned by drinking water which analysis showed to contain about the one millionth part of lead, equivalent to our sixth decimal attenuation. Painters who handle white lead are liable to be affected; but the most exposed persons are those employed in lead-works. This case is such a one. There is a great difference in susceptibility. Some persons may be exposed for a year or more without being affected, while others come down with acute poisoning in a few months.

The symptoms vary from slight manifestations to death. The first thing noticed is a peculiar sallow, earthen complexion. You see it in this man. He is pale and cachectic, resembling the cases of Bright's disease in appearance.

The most common symptom is colic, called lead or saturnine colic. It begins with vagrant pains, which soon develop into griping cramps in the umbilicus so severe that suicide has been attempted as a means of relief. Associated with the colic is very obstinate constipation. The bowels may not move for four or six days, and when they do, only one or two hard balls or scybalæ will be passed. Another manifestation of the disease is lead paralysis. The paralysis affects, by its elective action, the extensor muscles of the upper extremities. The accompanying contraction of the flexor muscles of the hands gives rise to a characteristic appearance, called wrist-drop. The affected muscles undergo fatty degeneration, and their reaction to the electrical current is lessened, which is a point sometimes used in making a diagnosis.

The lead is in chemical union with the albumen of the system, and cannot be detected until the organic constituents are disposed of. If we were to cremate this man and analyze his ashes, we might, as a result, obtain enough lead to make a bullet.

A characteristic feature of the disease is the blue line running along the edges of the gums at the insertion of the teeth. The dark margin at the very edge has been demonstrated to be the black sulphide of lead, and probably is formed by the lead in the tissues being acted upon by the sulphuretted hydrogen which arises from the decomposition of small particles of food between the teeth.

Atheroma of the arteries, arthralgia, gout, and kidney degener-

ation are other features which combine to make the clinical history. What comparison can we make between poisoning by lead and contracted kidney?

In cases of plumbism we observe a peculiar cachexia which resembles closely in its external appearance the cachexia of Bright's disease. Atheromatous degeneration of the arteries, digestive disturbances, gout, and urinary changes are common to both.

Our patient is passing through the stage of the disease which resembles lithæmia. This specimen of his urine, you see, has an unusually heavy reddish sediment of urates, which is constant.

The pictures correspond closely, and it is not surprising that *Plumbum* is used with success in the treatment of Bright's disease. The form of lead poisoning you will be called upon most frequently to treat will be the saturnine colic. Our practice is to give *Opium* 3^x, combined with milk diet, and enemata of warm water.

N.

REVIEWS AND NOTICES OF BOOKS.

THE DISEASES OF WOMEN. By Graily Hewitt, M. D., F. R. C. P.

The work before us is a double volume, forming numbers six and seven of the "Octavo Series, Standard Medical Books," published by the well-known house of P. Blakiston, Son & Co. of Philadelphia. It is the "Fourth American from the last revised and enlarged London edition," the latter being the third edition, published in 1872,—at least there is nothing to suggest a later date in the author's Preface. The date at the end of this Preface, as well as the dates we find scattered through the work itself, seems to sufficiently support the statement that this is only an unrevised reprint of the edition of a decade ago. We are led to refer to this matter chiefly by the fact that the "Publisher's Notice," on the back of the inner title-page, which, by its prominent type and position, early attracted our attention, led us to think we had a book, "revised, enlarged, and up to date," from the pen of a celebrated author. The notice referred to reads as follows:—

"PUBLISHERS' NOTICE. — This edition of Dr. Graily Hewitt's celebrated work on 'The Diseases of Women' is published by arrangement made with the author, through his publishers, Messrs. Longmans & Co., of London, to whom a large sum of money was paid for the early sheets."

One of the most prominent features of the work is the author's theory, which he calls "the mechanical system of uterine pathol-

ogy." He claimed in 1872 that it was no longer a "speculative theory," but was well substantiated as a fact by several years' experience in hospital and private practice. The main argument is that the various alterations in the form and position of the uterus, which are spoken of as flexions and versions, should be considered the "starting-point" in uterine pathology, and pages of statistics, carefully compiled from cases under the author's personal observation, are given in support of his views. We will not here take issue with any of the statements or arguments presented. The best refutation of the author's views we find in the work itself. Take, for instance, the drawing on page 56, which he offers as an accurate representation of the normal position of the uterus of a woman who has borne children. The fundus uteri may, in such a case, incline more backward than it does in nulliparous women; but it would hardly incline so far backward as to have the longitudinal axis of the body of the uterus point directly toward the promontory of the sacrum and form an angle of 125° with the vagina. In general terms, the uterus is considered in its normal position when the longitudinal axis of its body is nearly coincident with the axis of the pelvic brim; and the longitudinal axis of the uterus as a whole — which is decidedly curved or bent, and not straight, as represented in the drawing — is nearly at right angles with the vagina. With such a standard of the relations of the pelvic viscera, one is not surprised at the large number of anteversions and flexions the author has had to treat, nor that this number of them (184, in the series given) is greatly in excess of the retro-deviations (112) treated during the same length of time. Statistics gathered under such circumstances, though kept with scrupulous exactness, can hardly be considered a firm foundation for any theory of uterine pathology.

Lack of space forbids us to do more than refer to the many excellences of the book. The general arrangement of subjects, the clearness of diction, and easy style are all commendable; and in the matter of diagnosis, with the exception noted above, we can, almost without qualification, recommend the book. In the portion devoted to treatment, both local and constitutional, we are occasionally reminded that the edition is not a recent one. We could well spare, for instance, the directions for the application of leeches to the cervix uteri, and are glad to see that further on in the work the author himself thinks their use is seldom called for.

The volume can be bought, in paper, for \$1.50; and, considering the fact that one gets seven hundred and fifty octavo pages of valuable reading on a most interesting and important subject, the purchaser has no right to quarrel with the type and paper.

PERSONAL AND NEWS ITEMS.

CLARA C. AUSTIN, M. D., has located at No. 10 Allston Street, Boston.

DR. J. LAING CLARK has removed from Attleboro', Mass., to Providence, R. I.

DR. E. A. WILSON has removed from Meriden, Ct., to Rockville, Ct.

DR. J. M. THOMPSON, of Providence, has removed to Brooklyn, N. Y.

DR. C. C. HOWLAND, B. U. S. M., class of 1882, has located in Providence, with office corner High and Bridgham Streets.

DR. J. C. BUDLONG, formerly of Centredale, R. I., has removed to Providence and associated himself with Dr. A. B. Foster at 233 High Street.

DRS. FOSTER AND HALL, of Providence, R. I., have dissolved partnership, Dr. Hall removing to his elegant new residence on Cranston Street.

DR. W. C. DOY has removed from Allston, Mass., to No. 12 Chandler Street, Boston.

A. F. STORY, M. D., class '82, B. U. School of Medicine, has located at Lynn, Mass.

A. H. PEIRCE, M. D., class '82, B. U. School of Medicine, has located at Wilton, N. H.

DR. J. M. WINSLOW, formerly of Lowell, Mass., has located at Amsterdam, N. Y., and not at North Adams, as reported in our April number.

DR. J. P. SUTHERLAND has removed to No. 49 Rutland Square, near Columbus Avenue, Boston.

DR. LAURA M. PORTER has removed to No. 54 Rutland Square, second door from Columbus Avenue, Boston.

DR. ELIZA L. CAMPBELL continues her office at No. 13 Pemberton Square, where she can be found every Monday between 1 and 2 P. M.

E. A. CARPENTER, M. D., has removed from Plattsburg, N. Y., to North Cambridge, Mass.

THE semi-annual meeting of the Vermont Homœopathic Medical Society will be held at the Van-Ness House, Burlington, Vt., May 9, 1883. Arrangements have been made with the railroad corporations for a reduction of fare to one half the usual rates to such as desire to attend.

THE HOMŒOPATHIC HOSPITAL. — The following sums have been received for the building and permanent fund of the Massachusetts Homœopathic Hospital from Jan. 1, 1881, to Jan. 1, 1883: Mrs. V. G. Stone (permanent free bed), \$5,000; Estate of Stephen N. Stockwell (permanent free bed), \$5,000; Henry L. Pierce (permanent free bed), \$5,000; Estate of Miss M. R. Wales (for Wales ward), \$1,000; John M. Forbes, \$1,000; W. K. Blodgett, \$500; Mrs. Susan O. Brooks, \$700; Charles R. Codman, \$500; Mrs. D. D. Thorndike, \$400; Henry S. Russell, \$200; Mrs. W. H. Horton, \$100; Stephen G. Deblois, \$100; Miss Mary A. Tappan, \$100; Mrs. E. S. Cary, \$100; Lyman R. Blake, \$100; Lewis G. Pray, \$50; C. G. White, \$25; Asa P. Potter, \$25; Mrs. Samuel R. Morgan, New Bedford, \$10; Mrs. S. Griffiths Morgan, New Bedford, \$10; a friend, \$5; Mrs. Ben Lindsey, New Bedford, \$5; G. Felix Mathes, M. D., New Bedford, \$5; W. L. Spear, \$5; total, \$19,945. Additional subscriptions for the building fund and donations for the current expenses of the hospital are urgently needed, and may be sent to ISAAC FENNO, treasurer, 28 Summer Street. — *Transcript.*

THE American Pædological Society meets at Niagara Falls, June 18, 1883 (the day before the American Institute), headquarters at International Hotel. Letters of inquiry and titles of papers should be sent early to the Secretary,

LEMUEL C. GROSVENOR,

B. N. TOOKER, *Pres't.*

185 LINCOLN AVENUE, CHICAGO, ILL.

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VOL. XVIII.

EDITORIAL.

THE INFLUENCE OF STUDENTS.

THOSE of us who delight in "Pickwick" have not forgotten the enlivening conversation between Mr. Ben Allen and Mr. Bob Sawyer over their well-appreciated breakfast, in which, having remarked that there is "nothing like dissecting to give one an appetite;" they cheerfully discuss the anatomical peculiarities of the subjects which they have recently left. If the listeners to these agreeable observations felt inclined to regard askance the next elderly and established physician they chanced to meet, "slightly shuddering" as they reflected on the ghoulish tastes they fancied hidden under his gentlemanly exterior, it would not be the only instance of bitter prejudice against the medical profession sown in the minds of the laity by the careless or boastful words of the students who stand on its threshold.

We have had fresh proof of late, in the discussions evoked by the Tewksbury investigation, of the tendency in the public mind to regard medical students as representing the profession of their choice, and to receive their idle talk as oracular revelations of its mysteries. One or two students, for instance, to satisfy some fancied scientific query in their own minds, cause to be tanned parts of one or two human skins obtained in the dissecting-room. Immediately our zealous governor cries out to public sentiment to put a stop to this revolting "industry," and public sentiment responds by hearty maledictions on the ghoulish scientists who delight in dishonoring the dead. No subject, perhaps, calls for such delicate and tactful handling on the part of physicians, if they would avoid the mistrust and aversion of

the laity, as the scientific necessity which asks for the dissecting-room the use of unclaimed bodies of paupers and criminals. Those who are loudest in their condemnation of the ignorance which leads a physician into a false diagnosis are also loudest in their condemnation of the "ghastly curiosity" which, they maintain, originates the demand for the use of the human body as a means of instruction.

It may not be generally appreciated how large a share in causing this intense and unreasoning prejudice must be attributed to medical students. It is natural that the young man, fresh from his first experience of that which must seem strange and awful to his family and friends, should be questioned by them of his new experience. It is, perhaps, equally natural, that, to impress them with a sense of his superiority to the sentiments and terrors of every-day people, he should make light and careless answer, coupling it, it may be, with some ill-considered jest. "How lightly doctors think of the human body!" his friends say to themselves; and into their secret thoughts of the dissecting-room creeps a shuddering mistrust of those to whom its terrors are a jest. These are small things; but not too small to be powerful factors in the forming of that public opinion which has only a few months ago made it so difficult in one of our great cities to obtain subjects by legal means, that the respected head of a medical college laid himself open to imprisonment and public execration by obtaining them illegitimately.

The moral of all this is evident. Let those whose position gives them the direction of students at this critical time of their professional studies impress on them, by every means in their power, the necessity of a wise reticence on all such matters outside college walls. Let them, by precept and example, encourage such delicate and respectful treatment of their difficult work as shall make careless or light thought concerning it impossible.

By fostering a right sentiment among students, no small step will be taken toward doing away with that bitter and mistaken prejudice among the laity which it so often painfully surprises the physician to meet. †

REPORT hath it that Charles Reade, being asked by "Ouida" to suggest a suitable name for her dog, advised that he be called Tonic, because he was a mixture of bark, steal, and whine. — *Boston Medical and Surgical Journal.*

STATE LEGISLATION AND THE PRACTICE OF MEDICINE.

In our issue of February, under the caption "A Step in the Right Direction," the announcement of the Illinois State Board of Health, relating to medical schools and the requirements they must comply with in order to have their diplomas recognized and their graduates allowed to practise their profession within the boundaries of the State, was favorably commented upon. It is unnecessary to repeat anything said at that time. Our present purpose is to offer for the consideration of our readers certain abstracts from the report of proceedings of the Illinois State Board of Health, which has but recently come to hand. Our object in this is threefold: first, to show our readers what admirable work is being done by the Board; second, to warn physicians that hereafter it may be a matter of more importance than in the past, to what medical college they refer students who seek advice upon the subject; and third, to aid in reawakening interest in the question of bringing the practice of medicine within the control of State legislation.

The regular quarterly meeting of the Illinois State Board of Health was held in Chicago, April 12, 13, and 14, 1883, and from the report of the proceedings furnished us we abstract the following:—

For the quarter ending March 31, 1883, State certificates entitling to practise medicine and surgery were issued to one hundred and forty-nine graduates upon the diplomas of colleges in good standing, and three certificates were issued to practitioners on length of practice in the State. Certificates to midwives were issued to nine graduates, two practitioners, and to one upon examination. Six candidates presented themselves for examination in obstetrics, five of whom failed to come up to the required standard.

"Two applications for the hundred-dollars-a-month license to itinerants, both from graduates of reputable medical schools, have been received, but I have felt constrained, in the interests of the public and of the profession, to refuse the applications."

A considerable number of certificates were issued to practitioners who were exempt from the Medical-Practice Act by rea-

son of length of practice in the State, but who have followed the recommendations of the Board, and have completed the regular curriculum of study, graduating from some reputable medical college. As nearly as can be ascertained, there are now only about six hundred and fifty non-graduates left in the State as compared with about 3,800 at the time when the law went into effect. In order to show the relation of medical colleges to the Medical-Practice Act, and the manner in which the Board discharges the responsibilities of its office, we quote the following from the secretary's report:—

“Charges are now being investigated involving five different colleges whose diplomas have heretofore been recognized by the Board; and in the case of three other colleges, I have refrained from issuing certificates upon their diplomas because of a conviction that they have not the facilities to carry out their published requirements. In one instance, for example, there have been a number of changes in the *personnel* of the faculty since the announcement was published, and the diplomas issued at the close of the session of 1882-3 bear the signature of a graduate of 1882 as the incumbent of three different chairs, namely, as professor of anatomy, as professor of physiology, and as professor of hygiene.”

In regard to medical-college announcements, he continues:—

“In the course of the past six years I have carefully examined nearly all the announcements issued in this country, and do not hesitate to say that many of them are of such a character that if a private practitioner had been guilty of publishing a professional card making such claims and couched in such terms, he would have been expelled from almost any medical society for a gross violation of ethics.”

The subject of “ethics” is also referred to, and in a manner worthy of commendation, as follows:—

UNPROFESSIONAL AND DISHONORABLE CONDUCT.

“While this subject of ‘ethics’ is attracting so much attention, it would seem to be a fitting time for the Board to consider whether the granting of a diploma to an unqualified and incompetent person, or in open violation of the requirements of the institution, should not subject those concerned in it to the odium and disqualifications which attach to any other unprofessional and dishonorable action. It might be suggested that this is a proper subject for the consideration of medical societies; but it seems to me that the Board may also fitly discuss the subject.”

Besides taking action on charges against six colleges and seven individuals, and a lengthy consideration of several other matters coming under their jurisdiction, an examination was given to eighteen candidates, five of whom withdrew before completing the answers to the sets of questions given, and, upon tabulating the ratings of the remaining thirteen, none were found to have attained the required minimum of eighty per cent of correct answers on the eleven sets of questions submitted.

We cannot too warmly commend the action of the Board to the attention of our legislators and the profession at large, as likely to bring about the best results and as setting a worthy example. †

MORE ABOUT "THAT RESOLUTION."

IN the March number of the *Homœopathic Physician* is to be found a report of the quarterly meeting of the Central New York Homœopathic Society, held in December of last year. To us, one of the most interesting features of this report was the suggestion of Dr. Lippe, communicated by Dr. Clausen, that the "society might think it advisable to protest against the resolution of the American Institute, adopted at its last meeting, on freedom of medical opinion." The Chair appointed a committee to prepare a protest and report at the next meeting.

A short time ago we received two pamphlets, one containing the "protest," above suggested, and the address of Dr. Clausen relating to it; the other, a paper on "Pure Homœopathy," by the same author. These were accompanied by a request from the secretary of the society that we would publish the "protest" at our earliest convenience. To do this in detail seems to us scarcely worth while, however, the grounds of "this protest" differing little from the many similar attacks on that unfortunate resolution. The following communication on the subject from a valued correspondent needs no comment from us further than that it has our cordial approval. †

BOSTON, May 3, 1883.

. . . . I have read at your request Dr. D. W. Clausen's pamphlet on "Pure Homœopathy" and his "Address."* I think

* Address of Dr. D. W. Clausen, with preamble and resolution, relative to "That Resolution of the Institute." Central New York Homœopathic Medical Society, March 15, 1883.

that as these pamphlets were sent to the GAZETTE, it affords our little journal an opportunity of taking a certain position with regard to such effusions of sentiment. In this word I think I have expressed the principle underlying Dr. Clausen's papers. The reasons which he urges for the rescinding of the resolution of the Institute are simply sentimental, emotional expressions. So, also, the resolution of the Institute was sentimental, and offered on the spur of an emotional impulse; and as such, it has little or no value in determining the kind of work the Institute may do, or proposes to do. If any work done by the Institute, in the freedom which this resolution offers, should prove in opposition to the object for which the Institute exists,—if this work does not sufficiently further the homœopathic art of healing, or goes against its interests to a degree incompatible with the purposes of the Institute,—it will then be time to lead the work of bureaus back to legitimate scientific channels.

But the mere expression of a sentiment asking for "freedom of medical opinion" is not, so it seems to me, of a kind to create alarm lest the Institute is going to turn its back on homœopathy or its cherished law. In consideration of the efforts made recently by right-minded members of the rival school, it is only fair and just that our societies should exhibit a spirit of courteous liberalism. The issue on which the late developments in the old school turn is not whether homœopathy shall be adopted or even sanctioned, but whether all physicians shall enjoy the right to their opinions and methods of practice. The question with us is not whether we shall return to allopathy, but whether we are willing to acknowledge the right of allopaths to think and practise as they choose.

To deny the right of freedom of opinion would be on a par with denying the "inalienable right of all men to freedom and the pursuit of happiness." Therefore, let the Institute keep its resolution, for if it should not, it would be a sad day for Dr. Clausen and the Central New York Homœopathic Society to find themselves deprived of the right to *their* opinions.

A little more peaceful scientific work and fewer ebullitions of sentiment and explosions of angry sarcasm are needed to further our progress.

C. W.

CLINIC AT THE HOSPITAL SAINT JACQUES. OBSERVATION VIII. TYPHOID FEVER.

BY J. P. TESSIER.

[WE here offer to our readers a translation (from the "Bulletin de la Société Homœopathique de France") of the clinical report,

by M. Tessier, of a typhoid fever case treated by him at the Hospital Saint Jacques, in July and August, 1882. This report seems to us valuable, not only for the terse and suggestive comments with which M. Tessier concludes it, but because it offers in itself an admirable example of the exact, minute, and patient observation given by true scientists to even the cases of everyday occurrence which offer no remarkable features. Our French *confrères* set us a worthy example, not only in closely observing and patiently comparing these seemingly ordinary cases, but in accepting, as of interest and value, the long and minute reports of them given in their medical periodicals. ED. †]

M. —, seventeen years old, pastry-cook by trade, enters the men's ward of the hospital, July 5, 1882. This pale and delicate lad has complained for some time of being troubled with the heat of the ovens, near which he worked. It has given him repeated headaches, growing more severe within the last few weeks. For the last ten days he has been losing appetite and is troubled, when walking, with dizziness, and weakness of the limbs. His headache is steadily worse. He took to his bed the 3d of July, and now (two days afterward) is brought to us.

July 5. The patient complains chiefly of intense headache. He has had no epistaxis, and as yet no rose-colored, lenticular spots have appeared. He is slightly delirious. Pressure in the right iliac fossa is painful and causes gurgling. The patient lies on his back; there is neither stupor nor prostration. Auscultation of the lungs reveals nothing abnormal, and neither the liver nor the spleen shows any enlargement. His morning temperature is 101.3° F., and his evening temperature 103.6° F. It is almost certain that we have here a case of incipient typhoid fever. Prescription, *Baptisia* 1st decimal.

July 6. Some diarrhœa (three evacuations); some scattering sibilant râles; intense headache. Evening temperature 104° F. Prescription continued.

July 7. Little change in his condition. The gurgling is very marked. The tongue is heavily coated at the base and red at the tip. Evening temperature 104.4°. The morning temperature to-day was 102 $\frac{3}{4}$ °. Prescription continued.

July 8. All the symptoms are aggravated; the cough is more frequent; the diarrhœa has increased; there is more pain in the abdomen. The temperature was somewhat higher in the morning, and this evening stands at 104 $\frac{3}{4}$ °. I feel now that I can no longer continue *Baptisia*, its uselessness being so evident, and therefore prescribe *Muriatic acid* 3 and *Bryonia* 3.

July 9. Condition remains the same, but with increase of diarrhœa. Prescription continued.

July 10. Condition remains much the same. The morning temperature has fallen to 101.8° , but the evening temperature remains at $104\frac{3}{4}^{\circ}$. Prescription continued.

July 11. For the first time, a few lenticular spots make their appearance. The general condition remains much the same. Prescription continued.

July 13. The patient complains of great exhaustion. The abdomen is less painful. Five or six diarrhœic evacuations during the night. The eruption is now almost confluent, particularly over the abdomen. The bronchial râles are numerous. Prescription, *Arsenicum* 6 and *Bryonia* 6.

July 14. Very marked improvement. The morning temperature has fallen to $102\frac{3}{4}^{\circ}$ and in the evening rises less than $.4^{\circ}$. The bronchial râles have sensibly diminished. Prescription continued.

July 15, 16, 17. The improvement continues. The diarrhœa is much less abundant. The eruption is more generally diffused, there being lenticular spots in quite large numbers, even upon the hands.

July 18. There have been only two movements of the bowels in twenty-four hours. The râles have disappeared, and the cough is very infrequent. The morning temperature is 101° , and the evening temperature 103.1° . The patient's sleep, which up to this time has been much disturbed, is becoming peaceful. The exhaustion, however, is very marked. Prescription, *China*, mother tincture, ten drops

July 19-24. The patient is steadily improving; the fever has almost disappeared. The exhaustion continues, however, and the patient complains of severe burning pains in the abdomen during the night. He has also considerable thirst. Prescription, *Arsenicum* 3.

July 28. The fever has entirely disappeared. The patient is allowed to take food.

July 29 to Aug. 14. The patient was progressing rapidly toward recovery, though a certain prostration remained. As the abdomen still continued sensitive, I was somewhat strict in the matter of diet. On the 14th of August the patient's father called to give him a little drive about the city, and was foolish enough to take him to a restaurant and allow him to eat a hearty dinner, though the boy had taken food before leaving the hospital. The results were immediate.

Aug. 15. The fever has returned, with the diarrhœa and the abdominal sensitiveness. The patient has been sent back to bed and is not allowed to take food. Prescription, *Cinch. sulph.* 2 trit.

Aug. 16-19. The febrile condition persists, although decreasing from day to day. Prescription continued.

Aug. 20. The fever has disappeared. The patient is once more allowed solid food.

Aug. 26. Patient discharged cured.

COMMENTS. — There are few things worthy of note in this case of typhoid fever, which followed the usual course and was at no time very serious. The ineffectualness of *Baptisia* may be remarked once more. It is true that during the first days of the administration of *Muriatic acid* and *Bryonia* their action was not very evident. But it has never been claimed for these remedies that they have power to abort typhoid fever, whilst certain physicians have confidently attributed this power to *Baptisia*. I believe that too much cannot be said against this claim, which rests on a nosological error, and a too great therapeutical zeal. Let us be satisfied with our well-assured and solid successes in the cure of continuous fevers,—successes which rest upon the fact that, being prepared for all the complications that may arise in the course of the disease, we are able, in a large majority of cases, to meet and conquer them, and so conduct our patient to a favorable termination of his illness. Let us leave to those more ignorant the glory of aborting typhoid fever in four days with so-called dosimetric* granules, administered blindly and not always harmlessly.

As for us, with *Muriatic* and *Sulphuric acids* to combat the diarrhoea; *Bryonia* and *Phosphorus* for thoracic complications; *Beladonna*, *Stramonium*, *Hyoscyamus*, and *Capiscum* for cerebral phenomena; *Arsenicum*, *Black Sulphide of Mercury*, and *Cinchona* for adynamic conditions, we have such results that the statistics of the Hospital St. Jacques, for a period of twelve years, and for a total of more than three hundred cases of typhoid fever, show a mortality of less than five per cent. I am convinced that no other therapeutical system can bear comparison with this; and, in any case, let us congratulate ourselves on bringing about such results by the simple and gentle means which we employ.

* The dictionaries do not yet acknowledge this word as belonging to the French language (it was invented by a Belgian, by the way). It means absolutely nothing new; for if, as would appear, "dosimétrie" signifies a measured dose, where was ever the physician who did not measure the dose indicated in his prescription? From a theoretical point of view, the "dosimétrie" (measured dose) is equally impossible: it belongs to physiological medicine, and is subject to changes with the change in physiological theory. It is useless to conjecture where we may look for it the day after to-morrow, for it will remain in existence no longer than its indefatigable inventor is here to galvanize it into life. From all the present enthusiasm there will remain to us, by and by, not even a new pharmaceutical process; for the manufacture of alkaloid granules long antedates the commercial partnership of the Belgian surgeon and the skilful pharmacist, his colleague. Granules of *digitaline*, *aconitine*, and *atropine* had a place in the show windows of pharmacies and the advertisements of medical chemists long before the "dosimetric granules" saw the light.

REMARKS ON THE TREATMENT OF THE EYE ACCORDING TO THE TENETS OF OUR SCHOOL.*

BY H. C. ANGELL, M. D.

I MAY say at the outset that there can be no doubt whatever of the specific action of a great number of the remedies of our materia medica upon the eye. Some affect chiefly the nervous elements of the organ, like *zinc* and *phosphorus*; others, the vascular tissues, like *belladonna* and *aconite*; others, like *gelseminum* and *arsenicum*, distribute their action more widely through the various tissues.

Doubtless it might be impossible to institute a thorough proving of any one of our drugs upon a healthy person without eliciting a number of eye symptoms; so that it is possible that all or any of our remedies may be serviceable in some phase or other of ophthalmic disease. But some drugs have a decided affinity for the eye, and are, therefore, of more frequent use. Among these, to give an instance or two, is *belladonna*, which, in large doses upon the healthy, never fails to produce dilatation of the pupil and an injected conjunctiva. In accordance with the law of similars, we ought, therefore, to find it serviceable in many eye affections. As a matter of fact, it is well known to be strikingly efficacious in small doses in removing superficial injections of the eyeball. In almost any superficial eye affection, except one of a contagious character, an increased congestion of the conjunctiva is rapidly and certainly relieved by *belladonna*. The dread of light, for which *belladonna* is so often serviceable, is probably frequently due to the enlarged pupil, a symptom invariably produced by *belladonna* in large doses.

Arsenicum is also a drug that *invariably* produces a redness of the conjunctiva, in poisonous doses. This is one of the earliest as it is a constant symptom of arsenical poisoning. Sometimes the congestion of the conjunctiva in these instances is so great as to give the tissues an intensely red and inflamed appearance. Hunt, in his work on diseases of the skin, remarks that if *arsenic* be taken in moderate doses for a few days or weeks, an irritation of the tarsi will be felt and slight inflammation of the conjunctiva of the eyeball will ensue; and in forty-nine cases out of fifty, these symptoms will take precedence of those other and more serious ones that occur in arsenical poisoning. Five-drop doses of Fowler's Solution, administered three times a day for

* This rambling paper is the substance of a lecture given some years ago to an audience made up of students and general practitioners. There is little or nothing in it of interest to specialists.

thirty-five days, gave rise to a conjunctivitis that lasted seven weeks. The same dose, in a second case, produced tenderness of the tarsi in five days, conjunctivitis in fifteen days, and œdema of the lids in addition in twenty days. In a third case, five-drop doses for two weeks produced great irritation and lachrymation, besides œdema of the lids and injection of the conjunctiva. Here was evidently a complication of corneitis and irritation of the ciliary nerves, as shown by the profuse lachrymation,—almost an exact type of the disease called scrofulous ophthalmia. A continuation of the *arsenic* would probably have produced inflammation and ulceration of the cornea. In another person, similar symptoms occurred at the end of the third day; the dose was then reduced to two and one half drops, and at the end of five days the conjunctivitis increased in severity. The dose was then diminished further, to one drop, and after a week the state of the eye was not improved. The dose being reduced to one half drop, the conjunctivitis remained troublesome, dimness of vision began in the left eye, and the patient only saw one half of objects at once.

Our own materia medica confirms the truthfulness of these results, and furnishes many other symptoms produced in healthy eyes from provings of this drug. Now, if there is any virtue in the law, *similia similibus curantur*, it ought certainly to find its vindication again in the use of *arsen.* in diseases of the eye. And it does find it. No one of our remedies is more certain in its favorable action, when indicated.

I transcribe a case from Rückert that illustrates one kind of ophthalmia in which *arsen.* is very serviceable: "A girl of six had suffered several years from repeatedly occurring attacks of ophthalmia which were so obstinate under ordinary treatment that she had usually remained several months without being able to leave off the local and general remedies. Recently, after one of these attacks, there remained so much irritability of the eyes that the slightest exciting cause brought on a return of the photophobia and inflammation for several days, so that now the child was obliged to wear a green shade almost constantly. When she came under my treatment I found that she could scarcely open her eyes, even when protected from the light by her broad shade. The eyelids were red, and swollen at the edges, the few remaining cilia matted together with the discharge. On opening the eyes there was a copious flow of tears, and the skin of the cheek beneath the lower lids was excoriated. The ocular conjunctiva was strongly injected, and large single vessels were seen upon the surface of the sclerotica. Both corneæ were ulcerated, and showed traces also of former ulcerations. The patient complained of smarting, burning sensation, aggrava-

ted by the light, the dread of which was very great; and all objects appeared as if seen through a veil. *Arsenic* was given internally, and in ten days she was well. Ten months passed without a return of the disorder, and the patient had not once been obliged to protect her eyes by a shade."

It has not been the practice of our school to encourage to any great extent the application of remedies externally. This rule holds good also in our treatment of diseases of the eye and other special organs. Naturally, the practice of a speciality, such as the treatment of the eye, ear, or throat or skin, will lead to a more frequent departure from this rule than is usual in a general practice. In affections of the eye, especially in those of a contagious nature, where the disease in the beginning is wholly local, we are frequently obliged to use local applications.

The obstacle in the way of using remedies in this manner is that we have few reliable provings of remedies applied externally. This objection is partly overcome in the case of the instillation of remedies directly into the eye, from the fact that they reach the throat almost as directly and surely as if administered in the usual way. Such remedies pass with the tears into the lachrymal duct, and thence into the posterior nares and throat. I have never noticed any allusion to this fact, but I have often proved the truth of it by experiment on myself and others. You may easily prove the experiment by adding a grain or two of the *iodide of potash* to an ounce of water; then, having dropped a little of the solution into one eye, in a moment or two the characteristic bitter taste of the salt will be noticed in the throat. Therefore, in instilling medicines into the eye we get a double action: one directly on the affected mucous membrane, the other through the medium of the stomach in the usual way.

We may judge also of the effects of remedies applied externally from our knowledge of their internal effects. We know that in many instances symptoms are induced by application analogous to those induced by administration. *Mercury* produces salivation, used externally, as certainly as when taken internally. *Arsenic* also exhibits the same poisonous properties used either way. A boy of six years had a lotion of *arsenic* and sweet oil rubbed on his head for the purpose of exterminating pediculi; in twenty-four hours the boy was dead. A woman anointed her head for the same purpose with an arsenical ointment; after using it several days she was attacked by erysipelas and ulcerations of the scalp, inflammation of the eyes, together with the usual train of constitutional symptoms, — fever, fainting, giddiness, vomiting, — and recovered, finally, only after long illness. Multitudes of similar instances in this and other drugs might be cited in proof of the striking similarity, if not of the identity even, of symptoms induced by their external and internal use.

Additional verification of these facts may be found in practice. *Belladonna* will produce photophobia in the healthy. *Atropine*, the active principle of *belladonna*, introduced into the eye in minute quantity, will in certain appropriate cases relieve photophobia. It does this by virtue of its homœopathic action ; for its paralyzing or spasmodic effect on the iris, whereby the pupil becomes enlarged, has by itself a tendency to *increase* the dread of light. The cases in which the *atropine* will act favorably are those like the photophobia met with in so-called scrofulous ophthalmia, where there may be complication of the cornea and iris, and where the dread of light is due to irritation of the ciliary plexus of nerves. Sometimes the instillation of *atropine* in conjunction with the administration of *belladonna* does admirably in photophobia. An instance of this kind occurred recently in my practice. A girl of twelve or thirteen, not unhealthy looking, and living under tolerably good sanitary conditions, was brought to be treated for an affection of the left eye. Her dread of light was so great that I was only able to catch a glimpse now and then of the cornea ; but sufficient could be seen to diagnose the case as one of scrofulous conjunctivitis. The sympathetic irritation of the ciliary nerves was of course very great. It had been going on upwards of two months, and the girl had been treated, it was said, at the City Hospital. We gave her at first *calc.*, then *sulph.*, but after two or three weeks she was no better ; *bell.* was then substituted, and a lotion of one grain of *atropine* to one ounce of water was dropped into the eye once a day. In one week she was better ; at the end of the second week she was very much better. The *atropine* was discontinued, so as to permit the pupil to regain its natural size. At the end of the third week the eye was well, no inflammation or photophobia remaining.

Local applications to the eye, or eye washes, as they are called, are, as I have intimated, not popular in our school. There are good reasons for this prejudice against them. They have been used indiscriminately, alike for cases for which they were suited and for which they were unsuited ; for cases in which they could possibly do no good, and where they might do a great deal of harm. It has been thought necessary to apply these lotions in such strength that the pain, irritation, and congestion to the eye should be exceedingly aggravated ; and frequently the repetition of the local remedy at short intervals has given no time for healthy reparative action. Pure *nitrate of silver*, crude *acetate of lead*, pure *sulphate of copper*, strong tincture of *opium*, and other applications to the eye have been made in such manner and so frequently that many an eye has been seriously injured by them. The system upon which these and multitudes of other applica-

tions to the eye have been made is loose and unsatisfactory. These substances have been regarded as irritants simply, devoid of specific medicinal qualities. They have been supposed to cure by virtue of their irritating or caustic properties alone; and we have been taught to regard them as a class of remedies to be used indifferently, one as well as another, so far as medicinal fitness is concerned. The one recognized distinction between them is based on their greater or less power of irritating the conjunctiva, or upon the general proposition that, after using any one irritant for a while, it is better to change and use another.

Notwithstanding these teachings, I have noticed in the eye-clinics that surgeons do make, practically, a distinction not based on these irritant properties simply. The most powerful of these substances can easily be made, by diluting with water, as weak as the weakest; so that, if the possession of a certain grade of irritant power were the only requisite quality, then one only of these substances would ever be demanded, for, by graduating its strength through the addition or subtraction of water, we could make it fit every conceivable case. This is notoriously not the practice of surgeons. The fact that any one of these local applications is preferred to another, — that *this* is recommended and used in one form of conjunctivitis and *that* in another, — and that this discrimination in their employment contributes to the cure, is ample proof of the existence of a power more subtle than that of rough irritation. This coarse and unscientific application of crudities to the delicate conjunctiva of the eye is precisely analogous to the coarse and unscientific administration of crude drugs. Both are equally needless, and may be very harmful.

It has been the province of our school in the past to show how these powerful and dangerous drugs may be administered, not only with safety, but with a certainty of beneficial effect previously unknown. We may, in the future, I think, show how these crude and dangerous applications to the eye can be brought under our general law and made to subserve a good purpose with the same safety and certainty. Like *mercury* internally in constitutional affections, *argen. nitricum* topically in eye affections has served in the past, too frequently, a very bad purpose. As *mercury*, despite the mischief it has wrought in large doses, proves, when administered under our law, not only safe but efficient, so *nitrate of silver*, in dilution, when homœopathically indicated, is safe, efficient, and equally indispensable. It is not often indicated and therefore not often used.

Our provings of this drug show that it has a strong affinity for the eye. Taken internally, it produces intense redness of the conjunctiva, burning, itching, dryness, and slight agglutination of the lids in the morning; ophthalmia, alleviated by cold and

aggravated by heat; lachrymation, dimness of vision, with vertigo, and other eye symptoms. Used externally, or as a collyrium for the eye, it is useful for symptoms corresponding to those induced through its administration to healthy persons; but its scope is much more limited when used as a wash. Within its true field, however, it is one of our speedy, certain, and satisfactory homœopathic remedies. I have already said that it is necessary, in order to save sight, to use topical or local applications in some ophthalmic affections. They should never be applied, so to speak, heroically, so as to cause injury to the tissues and a great and unnecessary reaction; in a dilute form we get little or no reaction, and all their homœopathic curative effects. In their way they are sometimes just as indispensable to the preservation of vision as surgical interference is. The danger from these applications lies in two directions,—indiscriminate use and their use in too crude a form. When there is irritation, lachrymation, pain, and photophobia we know that the iris is affected; and where the iris is involved, irritating applications are injurious. It is frequently impossible for such eyes to bear the irritation of cold water. The topical application of *nitrate of silver*, one grain or two grains to the ounce of water, is indicated in *purulent ophthalmia* as soon as the discharge of pus begins and *never before*.

Sometimes the local treatment required in disease of the eye is not to the eye itself, but to some other part. The sacrifice of a tooth may relieve an eye. The other day, at Tremont Temple, Brown-Sequard spoke of a case of ophthalmia of one eye produced by hardened wax in the ear. We know that the brain frequently suffers from nervous irritation in a distant part, and it is reasonable to suppose that the nervous structure of the eye suffers in the same way. Brown-Sequard related also the case of a gentleman who was subject to convulsive fits on rising in the morning. His servant finally discovered a means of controlling them. He found that if he caught his master by the two great toes and pressed hard, the convulsive movements ceased.

Many years ago I was in a remote country district of New England. I met a barefoot man who had, to my surprise and wonder, a string around the right great toe, with the end in his hand, as though he had harnessed his great toe and was driving it. The sight was so queer that my curiosity was great to learn the meaning of it. He informed me that he had fits, that he believed it was called epilepsy; but, whatever it was, it seemed to start from the right great toe, and when he felt it there he pulled the string, and the pressure around the toe warded off the attack.

One rarely meets a case of glaucoma in a person otherwise in good health. A herpetic eruption on the side of the nose causes

a severe ophthalmia, even an iritis, or complete paralysis of the upper lid ; and the severity of the affection of the eye is greater the nearer the herpes gets to the tip of the nose. If local treatment were demanded in such a case, it must, of course, be applied to the nose rather than to the eye.

Whether our treatment be local or general, or both, it is wise, I think, in our school, to regard and treat the different organs and members of the body as parts of a whole. We consider the eyes as belonging to the animal economy,—to be treated with it, and not apart from it. Certainly no portion of the body is more intimately dependent upon the condition of the rest than the organ of vision. An irritable eye, particularly, is as sensitive to all the changes of the general system as a barometer to the change of weather.

Some two years ago I had for a patient a man of about forty, who was afflicted with an asthenopia of nearly twenty years' standing. It was very severe, by far the severest case I have ever seen in a male. It was a mixed form of the disease, both retinal and accommodative ; and the sensitiveness of the entire nervous structure of the eye and the intolerance of light were intense. He went about the streets wearing two pairs of colored spectacles, or a pair of smoke-colored glasses over dark-blue goggles. If, by chance, he raised his glasses to pick his way across the street, he suffered severely from the shock, and was sometimes forced to return to his home and a darkened room. He told me that the shock from simply bathing his eyes in cold water required him to remain for at least an hour in a dark room ; he was also obliged to resort to his dark room for a short time even after bathing his eyes with tepid water. He could read without pain only about thirty seconds. In my experience, no such severe case of asthenopia as this, nor indeed anything approaching it in severity, ever occurs in persons otherwise in good health. In the present case the man was a confirmed dyspeptic. I found in treating him for several months that just about in proportion to the improvement in his dyspepsia was the improvement in his eyes. The exquisite sensibility of the nervous structure of the eye appeared almost entirely due to a reflex irritation from the pneumogastric nerve. During the past dozen years he had tried all sorts of cures without much benefit. There was little to be done for his eyes, directly, and his dyspepsia was, I fear, incurable. He brought a sister to me for treatment a month ago for a similar affection, and informed me that his dyspepsia was better than it had been for some years, and that, as a consequence, he could now use his eyes with moderation.

Cases of this description exemplify the necessity of searching out the *cause* of local affections and treating *it* rather than

always just what we see. This, after all, is but another way of commending that wisest of all the maxims of our school, viz., the injunction to treat the totality of symptoms. This maxim ought never to be interpreted to mean that we are to treat only the totality of the subjective symptoms. We are sometimes accused of this by the opponents of our system. This is not our habit in treating general disease, and can rarely be successful in treating diseases of the eye. It will not do to collect the symptoms of a case of blindness and then search for their counterpart in the materia medica and rely upon its administration to make our patient see. We make use of all the subjective symptoms imparted by the patient and all the objective ones that we can see, aided by all the modern instruments, methods, and appliances that the great progress in ophthalmology has given us within the past few years; with the help of all these we determine, if possible, the cause, make our diagnosis, and then the best use of our materia medica in accordance with our law of cure.

In the following remarkable case a single objective symptom made clear in an instant what would otherwise have remained a mystery.

On the 7th of May, 1870, a man from Providence, R. I., of sixty years of age, consulted me for blindness in his left eye. He said that it was totally blind. Asking him if he could distinguish light from darkness, he said that, turning towards the window, he was aware that it was lighter in that direction; that he should know that I was standing before him, but could distinguish no features. On testing the amount of vision more accurately, I found that he could make out the form of the large letter No. 200 at twelve inches from his eye. His vision, therefore, in the left eye was $\frac{1}{200}$. With the right eye vision was $\frac{1}{12}$, or nearly normal. Both eyes appeared alike externally. No one would have supposed one eye to be worthless.

The history of the case was this: Eighteen years ago, in driving a nail, the iron rebounded and struck the left eyeball rather forcibly at its centre. The eye was quite painful for a few days and then recovered. There was no visible wound of the eye at the time, even no bruised appearance of consequence, and nothing observable but a slightly reddened appearance, which disappeared within a few days. A short time after this, he found that although the eye felt well and looked well, it did not see well. The sight grew gradually worse until it entirely vanished. There was no pain in the eye at that time, and had been none since. He had consulted several physicians during some months succeeding the accident; some had called it cataract and some disease of the optic nerve. None had been of any assistance to him, and he had come to regard his eye as lost.

I examined the interior of the globe with the ophthalmoscope, expecting to find some serious disease there. To my surprise I discovered no pathological changes at all. The media were perfectly clear; the retina, the choroid, and the optic nerve appeared healthy. Finally, I tried, by oblique illumination, to discover some mysterious haziness of the cornea which, perhaps, might have been overlooked by strong, direct light. The search was unsuccessful; but I discovered something for which I was not looking, and it told the whole story at once. I saw a slight tremulousness of the iris. Now the iris is never tremulous when it has its natural support, the crystalline lens; therefore the lens was adjudged to be either dislocated or absent. If dislocated, I should have seen it out of position with the ophthalmoscope; hence I concluded that it was absent. To prove the diagnosis, a thick cataract glass was placed before the eye and the patient read the newspaper through it with tolerable ease.

The explanation of this singular case is this: When the eye was struck by the rebound of the nail, the capsule of the lens was ruptured, probably at its thin posterior part near the periphery. The aqueous humor, finding its way to the substance of the lens through this rent in the capsule, began its work, — disintegrating the lens tissue, softening it and rendering it milky and opaque. The reason that no disturbance of vision was noticed at this time is explained by the circumstance that the capsule being ruptured away from its centre, that portion of the lens immediately within the area of the pupil was as yet clear and transparent. Later, when the aqueous humor had penetrated farther, dimness of sight, gradually increasing, came on. Finally all sight vanished when the entire lens became involved, and the process of absorption began. This required years for its completion, and meantime the eye was entirely blind. When at last the pupil again became clear gradually, the eye having fallen into disuse, the fact was not noticed; or, if noticed, it was merely observed that utter darkness had passed away, and that light could be better perceived than formerly. The eye could not be used with the other, for the lens being gone no power of accommodation was present. Finally amblyopia from disuse of the eye resulted; and in this condition the patient came to me. There was nothing to be done for him, through direct medical or surgical interference. He was advised to procure a suitable glass and read through it a few moments daily, and occasionally to use this eye for distant vision. This exercise would in time improve the visual power, so that if, in the future, his good eye should become disabled from any cause, this eye, provided with its proper glass, could supply its place.

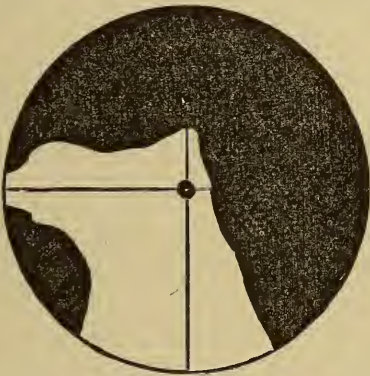
In cases like this, and in multitudes of other cases of which

I have no time to speak, it is necessary to form our diagnosis upon objective symptoms alone. Without a proper diagnosis, such cases cannot be treated at all.

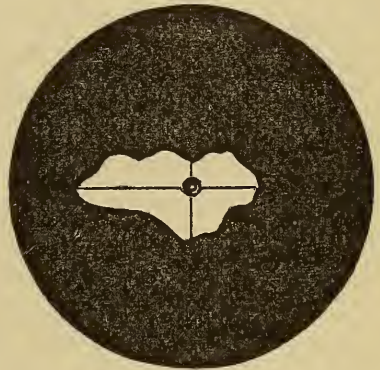
Last Tuesday evening I exhibited a map of the field of vision in a case of amaurosis. Since then I have had two other cases. One, from Lowell, in a man of sixty, too far progressed to make a map of the visual field either interesting or instructive. He is nearly blind. The second case, in a man of forty-five, is exceedingly interesting. Unlike the usual course in such cases, the field of vision is being gradually obscured *from above downward*.

In the case spoken of the other evening, the limitation commenced towards the temple, symmetrically in each eye. This is the usual form of limitation, and admits of the explanation as to its cause which I gave at that time. In the present case, the limitation, symmetrical in the two eyes, from above downward, admits of no explanation that I know of, and is a form of the disease exceedingly rare.

Central vision in the best eye is still nearly normal; in the worst eye it is reduced to one half. In testing the field of vision, I found that in each eye sight was best towards the temple and worst upward.



RIGHT EYE.



LEFT EYE.

In the worst eye, the disease has been in progress about six months. The health of the patient is otherwise good, his habits good, and the eyes have never been taxed severely. The imperfections in the visual field being symmetrical for the two eyes denotes a cerebral origin for the affection.

The prognosis, therefore, in the case, cannot be favorable. Whether, if the disease goes on, it will end in total blindness, it is impossible to say. In cases like that presented last Tuesday evening, where the limitation of the field commences at the outer side, the loss of vision is usually total. The most favorable cases are, on the whole, those where the limitation of the field begins at the nasal side.

THE SIGNS OF PREGNANCY IN THE EARLY MONTHS.

BY G. R. SOUTHWICK, M. D.

By these are meant those of the first eighteen weeks, at the end of which the foetal heart—the first positive sign of pregnancy—is heard. Any physician should be able to diagnose pregnancy in the later months, but to do this in the beginning is no easy matter. It is just at the latter period, however, that the practitioner is most often consulted and obliged to give an evasive or undecided answer.

It is self-evident that all the subjective symptoms should have little weight, in a practical point of view, coming, as they may, from one fearful of becoming, or anxious to become, a mother. Morning sickness, *sudden cessation of the menses in a healthy woman accustomed to menstruate regularly*, occasionally severe attacks of asthma, are some of the first symptoms. In the first month the changes are so slight that pregnancy cannot be determined.

In a recent number of a contemporary journal, the constancy of the pulse between sitting and standing—*i. e.*, the number of beats per minute does not change—is urged as a reliable sign as early as the fourth week. The theory is, that the above occurs in hypertrophy of the heart, and, as the latter accompanies pregnancy, it must be, therefore, a sign of it. While it is true that a minor degree of hypertrophy is found in the later months of pregnancy, we do not believe it takes place so early in gestation before there is any obstruction to the circulation; besides, hypertrophy occurs often and quite independent of pregnancy.

If we examine a woman at about the sixth week, we find increased moisture of the vagina,—*a serous infiltration about the os, giving a soft, velvety feeling, with cartilage beneath*. This infiltration increases as pregnancy advances. We may sometimes distinguish *pulsations* in the blood-vessels of the vagina, and almost always *of the cervical artery*. Dr. Martin, of Berlin, considers this one of the most certain signs at this period of pregnancy, and has rarely known it to fail. Some authors emphasize the *violet discoloration* of the vaginal mucous membrane and the cervix. This, like the former, is due to the increased flow of blood to the parts, and is a more reliable sign in primiparæ than pluriparæ, as in the latter the veins, having been once distended, may easily become so again from slight causes. This same discoloration is often associated with chronic endometritis. In a primipara the *os becomes round*, instead of remaining a transverse slit. The uterus is low in the pelvis, anteflexed, and a little larger than normal; but the growth does not become

marked till the third month. There is also flattening of the hypogastrium.

If the urine of a pregnant woman is allowed to stand in a test tube, in about four or five days little particles, like flakes of cotton, in suspension, will appear in it. This is kiestein. As this is not invariably present, and may be associated with morbid conditions independent of pregnancy, too much reliance must not be placed upon it.

The mammary glands enlarge perceptibly in the third month, and later a watery fluid can be expressed. The pigmentation about the nipple is increased and the follicles enlarged. At the fourth month, the uterus is felt as a large tumor filling out the pelvis, on a level with the pubis, and the os is higher up. Two weeks later, *i. e.*, the eighteenth week, the foetal heart is heard, and sometimes before this the uterine souffle. To recapitulate: the more probable signs in the early months: sudden cessation of the menses in a healthy woman accustomed to menstruate regularly; softening of the os; pulsation of the cervical artery; violet discoloration of the vagina and cervix; enlargement of the mammary glands. With these conditions associated, we may reasonably infer that pregnancy exists, but should be guarded against expressing a decided opinion.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY HORACE PACKARD, M. D., SECRETARY.

APRIL MEETING.

THE society met at the usual place, Thursday evening, April 19.

A social lunch preceded the business session.

President John L. Coffin, M. D., conducted the meeting, which had an attendance of upwards of fifty.

George D. Bliss, M. D., and Adaline B. Church, M. D., were elected to membership.

Delegates to the American Institute of Homœopathy, to be held June 19, at Niagara Falls, were appointed as follows:—

Boston Homœopathic Medical Society, — Conrad Wesselhoeft, M. D.

Boston University School of Medicine, — I. T. Talbot, M. D., E. B. de Gersdorff, M. D.

Massachusetts Homœopathic Hospital, — D. G. Woodvine, M. D.

Homœopathic Medical Dispensary, — H. C. Clapp, M. D.

College Dispensary, — J. P. Sutherland, M. D.
 West End Dispensary, — Alonzo Boothby, M. D.
 Consumptives' Home, — Charles Cullis, M. D.
 Home for Moral Reform, — Laura M. Porter, M. D.
 New England Medical Gazette, — J. W. Clapp, M. D.

A committee was appointed to make arrangements for an excursion of New England physicians to the Institute meeting. All wishing to avail themselves of excursion rates are requested to communicate with the chairman of that committee, Conrad Wesselhoeft, M. D., 162 Tremont Street, Boston.

The scientific session was devoted to a consideration of "diseases of the puerperal state." A comprehensive and instructive paper on "Puerperal Septicæmia — The Ætiology, Pathology, Prophylactic and Homœopathic Treatment" — was presented by Thomas M. Dillingham, M. D., followed by supplementary remarks, reports of cases, and discussion, participated in by I. T. Talbot, M. D., Walter Wesselhoeft, M. D., D. G. Woodvine, M. D., and others.

Dr. Talbot reported a case substantially as follows: —

Patient, Mrs. K——, was safely delivered of her second child without rupture of perineum or os. She was troubled with most severe after-pains and retained clots; on the second day the clots came away but pains continued; third day, headache, fever, and engorgement of breasts; fourth day, no amelioration of symptoms; fifth day, milk came; sixth day, marked chill at night; lochia, which had been regular up to that time, ceased; mammæ hard and firm; there had been no undue exposure; seventh day, mammæ became flattened, milk ceased, pulse high, temperature 102°. *Acon.*^{3x} in alternation with *Bry.*^{5x}. In the afternoon perspiration set in, but pulse was feeble and rapid; abdomen distended; passed a restless night, with much pain and flatus; vomiting of bile set in the morning following; bowels remained greatly distended; eructation of gas; pain in head; at 7 P. M. symptoms became alarming: pulse faint, hardly countable; temperature 105 $\frac{2}{5}$ °; peculiar sensation of head, kind of stinging feeling; diplopia; red areola around all objects; flighty in conversation. There could be no question that this was a case of septicæmia. *Secale Corn* in drop doses of tincture was administered every fifteen minutes. In less than one hour head felt better, and double vision passed away; in less than two hours large quantities of flatus passed from bowels; next day there was improvement in all respects, — distention of bowels had disappeared, and lochia re-established. *Sec. Corn* was the only remedy used; it was given later in the higher dilutions. No injections of any kind were used, and, moreover, he discountenances their promiscuous use, but would insist on the importance

of keeping the external parts clean by the prompt removal of all discharges.

Dr. Woodvine cautions young practitioners against the use of uterine injections; he believes we should stick to homœopathic remedies and let injections alone, as a rule.

Dr. J. H. Sherman reported a case of premature delivery followed by symptoms of septicæmia, in which he used uterine injections with gratifying results.

MAY MEETING.

The May meeting was held Thursday evening, the 10th inst., with an attendance of about forty.

Wilberforce E. Doy, M. D., Sarah E. Wilder, M. D., and S. Calderwood, M. D., were elected to membership.

The quarterly election of president and vice-president resulted in the renomination and election of the present incumbents, viz., John L. Coffin, M. D., and J. K. Culver, M. D.

The scientific session was devoted to a consideration of criminal abortion.

E. W. Burdett, Esq., of Boston, by special invitation, favored the society with an elucidation of the "medical jurisprudence of criminal abortion," a full report of which will appear in our next issue.

Chas. Sturtevant, M. D., presented a paper on "The Duties and Responsibilities of the Physician when called to a Case in which Criminal Abortion has been performed."

While it is the moral duty of the physician to save human life wherever and whenever he is called, yet he must protect himself against any injury to his character or reputation which may arise from his attendance on such a case; he must be governed by circumstances, and such may arise as would justify him in absolutely refusing attendance.

It is for each individual to decide for himself whether he will expose the parties and attempt to bring the perpetrator of the crime to justice.

The next general meeting, the last before the summer vacation, will occur Thursday evening, June 14.

Thursday evening, May 24, the surgical section will hold a meeting.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

FORTY-THIRD ANNUAL MEETING.

THE forty-third annual meeting of the society was held in Union Hall, Boylston Street, Boston, Wednesday, April 11, 1883.

Called to order at 10.30 A. M. by the president, A. M. Cushing, M. D., of Boston. Prayer was offered by the Rev. O. A. Brown, of Boston.

The records of the last meeting and of the meetings of the executive committee were read by the secretary and approved.

The following were elected to membership :—

T. M. DILLINGHAM, M. D., Boston.
 H. A. GIBBS, M. D., Westfield.
 A. A. KLEIN, M. D., Boston.
 MARY F. McCRILLIS, M. D., Boston.
 G. R. SOUTHWICK, M. D., Boston.
 W. H. WHITE, M. D., Boston.

The treasurer, Dr. H. C. Clapp, of Boston, made the following report :—

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY,

In account with H. C. CLAPP, M. D., Treasurer,

for the year 1882-83.

CR.

By cash in treasury April 12, 1882 . . .	\$592 10	
By cash collected during year . . .	995 00	
	<hr/>	\$1,587 10

DR.

To cash paid for running expenses . . .	\$538 92	
To cash balance April 11, 1883 . . .	1,048 18	
	<hr/>	\$1,587 10

The auditor, O. S. Saunders, M. D., reported that the books of the treasurer were correct.

The following amendment was offered by H. C. Clapp, M. D. : Art. XXV., substitute the word "three" for "five," so as to read : "Every member shall be assessed annually *three* dollars, etc."

Bureau of Obstetrics. Paper by E. P. Scales, M. D., of Newton, on Dystocia. Paper by H. E. Spalding, M. D., Hingham, on Puerperal Septicæmia and Antiseptic Midwifery.

The Committee on Vaccination made a full report. Dr. Talbot and Dr. Harris presented papers. Dr. Harris gave an account of the stables of Dr. Martin at Roxbury, and those of the N. E. Company at Chelsea.

Remarks were made by Dr. French of Lawrence on the methods pursued by Dr. Kimball of Andover in procuring virus.

The subject was discussed in detail by Drs. Walker, Chamberlain, Thayer, Woods, Cate, and Moor.

The committee was continued and authorized to make further investigations.

The president delivered the annual address.

Dr. M. C. Pingree was present as a delegate from the Maine society, and Dr. H. C. Houghton in the same capacity from the New York society.

Dr. C. H. Burr of Portland, and Dr. Jos. Chase, Jr., of Concord, N. H., were also present.

At 1.20 P. M. the society adjourned for lunch.

AFTERNOON SESSION.

Called to order at 2.15 P. M.

The election of officers was the first thing in order and resulted as follows:—

President, — H. E. Spalding, M. D., Hingham.

Vice-Presidents, — J. L. Coffin, M. D., West Medford; M. P. Wheeler, M. D., Dorchester.

Corresponding Secretary, — J. W. Clapp, M. D., Boston.

Recording Secretary, — H. A. Chase, M. D., Cambridgeport.

Treasurer, — H. C. Clapp, M. D., Boston.

Librarian, — Almena J. Baker, M. D., Boston.

Censors, — H. L. Chase, M. D., Cambridgeport; L. Whiting, M. D., Danvers; E. P. Colby, M. D., Wakefield; Annie E. Fisher, M. D., Boston; J. T. Harris, M. D., Boston.

The Committee on Education made a report through the chairman, N. R. Morse, M. D., Salem.

Bureau of Diseases of Children. Papers by Drs. Flanders, Worcester, Sherman, and Manning.

Bureau of Clinical Medicine. Papers by Drs. Jameson, Leslie, Worcester, and Sturtevant.

The following amendments were adopted:—

To Art. VII. add: "The recording secretary shall receive \$50 annually, as a compensation for the labors and duties incumbent upon the office."

To Art. VIII. add: "The treasurer shall receive \$50 annually, as a compensation for his services."

Adjourned at 4.10 P. M.

Attest: HERBERT A. CHASE, *Recording Secretary.*

BARBER LAMBRECHT. — This person, who fraudulently attempted to practise medicine in Illinois on the possession of a diploma issued to a deceased doctor, ignominiously driven from that State, we are credibly informed, has located in Cincinnati. He is perfectly safe here in both practice and malpractice of medicine. Great is the State of Ohio, and great her lack of laws to properly treat the lawless who flee from other States. — *Cincinnati Lancet.*

REVIEWS AND NOTICES OF BOOKS.

MANUAL OF GYNECOLOGY. By D. B. Hart, M. D., F. R. C. P. E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh, etc.; and A. H. Barbour, M. A., B. Sc., M. B., Assistant to the Professor of Midwifery, University of Edinburgh. 2 vols, 8vo. New York: Wm. Wood & Co. 1883.

Vol. I. forms the January number of Wood's Library. It is a book of 313 pages, is illustrated with eight plates, two of which are in color, and one hundred and ninety-two wood engravings, and embodies the most recent and advanced views on the subject treated. The work is based on the principle that the anatomy, physiology, and pathology of the pelvic organs should form the foundation of good clinical work; and, in an examination of the work itself, it becomes abundantly evident that the authors have consistently adhered to their principle, for the first 150 pages are devoted to the anatomy and physiology of the female pelvic organs. There is nothing unnecessary here. The descriptions are brief, but very clear and comprehensible. In the matter of theory, the authors offer the latest and best, signifying usually their own preference. Judging from the volume we have examined, the work may well be considered a welcome addition to gynecological literature. †

AIDS TO MEDICINE. Part I. By C. E. Armand Semple, M. R. C. P., London. New York: G. P. Putnam's Sons. pp. 116.

This little volume, consisting of abstracts of lectures on the general diseases, — diseases of the lungs, heart, blood-vessels, and liver, — is merely intended as an outline or rather skeleton of the subject with which it deals, and is for use as a text-book or aid to students of medicine and apothecaries. It is a reprint of an English work, and has reached its second edition.

There are to be four parts in all, of which this is the first.

The size and shape of the work are very convenient, but the paper and type are poor. These volumes are to form part of a series of text-books on almost all subjects pertaining to medicine, by several different authors. s.

THE SYSTEMATIC TREATMENT OF NERVE PROSTRATION AND HYSTERIA. By W. S. Playfair, M. D., F. R. C. P. Philadelphia: H. C. Lea's Son & Co. 1883.

The time will be well occupied that is spent in reading this little book. A series of articles first published by Dr. Playfair

in the *Lancet* of May 28, June 11, Dec. 10 and 17, 1881, are here collected in book form, with an "Introduction to a discussion . . . in the Medical Section of the British Medical Association, at Worcester, on Aug. 9, 1882," and a short introductory chapter. The object of the book is to present to the profession the author's experience in the treatment of cases of neurasthenia according to what is well known as the Weir-Mitchell method, and to encourage those who have such difficult and unfortunate cases under their care to resort to this plan of treatment. The successes which Dr. Playfair has achieved are excellently presented to us by a number of illustrative cases; and, accustomed as we may be to scientific wonders, it almost takes away our breath to think of a patient gaining flesh to the amount of forty-three pounds in forty-two days, and not only flesh but an equivalent or even greater amount of strength. Such a change has actually taken place in more than one case (*vide* pp. 69-98), though such changes, of course, have been exceptional. Dr. Playfair insists that the patient shall have quiet and seclusion by complete isolation from home influences before the other essentials in the management of the case, viz., massage, electricity, and excessive feeding, can be resorted to with any chances of success. The author's estimate of the value of this method is shown by the following quotations: "It is my experience that the worse the case is, the more easy and certain is the cure." "The typical cases likely to succeed well are those old-standing, bedridden, and wasted invalids, who have been dragging on for years in a state of chronic helpless invalidism." "To teach us how to lift such cases from the slough into which they had fallen is no slight achievement, and I may say without exaggeration, that, having paid great attention to this subject for the last eighteen months, I have not only acquired a daily increasing confidence in the value of Weir-Mitchell's method, but have had more satisfactory and surprising results from it than I have ever before witnessed in any branch of my professional experience, and that I now more confidently undertake the care of a well-selected case of this kind than I do of almost any malady that comes under my charge."

In regard to the passive physical exercise for the production of muscular waste, he has to select and train his own masseuses, for, in his experience, he has found "the so-called professional rubbers . . . most unsatisfactory . . . worse than useless."

We cannot here give space for further quotations from the papers composing the book, but we take satisfaction in calling the attention of our colleagues to it. It is pleasant and encouraging to read such testimony, and to know that for such cases there is help, and that, in order to cure them, it is not necessary to saturate the system with drugs; in fact the mere existence of cases like

these should stand as a warning against the excessive use of injurious "remedies," as such cases most certainly are often produced almost wholly by the unscientific use of inappropriate and mischievous methods of treatment. †

HAHNEMANN, THE FOUNDER OF SCIENTIFIC THERAPEUTICS.
Being the Third Hahnemannian Lecture. 1882. By R. P. Dudgeon, M. D. London: E. Gould & Son. 1882.

It is evident that the author's object is to set forth the principles of homœopathy pure and simple, and in doing so, he follows a course pursued with success by some of his countrymen, namely, to show that the actual force and value of Hahnemann's writings are to be found in his earlier publications, especially the earlier editions of the "Organon." The same opinion is and has been held by thoughtful Continental writers, and is gaining ground in America. Dr. Dudgeon, like Dr. Hughes, in a lecture previously noticed in this journal, skilfully builds up his argument by first showing how homœopathy, that is, the principle of similars, struggled forth from medical chaos. The author then lucidly draws a picture of homœopathy divested of all theory. He regrets to see its own founder spin around it a net of visionary theories, in extricating it from which a century has already been consumed. In building up his medicine of experience, — rational medicine, which he finally designates as the healing art, — Hahnemann vigorously inveighs against theory, demanding only positive knowledge of facts upon which to base our curative measures; the positively observed effects of drugs opposed to the positively known symptoms of disease, whose symptom-complex, to-day and always, will alone constitute that which presents itself to the physician.

It is the development of this positive science which at one time Hahnemann insisted on, and successfully brought to a high degree of perfection, till, embittered by unfair opposition and driven to the seclusion of Coethen in his advanced age, he began to spin the hypotheses concerning the dynamic force of the organism as well as of medicine, concerning chronic diseases and the dynamization of medicines, thus leaving the broad, firm basis of pure empiricism, and inaugurating an era of doubt on the one hand, and on the other giving rise to a school of mysticism, the members of which, under the assumed title of pure Hahnemannists, teach that the essence of homœopathy lies in extremes of dosage. Present homœopathy is in a fair way to emerge safely from among such obscuring outgrowths; and when Hahnemann's original, purely empirical method shall once again be recognized as the only foundation of progress, its originator will be recognized by the world as the greatest of physicians.

This, briefly stated, is the line of thought running through the lecture, the greater part of which is devoted to a racy sketch of the incompetence of medicine before Hahnemann's time, and to the immense impulse which he gave it as an art based upon correct observation and appreciation of the knowable. It is written in Dr. Dudgeon's well-known, attractive style, often interspersed with passages of humorous satire, which add so much to the keenness of his criticism without giving offence. c. w.

GELSEMIUM SEMPERVIRENS. A Monograph by the Hughes Medical Club of Massachusetts. Boston, and Providence: Otis Clapp & Son. 1883.

This little volume of 105 pages should set a good example in the direction of producing more monographs on single and important remedies. It aims at a practical rather than at an encyclopædic purpose, by furnishing only those pathogenetic effects of gelsemium derived from undeniably effective doses, excluding provings of attenuations. This elimination was no detriment, considering that of Allen's thirty-four sources only three or four were of provings made with dilutions. We may add, that of the thirty-six sources quoted in this monograph, seven are entirely new, having appeared since Allen's work was published. All other sources of the book before us are also contained in Allen's Encyclopædia. The arrangement of the matter is excellent, and the brief "commentary" at the end of each chapter very suggestive. May the Hughes Club soon favor us with another monograph, say a full clinical record of some drug, furnishing all reported cures, arranged in handy form. c. w.

EXPERIMENTAL PHARMACOLOGY. By L. Hermann, Professor of Physiology in the University of Zürich. Translated with Notes and Additions, by R. M. Smith, M. D. Philadelphia: Henry C. Lea's Son & Co. 1883. pp. 200.

This is a handbook of methods for studying the physiological actions of drugs, enabling the novice to perform experiments for himself that would otherwise require the assistance of an instructor; and, as the text is accompanied by a number of carefully selected illustrations (thirty-two in number), the work may properly be considered a complete guide to the student. Such is the substance of the translator's Preface; and the work itself fully justifies any anticipations the title and Preface may arouse.

Descriptions are given of the best methods of studying the action of poisons on isolated organs, — blood, muscles, nerves, heart, etc., in Part I. Part II. treats of the investigation of the general action of poisons, gives full directions for selecting and securing animals, for administering poisons to them, and takes

into consideration various other matters intimately connected with the subject.

Those who are practically interested in this rapidly developing branch of science will find much in the book to their liking. Not a few, however, of the scientific men of to-day object *in toto* to the methods of gaining knowledge herein described. Such readers, who feel that the revelations of vivisection are too dearly bought at their price of life and suffering, will find the book but painful and distasteful reading, and will lay it down with a feeling of relief.

The type, paper, and binding are all excellent, as one would anticipate after glancing at the name of the publishers. †

HERING'S DOMESTIC PHYSICIAN. Philadelphia: F. E. Boericke, 1883. pp. 458.

This book is too well known to need an extended notice. The fact that this is the seventh American edition speaks well for the popularity of the book; indeed, what more positive proof, that the laity appreciate it, that they have confidence in the directions and treatment recommended, could be offered? It is a testimony not only to the acknowledged authority of Dr. Hering in such matters, but to homœopathy. This edition was carefully compared, page by page, with the latest German edition (the fourteenth), which was subjected to a thorough revision by Dr. Hering not long before his death. It should therefore stand as a most fitting memorial of the author's untiring energy and faithful labors for the advancement of homœopathy. The editor, Dr. Claude R. Norton, was a former assistant of Dr. Hering, at whose desire he undertook the task of superintending the publication of the work. The book is printed on heavy tinted paper of excellent quality, and the binding is substantial. The work might well occupy a place in every homœopathic physician's library. †

HANDBOOK OF HOMŒOPATHIC PRACTICE. By Geo. M. Ockford, M. D. Chicago: Duncan Bros. 1882. pp. 435.

Very nearly two hundred and fifty diseases are described and their treatment given in this book. The remedies referred to are two hundred and forty in number. The book also contains chapters on poisons and their antidotes, disinfectants and how to use them, and directions for the use of remedies. It is, therefore, evident that the author has faithfully attempted to carry out his intention as stated in the Preface, viz., "to present in a concise form practical descriptions of the principal diseases and their treatment." The book, however, is too large to carry about in a bag or pocket, and it is in no way superior to the many works of the sort already in library use. We remarked one thing in looking

through the book, which we do not remember ever to have seen before, viz., a distinction made between laryngismus stridulus, or child crowing, or Millar's asthma, and false, spasmodic, or spurious croup. A chapter is given to the one in which the affection is said to be infrequent, while the latter, spasmodic or false croup, is mentioned as a very frequent affection, in fact "one of the most common affections of childhood," the treatment of which is the same as for true or membranous croup. The author is not averse to adopting a bit of domestic practice, *e. g.*, "a piece of salt pork or bacon sewed upon a piece of flannel and applied from the chin to the middle of the sternum is of good service" in croup (p. 128). After this, one would not be surprised to see kerosene recommended for local use in diphtheria.

On p. 144 we find a few, probably typographical, errors, which give evidence of hasty proof-reading. "Valvulal" is used for "valvular," "flowing" for "blowing," and "dilitation" for "dilatation." This last error seems to be a favorite, as it also occurs on p. 150.

The type used is far from perfect. The quality of paper is, however, very good, and in binding and general appearance the book is attractive. †

AUSCULTATION AND PERCUSSION. By Austin Flint, M. D. Third Edition. Philadelphia: Henry C. Lea's Son & Co. 1883. pp. 242.

Although we find the word *revised* on the title-page of this manual, yet we can discover, after careful examination, but very little difference between the third and the first editions. This is all the more complimentary to the thoroughness of the work as first done. As might be expected from the well-deserved reputation of the author, it is one of the best manuals on the subject ever published. ¶

OBITUARY.

DANIEL HOLT, M. D., died at his home in Lowell on Wednesday, April 11, 1883, at the age of seventy-two years. He was born in Hampton, Ct., July 2, 1810. His father served in the Revolutionary war six years, entering when he was nineteen. He held the rank of sergeant, and was in every action in which Washington was personally engaged. One of the younger members of a family of fourteen children, at the age of fourteen, on the death of his father, he took charge of the large farm, attending school in the winter. He later attended the academies of Ashford, Ct., and Amherst, Mass., and spent one year in the Scientific School at Yale College. By teaching school he was able to assist himself financially, and after studying medicine in the office of his half-brother, Hiram Holt, M. D., of Pomfret, Ct., and attending three courses in the New Haven Medical School, he graduated from this institution in 1835 with the highest honors of his class. He settled in Glastonbury, Ct., where he remained till 1845, acquiring an extensive practice. He wrote during this time

several essays, and to one of these, on Scarlatina, a prize was awarded by the Connecticut Medical Society.

In 1845 he was appointed to prepare a paper for the State Society. Homœopathy was at that time attracting some attention from the profession, and he thought it a good time to demonstrate its absurdity. For six months he carefully studied it, and experimented with its remedies. He became so fully convinced of its truth and importance that he published an essay entitled "Views of Homœopathy, or Reasons for Examining and Admitting it as a Principle in Medicine." During the same year he went to New Haven and studied with Dr. Skiff, then practising homœopathy, making frequent trips to New York, where he consulted Drs. Gray, Hall, Vanderberg, Joslin, Wells, and others. He was promptly expelled from the New Haven Medical Association for his heretical principles. Three of his prosecutors afterwards themselves adopted the same views. In the fall of 1845 he moved to Lowell, where he resided and practised till his death. He joined the American Institute of Homœopathy in 1846, in which he continued an active member, and always attended its meetings if possible. He was one of the associates in the old Massachusetts Homœopathic Fraternity, which, in 1856, expanded into the Massachusetts Homœopathic Medical Society, of which he was a charter member, and its president in 1863.

Dr. Holt acquired an extensive practice, and was highly esteemed, not only for his professional but for his social, intellectual, and moral qualities. Without neglecting his profession, he took an active interest in politics, religion, education, hygiene, and all subjects pertaining to the welfare of society. A Whig in politics, when that party disbanded, he became a Republican, and served as representative in the State Legislature in 1854.

He was thrice married: in 1840, to Miss Julia Fuller, of Hampton, Conn., who lived but a few months; in 1842, to Mrs. Abby S. Holmes, of Glastonbury, Conn., by whom he had three children, one of whom, Dr. Edward B. Holt, of Lowell, survives him. She died in 1852, and in 1861 he married Mary, daughter of Gen. Richard Dunlap, of Brunswick, Me., and niece of Gov. Dunlap of Maine. By her he had two children; one of whom, a son, is living.

His funeral took place on the Saturday following his death. A large attendance was present, including many of the physicians of Lowell, as well as representatives of the profession from other parts of the State. His presence and well-known form will long be missed from our medical meetings and social gatherings. *

PERSONAL AND NEWS ITEMS.

C. H. FORBES, M. D., has located at Athol, Mass.

S. H. COLBURN, M. D., has removed from Athol to Worcester, Mass.

E. JEANNETTE GOODING, M. D., has removed to No. 205 West Springfield Street, Boston.

SARAH E. WILDER, M. D., has opened an office at her residence, No. 505 Columbus Avenue, Boston.

J. T. PALMER, M. D., has removed his office and residence to No. 294 Congress Street in Portland, Me.

DR. W. WALTERS has removed from Mechanic Falls, Me., to 33½ Market Street, Lynn, Mass.

ON account of the tearing down of the building No. 3 Hamilton Place, Dr. Frederick N. Palmer has removed his office to his residence, Suite 4, Hotel Huntington, Boston.

THE Homœopathic Medical Society of the State of Wisconsin meets at Madison, June 12, 13, and 14, 1883, in joint session with the Western Academy of Homœopathy. First session, Tuesday, June 12, at 3 P. M. Joseph Lewis, M. D., *Secretary*.

THE ninth Annual Convention of the Western Academy of Homœopathy will be held at Madison, Wis., June 12, 13, and 14. By order of the Executive Committee. C. H. Goodman, M. D., *General Secretary*, 2619 Pine Street, St. Louis, Mo.

THE
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VOL. XVIII.

EDITORIAL.

OLD CODE AND NEW CODE.

It is interesting to watch from our quiet standpoint the progress of the strife which was inaugurated somewhat more than a year ago by the adoption of a new code by the New York State Society, and which has been waged ever since between the liberal and the conservative parties in the old school. The field of conflict is chiefly, as yet, the State and city of New York, but, as our readers know, the American Medical Association has had the serenity of its meetings most seriously disturbed by the commencing struggle, and maintains peace this year only by an arbitrary enforcement of silence.

Although the situation has not materially changed since the national society chastised the State society a year ago for its unruly conduct, and shut the doors with offended dignity upon its members, there has still been enough transpire to invite a brief retrospect. After their exclusion at that memorable meeting, some men of faint heart were ready enough to join the conservative party, while their leaders were incited to redoubled effort to restore the old order of things and seek again their place in the association.

The annual meeting of the State society occurred in February last, and the attempt was then made to undo the action of the year previous and to re-establish the old code. The strongest efforts were made to send to that meeting delegates who favored the backward move; but the votes of a majority remained liberal, and the society maintained its stand for another year.

The New York County Society maintained a similar position, and the strongest of the conservative men, who reside in New York City, were thus doubly debarred from the desired fellowship with the association.

Not discouraged by this, however, these supporters of the old code planned, in April last, by a sudden *coup d'etat*, to re-establish their connection with the national body by overcoming the majority in a third society, the New York Academy of Medicine. In a very quiet but effectual way a meeting of that society was "packed," and, by what an opponent described as "a sharp, shameless, political trick," a new by-law was passed to the effect that no one should thereafter be admitted to membership who was known to favor the new code. At the head of this movement was Dr. Austin Flint, Jr.; and success seemed to attend his plan until the liberal men present recovered from their surprise. The president of the Academy, Dr. Fordyce Barker, then gave expression to his astonishment and mortification at such a manner of procedure, denounced it vigorously, and resigned forthwith both presidency and membership. Dr. Roosa followed, then Drs. Agnew and Cushman, and, to stop further resignations, the majority hastily suspended the by-laws and adjourned till October next.

In three New York societies, then, the strife is held only in abeyance, and will be continued next season with renewed vigor. The "old-codists" are already exerting themselves to secure in advance the requisite number of delegates to reverse the action of the State society, while the liberal men have formed themselves into an "Association for preventing the re-enactment in the State of New York of the present code of ethics of the American Medical Association," and have issued to the profession of the State an address entreating them "to give the subject their serious consideration, and to use all honorable and legitimate means" to prevent such re-enactment. In the Academy the October meeting will doubtless be an occasion for testing the real strength of each party, without secrecy or trickery; and for this also preparation is being made, the leaders of the liberal party having withdrawn their resignations and expressed their determination to "fight it out if it takes all summer."

In the mean time the American Medical Association has met again, and has been so managed by those in control that no further action upon the question has been possible this year. Many who attended the meeting were led to suppose that a discussion would occur in regard to revision of the code; but their expectation ended in disappointment. One resolution alone was introduced looking towards such revision. That came from the St. Louis Medical Society, and ends with the following paragraphs:—

“The code has accomplished all it was designed it should, but at present many of its features are obsolete, and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and cannot be repressed much longer. The American Medical Association alone has the right and the power to order a revision; all other medical organizations in affiliation with it can only respectfully ask for it. The time has come when the loud and very soon universal call should be heeded. The excitement and the evil consequences of a schism can be easily averted now, and harmony and fraternal feeling may once more be restored among the members of the medical profession; therefore,

“*Resolved, First,* That the American Medical Association be respectfully requested to appoint a committee of one member from each State, for the purpose of taking into consideration the propriety and advisability of a revision of the code of ethics, and to report thereon at the meeting of 1884.

“*Second,* That the committee be authorized to prepare a code of ethics which, in their view, will meet the wishes of the profession, and submit the same to the meeting of 1884.”

These resolutions were tabled for one year, and nothing more will be heard upon the subject in that quarter until next June. That something further was feared, however, seems evident from the strange action of those in control in refusing seats to all delegates who would not in advance sign a pledge to support the old code without change. Such arbitrary action is hard to interpret otherwise than as a confession of fear and weakness on the part of old-code adherents.

Thus the matter rests for the summer months, and in the fall, and next spring, new developments may be looked for, and, possibly, in other directions than those we have noticed. The position

of the liberal party is so much above that of their opponents, and so much more in harmony with modern progress, that we cannot fail to believe in the ultimate success of their cause. To give an idea of the *animus* of this party, we transcribe in closing a few sentences from their address to the profession :—

“It appears to us to be particularly important to preserve to each member of the profession perfect liberty to decide for himself with whom he shall consult in order to secure the best interests of the sick. The arbitrary rules which have to so large an extent controlled the actions of medical men, and which were originally designed to defeat the efforts of irregular practitioners to gain influence with the community, have signally failed to accomplish the object in view. These rules also have not commanded the respect of intelligent men in other professions. They have been regarded as belonging to the same category as the rules by which the various trades unions have infringed upon the individual liberty of their members, subjecting those who resisted the arbitrary action of the majority to the greatest indignities, pecuniary losses, and even personal sufferings. We call upon all fair-minded medical men to unite with us in freeing the profession from this stigma, and in giving all its members perfect liberty to practise their art in accordance with the dictates of their own consciences, and with the enlightened opinion of intelligent men who are engaged in other pursuits.” §

BURNS AND THEIR TREATMENT.

BY I. T. TALBOT, M. D.

I HAVE recently seen a little child, three years old, who bears upon her leg an eschar of considerable extent, which, the mother informed me, is the result of a burn. Less than a year since a vessel containing hot fat was overturned, and its contents fell upon the left leg. The mother at once removed the stocking and found the burn was principally above the ankle. Extensive blisters formed, especially on the outer part of the leg. These she covered with sweet oil and dredged with flour. She then sent for a physician, who removed this dressing and applied some ointment to the burn. After a few days suppuration ensued, for which carbolic acid in some form was used. The ulceration

became deep and extensive, and, notwithstanding all the *armamentarium medicorum* brought to bear, the last of which seemed to be powdered chloride of lime, to destroy granulations, and which was exceedingly painful, as one can well suppose, it was about two months before the child was sufficiently recovered to use the limb, which will always bear the disfiguring scar. Now a scar in such a place can, of course, be to a great extent concealed; but if it were upon the face, it would be a life-long mortification and serious injury. A wound of this character in any part of the system deserves the greatest care and attention of the surgeon, so that it may be healed in the shortest and most perfect manner possible.

The multiplicity of substances recommended in cases of burns, and the absolutely injurious character of many of them as used by the profession as well as laity, lead me to think that some suggestions in this matter may not be inopportune.

When called to an extensive burn, from which the patient is suffering severely, the first demand on the part of the friends is usually to give relief, while the chief object of the surgeon should be to heal the lesion in the shortest, least painful, and most complete manner, without leaving a scar. If ulceration is avoided, we can usually attain all these desired objects. But if the *cutis vera* is removed to any considerable extent and the part is exposed to the air, suppuration will ensue, and it may be weeks or even months in healing. To avoid this, then, every effort should be made to retain intact, as far as possible, the entire cuticle; and yet in a recent journal some physician has recommended that all pieces of loose skin should be removed, since, as dead and decomposable matter, it soon exerts a septic influence on the wound.

The absurdity of this proposition seems too apparent, and we would only suggest, to make it more complete, that this skin and the rough surface should all be removed by means of a blacksmith's rasp! There is no dressing so favorable to the formation of a new skin as the old one, and by retaining it in its place as completely as possible, and by removing carefully the serum which exudes under it, forming blisters or blebs, the skin may be brought in close proximity to its original position. This, then, should be the first effort of the surgeon. The next thing should be to avoid anything which will dissolve or disintegrate this cuticle; hence all ointments, or greasy substances which require removal, should be avoided. Especially obnoxious is that ancient favorite, linseed oil and lime water, which, while it relieves pain, and, in some slight burns, may not destroy the skin, yet, in those burns of greater gravity, almost always has this fearful effect. Again, too, the application of cotton or similar dressing, where any serum exudes, has this result; it soon be-

comes heating and uncomfortable, and, on removal, the skin will be found so firmly attached that it cannot be separated. It is bound to it as by the strongest glue, and when the dressing is removed the wound is left in a worse condition than at first. The limits of this paper forbid my enumerating a tithe even of the many substances which have been used and recommended in burns. They get their "good character" usually from having been used in simple cases favorable to healing and generally lose them in those of an opposite kind.

What is wanted as a dressing, then, is something which will preserve the skin and hold it intact until the new one has formed; that is, usually, less than one week. After experimenting with a large number of substances I am convinced that there is nothing equal to what I have recommended several times, and which I here repeat, the covering of the burn with *a mixture of equal parts of the white of egg and sweet oil* thoroughly beaten together. If the skin is broken, or displaced, it should be carefully brought to its original position, and, if there is vesication, the serum should be removed by puncturing with a fine needle and applying gentle pressure; then the parts should be freely covered with this mixture, which forms a kind of paste, and, to give greater security, strips of fine muslin or gauze saturated with the dressing may be laid over the wound. This should not be removed till the new cuticle has fully formed and become sufficiently firm to bear exposure to the air. If further vesication takes place under the dressing, the serum should again be removed, as also any pus, if it should form, and then more of the dressing should be applied. If, through motion or other cause, the wound becomes exposed, — and daily care is required to avoid this, — more of the mixture should be promptly applied. The dressing should completely cover and even extend beyond the part injured, and generally by the third day the edges may be trimmed off with scissors, and by from the sixth to the tenth day the whole dressing can be removed, leaving a perfectly formed cuticle without blemish or scar. I can speak with great confidence of this treatment, for, after an experience of more than twenty years with it, in a large number of cases, I have never been disappointed in its results.

A CORRESPONDENT of the *American Register* spoke, in a recent communication, of the *specula* discovered in Pompeii, and now in the wonderful museum at Naples. In a subsequent communication he speaks of the discovery of a more elaborate one in the new excavations. It is what the Italian surgeons describe as a "speculum quadrivalve." The others already existing in the museum are respectively "bivalve" and "trivalve." This last, the "quadrivalve," is exquisitely proportioned, and the whole movement is unsurpassed by the most perfected modern surgical instruments. Dr. Jacobelli, of Naples, has made a study of this latest "speculum" discovery, and is to publish an illustrated article on it in the medical journal, *The Morgagni*. — *Boston Medical and Surgical Journal*.

A TRANSLATION OF THE "ORGANON" CORRECTED.

BY C. WESSELHOEFT, M. D.

DR. MARTIN DESCHERE (*North American Journal of Homœopathy*, May, 1883), having occasion to quote the "Organon," expresses the opinion that Wesselhoeft's translation of Section 13 "is not quite clear," and substitutes his own translation of that section.

Since the publication of my translation of the "Organon," various corrections have been suggested by reviewers, and carefully noted by me for future use; but the corrections proposed by Dr. Deschere are more than questionable, as they render his substituted translation of Section 13 wholly unintelligible.

For the sake of comparison, I subjoin my translation of the paragraph in question:—

"Hence, disease (not subject to the manual skill of surgery), considered by allopathists as a material thing hidden within, but distinct from the living whole (the organism and its life-giving force), is a nonentity, however subtile it is thought to be. It could have originated only in the minds of materialists, and has for thousands of years imparted to medical science manifold deplorable directions, stamping it as an unwholesome instead of a healing art."

This sentence, as translated by Dr. Deschere, reads thus:—

"Disease (not subject to the manual skill of surgery) considered as a material thing, however subtile, separate from the living whole, from the organism and its life-giving vital force, hidden somewhere within, as was thought by the allopathists, is a nothing, a non-entity, which could only originate in the minds of materialists, etc."

Far from having rendered Hahnemann's sentence more intelligible, the proposed substitution has confused it, first by an omission, and then by two palpable errors.

As Hahnemann's sentence is a conclusion following certain premises contained in the preceding section (12), he begins Section 13 with "*daher*," which means *ergo*, or in English, "hence." This has never before been omitted by a translator of this fundamental sentence of Hahnemann.

Further on, Hahnemann is made to say that the organism and its life-giving vital force are hidden somewhere within. Now this may be true; but it is not what the original text says; nor is the faulty construction essentially altered by the comma after "force"; for, according to the unmistakable meaning of the plain German text, that which is hidden within is governed by and applies to *disease as a material thing*, which was thought

by allopaths to be separate from but hidden within the organism. Of course, Dr. Deschere meant to express this; but, with his familiarity with the text, he had not the reader in mind.

The comma above referred to, though it is in the right place, will not necessarily prevent the reader, especially if he never saw the "Organon" before, from connecting the parts of the phrase. While omission of the comma would be wrong, its presence may technically but not unconditionally guard the meaning of the paragraph.

Dr. Deschere's translation contains another obvious error in the sentence, ". . . is a nothing, a nonentity, *which* could only originate in the minds of materialists." (Italics are mine.) This "which" is made to apply to nonentity, while, according to the obvious meaning of the original, it should apply to "disease . . . as a material thing."

I have no doubt that my sentence can be improved; but I regret that the alteration suggested by Dr. Deschere would not mend matters. Accordingly, I append a version of the sentence in plain English form, correct in meaning, as well as in grammatical construction:—

"Hence, it is an absurdity on the part of allopathists to consider disease (not subject to the manual skill of the surgeon), as a material thing, however subtle, hidden within, but distinct from the whole living organism and its life-giving vital force. Such an idea could only have originated in the minds of materialists, and has for thousands of years given to medical science all those deplorable directions, making of it an unwholesome instead of a healing art."

THE MEDICAL JURISPRUDENCE OF CRIMINAL ABORTION.

A PAPER READ BEFORE THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY BY
EVERETT W. BURDETT, ESQ., OF THE SUFFOLK BAR.

THE procurement of abortion, or the premature expulsion of the foetus at such a time and in such a manner as to destroy foetal life and defeat the natural end of conception— or, as it has been more briefly defined, the practice of destroying the foetus *in utero*—may be said to be almost as old as the human race, and almost as universal as the globe. The Jews constituted, perhaps, a solitary exception to the rule among ancient nations; and the practice was denounced by the early Christians. It found a congenial home in Europe during the dark ages of that country's history. It prevails to-day even in the uttermost parts of the earth, and in the islands of the sea. The Mohammedan and the

Christian, the denizen of Europe and the Dark Continent, the East Indian and the Oriental, all offend against the laws of maternal and embryotic life. So universal seems to have been and to be this practice, that, as has been said, "we may well doubt whether more have ever perished in those countries by plague, by famine, and the sword."

This practice — I speak now without reference to cases of special justification, but of the practice generally — has not been, and I suppose is not now, without its defenders. Among the ancients, such sages as Aristotle and Plato gave it their approval. And to-day, while probably no respectable authority can be found to justify the general practice, the conclusion seems warranted that the non-professional public looks upon it with complaisance.

The medical profession, largely responsible for and capable in a degree of exercising control over public sentiment touching this matter, has the satisfaction of being able to assert that Hippocrates, "the father of medicine," pledged his disciples upon their oaths not to practise abortion. And to-day, all codes of medical ethics characterize the practice as a crime, and regard it as ample reason for the dissolution of all fraternal and professional relations with the offender.

Although there are several indications in the earliest of the English law books that abortion was, even in the morning of English jurisprudence, deemed a crime, the opinion is held by excellent authority that abortion, as such, was an offence unknown to the common law. And by the common law, it is doubtless unnecessary for me to say in this presence, I mean the unwritten law, which has been the result of growth and not of legislation,— that system of jurisprudence which has evolved itself out of history and the experiences and necessities of mankind, and has not, like Aphrodite from the waves, been called into instant existence by a "*fiat lux*" mandate. Unlike murder, theft, or adultery, abortion has not been recognized as *malum in se*; it is *malum prohibitum*.

And there is, according to all codes, such a thing as justifiable abortion. The very title of this paper, and of all writings upon this subject, indicates that there are, morally and legally considered, two kinds of abortion, — justifiable and criminal.

To comprehend a rule or a definition fully, one must know its exceptions. To know what criminal abortion is, one must first know when the procurement of abortions is justifiable.

JUSTIFIABLE ABORTION.

There is now but little if any dispute that the justifiable procurement of abortion can have but one aim in view, and that aim *life*. Neither convenience nor sympathy, neither the mother's

request nor the father's acquiescence, neither the assuaging of pain nor the avoidance of risk, justifies the operation.

Where pregnancy will assuredly impair the health, and possibly endanger the life of the patient, cannot the physician choose? It has been asked, "Are the cases always so plain that a man can decide, and may he not balance a choice of evils?" This question is now universally answered with an unbending negative. *Life* is the test; not a mere possibility of danger to life (which possibility exists in every case of pregnancy), but a probability of such danger. This alone is pleadable in excuse of an operation. Some even insist that this probability must be of a high order, and amount almost to a certainty. At any rate, the test appears to be rather increasing than decreasing in severity.

The proposition is generally put so as to allow the life of either the mother or the child to constitute the criterion. But in the records of the Massachusetts Medical Society may be found a resolution of the Fellows stamping with their "disapprobation and abhorrence all attempts to procure or promote abortion, except in cases where it may be necessary for the preservation of the mother's life." Whether this is now the test and standard of that ancient and honorable association, I cannot say; but I think not.

If the true test be the preservation of the life of either the mother or her issue, the question might arise, and under some circumstances become material, whether any discrimination in favor of either life can properly be made. The case of the death of the foetus for the mother's preservation is the usual circumstance; the case of the death of the mother for the well-being of her issue may, I suppose, some time present itself. While, I imagine, a physician would seldom find himself really embarrassed by the decision of such a complication, — his lack of embarrassment working to the serious peril and disadvantage of the foetal candidate for mundane existence, — different views have been expressed by those who were entitled to speak with some authority. Some say, "Who shall judge as to the relative value of these lives? Of the one we know something; of the other it may be said that it possibly contains the germ of one of the world's best and greatest." One author says, "Where one only can by any possibility be preserved, the female may use her right of self-preservation and choose whether her own life or that of her child shall fall a sacrifice." Another author says, "I protest against the notion that we choose which of the two lives we shall save, — a notion as false in theory as it is in practice. No man dare make such a choice, for we have neither the necessary knowledge, nor the right, nor the authority to decide which is the more important life and best worth preserving." Of course "it is the due appre-

ciation of these relative responsibilities (*i. e.*, to mother and child) in difficult cases that distinguishes the wise and experienced *accoucheur*. He preserves a just counterpoise between them so long as it is possible to fulfil both, and recognizes the proper moment when one ceases."

In cases of necessary and, therefore, justifiable abortion, the physician finds himself peculiarly embarrassed. As to the necessity of it, he is the judge; as to the execution of it, he takes the responsibility. Under such circumstances, he runs the further risk of being compelled, at a subsequent time, to *prove* in a court of criminal jurisdiction that the operation was necessary, or in a civil tribunal that it was skilfully and wisely executed. Physicians probably do not have as lively an appreciation as do lawyers of the important distinction between facts and testimony. Facts, whatever they may be, may as well never have existed as not to be capable of proof; while testimony not infrequently is even more serviceable than the facts. This distinction needs to be carefully remembered by the physician who has anything to do with an abortion case. If he finds in a given case that abortion is necessary, he can do himself no injury by obtaining the concurrent judgment of a brother doctor; and if the question of *bona fides* or of skill subsequently arises, the testimony of two good doctors will be just twice as satisfactory as would be that of one, particularly if that one be defendant in the case.

A novel duty, which, I suppose, devolves upon physicians in cases of attendance upon Catholic parents, who believe in the necessity of the baptism of the unborn child whose life must yield to the mother's safety, is the baptism of the presenting part before the life of the foetus is destroyed. Whether or not this custom is by physicians more honored in the breach than in the observance, I cannot say; but I find it stated as a duty owed by all physicians who respect the religious convictions of their patients. Under such circumstances he may, if need be, officiate both as priest and doctor, as the church concedes the right of baptism to a layman *in extremis*. That a legal right of action could not be based upon his neglect or refusal to perform this peculiar duty, or to wait till a priest could be procured for that purpose, is not at all certain. In view of a recent effort in our courts, popularly known as "the image case," to hold a clergyman responsible for mental and physical damage by reason of meddling with the plaintiff's *penates*, one can conceive of a claim for damages to parental feelings by reason of a disregard of the religious conviction above referred to. Such disregard might tend to wound the feelings to such a degree as to affect the health of the parties, for "deeply wounded sensibility and wretchedness of mind can hardly fail to affect the health." Such is the belief of our Supreme

Court, and under such circumstances an action might well be maintained against an *accoucheur* who wilfully and grossly disregarded the feelings and convictions of his patient. But if he but act discreetly, and under a stress of circumstances, and without undue haste or malice, I should not feel inclined to discourage the defence of such an action.

The question has arisen in the case of justifiable abortion, how far the physician is hampered in his action by the expressed desire or command of the mother or her husband. As to whether it is for the mother to say, when *in extremis*, whether her own life or that of her child shall pay the forfeit, has already been referred to. As we have seen, upon that point opinions differ; and I do not know that a court of law has ever found it necessary to determine. But it has been a matter of legal inquiry whether the father has *property* in the fœtus after the mother's death, and can lawfully forbid the attempt to deliver and save the life of the then unborn child. An opinion has been given that he has such property in the fœtus as to entitle him to sue in trespass for the *accoucheur's* act in attempting a delivery against his protest. This view is technical, and its soundness may well be doubted. There are higher laws than those of property. If I rescue my neighbor's child against his protest by jumping into and contaminating the waters of my neighbor's reservoir or cistern, he would find it difficult to collect substantial damages. The question might even arise as to my accountability to the law in case I had neglected my evident moral duty in the premises. If goodman Brown had rescued Betty Hague, famous in song as the mismatched wife of Johnny Sands, against John's protest, and at the cost of a trespass on John's land, I should prefer to be retained by Brown, defendant, rather than by Sands, plaintiff.

Then again, abortion may be the result of accident, in which case it is clear that, so far as criminal liability is concerned, the practitioner is as safe as in cases of justifiable abortion, the reason being that an accident, *ex vi termini*, excludes the possibility of evil design or intent, without which there can be no crime. But this statement is susceptible of one limitation. The law sometimes imputes intent; that is to say, presumes it conclusively. If I discharge a weapon into a crowded street, though I have no evil design upon any of the passers, an intention to do damage is conclusively imputed to me in case of damage. Every man is presumed to contemplate the natural and probable consequences of his acts, and he cannot be heard to say that he intended no harm when harm was the inevitable consequence of what he did. Hence we have in law the doctrine of criminal carelessness.

So, if a physician procure an accidental abortion, which would not have taken place but for his carelessness or his lack of ordi-

nary skill, he ought not to be heard to excuse himself on the plea of accident. Such, strictly, was not an accident: a human act or omission, which ought not to have taken place, intervened to cause a damage which, in the ordinary course of nature, would not have happened.

A physician's civil liability under such circumstances is well determined. Like other professional men, a doctor impliedly contracts with his patient to bring to the exercise of his duties a fair degree of education and skill, and to do his work with such care and in such manner as the circumstances of the case fairly demand. If, therefore, he exhibit a deplorable lack of information, or is plainly lacking in ordinary skill, or is grossly negligent or careless in his methods and treatment, he is justly held to respond in damages for the breach of his implied contract to which I have referred. And in view of the fact that doctors have not yet succeeded, with all their skill, in materially changing human nature as it is exhibited in and by successive generations, and the fact that with human nature as it is, men will now and then not only fail to appreciate the most valuable services, but will condemn them as unworthy and without value, it behooves doctors to guard against the results of such misapprehensions on the part of patients as far as possible. I have already suggested the wisdom of sharing the responsibilities of necessary procurements of abortion with another physician. To secure in advance the same protection in cases of accidental abortions is of course impossible. Here one's habits, education, skill, and reputation must stand in the place of witnesses. And if they be what they ought to be, they will stand him in good stead. Whether an early examination, after the event, by another physician would enable that other to judge and to testify as to the probable circumstances and facts of the delivery, doctors will know better than I. But if so, I again insist upon the sometimes almost vital distinction between facts and evidence, and urge physicians who desire to stand upon the facts to procure as much competent evidence of them as he can.

But I may be reminded that, by the title of this paper, I impliedly agreed to speak of criminal abortion, whereas I have thus far spoken chiefly of justifiable and accidental abortion. But, if so, let me again suggest that a rule is proved and a definition illustrated by its exceptions. How are we to know what constitutes criminal abortion, unless we also ascertain when and what abortions are innocent and justifiable?

CRIMINAL ABORTION.

As I have said, the unlawful procurement of abortion is with us a statute crime. Exactly upon what theory the prohibition

rests, it is not easy to determine. In spite of its until recently bloody penalties, English law has guarded with great jealousy the subject's life. This solicitude is close kindred to the doctrine that the Englishman's home is his castle: any encroachments upon the person or the home are regarded with the greatest rigor. This tenderness for the lives of subjects extends to a period prior to the separation of those lives from the parent life. For many purposes the legal rights of an infant *en ventre sa mere* are as well defined and as jealously guarded as are those of the strongest manhood. It can take property by descent, devise, and under the statute of limitations, and is in other ways recognized as *in esse*. The birth of a posthumous child destroys the father's will in Massachusetts at this day, so far as that child's property rights are concerned, unless a clear intent to the contrary can be gathered from the testamentary instrument.

Such being the law in reference to the property rights of unborn persons, one entering upon the investigation of the subject of criminal abortion would naturally expect to find the law resting upon the same foundation. But such cannot confidently be asserted to be the fact. The life of the mother, quite to the disregard of the life of her issue, seems to be the object of the law's solicitude, while some courts put it thus: "It is not the murder of a living child which constitutes the offence, but the destruction of gestation by wicked means, and against nature." Another characterizes it as a flagrant crime "because it interferes with and violates the mysteries of nature in that process by which the human race is propagated and continued." It is evident that according to these latter views it is not the law's solicitude for either life that lies at the foundation of its prohibition. The prohibition of criminal abortion might, however, be easily made to rest upon the rights of unborn life.

A very early writer quaintly declares that it is "a thing deserving all hate and detestation, that a man in his very originall, — while he is framed, while he is enlived, — should be put to death under the very hand, and in the shop of nature."

A former Catholic bishop of Boston, in a letter to one of the authors of a work on criminal abortion, uses language so forcible and eloquent that I beg leave to quote a part of it.

"The very instant," says Bishop Fitzpatrick, "conception has taken place, there lies the vital germ of a man. True, it is hidden in the darkness of the womb, and it is helpless; but it has sacred rights founded in God's law, so much the more to be respected, because it is helpless. It may be already a living man, for neither mothers nor physicians can tell when life is infused; they can only tell when its presence is manifested, — and there is a wide difference between these two things. At any rate, it is from the first moment potentially and *in radice* a man with a body and soul destined most surely, by the will of the Creator and by his law, to be developed into the fulness of

human existence. No one can prevent that development without resisting and annulling one of the most sacred and important laws established by the Divine Author of the universe; and he is a criminal, a murderer, who deals an exterminating blow to that incipient man, and drives back into nothingness a being to whom God designed to give a living body and an immortal soul."

Of a contrary opinion was a certain wise man of Leipsic (Jörg), who declared the foetus to be "only a higher species of intestinal worm, not endowed with a human soul, nor entitled to human attributes." But this writer, it is believed, stands alone among medical authorities in refusing to recognize, in the abstract at least, the sanctity of foetal life.

But however well agreed the members of the medical profession may be as to the essential sanctity of foetal life, it is not this which animates our laws. I am sorry to say that, frequently, judges and lawyers are but slow learners of the vital truths of science communicated by their brethren of a kindred profession. Witness, for example, at what expense of time, and after what pain and travail, the law has come to recognize that insanity belongs primarily to physical and not to legal science, and that courts ought to sit teachably under the instructions of the medical profession in this matter. And so of abortion. In spite of the agreement of all good minds as to the nature of foetal life, our law largely disregards it. In Massachusetts, where, perhaps, the statute law is more advanced and judicial construction more liberal than almost anywhere else, the disregard of foetal life is shown by the fact that the penalty for attempting or procuring an abortion, in case of the mother's death, is confinement in the State prison for not less than five nor more than twenty years, and in case of her survival, by confinement for not less than one nor more than seven years, and a fine.

But if the eloquent prelate whose language I have quoted correctly states the result of the best thinking, the different degrees of guilt indicated in the Massachusetts statute constitute merely the difference between the destruction of one life or two. And yet, to this view it may be fairly objected that, in case of the survival of the mother and the death of the foetus, it is not at all certain that what would otherwise have become an independent being was destroyed.

Upon whatever theory, however, the prohibition rests, the unnecessary procurement of abortions is forbidden under heavy penalties.

Having sufficiently defined the act prohibited, and stated the limitations of its exercise, I may now appropriately read to Massachusetts doctors the Massachusetts statute. It is embodied in the Public Statutes, being § 9 of chapter 207. It reads as follows:—

“Whoever, with intent to procure miscarriage of a woman, unlawfully administers to her, or advises or prescribes for her, or causes to be taken by her, any poison, drug, medicine, or other noxious thing, or unlawfully uses any instrument, or other means whatever with the like intent, or with like intent aids or assists therein,” shall be punished as hereinbefore indicated.

It will be noticed that the statute is *inclusive as to persons*, comprehending in its prohibitions laymen as well as doctors, “regulars” as well as quacks, friends and relations as well as nurses and assistants.

Whoever administers a drug, medicine, poison, or other noxious thing; *or* uses any instrument, or other means whatever; *or* advises or prescribes such drug, etc.; *or* causes such drug, etc., to be taken; *or* aids or assists in doing any of these things, with intent to procure a miscarriage, is amenable to the statute.

So broad and comprehensive seems to be this enactment that the only question as to persons amenable thereto seems to be this: Is the woman herself within the *descriptio personarum*?

The general phraseology of the statute would seem to indicate that the woman herself is not within its purview. It is aimed rather at those who advise, administer to, or operate upon her, and the aiders and abettors of such persons. Manifestly that portion of its punitive provision based upon the mother's death can have no application to her case. And yet mothers themselves frequently are the guilty parties, sometimes entirely without advisers, aiders, or abettors. They procure the drug or use the instrument; and, if they are not amenable to the law for so doing, the offender goes unwhipped of justice. The present statute law of England expressly makes punishable the attempt of a pregnant woman “to procure her own miscarriage.” And it has been judicially determined in that country that she may be convicted as an accomplice of another person in the crime against herself. But this provision of the English statute is not generally found in the laws of the American States. In this country, owing to the peculiar character of the offence, and with humane consideration for the peculiar temptations of the mother, the law regards her rather in the light of a victim than a criminal; and our courts have, in the absence of plain statutory provision to the contrary, generally construed the laws so as to exempt her from punishment, although she may have performed or consented to the act. But the woman's consent furnishes no excuse to others.

The criminal intent necessary to the existence of the statute crime of abortion is stated in the statute to be to unlawfully “procure miscarriage of a woman.” Express malice need not be proved. If the act had no lawful justification, and was done from any wicked or base motive, it is criminal.

It is to be observed in reference to our statute that the con-

summation of the abortion is not at all necessary to the offence. It is the attempt which is punishable ; and this without reference to its success or failure. If an attempt be made, accompanied with a criminal intent, the definition of the offence is quite fulfilled.

As to the drug or medicine advised, prescribed, or administered, it makes no difference what it is, so long as it comes within the category of "poison, drug, medicine, or other noxious thing." Whether or not it prove effective is immaterial. If prescribed or given with intent to procure miscarriage, and if it be within the general terms of the statute, its use is unlawful. But the administering of harmless substances, with no matter what intent, if they be not poisons, drugs, or medicines, and cannot be characterized as noxious, is not unlawful. In this connection a mistake could easily be pleadable in defence, and ignorant persons, however guiltily inclined, could, under possible circumstances, plead the result of their own ignorance to their advantage. As to the proper test of whether or not the thing administered was noxious, opinions differ. Some say that the test is whether or not it was noxious as and in the quantity used, upon the theory that a drug innoxious in small quantities may yet be noxious as and in the quantity actually administered. Others say that the test should be whether or not the drug be in its nature noxious, without reference to the quantity actually used, or the manner of its use. Those who hold the latter view claim with much force that, granting the evil intent, the administering of a drug in its nature noxious, and which fails of its purpose merely because it was administered in so small a quantity or in such a manner as to be ineffectual to produce the desired result, is an act fully within the statute prohibition.

The instruments, the use of which is prohibited by the statute, are various. They include not only surgical instruments and instruments of skill, but such things as knitting-needles, pen-handles, skewers, goose-quills, whalebones, etc. ; in short, "any means whatever." How wide a meaning this phrase, "any means whatever," will be allowed to have can only be ascertained as individual cases of doubt arise and are judicially determined. It will undoubtedly be held to include the use of sponges, — a practice resorted to in the early months of pregnancy.

In the absence of any statutory provision, the death of a woman as the result of an abortion would render those who performed the operation or administered the drug guilty of murder at common law. The deliberate undertaking of an unlawful operation attended with so much danger to life would be held to constitute legal proof of malice aforethought. The result of the statute, therefore, is to reduce the penalty in case of the victim's death.

Time does not permit any inquiry at this time into the reasons for this change.

I ought here to note the difference between abortion and infanticide. Infanticide is murder. In order that the act be infanticide, the child must have been wholly born alive. Much nicety of argument has been indulged in, and considerable difference of judicial opinion has been expressed, as to whether a child can properly be considered to have been so born before the umbilical cord has been severed. Some have claimed that to have been wholly born, a child must have enjoyed an independent circulation of its own, and that it cannot be said to have enjoyed such a circulation until its connection with the mother had wholly ceased. But Judge Erskine, in England, ruled at *nisi prius*, and he was sustained *in banc*, that if the jury were satisfied that the child had enjoyed an independent circulation of its own (as the surgeons in that case testified it had), they might properly convict its destroyer of murder, even though the navel-string remained unsevered. But as curious and as interesting as the law upon this subject is, we cannot here enter upon its investigation or discussion.

Though the child die without the infliction of any violence after birth, its death may nevertheless lay the foundation for a charge of murder. When a child, though born alive, afterwards dies because of wounds received or drugs administered in the womb, he who inflicted the wound or administered the drug is guilty of murder. And such seems always to have been the better legal opinion. And if the child die because of having been wrongfully brought into the world so prematurely as to render it unable to maintain its separate existence, it is also murder.

There is much learning in the books as to whether allegation and proof that the woman was quick with child was necessary in cases of abortion. Certainly at common law no indictment would lie, even for an assault, if the offence took place with the mother's consent, and before she was quick with child. In the course of the law's progress, however, this distinction has disappeared. Courts have recognized the fact so well stated by Dr. Wharton in his work on criminal law that quickening is the incident, not the inception, of vitality, and indicates neither the commencement of a new stage of existence, nor an advance from one stage to another. It is therefore an incident with no intrinsic value, and is now so recognized.

The Supreme Judicial Court of Massachusetts has gone still further, and has decided that proof of pregnancy is immaterial under our statute. This is the high-water mark of the progress of the law in this direction. In a well-considered opinion, a judge whose knowledge of criminal law is extensive has for our

court taken this decisive step in advance. The case referred to is that of *Commonwealth v. Taylor*, 132 Mass Rep. 261, decided in 1882. I believe there are one or two decisions of other courts to the same effect. Though I have not the citations at hand at the time of writing, I remember that one of them is an English case.

To-day, therefore, the law of Massachusetts is, that the unjustifiable attempt to procure or produce abortion is a criminal offence, not only without reference to the success or failure of that attempt, and without reference to whether or not the woman be quick with child, or whether or not she give her consent, but even in case the woman be not pregnant. The unlawful design, put in course of unlawful execution, fulfils the definition of the act prohibited. Such an attempt is not only a full-fledged moral offence, but, as our law is now declared, it comes fully within the statute prohibition. But if the fœtus be dead within the mother, an operation to remove it is not unlawful.

What is the physician's duty to the law when he is called to attend a woman upon whom abortion has been attempted or performed? Upon this matter time permits me to speak but in the merest outline.

This is a question of morals rather than one of law. The law lays no injunction upon the physician to turn informer, nor does it visit his silence with any penalty; but it behooves him always to prepare himself to state fully and exactly what comes within his knowledge when called upon to do so. Practically, I suppose every physician must judge for himself how far the circumstances of each case justify or require him to reveal to others what he has learned himself. But in any event, he should at the outset endeavor to ascertain not only the physical but the legal character of the operation which has been performed. Let him look closely about the room and scrutinize its contents. Let him note the acts and words of the people in attendance. Let him obtain the woman's statement. If he be satisfied, or has reasonable cause to believe, that a crime has been committed, let him communicate as soon as possible with the proper officers. Meantime, permit nothing to be abstracted from the house or room. If there be a fœtus, preserve it. If instruments or drugs are found, take possession of them. All these things count in a jury trial. Very much sometimes depends upon what may be termed the scenery of a case. A bloody sheet, a sharp instrument, or other accessory, means more than words.

The average jury is not yet so intellectual that object-teaching is undesirable. Unless the woman survive and give her testimony, and even then, the prosecutor must generally rely chiefly upon circumstantial evidence; and this may sometimes be mate-

rially strengthened or weakened by the acts or omissions of those who first come in contact with the circumstances.

Not only may a physician be called as a witness to the facts as he found them to exist when he was called to the patient, but as an expert to explain those facts. This presupposes skill and knowledge on his part. Upon that skill and knowledge, and his power to state the results to which they lead him, much may depend in a trial for abortion. The person accused may allege in defence (1) that no abortion was attempted or procured; (2) that, if there were such an attempt or procurement, it was necessary to save life; or (3) that the abortion was natural or accidental. Upon each of these points the expert physician will be able to give important testimony. Upon his evidence may perhaps depend the answers to the queries whether an abortion was attempted or induced, and, if so, whether it was natural, accidental, or necessary.

Almost the only material circumstance to which his professional knowledge cannot be applied is as to the identity of the defendant. And yet he may be able to give testimony which will have a very material bearing even upon this question, as, for example, whether instruments found in the defendant's possession were or were not adapted to the procurement of abortions, and so forth.

It will, of course, be well to procure the woman's statement as early as can well be done. Curiously enough, however, such statement, even if made when *in extremis*, and just prior to dissolution, cannot be put in evidence. It is not, legally considered, a dying declaration. You may well ask why. Because *death is not the substance of the offence charged*. Such is the legal reason. Were the defendant indicted for wilful murder, the declaration of the victim as to the circumstances of the crime would be admissible, because the cause of her death is the very question at issue before the jury. Not so in abortion. In the latter case, the death is immaterial. It is the attempt to produce miscarriage, and not the victim's death, which is the material issue. The declaration is therefore inadmissible.

It goes without saying that this rule of law is technical. There seems to be a clear and a loud call for a statute amendment to our law in this particular, by which the dying declarations of women upon whom abortions have been practised may become admissible in evidence.

The practice of abortion is said to be rapidly increasing. To support this proposition some facts are adduced which are very striking, whether or not they bear out the conclusion. In France, where the natural proclivities of the people are not popularly supposed to be inimical to the multiplication of the human species,

it is said that the number of births does not increase at all, while the ratio of living births is constantly and rapidly diminishing. It is also asserted, I believe, that the increase in the population of Massachusetts is entirely due to immigration and the increase of the foreign elements; that the native population is at a standstill. In this connection the statistics of several Massachusetts towns which have been settled for more than two hundred years, and which are therefore valuable for purposes of vital statistics, are somewhat startling. From these statistics it appears that the average size of Massachusetts families has been steadily decreasing. Taking six generations in succession, these facts appear: That the average number of children per family in the first generation was between 8 and 10; in the second, third, and fourth generations, between 7 and 8; in the fifth generation, about 5; and in the sixth generation less than 3. But I am glad to say that these figures are now some fifteen years or more old. The true explanation of them is largely a matter of conjecture.

In a report of a special committee of the Michigan State Board of Health to that body in 1881, occur these words:—

“To so great an extent is this now practised by American Protestant women, that, by calculation of one of the committee, based upon correspondence with nearly one hundred physicians, there come to the knowledge of the profession seventeen abortions to every hundred pregnancies; to these the committee believe may be added as many more that never come to the physician’s knowledge, making 34 per cent, or one third of all cases ending in miscarriage; that in the United States the number is not less than 100,000, and the number of women who die from its immediate effects not less than 6,000 per annum.”

These figures may be exaggerated, but the fact suffices that this great evil exists to an alarming extent among us, and is undoubtedly increasing. The question is, what are we going to do about it?

I believe that a great, and thus far an almost wholly neglected, duty devolves upon the *press* in this particular. That journal or that writer that will take up this matter in earnest, publishing what ought to be published, and dispelling in some degree the black cloud of ignorance and indifference which now befores the popular view, will render to mankind a service hardly second to that of any of the world’s great philanthropists and reformers.

And again, a great duty devolves upon the Protestant clergy in this connection. Let them make the offence as rare in their churches as it is among Catholics, and the reform will have been substantially accomplished.

Upon the medical and legal professions, also, there devolves a large responsibility. Only by their concerted action can much good come out of this Nazareth. The general public is too igno-

rant and too tolerant of the crime to make itself felt upon this subject, either in the family, the courts, or the Legislature. My view is that the bench and the bar should sit teachably at the feet of the medical profession in reference to this matter. Let the physician not only exert his moral influence in the homes of his numerous clientage, but study this whole subject with that religious thoroughness which its importance demands, and then *compel the attention of his legal brethren*, of whom it should be demanded, in due course, that the results of the experience and research of the medical profession should be properly embodied in our laws, and those laws thoroughly and fearlessly executed in our courts.

A CASE OF TRAUMATIC ANEURISM OF THE FEMORAL ARTERY.

BY HORACE PACKARD, M. D.

[*Reported before the Surgical Section of Boston Homœopathic Society.*]

MR. B —, a young man employed in the manufacture of cathedral windows, one day ran a sharp piece of glass into his right thigh. It was done in this wise: much of his time was spent sitting at a bench, cutting out pieces of glass and adapting them to each other. He allowed the waste pieces to fall into his apron. While stooping to pick something from the floor, he brought his legs together, and drove the sliver of glass through his apron, pants, and drawers, deep into his leg. An immediate gush of blood followed, saturating all the garments on that limb. Amidst the excitement incident to such an accident, one of his associate workmen had the presence of mind to tie a handkerchief above and below the wound, thus effectually checking the hemorrhage. In this condition he was sent to his home, and a physician was immediately summoned, who strapped the wound securely. The external wound healed by first intention, but a painful throbbing swelling remained. Poul-tices were generously applied, with the hope of "bringing it to a head," but without result, save a slight amelioration of the pain.

Fourteen days after the accident, the case came under my care. The patient was pale and weak from loss of blood, as well as from loss of sleep from excessive pain. An examination of the wounded limb disclosed an elongated tumor, situated toward the inner side of the anterior aspect of the right thigh, and occupying the middle third of the distance between the groin and knee joint.

On palpation the tumor was found to be semi-fluctuant, and

transmitted to the hand a distinct and rhythmical pulsation, the latter ceasing entirely on deep compression of the femoral artery as it passes over the brim of the pelvis. On auscultation a muffled murmur and puffing sound were transmitted to the ear. The diagnosis of "Traumatic Aneurism of the Femoral Artery" was made and the patient informed of the condition, as well as the necessity for an operation.

On Thursday, Feb. 8, the patient was etherized, and, with the advice and counsel of Drs. Talbot and Boothby, and the assistance of Drs. Hammond and Weltz and two of the students of Boston University School of Medicine, the operation was performed as follows:—

Deep pressure was applied to the femoral artery in the groin until pulsation ceased in the tumor. An incision was then made through the integument, five and one eighth inches in length, in the course of the artery, extending diagonally over the tumor from above downwards. The superficial and deep fasciæ were successively divided on the director, exposing the great sartorius muscle, which was drawn aside with the retractors. The next incision penetrated the tumor, which was immediately freely opened up from end to end, and the contents, consisting of clots and fluid blood, rapidly turned out. On sponging out the wound the artery was plainly visible coursing along the floor of the cavity, and from a ragged aperture in its wall blood was freely oozing. The end of the forefinger placed lightly over the aperture effectually controlled the hemorrhage while the sheath of the artery was opened, silk ligatures passed around, and firmly tied both above and below. On again sponging out the cavity a slight oozing was still observed, which, on further examination, was found to come from a small arterial branch, which left the main trunk between the points of ligation and very nearly opposite the aperture. A ligature placed about that also effectually stopped all hemorrhage. The wound was closed, with the exception of a distance of about an inch at the most dependent portion, through which a drainage tube was inserted. The Lister antiseptic method was strictly followed in the operation and subsequent dressing. Suppuration was profuse until the ligatures came away, but without odor. The temperature reached 102° on the third day following the operation, and the pulse 120°. From this time onward they both gradually fell, till on the fifteenth day they were normal.

On the thirty-first day the patient was discharged, the wound being entirely healed, with the exception of a single point, from which a few drops of colorless serum exuded. In ligation of the femoral artery in its middle third, the collateral circulation must establish itself through the profunda and its anasto-

mosis with the articular branches of the popliteal, unless there be a bifurcation of the main trunk below the profunda, only four cases of which are at present on record.

In this case the new channels adapted themselves to the blood current with wonderful rapidity. Six hours after the operation the limb had assumed its normal temperature, and no trouble was experienced in that respect thereafter.

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

THE thirtieth annual session of the above-named society was held in Pythian Hall, Concord, on Thursday, May 17th, the attendance being large, and the chair being occupied by the president, Dr. George W. Flagg, of Keene.

In the absence of the secretary, Dr. J. H. Gallinger, of Concord, was elected secretary *pro tem*.

The Board of Censors made their annual report, and on their recommendation Dr. George A. Martin, of Lisbon, and Dr. H. S. Davis, of East Canaan, were elected to membership.

The president delivered an exceedingly interesting and instructive address, which was discussed by Drs. Rogers of Plymouth, Chase of Concord, Davis of Canaan, Gallinger of Concord, Bailey of Manchester, Ellis of Nashua, and Styles of Manchester.

Reports from committees were next called for, and those on Epidemics, Clinical Medicine, and Surgery responded, the report in each case being followed by an animated discussion, participated in by a large number of the members.

The society dined at the Phenix Hotel, after which the following officers were elected:—

President.—Dr. C. C. Ellis, Nashua.

Vice-Presidents.—Drs. E. Morrill, Concord, T. Rogers, Plymouth, and A. C. Alexander, Fisherville.

Secretary.—Dr. J. A. Wrisley, Manchester.

Treasurer.—Dr. Geo. A. Campbell, Manchester.

Librarian.—Dr. B. F. Bailey, Manchester.

Censors.—Drs. J. H. Gallinger, Concord, W. E. Keith, Franklin Falls, Joseph Chase, Jr., Concord, George W. Flagg, Keene, and George F. Roby, Lake Village.

The following resolution, offered by Dr. Gallinger, was adopted:

Resolved, That we are gratified with the work done by the State Board of Health during the first year of its existence, and trust that the policy of the Legislature may be one of liberality toward the Board, to the end that the people of New Hampshire may be instructed on the important questions relating to health.

Dr. Chase, of Concord, presented the following resolutions, which were adopted:—

Resolved, That we are unalterably opposed to the repeal of the law regulating the practice of medicine and surgery in New Hampshire, and desire to have it enforced without fear or favor.

Resolved, That Dr. J. H. Gallinger be continued as a committee of this society to represent before the Legislature our views on this subject.

The following report was presented and adopted :—

WHEREAS, We have learned with sorrow of the decease of Dr. Charles I. Lane, of Concord, be it

Resolved, That in his death the New Hampshire Homœopathic Medical Society has suffered the loss of one who promised much, who was an earnest student in all branches pertaining to medicine, and who had proven himself an efficient physician and a kind friend.

Resolved, That we have lost a co-worker in the ranks of homœopathy who cannot well be spared, and who at each meeting will be missed as a friend gone before.

Resolved, That a copy of these resolutions be spread upon the records of this society, be sent to the friends of the deceased, and published in the Concord *Daily Monitor*.

C. C. ELLIS,
A. C. ALEXANDER,
B. F. BAILEY,
Committee.

The matter of a semi-annual meeting was left to the officers, after which the society adjourned.

REVIEWS AND NOTICES OF BOOKS.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE, AND NASO-PHARYNX. By Carl Seiler, M. D., Lecturer on Laryngoscopy at the University of Pennsylvania, etc. Second edition, thoroughly revised and greatly enlarged, with seventy-seven illustrations. Philadelphia : Henry C. Lea's Son & Co. 1883.

The publishers of the above work offer to the medical profession, who desire to obtain the most recent information in regard to throat diseases, a valuable volume of two hundred and ninety-five pages. The use of this book, so far as the medical treatment is concerned, will be confined to the school of which the author is a representative, and no doubt will be considered a valuable acquisition. So far as its surgical advice is concerned, all schools, we feel sure, will recognize its novelty and usefulness. The book opens with the usual reference, of all of this nature, to the history of the laryngoscope, followed by illustrations and explanations of the various methods of illuminating the larynx and nares. Enough anatomy is given for the reader or student to readily refresh the memory of the structure of the parts to be examined and treated. That portion of the book referring to laryngoscopy contains nothing especially new, except a valuable record sheet, duplicates of which may be

obtained of the author. This sheet contains, in the right-hand margin, an outline of the fauces, larynx, posterior and anterior nares, and a section of the nasal passage, so that a correct record of the case may not only be written, but the exact portion marked where the disease was located.

In the department of rhinoscopy we have evidently the most recent inventions and suggestions appertaining especially to the surgical treatment of nasal deformities. The operation for deviation of the nasal septum, if practicable, will not only relieve the persons operated on from difficult nasal breathing and deformity, but their friends and the community at large of their unfortunate appearance. In cases of bony obstructions of the nares, Boneville's dental engine or the electric motor, with drills, burrs, and shields, is recommended as a means for their removal. The book, on the whole, is worthy of a faithful perusal, and will be a valuable addition to the physician's library.

D. G. W.

BRAIN REST. By J. Leonard Corning, M. D. New York : G. P. Putnam's Sons. pp. 103.

The author of this short treatise on brain rest begins by a reference to the article by Herbert Spencer in the *Popular Science Monthly*, in which he comments upon the excessive degree of nervous activity which has become so characteristic a feature of modern civilization, especially in this country, and asks, "How is the evil to be adequately met?" He thinks it is impossible to do so on account of competition. The so-called "spirit of the times" is something against which it is quite hopeless to combat with any very great degree of success; but, on the other hand, he says it is possible for the individual to so adapt himself to his environments that disaster may be successfully defied. Sleep is, of course, the best restorer, and sleep during the night, though short, he declares to be more refreshing than a much longer period after daylight. He goes on to tell how to avoid insomnia; and his classification of this subject into idiopathic and symptomatic seems rational.

In his treatment of insomnia he lays particular stress upon the use of the bromides, and advocates pushing them, even to the extent of producing bromism if necessary, more particularly in that form of insomnia which is the precursor of great mental disorder.

He mentions all the other hypnotics with more or less favor, and praises very highly warm and hot baths and electricity. In the last two remedies we can agree with him fully, but consider all the others worse than useless, even dangerous. s.

OUR MISCELLANY.

TRICKS OF OPIUM HABITUÉS. — “Did you see that man who just went out?” asked a Grand Street druggist (*New York Sun*). “He came in about half an hour ago, with his arm in a sling and his hand bandaged, and asked for a pound of flaxseed for poultice. Then he ordered some slippery elm. Next I put up an ounce of laudanum for him. He kept me running from one end of the store to the other for ginger, potash, soap, and Florida water. While I was in the back of the store I happened to look in the mirror there, and saw my customer take the wrapper from the bottle of laudanum and drink off the ounce. When I got back to the counter he asked me how much his purchases came to, felt in one pocket, and then another, and finally told me that he had left his money at home, but would leave the parcels, and send his little boy around for them in half an hour. I asked him what had become of the laudanum? Finding that he was caught, he owned up. He said he had played the same trick many times. He could not get along without opium, he said, and sometimes had no money to pay for it.” — *American Medical Weekly*.

THE DOCTOR'S CLOTHES. — It is related of the late Prof. Skoda that he was invited to dinner at court one day, and went directly from lectures in his ordinary dress, which was not over-clean. Upon being reminded that his costume was not what etiquette expected, he answered that he would go home, if they wished, and send his frock-coat to dine. This anecdote has been much quoted as showing great wit and independence of spirit on the part of the late professor. It may be looked at, however, from quite another point of view. Society very quickly classes persons who do such acts as boors, and justly finds as much vanity as independence in their parade of slovenliness. Skoda's example was a bad one. The doctor has two rules which should guide him in his dress. It should be neat and unobtrusive. He should neither flaunt himself in unconventional garments nor aim at being the glass of fashion. Uncleanliness and slovenliness are crimes in a sick-room. The day has long passed when the physician attempts anything like a professional cut to his clothes. In the last century, the physicians were men of learning, and posed themselves as such. The wig and the gold-headed cane proclaimed the doctor a man of medical skill perhaps, of medical erudition certainly; now the doctor is a man of the world. He studies human nature and his patients rather more than his authorities. In his dress, therefore, he should ally himself with those whom he meets. Eccentricities are not tolerated now, except among the aged, who have won the right to do as they choose, and still claim respect. — *The Medical Record*.

A SUCCESSFUL CASE OF TRANSFUSION. — A case was reported in the Obstetric section of the British Medical Association, by Dr. William Walter, in which transfusion apparently saved life after severe post-partum hemorrhage. The patient was confined with her second child, and the physician did not reach her till ten minutes after the expulsion of the child and the placenta, the labor having lasted only two hours. On his arrival the condition of the patient was most critical; she lay in a pool of blood, her face deadly pale, and her pulse scarcely to be felt. Her abdomen was distended with an enlarged uterus, that reached almost to the ensiform cartilage. Not a moment was lost in firmly grasping the fundus uteri, and in resorting to the ordinary means of checking hemorrhage, including the free administration of ergot; but no contraction ensued until the hand had been introduced into the interior of the uterus, and the clots which filled the uterus thoroughly removed; and these, when lifted into the chamber-utensil containing the placenta, completely filled that vessel. The uterine contraction was soon followed by dilatation, with a return of the hemorrhage; and for an hour contractions and dilatations followed one another at short intervals, with repeated recurrence of hemorrhage. During this time, pressure over the fundus was maintained, and occasionally the hand was reinserted into the cavity of the uterus, and the organ manipulated bimanually.

Finally, permanent uterine contraction was secured, but the patient was *in extremis*, unconscious, with scarcely perceptible respiration, and the pulse only to be felt at intervals. Transfusion was at once decided on, and performed as soon as practicable, the patient's mother furnishing the blood. Only four ounces had been withdrawn from

the latter when one of the medical attendants reported that the patient appeared to be dead. Without further delay these four ounces were defibrinated and injected into the vein, which, from its collapsed condition, had been found with difficulty.

In from ten to twelve minutes all the blood (nearly four ounces) was injected, and the patient's arm bound up. Almost immediately respiration became distinctly visible and audible, without the recurrence of any dyspnoea; the pulse at the same time returned to the wrist; and, in course of a quarter of an hour, the insensibility gave way to consciousness, and she was able to recognize her friends. Her convalescence was steady and uncomplicated; and within a month she was able to walk out of doors.

It is noted incidentally that the mother, from whom the blood was taken, and whose menstrual period was due in two days, did not menstruate that month, though otherwise always regular. — *Boston Medical and Surgical Journal*.

TORSION OF ARTERIES. — At Guy's Hospital, the London correspondent of the *Boston Medical and Surgical Journal* says all the surgeons use torsion to the exclusion of ligature, except in very small vessels, wherein it is difficult to isolate the vessel from muscular fibres. They give a very large statistical showing in its favor. He has seen every kind of amputation there except of the hip-joint, and never a ligature applied to a large vessel. They use no transverse forceps, but seizing the cut end of the vessel with strong forceps, twist it until it is felt to "give way," that is, the two inner coats break. He has often seen six and sometimes ten complete turns given to the femoral artery. Mr. Bryant said: "Doctor, theoretically the twisted end ought to slough off, but practically it never does. We have to talk to our students about secondary hemorrhage, but we do not show it to them." Mr. Lucas told him that for a long time they have ceased to dread or look for secondary hemorrhage. — *Chicago Medical Review*.

THE TREATMENT FOR A COLD. — Dr. Graham, of London, says that it is not a correct practice, after cold is caught, to make the room a person sits in much warmer than usual, to increase the quantity of bedclothes, wrap up in flannel, and drink a large quantity of hot tea, gruel, or other slops, because it will invariably increase the feverishness, and, in the majority of instances, prolong rather than lessen the duration of the cold. It is well known that confining inoculated persons in warm rooms will make their small-pox more violent, by augmenting the general heat and fever; and it is for the same reason that a similar practice in the present complaint is attended with analogous results, a cold being in reality a slight fever. In some parts of England, among the lower order of the people, a large glass of cold spring water, taken on going to bed, is found to be a successful remedy; and in fact many medical practitioners recommend a reduced atmosphere and frequent draughts of cold fluid as the most efficacious remedy for a recent cold, particularly when the patient's habit is full and plethoric. It is generally supposed that it is the exposure to a cold or wet atmosphere which produces the effect called cold, whereas it is returning to a warm temperature after exposure which is the real cause of the evil. When a person in the cold weather goes into the open air, every time he draws in his breath the cold air passes through his nostrils and windpipe into the lungs, and consequently diminishes the heat of those parts. As long as the person continues in the cold air, he feels no bad effects from it; but as soon as he returns home, he approaches the fire to warm himself, and very often takes some warm and comfortable drink, to keep out the cold, as it is said. The inevitable consequence is, that he will find he has taken cold. He feels a shivering, which makes him draw nearer the fire, but all to no purpose: the more he tries to heat himself, the more he chills. All the mischief is here caused by the violent action of the heat. To avoid this, when you come out of a very cold atmosphere, you should not at first go into a room that has a fire in it; or, if you cannot avoid that, you should keep for a considerable time at as great a distance as possible, and, above all, refrain from taking warm or strong liquors when you are cold. This rule is founded on the same principle as the treatment of any part of the body when frost-bitten. If it were brought to the fire it would soon mortify; whereas, if rubbed with snow, no bad consequences follow from it. Hence, if the following rule were strictly observed, — when the whole body or any part of it is chilled, bring it to its natural feeling and warmth by degrees, — the frequent colds we experience in winter would in a great measure be prevented. — *Scientific American*.

A LOW TEMPERATURE. — Upon the 19th of December, 1882, the "city physician" (Dr. F. A. Hubbard) and myself were called to one of the police stations to do what we could for a man who, under the influence of alcohol, had lain out in the

cold for many hours. When first seen, the only signs of life were superficial respiration and a weak, fluttering action of the heart, no pulse being discernable at the wrist. The usual means were at once applied to bring about reaction, these consisting of flagellations over the entire surface of the body, hot blankets, hot bottles, and the subcutaneous injection of *Digitalis*, *Atropia*, and *Strychnia*. We managed also to administer a few drops of *Ammonia spiritus arom.* by mouth. Some time after being brought in, a thermometer was placed upon the axilla, which, after remaining the usual time, did not register, being graduated only as low as 95°. Upon this another thermometer, graduated from 90°, was placed in the rectum, and allowed to remain ten minutes, after which the mercury remained at such a distance below 90° that, judging by the spaces between the marked degrees, it is safe to say that the thermometer registered the rectal temperature at 85°. That the thermometer was acting is shown by the fact that the mercury rose upon being held in the palm of my hand. Upon testing the instrument it was found nearly correct. At the time the temperature was taken the pulse was intermitting, weak, and thready, and when countable, at 140. In reality, the patient was in that condition where life and death hang evenly balanced. Stimulants keeping the heart at work, there was a gradual gain in heat, and twenty-four hours afterward the patient was able to take his departure. — *N. Y. Medical Times*.

A VICE-PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION ON ITS CODE. — *The Medical Record* publishes the following extract from the late presidential address before the Minnesota State Medical Society of Dr. Alexander J. Stone, now vice-president of the American Medical Association: "The code, since its final adoption, has apparently been laid upon the shelf by the side of the family Bible, to be treated with almost as much reverence, to be read quite as seldom, and to be quoted only when its provisions enable one to discipline a rival, or to exclude him from the benefits of professional affiliation. A judicial consideration of the code forces a conclusion that much which it contains is gratuitous insult to the profession, and, more, is rather calculated to amuse than to impress with respect, to the mind of the layman. There is not a clause or sentence in the first two articles which is not absolutely true; but should the self-evident truths contained in Art. I. be held constantly before the physician as if by nature he was a brute, who was to be taught the ordinary laws of humanity; a fool, who must be taught wisdom in the management of his patients which instinct alone would inculcate; a knave, who must be withheld from empiricism; or a man without the instincts of a gentleman? Granted that men enter the ranks of the profession to whom the epithets of 'fool,' 'knave,' or 'clown' apply, of what value are the platitudes concerning brotherly love, or of what good is a formulated code defining the relations of medical men to the public or to each other? Among gentlemen such a code is unnecessary; among pirates it only serves to foster a cat-hauling hostility; as between a gentleman and a pirate, any difficulty which may arise is not to be satisfactorily settled by a reference to any code, because the standpoints from which each looks at matters differ too widely; nor are the penalties which the code imposes such as to deter a real rascal; nor is that unsovereign body, the medical profession, able to enforce its laws rigorously." — *Med. News*, April 7, 1883.

TO RESTORE COLOR. — When color on a fabric has been accidentally or otherwise destroyed by acid, ammonia is applied to neutralize the same, after which an application of chloroform will, in almost all cases, restore the original color. The application of ammonia is common, but that of chloroform is but little known. — *Scientific American*.

OBITUARY.

ERNST BRUNO DE GERSDORFF, M. D.

DIED on Thursday, June 28, 1883, at the residence of his brother-in-law, Dr. G. S. C. Choate, in Pleasantville, N. Y. He was born in Eisenach, Germany, July 18, 1820, and was the son of August von Gersdorff, one of the ablest and most respected members of the court of Saxe-Weimar, where he filled the position of a judge for fifty

years. Dr. de Gersdorff was educated at Jena, and graduated in medicine at Leipsic in 1846. Partly because of the political troubles of the time in his native country, and partly because of the deep love he felt for republican institutions, he came to this country immediately after his graduation. His father was a warm friend of Samuel Hahnemann, and at one time young De Gersdorff's life was saved through Hahnemann's skill and care. Naturally his professional attention was turned toward homœopathy, and he became an earnest student and practitioner of that system. When he reached this country, he first settled at Bethlehem, Pa., where, after remaining a few months, he came to Boston, and through the influence of Hon Alpheus Hardy he was induced to settle in Andover, Mass. Here he practised till 1849, and then went to Salem, where he built up a large practice and was deservedly popular. While in Salem he married Miss Caroline, daughter of the late Dr. George Choate. In 1865 he left Salem, and after spending nearly two years in his native country settled in Boston, and made this city his home up to the time of his death. Dr. de Gersdorff occupied many prominent positions. When the Boston University School of Medicine was established in 1873, he was called to the chair of pathology and therapeutics, and held the position at the time of his demise. He was an influential member of the Orpheus Society, and was possessed of unusual accomplishments in music and art. Death was caused by carcinoma of the lungs. The disease first developed itself about a year ago after a severe professional exposure. It appeared on his tongue, but was successfully removed by surgical operations. Up to within a few weeks of his death he attended to his professional and collegiate duties, but about two weeks ago he went to Pleasantville for a season of rest. He leaves a widow and two sons. His funeral was held on Monday afternoon, at two o'clock, at the Arlington Street Church, Boston, and he was buried at Harmony Grove Cemetery, Salem.

Before the funeral services members of the Faculty of Boston University School of Medicine, of the Boston Homœopathic Medical Society, and of the Massachusetts Homœopathic Medical Society assembled in the vestry of the church. Dr. I. T. Talbot, dean of the Faculty, addressed them as follows:—

Associates in the Faculty of Boston University School of Medicine:—

For the first time since our organization, now more than ten years ago, do we meet, deprived of the wise counsel and unable to take the warm hand of our honored associate and esteemed friend, Prof. de Gersdorff. Four weeks ago to-day, almost at this very hour, he was with us and performed his last official act in the signing of the diplomas of the class of 1883. Though we all felt a saddened and depressed feeling as we looked at his pale face and felt that disease, which in the last year has seized upon him, was soon to make greater havoc with his noble frame, yet none of us looked for its termination so soon. From that moment he declined rapidly, and quietly sank to rest last Thursday.

It is impossible at such a moment as this for us to express our sense of loss at parting with one whose noble nature, cultivated by education and favorable surroundings, had not only greatly endeared him to us, but had made him so important a part of our Faculty, as he was likewise of our community. In all his collegiate duties, whether as professor in the important chair of pathology, which he so honorably and successfully filled, as counsellor and member of the executive committee, which has had the care and direction of the college affairs, and whose prudent management has largely contributed to its success, on the examining board, which guarded the door of admission against unworthy applicants, or on special committees, Prof. de Gersdorff, with a mind single to the welfare of the school, forgetting self, devoted his best energies to the faithful performance of whatever was assigned him to do. In all his work, in all his relations with his associates and the world, he bore an honor unstained, an integrity ever abiding. His loss we shall long feel, his memory will be ever precious. Let his noble example incite us to greater effort and the more faithful performance of all our duties. May these flowers which we affectionately place upon his casket be a speaking emblem of that beautiful life which continued fresh and vigorous even to its close!

Prof. Conrad Wesselhoest presented the following sentiment and resolution, which were unanimously adopted by a rising vote:—

Death has removed our dear friend and colleague from us, creating in our midst a void and in our hearts a grief which time will not conquer. We shall miss his wise counsel and genial presence whenever we shall meet in days to come to debate subjects he held sacred in common with us. The chair of the successful teacher is

vacant ; the sufferer from disease will wait in vain for his physician. A friend has gone, but the memory of his love, unclouded even by a shadow, shall survive to comfort us.

Resolved, By members of the Faculty, of which the dear departed was a member, and by his colleagues here assembled, that these sentiments of love and sorrow be communicated to the family of the friend who has gone before us.

Dr. J. Heber Smith, in seconding the resolution, said : —

Words flow not at such a time as this, but thoughts come welling up of him who was with us but yesterday and who was to us a tower of strength. Born of a noble family, whose motto was *noblesse oblige*, his whole life bore evidence that true nobility carries with it obligations of honor, integrity, and usefulness.

Dr. John L. Coffin, president of the Boston Homœopathic Medical Society, was called to the chair and, on taking it, said : —

This occasion brings to us no ordinary loss. As one who was educated under the teachings of Dr. de Gersdorff, I have ever felt for him profound respect and gratitude. He impressed upon us all a sense of patient research and exact statement, which my later years of practice have fully verified. As president of the Boston Society, I know I express the sentiment of each and all its members when I say that my heart is filled with the greatest respect for the noble man, as well as honor for the eminent scholar, whose loss we mourn to-day. I feel that some one more intimate and more a contemporary and colleague of Dr. de Gersdorff could speak to you far better than myself.

Dr. Walter Wesselhoeft spoke of the brave and sterling qualities of Dr. de Gersdorff, of the courage and determination with which he met difficulties, and his broad and liberal views, which kept him free from party spirit and egotism. His devotion to his professional principles was the result of singularly clear and deliberate convictions, and proved true under the most adverse circumstances. The speaker recalled a characteristic incident. Once, when under extreme discouragement, he had himself spoken of withdrawing from the societies and school, Dr. de Gersdorff said to him, in an impressive tone never to be forgotten, "This is no time to withdraw : duty forbids." His sincerity, direct even to bluntness, none of us who knew him well could doubt. His directness could never wound, as he never sought contention. An earnest seeker for medical truth, he was never afraid or ashamed to sustain it, however unpopular it might be.

Dr. Henry E. Spalding, president of the Massachusetts Homœopathic Medical Society, was invited to preside and said : —

The sudden and unlooked-for death of Dr. de Gersdorff strikes in the hearts of each one of us responsive chords of sympathy and sorrow. As a member of our society, in whatsoever position he was placed, he performed his duties with credit and honor both to himself and to the profession. As a society we shall miss him in our gatherings and deliberations ; as physicians we shall miss him as a judicious and skilled counsellor, and sick ones will look in vain for their faithful and trusted physician. As a man and a friend, he commanded our fullest respect. If he sometimes showed a natural disposition bordering on brusqueness, we knew that there was a warm heart back of it all, and that his acts were the impulse of honest convictions, the justness of which we ourselves could generally recognize. Taken for all in all, we can but feel that one has dropped from our front ranks whose place will not be easily filled. The mystery of this dispensation, all-wise though it be, we cannot fathom. Words are idle and too weak to express the feelings of our hearts. This gathering of his associates speaks more than words can tell of our respect for him ; and the silent hand grasp tells our deep sorrow.

Dr. H. L. Chase said that though his relations with Dr. de Gersdorff had never been of an intimate character, yet he had always felt great respect alike for his learning and his integrity. The loss to the profession is great, and his place must long be vacant.

It was then unanimously

Resolved, That the Massachusetts Homœopathic Medical Society and the Boston Homœopathic Medical Society heartily indorse the sentiments and resolution adopted by the Faculty of Boston University School of Medicine, and unite with them in extending to the family and friends of Dr. de Gersdorff their most cordial sympathies.

ELIPHALET CLARK, M. D.

EVERY community has its prominent men and central figures. Such was the position occupied by Dr. Eliphalet Clark in the city of Portland, Me., and in relation to the history and practice of homœopathy in Maine. Dr. Clark may be said to have had his attention turned favorably towards homœopathy earlier than any other member of the profession in the State.

He was born in Strong, Maine, in 1801, and was educated at the Farmington Academy. He attended lectures at Bowdoin Medical School, and was graduated therefrom in 1824. He began the practice of medicine at Wilton, Maine, but removed to Portland in 1830, where he built up a large practice. His attention was soon after attracted to homœopathy, and he read whatever he could find upon the subject. In 1836 he began to make some experiments with crude drugs upon the healthy human body, and obtained some valuable and suggestive symptoms from *veratrum viride*. In 1839 he accepted the principles laid down in the "Organon," but he was not publicly known to have any connection with homœopathy until 1840. He became a member of the American Institute of Homœopathy in 1846, two years after its organization, and was for many years a constant attendant upon its meetings and active upon its working committees.

During the early part of his professional life he devoted much time to surgery, in which he acquired considerable distinction. He possessed an unusually active mind and excellent judgment. He was a good observer, with great force of character to execute what he deemed right. He took a deep interest in religious matters, having joined the Methodist church in 1819, and during his long life occupied many positions of honor and trust in connection with the church, with educational institutions, and with projects of a public character. He served for many years as trustee of the Maine Wesleyan Seminary at Kent's Hill; also of the Methodist Biblical Institute at Concord, N. H., until it was merged into the Boston University School of Theology in 1869. He was an earnest Republican, and had strong political opinions, but he persistently refused to accept any political office, though frequently urged to do so. He was the projector of the Portland horse-railroad and its first president, and at the time of his death was president of the Portland Steam Packet Company. He gave generously to many objects, some of which he remembered through his legacies.

During many years he was afflicted with chronic capillary bronchitis accompanied by tubular dilatation. Acute pneumonia followed a slight exposure, and, after a short illness, on Friday, June 8, 1883, he passed away at the ripe age of eighty-two.

*

PERSONAL AND NEWS ITEMS.

DR. J. A. WRISLEY has removed to Nashua, N. H.

DR. CHARLES L. SEIP has located at Middleboro, Mass.

DR. A. F. STORY has removed from Lynn to 597 Dudley Street, Boston.

DR. SUE A. WHITE has removed from Chicago to 24 Acade Street, Utica, N. Y.

TEN dollars is offered for a copy of Hahnemann's "Organon," translated by "Dudgeon." Address Mr. C. T. Hurlburt, 3 East 19th Street, New York City.

DR. ASA D. SMITH has removed from No. 672 Broadway to No. 660 Broadway, South Boston.

DR. L. M. Kimball has removed from 407 Columbus Avenue to Hotel Falmouth, corner Columbus Avenue and West Canton Street, Boston.

PROF. J. S. MITCHELL has retired from the presidency of the Chicago Homœopathic Medical College, a position which he has held since the college was established. He was presented by the Faculty with handsomely engrossed resolutions expressing their appreciation of his labors and their "respect and affection for him as a man, a physician, and a teacher of medicine."

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EDITORIAL.

THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

IN five years from its opening, in 1871, this hospital outgrew its original building with fourteen beds in Burroughs Place, and removed to a new building with forty beds. The change then was very great, as well as satisfactory, and the space seemed ample. But another five years passed and more room was required. The larger number of surgical cases which came here needed more and better facilities, while many medical cases could not be received. The hospital had land enough, but no funds for building an addition. An appeal was made to the public for funds, and \$50,000 was stated as the amount required. A year, yes, fifteen months, had gone by, and brought only \$10,000 into the treasury for this purpose. At this rate, five years more must pass before the hospital could make the addition without incurring a debt, which has always been its abhorrence. It is no wonder that some of its most devoted friends felt wearied and discouraged at the prospect. But suddenly, like unto the bow of promise set in the clouds to encourage faith and good works, a friend appeared, unsolicited and unwilling to have the world even know his name, who in a moment laid down the \$40,000 to complete the required amount. Hope realized took the place of hope deferred, doubts and fears vanished, and at once preparations were made for the erection of the new wing to the hospital.

Plans were prepared by Messrs Allen and Kenway in the most careful manner, so as to combine the greatest amount of convenience and comfort. The building will be joined to the present

hospital on the south side, toward East Concord Street, and will be 82 x 42 feet, with room for between fifty and sixty beds. With the exception of the executive and culinary departments and laundry, which will be in the present building, this wing will be in itself a complete hospital, and will, with those in the present hospital, provide nearly one hundred beds. These will enable the hospital to better arrange and classify its inmates. Already the excavations have been made and the piles are being driven for the foundation. The work will be pushed forward with the greatest dispatch, although it will probably be a year before it will be ready for occupancy. We must congratulate the trustees as well as the homœopathic physicians of New England on the rapid growth and prosperity of this much-needed institution. *

THE HOMŒOPATHIC LEADER.

A NEW journal bearing this name comes to us from New York, and is evidently the organ of the college in that city. Its mechanical execution is exceedingly neat, closely resembling that of the *Hahnemannian Monthly*,—nothing more need be said, since that comes very near perfection. The bad taste of publishing a journal which appears only once a month in newspaper style must be apparent to the great majority of readers; nor can this fairly be excused on the ground of economy. Another pleasing feature in this new venture is its evident literary ability, which by good rights ought not to provoke comment; it should be expected as a matter of course. Among our now very numerous journals however, at least one or two are so absolutely shocking, from a literary standpoint, that there is reason to rejoice that we are spared a new infliction. After a very fine photo-micrograph by Rockwood of a large, waxy cast, which is shown very distinctly, and a happy little salutatory in verse by the poet Helmut, come some interesting articles, most of which we have not space to notice. We particularly desire to call attention to two however, "Notes on the Bacillus Tuberculosis" and "The Aspect of the Germ Theory," not that they contain anything original, but that they simply express the common-sense views of men of ability on a subject which is being discussed at present all over the world undoubtedly more than any other. Although of course

it is not as yet absolutely proved beyond contradiction that consumption is a contagious disease, and that Koch's bacillus is capable of reproducing it under favorable conditions, still the great majority of the ablest pathologists all over the world now believe that this is the most probable supposition, and only a little more confirmation is needed to make this supposition a demonstration. Out of the large mass of periodical literature which has appeared on the subject within a year or two, the first article we have called attention to presents the most important facts in an exceedingly condensed form, and will well repay perusal. It will be remembered that soon after the announcement of Koch's discovery, one Dr. Schmidt, of New Orleans, hastened to acquire a little notoriety by publishing in all the newspapers his discovery that Koch's bacilli were only fat-crystals. This announcement was heralded with joy by those of our *confrères* who did not like to believe the new doctrine. It was soon proved, however (and Schmidt has since acknowledged his error), that the two men were talking about two different things. The correction did not gain the same publicity as the assertion, as it was not so startling. It will also be remembered that Dr. Gregg, of Buffalo, a man of many wild vagaries, made himself even more ridiculous by asserting that the bacilli were only fibrine fibres. Curiously enough this soon became the war-cry of a few of our impulsive but unreflecting colleagues, who argued thus strangely: Koch is an allopath, Gregg is a homœopath; therefore we must support the homœopathic view that tubercle bacilli are only fibrine fibres. This was quite enough for those who like to get their thinking (as they have their washing) done for them, and who get their pathological views second-hand from some supposed "authority." Homœopathy is true; Gregg is a homœopath: *ergo* Gregg's fibrinous views are correct. Silly as this seems, thus baldly put, it was evidently the conclusive argument with more than one of our editors, and with not a few of the auditors or readers of Gregg's papers. Koch and others have successfully answered all objectors; and it is perhaps unnecessary to add that all the world now believes in the existence and possibility of detection of the tubercle bacilli, the only difficulty of any account now remaining being whether they are the cause of consumption or consumption of them.

The general tone of the new journal with regard to our great homœopathic principles we feel sure will meet the approbation of the vast majority of our constituency. While evidently not countenancing such absurdities as bottle-washing and fluxion potencies, nor the disgusting nosodes, nor any other morbid excrescences of our system, it yet clings to the support of our vital principles, unwilling to surrender to the fawning smiles of our opponents what it would not to their threats. It is not ashamed of our distinctive name, *homœopathy*, which we cannot surrender till the leaven has permeated the whole lump. In this respect it is quite unlike a few of our New York brethren, who, flattered by the willingness of some of their allopathic colleagues to consult with them "or any other quacks," have, in a moment of weakness, so far lost their manliness as to toady to them, and to try to solicit their smiles by renouncing the word *homœopathy*, and by resigning their membership in *homœopathic* societies. As an index to the position of our welcome contemporary, we desire to quote the following paragraphs, suggesting that the "abolitionist" simile is a very happy one.

"All history shows that men cannot fight for a principle which has no name, while the moment that a body of men assume a definitive name, that moment their strength is tenfold increased. . . . We take it that there is too universal a belief in the homœopathic law, too general a use of it in the practice of homœopathic physicians, too firm a consciousness that neither its belief nor its intelligent use pertains to any considerable number of old-school practitioners, too sure a knowledge that the only way to propagate a truth distasteful to its opponents is by fighting with a banner, too honest a faith that when homœopathy has been fully developed and simplified an ordinary man will seldom need to go to other resources,— which now as ever he claims the perfect right to do, — for us just now to forsake the name which is compelling the world to listen to the truths of scientific therapeutics. Not, we think, till this war is over, will the homœopathist be ready, like the abolitionist of former days, to give up that by which he is known, and for which the world respects him." ¶

CHANGE OF NAME.

THE great central city of America, Chicago, gives to the world a new monthly journal, the *Medical Era*, making the third journal of our school, now and henceforth to be regularly published in that city. It is enterprising, interesting, newsy, and well printed, even though it has the wide page and double column. We wish it a long and useful life. But we were amused at its editorial, "Shall we change the name?" in other words, "Shall we cease to be known as Homœopaths?" Now it is not altogether amusing that such a question should be asked, for have not our anti-homœopathic brethren — they do not like to be called allopaths, which means something — denounced us and abused us not because we believed in homœopathy, not because we practised it, but because we let the world know that we both believed and practised it? Have they not a thousand times told us that if we would only drop the name, — better still, if we would denounce it, — and proclaim that they had always been right in denouncing it, why then the olive branch should be extended to us, arms should be opened wide, and the return of the "prodigal son" or the finding of the "long-lost brother" should be as nothing to the joyous demonstrations to be made in our honor? That then we might believe in and practise homœopathy as much as we pleased, secretly? That they would consult with us and allow our patients to pay them fees, openly? Now, with all these brilliant suggestions before us, it was not amusing or even strange that the momentous question should be asked.

Nor were we amused because the editor answered "No!" It would not have amused us if he had added, "A thousand times no!" for this would at once shut off the aforesaid brilliant prospects of falsehood and self stultification. But what did amuse us was the astonishment of the editor of the *Era* that no discussion was indulged in, not even a ripple of disapprobation went over the homœopathic assemblage at Niagara when the "stalwart form" of the "genial Guernsey" proclaimed that "next year he would offer a resolution changing the name of the American Institute of *Homœopathy* to the American Institute of *Medicine*." Did either the editor or Dr. Guernsey expect that such a proposition from such a source would produce an explo-

sion which would shake the old Institute to its very foundations? If so, they were both greatly mistaken. As soon should we expect, if the "genial" man of a circus were to come into the ring, light a match, and cry out "fire," to see the audience spring from their benches and the fire-engines play upon the unlucky wight. Such proceedings might be "amusing," but hardly compatible with the dignity and character of our Institute and its coterie of one hundred seniors.

We trust that we have due respect for the age and attainments of Dr. Egbert Guernsey. We are sure that his wisdom is accepted and looked up to by his numerous patients; that his political influence has served us good stead in the matter of the Ward's Island Hospital, and that he may be of great service in aiding us to secure our rights and the respect to which our principles are entitled. But this latter can never be attained by denying or concealing those principles, or, like Peters, Phillips, and Ringer, meekly soliciting any crumbs which may chance to fall from allopathic tables as a reward for such vilification.

But "fools are not all dead yet," and, though we are sure that Dr. Guernsey has too good sense to attempt to execute a threat made in a moment of excitement, still there may be some one who will do it, and, if so, we are equally certain that it will be disposed of as summarily as it deserves.

No! While the majority of hospitals, colleges, public institutions, the army and the navy continue to forbid entrance to our principles, which, nevertheless, have been making steady progress for three quarters of a century, it is no time for us now to show the white feather or to turn our back upon those principles. Near the close of the Revolutionary-war there were men who, tired of the struggle, were willing to make peace with the enemy if their own safety could be assured. Such men were called traitors, and, had they succeeded in their designs, the very name of the United States would have been blotted out, our country would to-day hold no more influence among nations than Canada now does, and the progress of liberty throughout the world would have been turned backward. So too with homœopathy, founded on eternal truth, if, with success perched upon our banners, we trail them in the dust; if we surrender our name and deny our faith for the sake of membership in societies

with which we cannot affiliate, and for consultations which we do not want, we shall indeed be traitors to our trust, and our names will rightly be "a hissing and a byword to all coming generations."

The *Era* tells us that "discussion involves doubt, and doubt means indecision." But there was no discussion, there is no doubt, there will be no indecision if the question arises.

Our pathway is clear. We have only to follow where duty leads; to be true to our principles; to study and adhere closely to the "law of cure"; to improve and enlarge each one his individual practice; to increase our hospitals and dispensaries, and to perfect our colleges till they shall become the best in the world. By such means, patiently continued, homœopathy shall come to mean throughout the world, as it now does with us, all that is best in medicine. Then it will be a mere matter of taste and not of principle, whether we shall say the American Institute of Homœopathy or the American Institute of Medicine. *

THE HOSPITAL AT VIENNA.

BY L. H. KIMBALL, BATH, ME.

[*Read at Augusta, June 5, 1883.*]

HAVING recently received letters of inquiry from parties intending to take a trip to Europe for the purpose of medical study, perhaps I can do no better, as chairman of the Bureau of Clinical Medicine, than to give you an idea, as far as possible, of the methods of instruction and advantages for practical work which are offered at that great centre of clinical medicine and surgery, the Hospital at Vienna, where I had the pleasure of spending the winter of 1881 and 1882.

Vienna itself is an attractive city, and is destined to become one of the handsomest of the capitals of Europe. Many public buildings of great magnitude and beauty are now in process of construction, and their completion will make it a truly royal city. London and Paris alone, it is claimed, exceed it in population.

It is about forty-eight hours' continuous ride from London and thirty-six from Paris, so that within a fortnight you may lock your office door behind you and enter the gates of the Allgemeine Krankenhaus, or General Hospital at Vienna. The lectures and the clinics are of course all given in the German, so that a partial knowledge of that language is essential to the full appreciation of them. It is advisable to do the preliminary

work with the German grammar at home, and then plan to devote six or eight weeks of hard work to the German alone, before entering upon a full course of lectures at the hospital. By that time, one should be able to get a very satisfactory idea of the lectures. Many indeed attend lectures from the very first, trusting to their previous knowledge of the subject and their powers of observation alone. In this way they imperceptibly acquire quite an extensive medical vocabulary of German words.

One should be ready for work in the hospital about the middle of the fall. At that time, on arrival at Vienna, there may be found at the Anglo-Austrian Bank, at the Hotel Metropole, at the Hospital, and at the consul's, Gen. Weaver's, — a very fine gentleman, by the way, — advertisements of rooms to let, and of *pensions*, or boarding-houses, situated in the vicinity of the Hospital. Do not think Vienna an inexpensive city in which to live, or you will be disappointed. Students who have boarded in New York pronounce it even more expensive than that city. There are a number of good boarding-houses near the Hospital, at which a bachelor may live for from seven to ten dollars a week, according to location and size of room. Many students, however, hire rooms and take their meals at restaurants, and thus live at somewhat less expense.

The Hospital itself is an immense structure, consisting of nine courtyards, most of them quadrangular, surrounded on every side by a two-story stone building, all of which is devoted to hospital uses. It can accommodate some three thousand patients, and cares for some thirty thousand or more annually.

The number of births run up to twenty-five or thirty thousand each year. I have seen five delivered within one hour in one of the lying-in wards alone.

There are but two entrances to the Hospital, one in the first and one in the ninth court, in each of which a fur-enveloped porter greets you with a gruff "Guten Morgen" or "Guten Abend," as you pass in each morning or out in the evening. The other courts communicate with each other by means of archways. It seems almost like a small city in itself, and makes one feel rather desolate when he enters it alone and wanders from one court to another, not knowing just how and where to make a beginning. It takes some time to become thoroughly acquainted with the geography of the place. It abounds, however, with American physicians; so that a new-comer soon begins to feel at home, and learns from them how to take up the routine of daily work in the Hospital.

There were perhaps one hundred or more American physicians in Vienna at the time I was there, besides many of other nationalities, including English, Scotch, Irish, French, Italian, Russian, Danish, Swedish, Brazilian, and Japanese.

The Hospital affords the broadest latitude possible in opportunities for the special study of the different branches of medicine. The lectures are given in a series of courses on each particular branch of study, each course lasting from four to six weeks, and costing from six to twenty dollars,—perhaps eight to ten dollars, on an average. On the expiration of one course, another is immediately begun, and the same ground covered as in the former one.

Many of the courses have to be repeated a number of times before a person feels that he is satisfied with his knowledge in that particular line of study, as in the examination of the throat with the laryngoscope, or of the eye with the ophthalmoscope; and many branches, too, are subdivided, so that two or three courses are required in order to cover the whole subject. On the eye, for instance, there is one course on diseases of the fundus and the use of the ophthalmoscope, another on diseases of the external eye, and still another on the operations of the eye. In surgery there is one course on fractures and dislocations, and two other distinct courses of operations on the cadaver.

In obstetrics there is one course in the examination, vaginal and abdominal, of the woman before delivery, another on operative obstetrics, and another of practical work in the lying-in wards.

In this way you can very readily conceive of its becoming a very considerable item of expense, when one is taking from four to six courses each day. Notices of these courses are posted at the entrances, and at other conspicuous places, so that each student can select and map out his line of study as he pleases. The lectures are given by the professors and their assistants.

Beneath many of the notices may be found names with which we have become somewhat familiar, as Billroth in surgery, Braun in obstetrics, Hebra and Kaposi on the skin, Neumann on syphilis, Bamberger on physical diagnosis, Schrötter on the throat, Arlt, Stellwag, and Jaeger on the eye, and Politzer and Gruber on the ear. The work is, as I have intimated, entirely clinical and intensely practical. And it is just here that Vienna offers opportunities and advantages far in advance of anything on this side of the water. The public sentiment of this country, so much more sensitive and enlightened than that of poor and ignorant Austria, would cry out against any such use and exposure as the patients in the hospital there are subjected to. They seem to regard them as so many animals, and do with them as they wish, regardless of what we would call the proprieties. In syphilis, for instance, the male patients are brought forth as nude as they were on the day they were born, and passed around from one member of the class to another for personal examination.

The female patients are made to assume the dorsal position, and then are exposed as freely as the men. In diseases of the skin, it is the same, as far as may be necessary.

In obstetrics, there is the so-called "touch course," one of the most valuable to be had. It is limited to four students, each one of them having an opportunity every day of examining a number of patients in various stages of pregnancy, from the seventh month up to the very time of delivery. The examination is vaginal, to determine the condition of the vagina, cervix, and os, the diameters of the pelvis and presentation, and abdominal, to determine by palpation the position of the head, back, and feet, and by auscultation the location of the foetal heart. Then there is the operative course in obstetrics, in which each student has an opportunity of personally performing the various operations liable to be called for in obstetrical practice, such as turning, use of the forceps, craniotomy, etc., a phantom or a cadaver with a dead foetus being used for this purpose.

There is also the course in the lying-in ward itself, where each student has patients to watch over and deliver, under the supervision of the physician in charge and the nurses.

In surgery, each student performs on the cadaver all the operations included in the course, such as ligations, amputations, resections, etc.

In physical diagnosis, each student has a patient assigned to him every day, and is given ample time in which to make a thorough physical examination of the case, in order to make a diagnosis.

In this way he becomes familiar with the different phases of heart and lung diseases especially, and also with abdominal and other and rarer forms, among which I remember especially a floating kidney and an aneurism of the aorta. In gynecology, there is the same opportunity for practical work in making examinations and forming diagnoses.

There are particularly excellent advantages for the study of the eye and its diseases, as the Hospital affords no lack of material for practice in the use of the ophthalmoscope, and all the operations are taught on the cadaver or on the eyes of animals. This latter operative course one can take to better advantage, I found, by making special arrangements with one of the assistants for a private course. It costs somewhat more, but is far more desirable, as all the time and material is devoted to you exclusively.

From this short sketch of some of the branches of study, you can form a general idea of the practical nature of the instruction and the character of the work done.

There was one person who frequently accompanied Prof.

Braun in his rounds through the obstetrical wards, who, I noticed, was treated with the utmost deference and respect by the physicians, assistants, and nurses.

After I had elbowed my way in beside him a number of times, in order to get a good view of what was going on, I learned that he was no less a personage than an arch-duke of Austria, Carl Theodore, a brother of the empress. His royalty was not patent to our democratic American eyes till after we had been told who it was we had been so unceremoniously jostling for some little time. He was a physician, devotedly fond of his profession, it was said, and was awarded the place of honor by Prof. Braun in a case of ovariectomy and craniotomy, which he performed under the professor's watchful eye.

Having already intruded so long upon your patience, I will report no clinical cases, but will give way to some of my colleagues on the Bureau, who have kindly informed me that they would have something ready to present at this time.

HYSTERO-EPILEPSY. — A CASE.

History. — Miss M. P——, aged twenty-two, states that four years ago she caught cold at the menstrual epoch, which was the beginning of her invalidism, and that previously she had been stout and healthy. She soon began to have nervous spells of a hysterical character, occasionally by day, and semi-monthly attacks of convulsions occurring always during sleep. She would bite her tongue, froth at the mouth, and get blue in color, and after awaking would retain no memory or knowledge of the attack. She was habitually dyspeptic since her invalidism, and would often vomit the ingesta. Vesical tenesmus and frequent urging to urinate prevailed. Obstipation, which was habitual, had no doubt been promoted by drugging, by the use of a variety of powerful nervines and purgatives. Had been for about two years under the treatment and direction of one of the experienced and popular gynecologists of the day, without important benefit.

Uterine Signs and Pathology. — My first examination of this case disclosed excessive tenderness and considerable enlargement of an extremely anteverted womb; uterus readily reducible to normal position by the sound; leucorrhœa copious, very offensive to smell, and evidently proceeding from the whole endometrium; Chronic metritis and endometritis were diagnosticated, and regarded as probable sources of the morbid nervous phenomena.

Treatment. — My conduct of this case covered a period of one year, and was devoted mainly to local efforts to reduce the uterus to a normal position and a healthy function. Such efforts included the use of the cold, wet, abdominal compress, local

Faradization and frequent replacement of the womb by the sound, sometimes holding it partially retroverted for several minutes. When the local symptoms became sufficiently ameliorated, a Thomas anteversion pessary was placed, and worn pretty constantly for four or five months, until its presence became manifestly a cause of more irritation than benefit. The womb was now reduced in size, but the uterine catarrh and vesical tenesmus continued unabated. During the use of the pessary, the recurrence of convulsions was modified in kind, and they were less frequent.

It now seemed especially desirable, to reach the source of the uterine catarrh, to treat the endometrium locally. *Iodoform* was chosen as the remedy. It is made easily available in these cases in the shape of long, conical, gelatine pencils, charged with two to five grains of the drug, and conveyed to the uterine cavity by a sort of hollow uterine sound or pistol, armed with a wire piston to eject the pencil. The presence of these pencils of *iodoform* invariably caused severe uterine colic, which was every time successfully relieved by a full dose of *morphia*. One of these pencils was placed in the womb at intervals of three or four days, until as many as ten had been employed. Only partial results were at once apparent. But on ceasing to apply the *iodoform* and stopping the *morphia*, the patient began rapidly to improve. She gained rapidly in flesh, convulsions and all hysterical nervousness disappeared, vesical tenesmus became *nil*, the odious uterine catarrh abated, and the patient now regards herself as about well. It is nearly four months since treatment was discontinued, and during that time patient has had no convulsions nor spasms of any kind. She has gained fifteen pounds in weight.

I have had gratifying success with *iodoform* in other cases of uterine catarrh. One notable case was a fœtid leucorrhœa accompanying acute retroflexion. It may be proper to state that uterine pencils adapted to these and other cases are very neatly and reliably prepared by Chas. L. Mitchell, M. D., 9th and Race Sts., Philadelphia, Pa.

I am a firm believer in the homœopathic uses of medicine, but, in these cases of mechanical obliquity and extreme local disease, local treatment may be very wisely called into action.

A. DEVOE.

REPORT OF DR. DE GERSDORFF'S LAST SICKNESS.

THE autopsy of Dr. de Gersdorff was held on Monday, July 2, he having died on the preceding Thursday. It was conducted by Dr. Talbot, assisted by Drs. C. Wesselhoeft, Kennedy, and Packard. The body had been packed in ice, but it was evident that *rigor mortis* still continued. The face was slightly œdematous, marked puffiness under the eyes, indicating the extreme dyspnoea under which he labored before death. There was general emaciation, which had been very rapid in the last few weeks. The intercostal spaces were normal and the chest generally resonant, though slightly dull over upper portion of right lung. On section, the muscular tissue was found firm, with very little adipose; lungs remarkably free from pleuritic adhesions; slight effusion — less than two ounces — in right pleural cavity. In the upper and middle lobes of right lung, there were numerous masses of carcinoma, varying in size from one half-inch to three inches in diameter. They were irregularly rounded, sometimes two or more united, but usually with apparently healthy lung tissue between. The lungs were unusually pale, without any appearance of inflammation or congestion. The left lung was apparently healthy, except a small spot in upper lobe, about the size of a hen's egg, which was quite firm, and on section resembled the nodes in right lung, but darker and more congested. The bronchial mucous membrane had no abnormal appearance. The heart, liver, stomach, spleen, kidneys, and, in fact, entire abdominal viscera, presented an unusually healthy condition for a person sixty-three years old. The tongue, from which an epithelial growth was removed last November, showed a healthy eschar without any appearance of the former disease.

Dr. de Gersdorff had been a man of more than usually good health up to August, 1882, when, in a severe and protracted case of labor, — which required instrumental delivery, it being the hottest night of the season, the thermometer ranging above 90° in the room; — he became greatly over-heated and exhausted. Subsequent exposure to the night air brought on a chill. He immediately went to Magnolia, by the seaside, where for some weeks he suffered from pulmonary plethora, unattended by inflammation. The uncomfortable feeling continued in his chest even after he was able to be out again, and the soreness on the left border of his tongue, which he had felt for some months, and had attributed to the sharp edge of a tooth, rapidly developed into a tumor of the size of an almond. This was removed by Dr. Butler of New York, by means of the galvano-cautery, as more likely to prove a radical cure than simple excision. He suffered intensely from the swelling of the tongue, sloughing, dysphagia, and dyspnoea,

which followed, but in six weeks the wound kindly closed, and in January he resumed his professional duties, which he continued till June, though he constantly felt the irritation in his chest. He purposed to take a good vacation, and looked hopefully to complete recovery; but from that time his disease rapidly progressed.

The following extract is taken from an interesting letter of Prof. J. W. Dowling describing the condition of Prof. E. B. de Gersdorff when first seen by Prof. Dowling, on June 17, 1883, at Pleasantville, N. Y., and from that until his death:—

“I found him much prostrated, although not confined to the bed. He was suffering from a harassing cough, with slight expectoration of tenacious muco-purulent matter. He complained of pain in the infra-clavicular region of the right side of the chest, inability to take a satisfactory inspiration, great exhaustion on taking the slightest exercise, want of appetite, and sleeplessness.

“*Physical Examination.*—Patient comparatively well nourished. No marked change in the color of the skin from the normal. Tongue comparatively clean, and the eyes bright. Breathing at the rate of twenty-five respirations to the minute, superficial, and the chest movements decidedly more marked on the left side than on the right. No movement whatever of the upper portion of the right side of the thorax on inspiration. Marked depression of the supra and infra clavicular regions of the right side, also of the supra-scapular region of the same side. In other respects, the confirmation of the thorax was normal.

“*Percussion* revealed an area of positive flatness in the supra-clavicular and supra-scapular regions of the right side, with dulness in the infra-clavicular and scapular regions of the same side. Below these regions, and over the entire left lung, there was normal pulmonary resonance. Cardiac liver and spleen, dulness normal, and the abdomen normal to palpitation.

“*Auscultation* revealed tubular breathing at the apex of the right lung. Below, anteriorly and posteriorly, in the infra-clavicular and scapular regions the breathing was feeble, and the expiratory murmur decidedly prolonged. About the angle of the right scapula I found fine crepitation. They were the only *râles* I could detect, and below these regions the breathing sounds, although feeble, were nearly normal. The respiratory sounds over the entire left lung were pure, but somewhat exaggerated. The heart-sounds, although feeble, were normal, and the apex was found in the fifth interspace to the right of the left nipple line. His pulse at my first visit was one hundred and ten, his temperature at noon 99°.

“I was aware of the fact that the doctor had suffered during the winter previous from a cancer of the tongue, which had been re-

moved. If it had not been for the knowledge of this fact, I should have given a favorable prognosis; for there was nothing in his condition at that time, so far as physical signs indicated, to warrant great anxiety.

“The depression at the apex of the lung was evidently owing to shrinking of the lung, and I believed this condition to be the result of an old interstitial pneumonia, probably accompanying the bronchitis from which he had suffered during the winter. The prostration, however, was out of all proportion to the amount of existing pulmonary inflammation; and, as every other organ seemed healthy, I naturally suspected a carcinomatous deposit, as giving rise to the signs I discovered in the upper lobe of the right lung below the clavicle.

“The symptoms and physical signs all pointed to *phosphorus* and *bryonia* as his remedies. I prescribed them, feeling confident, if no malignant disease existed, he would derive benefit from them.

“I saw him again on Tuesday, June 26, nine days having elapsed since my last visit. For a week his condition had remained about the same, although his nights had been more comfortable. But on Sunday, one week from my first visit, while sitting in a chair, he was suddenly seized with intense dyspnoea, the breathing was rapid and superficial; his pulse rose to one hundred and twenty a minute, but there was no elevation of his temperature. This dyspnoea, although not so violent at times, had continued, as had the rapid heart's action. I found the doctor at 7 P. M. on Tuesday evening propped up in bed, he being unable to lie down on account of the difficulty in breathing. His respirations were about thirty to the minute, and his pulse one hundred and thirty. The thermometer left five minutes under the tongue registered 101°. Breathing seemed to be performed entirely with the left lung, and his face wore an exceedingly distressed and anxious expression (characteristic of carcinoma of the lung). The physical signs, upon a searching examination, were about the same as at my last visit, excepting that the entire right lung seemed to be infiltrated, evidenced by the dulness on percussion and the remarkably feeble and tubular breathing sounds. There was a strange absence of *râles*, which was almost unaccountable, considering the signs of pulmonary engorgement and exudation. The expectoration was slightly tinged with blood at this visit. He was terribly exhausted, and had become somewhat emaciated since I had last seen him. He gradually sank, and died on the following Thursday. His brother-in-law, Dr. Geo. C. S. Choate, whom he was visiting, and whose kindness and attention to the doctor were most marked, in writing to me of his death, says: ‘After your last visit, no new symptoms

appeared, but the dyspnœa steadily increased and his strength constantly failed. He complained little of pain, and his cough was less troublesome.' On the day previous to my last visit, I had obtained a specimen of the doctor's sputum for microscopic examination. The result of my examination was negative. The sputum was simply muco-purulent; it contained no evidences of ulceration of the lung, for there was no elastic lung fibre and no blood, and there were no evidences of carcinoma. After a careful consideration of the doctor's case, I have come to the conclusion that his disease and the cause of death were cancer of the lung, the deposit in the lung being a secondary development."

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ON MEDICINES IN CONSTIPATION.

BY ALFRED C. POPE, M. D., LECTURER ON MATERIA MEDICA AT THE LONDON SCHOOL OF HOMŒOPATHY.

(*Monthly Homœopathic Review.*)

CONSTIPATION, or inactivity of the lower bowel, is a symptom commonly present in various forms of disease. When it is so, it must be considered when prescribing, together with the other symptoms which collectively form the expression of the entire morbid process at work. Thus, it is usually present during acute disease, during fevers of a sthenic type, and not infrequently does it constitute one element of many chronic disorders. In all these cases it is not an individual symptom, however important it may appear, that must direct the choice of the medicine, but the *totality* of the symptoms. It is the entire disease that we must endeavor to cure, not merely one phase of it.

At the same time, constipation does in some instances arise from causes which it is not easy to discover. It occurs in cases where it is difficult to detect anything wrong, save that the bowels act irregularly or with difficulty; cases where this irregularity or difficulty represents the only complaint the patient has to make, the only departure from health of which he is aware. In the majority of such cases the constipation has been induced by sedentary habits, a want of sufficient exercise, the more or less frequent use of aperients, and by neglect to respond to the ordinary calls of nature.

In these instances the lower bowel has, either from undue excitement or want of use, from an overloaded state of it having been permitted to continue, become torpid; the muscular structure has lost more or less of its contractile power. Such cases very frequently come under the notice of the homœopathic physician. When thoroughly established, this lost power is often difficult to restore. Patients of this type have usually been to

numerous physicians, with the only result of having the aperient mixture and pill varied, and the changes rung on the numerous mineral waters which are advertised for sale. In no case can cure be looked for from the use of drugs of this class. They, one and all, increase the weakness of the intestine. The relief they give is by the production of diarrhœa, not by the cure of the condition constituting the morbid process giving rise to constipation.

In few forms of disorder has homœopathic treatment shown better results than it has in cases of this kind; and yet we occasionally meet with medical men, who, instead of carefully examining the pathogenesis of the medicines calculated to cure them, fall back upon a mineral water or some mild aperient. Such practice is to be deprecated. It is slovenly, to say the least of it, and it does not give the patient the advantage he has a right to expect when he consults a physician who is presumed to practise homœopathically.

I propose, therefore, to review, as briefly as I can, the action of some of the more generally useful medicines in cases of constipation resulting from chronic inactivity of the lower bowel, and to point out the indications for their selection.

Of such medicines the most important are *nux vomica*, *sulphur*, *bryonia*, *lycopodium*, *plumbum*, *alumina*, *opium*, and *collinsonia*.

Nux vomica is so frequently indicated as a remedy in cases of which constipation is a prominent symptom, and the success which has followed its use in this very common form of disordered health has been so great, that to give it in constipation has become almost a matter of course. It is not, however, a remedy in all cases, and this routine method of prescribing it must tend to discredit its power in any case.

It is in the constipation which forms a part of the nervous, hypochondriacal dyspeptic, and in such as is associated with portal congestion, that *nux vomica* is so useful.

In the former cases we meet with mental irritability and depression; headache—the pain, aching and bursting in character, pervading the whole head; vertigo, with some confusion; worse in the morning and increased by stooping. The heaviness in the head is increased by eating. The mouth is dry, the sticky saliva clinging to the palate. Taste is sour or bitter; the tongue is dry, white or brownish furred posteriorly, red anteriorly and on the edges. Appetite there is none, but eructations of sour and bitter fluid are common. There is often some epigastric tenderness, especially after a meal; and subsequently abdominal flatulence.

When portal congestion is associated with the constipation,

we find a heavily aching head, chiefly in the morning, low spirits, a tongue dry and brownish furred, loss of appetite, a heavy aching throughout the abdominal region, especially marked on the right side, burning and sticking pains in the rectum, with small hemorrhoids.

In both instances there is a desire for stool, but at the same time an inability to evacuate the bowels. In the latter this is attended with some degree of forcing, of pressive pain preceding and of soreness following a stool, which is hard, dry, and expelled with difficulty.

The condition of the intestine produced by *nux vomica*, which gives rise to constipation, is not one of simple inertia, but of irregularity in the peristaltic movements. This irregularity may be, and very generally is, occasioned by ordinary indigestion.

In the constipation associated with dyspepsia, entailed by a debauch, portal congestion is generally more or less present, and in such *nux vomica* is very frequently one of the most satisfactory medicines that can be prescribed.

Sulphur is a second medicine eminently useful in cases of chronic constipation. The general or constitutional action of this drug is to produce, slowly but surely, a condition of passive congestion in most of the structures of the body. It is such a condition as this that lies at the bottom of, and so far explains, the multifarious phenomena in the form of symptoms to which it gives rise. It is to this that is due its great value as a remedy in many forms of disease; and to this kind of influence is traceable its often-noticed power of rendering patients more completely susceptible to the action of medicines which are, apparently, more completely homœopathic to the totality of the symptoms present.

The constipation caused by *sulphur* is characterized by delayed and insufficient stools. It is attended by burning pain in the rectum, and often the passing of blood. The fæces are hard and lumpy, and extruded with difficulty. The action of this drug upon the portal system is very well marked, and piles are, more or less, generally the result of over-dosing with it.

In chronic constipation, when attended with piles, — constipation which has been gradually increasing for a considerable period, — especially when met with in persons of a phlegmatic constitution, *sulphur* is a medicine of great remedial power. So also is it in cases where constipation, if not originally engendered, has been confirmed by the habit of stimulating the bowels to act by the frequent use of aperient pills.

As a matter of clinical experience, it has been observed by a large number of medical men that in many cases of chronic constipation attended by hepatic congestion and hemorrhoids,

the alternation of *nux vomica* with *sulphur* is more effective than is either medicine given alone. Many, very many, are those who owe their freedom from the necessity to take the almost daily compound rhubarb pill to a few doses of *nux* and *sulphur*, — and this, too, in the thirtieth dilution. This is a result which has too often occurred to admit of any doubt of its being a fact, — a true *propter hoc*.

Dr. Dyce Brown has observed also that patients, who, while under treatment for some acute disease, are constipated from the want of their accustomed pill, often find complete relief, and not infrequently cure, from a single pilule of *sulphur* ϕ given at bedtime, the medicines needed by the acute disorder being taken during the day.

There are, indeed, few cases of thoroughly chronic constipation which will not be benefited at the commencement of their treatment by *sulphur*, and that in a high dilution.

Bryonia is a medicine which is chiefly indicated in cases of constipation dependent upon indigestion, associated with an inactive state of the liver. In such we find the tongue dry and thickly coated white; the mouth and lips are dry; there is not much thirst, but a bitter, flat, nauseous taste, with frequent empty eructations; the stomach is distended, and sensitive to pressure; there is also a sense of a stone lying in the epigastrium, which is very characteristic of the *bryonia* dyspepsia. With these gastric symptoms we often find an occipital or frontal headache, stitch-like pains in the region of the liver, and a heavy, listless disposition.

The constipation which attends such a dyspepsia as this is one where both intestinal secretion and peristaltic action are diminished, and where, as a consequence, there is no desire for stool, it being omitted without any special sense of inconvenience. When an effort to procure an evacuation is made, it is difficult, attended with straining, and the fæces passed are large, hard, and dry. There is none of the ineffectual desire for stool of *nux vomica*, — none of the hemorrhoidal disturbance of it and *sulphur*, — but simply intestinal inactivity arising from perversion of the gastric and hepatic functions.

Lycopodium is frequently indicated and very useful in many cases of chronic constipation. The patients in whom it is so are persons who have suffered, for a considerable time, from the consequences of depraved and imperfect nutrition. They present a more or less withered and cachectic expression. The complexion is grayish and sallow. The tongue is large and coated; the taste is sweetish in some, in others saltish or bitter; the appetite is greatly impaired; often there is nausea attended by faintness after food; after dinner, especially, the face often flushes; there is

an irresistible sense of drowsiness and exhaustion; frequently more or less hot eructations; great flatulence, the abdomen becoming distended, giving a most uncomfortable sense of fulness even after a small meal. The bowels are quite inactive; there is no desire for stool, but a constantly and painfully increasing feeling of being loaded. When a movement is obtained, the fæces are hard, scanty, and passed with difficulty.

The following case, which was recently under my observation, is a very fair illustration of the kind of patient and the sort of constipation in which *lycopodium* is so useful. It is interesting, also, from the length of time during which the disorder had persisted, the rapidity with which it yielded to medicinal influence, and the permanence of the recovery.

A married lady, fifty years of age, of spare figure, active, nervous, and anxious expression of countenance, consulted me on the 31st of January, 1882, on account of long-continued constipation. She had a somewhat careworn look, and was of a nervobilious temperament; has had a great deal of anxiety, and is full of occupation. Inactivity of the bowels has existed for full twenty-three years, a condition originating, it is admitted, in neglect to obey the calls of nature. During the whole of this time, with the exception of one period, she has been obliged to take purgative medicine to obtain relief, while without relief life was scarcely tolerable from pain and distress. The period when she was better was when she was under the care of Dr. Galloway, of North Shields, who, with the aid of *nux vomica* and *sulphur*, was able to restore the intestinal power. She, however, went abroad travelling, and again lapsed into neglect, which speedily re-established her loss of power. Since this time the bowels have never been relieved without purgatives; and a well-known hospital physician, under whose care she has recently been, has told her that she cannot expect to be "cured," but must rely for relief upon purgatives and aperients, either in the form of pills or of mineral water.

Her present condition is as follows: The appetite is small; tongue dry, brown, and parched; breath very offensive in the morning; stomach distended after a meal, however small, but no sickness; a good deal of flatulent abdominal distension. The bowels never move, except under the influence of purgatives. If the purgative is omitted, there is a sense of great exhaustion, a wearied, fatigued feeling, and much drowsiness. Directly she sits down she becomes drowsy. Under the action of a purgative, the bowels are moved apparently naturally; there is no real diarrhœa. Catamenia every three weeks, and during the period she has severe neuralgic pain in her left supra-orbital region, and also in the orbital cavity. The pain extends into the head, towards the

vertex, and is attended with great mental depression, amounting to melancholia. This neuralgic pain has existed for the last ten years during the period, and she dates its occurrence from what, from her account of it, appears to have been an attack of acute meningitis.

I ordered her to wear a compress at night, to abstain entirely from all purgative medicines and mineral waters, to drink a tumblerful of cold water early in the morning, and also freely during the day, to take plenty of walking exercise, and as medicines I gave her *tinct. opii* 3^x *gtt. ij.*, and *tinct. sulph.* 3^x *gtt. ij.*, every six hours alternately.

In case of an attack of neuralgia coming on, I wrote a prescription for *tinct. actææ*, 3^x *gtt. ij.*, every two or three hours.

A week later, — Feb. 6, — I heard that there had been a very slight natural action of the bowels three or four days ago, but none since. She was wretched and miserable, wearied and drowsy, with very great abdominal distension. I now ordered two grains of the third decimal trituration of *lycopodium* to be taken every three hours.

Her next visit to me was on the 24th of March, when she called to consult me regarding some rheumatic pains in the arms. On inquiring about the state of the bowels, I found that she had taken no purgative since I first saw her. After taking three powders of *lycopodium*, the bowels acted naturally and comfortably four days in succession. On becoming a little sluggish again, another powder was taken, and natural action returned. Since then, a single powder has always resulted in a restoration of intestinal power, and a healthy action now takes place daily. Her appetite is good, the tongue clean, breath quite inoffensive; no abdominal distension or drowsiness after a meal. Further, the catamenia have appeared, and without any neuralgia. She has had no occasion to resort to the *actææ*. Her general appearance is much improved, the expression of countenance being less worn and haggard-looking, and her complexion clearer.

She called subsequently, on the 22d of April, a few days before leaving for abroad, when she stated that the regular action of the bowels had been uninterrupted, the catamenia had been regular, and she had had no recurrence of neuralgia.

That the recovery here was due to the medicine prescribed, there can, I think, be no doubt. The wet compress and the free exhibition of cold water had no influence, were disliked and abandoned in a few days; neither were the two medicines taken during the first week of her treatment of any service; but almost immediately upon her taking a few doses of a medicine the physiological effects of which corresponded closely to the phenomena produced by the morbid state, a healthy action was set up, and

continued during a period of ten weeks, — a length of time amply sufficient to assure us that she was cured, not merely relieved.

Plumbum is called for in a class of cases more rarely met with than those to which the medicines I have already considered are homœopathic. The patient is usually a thin, spare man, melancholic and miserable, with a sallow and earthy-like complexion, a white, pasty-coated tongue; the sense of taste impaired; appetite absent, but a good deal of thirst; frequent eructations, with occasional vomiting, hiccough, and nausea; the epigastrium is tender; the umbilical region the seat of a characteristic pain, giving a sense of contraction and twisting which is somewhat relieved by pressure, *not*, as is a similar pain, caused by and consequently indicating *colocynth*, *entirely* relieved by it. Pain of this kind radiates over the entire abdomen. The rectum is the seat of tenesmus. A finger passed within the sphincter is immediately grasped. Constipation is extremely obstinate, resisting the action of purgative drugs; the fæces, when passed, are in the form of small, round, dark balls.

The chief indication for the use of lead in constipation is the constant presence of a spasmodic, or colic-like pain, with abdominal distension. The retention of the fæces appears to arise from a persistent spasm of the muscular structure of the intestine rather than from actual paralysis.

The following case came under my care at the Manchester Homœopathic Hospital in 1852:—

A boy, aged ten years, had, his mother stated, suffered for four years from extreme abdominal distension with complete constipation, lasting for six or seven weeks at a time. At the end of one of these periods the bowels were moved largely once or twice and the swelling abated considerably, gradually returning to its former dimensions as the time lengthened since the last evacuation. On his admission the mother stated that his bowels had not been moved at all for seven weeks. During the four years he had been ill, purgatives of every kind, and in the strongest doses consistent with safety, had been ineffectually tried. On examining the abdomen, it was found to be four feet in circumference, contrasting strangely with the emaciated appearance of the face and condition of the legs. The swelling was especially marked along the lines of the transverse and descending colon, was extremely resistant to pressure, and tympanitic. The complexion is pale and earthy-looking; the skin dry and harsh. He is very weak, but complains of no pain. His appetite was good. Urine was passed in considerable quantity, and pale in color. To test the effect of a simple purgative, half an ounce of castor-oil was given, but had no result. This was followed by drop doses of *nux vomica* 3^x every four hours. No change occurring within a few

days, *sulphur* ϕ was given night and morning. Five days later he was better, the bowels being moved twice after eight weeks of constipation. *Plumbum carb.* 1^x was now ordered in grain doses three times a day.

On visiting the hospital in a week, he was reported to have had five or six evacuations during the interval. The abdomen now measured two and a half feet in circumference. At the end of the following week he had become more swollen, the bowels not having been moved for four days. The urine had become normal in quantity. *Nux vomica* 3^x was now given alternately with the *plumbum* 1^x . In a month from this time the abdomen was only two feet in circumference, and he felt much stronger, albeit the bowels had not been moved for three weeks. The same medicines were continued, and he gradually improved in flesh and strength, the intervals of intestinal inactivity diminishing, until within three months of his final appearance at the hospital the constipation was entirely overcome, the bowels acting daily, and the size of the abdomen had become normal. I accidentally met this boy in the streets some months after, and was gratified by hearing that he remained quite well.

This case shows forcibly the uselessness of purgatives in intestinal inactivity, and, so far as it goes, the comparative rapidity with which a homœopathically indicated medicine will remove the evils wrought by disease, and its supposed remedies, during so long a period as four years. It is much to be regretted that *nux vomica* was alternated with the *plumbum* in this case. It vitiates its value as a therapeutic observation, I admit; but, at the same time, I have little doubt that it was to the action of the lead that the recovery was due. What led me to use *nux* at all, I cannot at this distance of time recollect; but I well remember that the impression made upon my mind was that *plumbum* was the medicine that cured.

Alumina is much more rarely employed nowadays than it was by the earlier homœopathists, its study having, I believe, been unduly neglected. It has, however, been found useful in the constipation sometimes occurring in infants, for which no very obvious cause can be assigned. The late Dr. Chapman and other observers have noticed its use in such cases, and have expressed their confidence in it. The proving of Hahnemann suggests its employment in cases where the inactivity is traceable to the rectum. This portion of intestine seems as if it were deficient in motor power, not having strength to press out the fæcal accumulation. The fæces are small and hard, the evacuation is attended with pressure, and a sensation of excoriation in the lower bowel. One experimenter describes one of his symptoms as firm, hard, scanty stools, with pressure and pain in the anus, and difficult evacuation.

Opium is a medicine which will occasionally give excellent results in a serious class of cases of which constipation is a feature. There are cases where we often have reason to fear that if unrelieved the patients may have a cerebral apoplexy. They are usually plethoric persons, with more or less constant headache of a pressive character; they are more or less drowsy the day through, sleep heavily at night, but awake unrefreshed; they complain of a general lassitude and incapacity for work, whether physical or intellectual; the appetite is poor, the tongue furred; the stools are hard, in small pieces, and evacuated with difficulty. There is a more or less complete intestinal torpor, the bowels are rarely moved, and there is no inclination for stool, no sense of discomfort or distension from the absence of the periodical evacuation.

Lastly, *collinsonia* is a drug which gives rise to constipation associated with pelvic congestion. Hence it is indicated, and will frequently, perhaps more frequently than any other medicine, be found useful in cases of constipation occurring during pregnancy and in connection with uterine disease. It is also a valuable medicine where piles are painful; but here, again, it is more useful in women than in men.

Other medicines there are of importance in the treatment of constipation, but this paper has already extended to too great a length to admit of my discussing them.

Neither have I space to refer to the good influence of galvanism in rousing the torpid bowel to healthy activity. Diet likewise requires consideration, when this subject is treated with any approach to fulness. Exercise, especially horse exercise, the use of the cold sitz-bath in the morning, and an early tumblerful of cold water, are also conducive to that restoration to health which will bring about normal action of the bowels. These important therapeutic measures are, however, generally known, whereas the drug remedies and their indications are less so, and to the consideration of some of the chief of them I have, therefore, limited my remarks.

CROTALUS IN BLOOD-POISONING

In the London *Lancet* of July 14, 1883, Dr. Hayward reports excellent effects from *crotalus* in malignant scarlatina. In one case particularly described, in a child of nine years, the attack was very violent, throat rapidly filling up, pulse 160. No eruption but a slight, brownish, miliary one, great debility, vomiting, and a fatal termination apparently near. After removing the cuticle by cantharides, Dr. Hayward applied a compress moistened with *crotalus*, which was frequently sprinkled on afresh.

Small doses of the same were also given internally, at first every hour, then at longer intervals. Improvement began very soon in all respects. Within twelve hours the rash appeared abundantly, at first purple, but gradually becoming lighter, and going on naturally to desquamation. No other remedy was used, and the case went on steadily and rapidly to perfect recovery. Another child in the same family was attacked five days later with similar malignant symptoms, but less severe. *Crotalus* was not in this case taken internally, but applied to the denuded skin as before, and with similar rapid improvement and recovery.

Dr. Hayward would not publish these cases till he could try the remedy further. But his subsequent experience with it has been so satisfactory as to induce him now to make it known. He was first led to try it from its known efficacy in some cases of blood-poisoning. He does not give the strength of the *crotalus* solution. But physicians of the new school do not need instruction from the old in pharmacy, provided always they take reason and science for their guides. The knowledge we have of *crotalus* will make us more ready to believe in other important applications of its great power.

L. C.

AMERICAN INSTITUTE OF HOMŒOPATHY.

NIAGARA FALLS, June 22, 1883.

MESSRS. EDITORS:— The American Institute has just finished its fortieth anniversary and thirty-sixth session. On Monday last the members began to assemble at the International Hotel, the headquarters and place of meeting. A short preliminary gathering took place in the parlors of the hotel in the evening. The regular sessions were begun on Tuesday morning by the address of the president, Bushrod W. James, M. D., of Philadelphia. He reviewed the progress of homœopathy and medical science during the past year, spoke to some length of the superior position enjoyed by the women of the profession at the present day, advocated the establishment as a festival day for all homœopathists of the 10th of April, Hahnemann's birthday, urged co-operation with the British Association in the revision of the *materia medica* now in progress, recommended certain changes in the present system of bureau reports, and suggested the advisability of establishing a safe repository for the archives of the Institute. He predicted the ultimate obliteration of all school lines, and declared that the homœopathists have no personal interest in the triangular fight between the old code, modified code, and no code at all, now going on in the old-school camp.

The necrologist, Dr. H. D. Paine, reported the deaths of twelve members during the past year.

Dr. I. T. Talbot, as chairman of the Bureau of Organization, Registration, and Statistics, reported that there were 7,400 homœopathic physicians in the United States, 27 State societies, 107 local societies, 30 general hospitals, 47 dispensaries, 19 medical journals, and 11 colleges.

In the afternoon the Bureau of Materia Medica and Provings took up the special topic assigned for discussion, "A Model for Materia Medica." Dr. J. P. Dake of Nashville, who has so long been interested in this work, and who has already several times filled the position of chairman to the great benefit of the members, had associated with himself the very best talent in our school on the above subject. A synopsis of the papers received was prepared and read by Dr. Dake. It was interesting to note that, although widely varying in many particulars, they all seemed to agree upon this: In preparing an abbreviated form of the materia medica two things are absolutely essential,—an abbreviated narrative of the symptoms in the order of their occurrence, and a schema topographically and functionally arranged. Dr. Dake expressed decided approbation of the little work on "Gelsemium Sempervirens" by the Hughes Club, in which the method of Dr. Hughes is followed. He offered a resolution providing for united action between the Bureau of Materia Medica and Provings of the Institute and the Committee of Revision appointed by the British Homœopathic Society.

Under the Bureau of Pharmacology, Dr. Conrad Wesselhoeft read a paper on the "Solubility of Glass," in which he showed that in the process of grinding a more or less appreciable quantity of the material of the mortar became detached and incorporated with the trituration. Dr. Wesselhoeft's paper provoked a warm discussion, in which some bitterness was displayed at the work of "our modern investigators." In the evening the Bureau of Clinical Medicine very thoroughly ventilated the subject of "Malarial Fevers."

The second day opened with the report of the treasurer, who showed the disbursements on current account for the year to be about \$3,000, with a balance still in the treasury. The report of the Bureau of Obstetrics followed, the special subject being "Complications of Gestation."

One of the most interesting features of the session was the report of the Bureau of Microscopy and Histology. It had been whispered about beforehand that some revelations of importance might be expected, and, knowing the great scientific ability of the chairman of this bureau, Dr. J. Edwards Smith, of Cleveland, O., there was a full and enthusiastic audience. The principal fact shown by Dr. Smith in his paper, "Remarks and Suggestions Concerning Certain Homœopathic Triturations," was that there

is absolutely not such a thing as perfectly pure sugar of milk to be obtained in the market, and consequently all triturations of medicine must contain more or less of admixtures, which might have an antidotal effect upon the remedy which it was desirable to administer. He found that sugar of milk contained in varying proportions *silica, calcaria, phosphorus, iron, and magnesia*, enough in many cases to equal the fifth or sixth decimal trituration.

The experiments of Drs. Wesselhoeft and Smith were made without the slightest desire on their part to throw discredit on our medicines, but with the view of improving our methods of preparing them so as to avoid such adulterations. *We should also see to it that the impurities do not preponderate over the drug in the medicines which we administer.* Dr Smith offered a resolution to the effect, that only such pharmacists should be indorsed by the Institute as shall clearly indicate on each package of sugar the percentage of impurity or amount of ash, instead of labelling the packages "superfine," "absolutely pure," etc. Dr. Smith found a method by which all the sporules of *lycopodium* could be broken up in one trituration. On account of the tendency of the oil contained in *lycopod.* to become rancid, he questioned the reliability of such preparations after a month's time. He found a process of removing the oil so that triturations made after this would keep indefinitely. He claims to have had very gratifying results with this new preparation, and he presented each member with a sample for trial.

Prof. M. B. Wood, of Cleveland, Ohio, forwarded a paper on "Chemistry and Homœopathy," which will be incorporated in the Transactions. This paper, by a man of the highest scientific ability, gives the results of long and careful experiment, and clearly proves the scientific basis of homœopathy. In consideration of the importance of his work, Prof. Wood was unanimously elected an honorary member of the Institute.

Much more of interest was presented by this Bureau, but as it will all appear in the Transactions, I refrain from dwelling longer upon it.

The specialists occupied the attention of the members during the afternoon, and in the evening the Bureau of Surgery thoroughly reviewed the subject of "Antiseptic Surgery." The papers, taken together, make a complete résumé of the subject to date.

At noon on the third day the selection of the place of meeting and the election of officers took place. A strong effort was made by Drs. Talbot and Spalding to have the next meeting of the Institute at Nantasket Beach, but it was soon evident that the majority of the members had made up their minds that Deer

Park, Maryland, on the line of the Baltimore & Ohio Railroad, was the place. The election of officers was as interesting an event as ever, and finally resulted in the choice of Dr. J. C. Sanders of Cleveland, as president, and Dr. T. F. Allen of New York, vice-president. The treasurer and secretaries were re-elected.

The banquet was the crowning event of the meeting, and took place on Thursday evening. It was a thoroughly enjoyable affair, the speeches, as a rule, being better than common, and the banquet itself remarkably good for what there was of it; the following day, as usual, there was a rapid thinning out, so that at the time of adjournment there was but a handful of members left.

The meeting has been one of unusual interest. Many important subjects have been presented and discussed, and the Transactions for this year will contain a large amount of very profitable reading. The president, Dr. B. W. James, is to be congratulated upon the very able way in which he filled the position of presiding officer. His rulings were impartial, and he kept the members strictly up to the work in hand.

Fraternally yours,

W. L. J.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE quarterly meeting of the Worcester County Homœopathic Medical Society took place May 9, at the rooms of the society in Worcester. There was a full attendance. Dr. Bennett of Fitchburg, president of the society, called the meeting to order at eleven o'clock. Drs. J. P. Stedman of Westboro and G. C. Ward of Clinton were elected members of the society. The following names were proposed for membership, to be acted upon at the next meeting: Drs. E. A. Murdock, Spencer; Lamson Allen, Worcester; L. B. Parkhurst, Northampton; Charles H. Forbes, Athol; John P. Rand, Monson; George H. Wilkins, Palmer; H. W. Porter, Worcester. Then followed a very interesting paper upon "Hemorrhoids," by Dr. Warren of Worcester. The above subject received a general discussion, which was not completed when an adjournment was made to the Lincoln House for dinner. The afternoon session was opened by a paper from Dr. Mellus of Worcester upon "Inversion of Uterus." Dr. Barton read an exhaustive paper upon the diagnosis of various forms of inflammation in the eye. Dr. C. O. Goodwin of Worcester gave a very extensive paper upon the "Selection and Use of the Microscope." This society is in a very flourishing condition, and is rapidly taking a prominent position among the societies of the State. As an indication of vitality and growth, it is only necessary to add that at the meeting seven new names were presented for membership.

REVIEWS AND NOTICES OF BOOKS.

FARQUHARSON'S THERAPEUTICS AND MATERIA MEDICA. Edited by F. Woodbury, M. D. Philadelphia: H. C. Lea's Son & Co. 1882. pp. 526.

To the practical physician, there is no study more fascinating than that of the materia medica; and each new book added to the literature of the subject, or every carefully revised edition of a standard work, is eagerly received. The volume under consideration belongs to the latter class, it being of the third American edition. The reader's expectations of finding something *new* in the book meet with a slight damper in the preface, where the author cautiously states that the past few years "have been by no means fertile . . . An unusually small number of new drugs have been introduced, and but scanty addition made to our understanding of the properties of those which we already possess" . . . ; nevertheless, the time occupied by studying the work will be well spent.

The book opens with an introduction of about thirty pages. At the outset, the author excuses the present general inability to satisfactorily explain "all the therapeutical effects of medicinal agents by their proved physiological properties." This is partly due, we are told, to the progress of the past twenty years, for "progress occasionally causes temporary confusion by disturbing old beliefs." The introduction treats of certain general subjects, such as rules for prescribing, combination of drugs, methods and forms of administration, dosage, chemical and physiological incompatibilities, etc. Under the heading "dosage," is considered the relative efficiency of large and small doses. This the author thinks one "of the most delicate and difficult questions in therapeutics," — delicate because it borders "closely on the dangerous ground of homœopathy." We involuntarily shudder as we read.

We are also told that "Homœopaths, no doubt, derive much of their success" (mark the words) "from the tasteless nature of their medicines." Therefore the author advises his readers to devote more attention to "the elegancies and refinements of pharmacy," . . . to avoid prescribing "hopelessly nasty concoctions," . . . to spend much care and time in making prescriptions palatable and agreeable, and, as a means to this end, to "occasionally inspect, or even taste, the mixture prescribed." . . . The importance of this subject, in the estimation of the author, is plainly shown by the fact that he distinctly, and


sometimes at length, refers to it no less than five times in the introduction.

There is one very commendable feature to which we wish to refer, and that is the arrangement of the text, which is remarkably concise and systematic. The author's idea in discussing the properties of drugs is "to balance, as far as possible, their physiological against their therapeutical action, by arranging them in corresponding columns in diagrammatic form." The convenience and advantage of such an arrangement are apparent. By contrasting the two columns, it is made evident by what rule or law the school represented by the author prescribes medicine, and that the "physiological law" is but another way of saying "the law of contraries."

The work is abundantly indexed, and contains many valuable tables for reference, and is printed and bound in a way to sustain the wide and worthy reputation of the publishers. †

THE MICROSCOPE AND ITS REVELATIONS. By William B. Carpenter, C. B., M. D., L.L. D. Sixth edition. Illustrated by twenty-six plates and five hundred woodcuts. 2 Vols. New York: Wm. Wood & Co.

All which has been said in praise of preceding editions of this valuable work is equally true of this, with the addition that the present one contains all the results of general microscopical research up to the present year. The same general plan of arrangement has been followed as characterizes the preceding editions. The chapter on hardening, staining, imbedding, and section-cutting has been thoroughly revised, giving in detail all the latest and best methods which have been devised. The chapter on sponges has also undergone complete revision. The first six chapters of Vol. I are devoted to a dissertation on the optical principles, construction, accessory apparatus, and management of the microscope, and the preparation, mounting, and collecting of objects. The remaining four chapters take the student into the microscopy of vegetable life, beginning with the simpler algæ, and going through fungi, lichens, the higher forms of cryptogamia, and lastly the structure of phanerogamic or flowering plants. Vol. II. is devoted to the microscopy of animal life, and the application of the microscope to geology and mineralogy. These two volumes form a part of the popular Wood's Library, and the publishers are congratulated on being able to offer so valuable an accession.



THE DISEASES OF WOMEN. By Heinrich Fritsch, M. D. Translated by Isidor Furst.

This volume forms the March number of Wood's Library. It contains over three hundred and fifty pages. There are one hundred and fifty-nine wood engravings. Immediately following the title-page is the table of contents. Neither the author nor the translator has deemed it necessary to write an introduction or preface, which seems a sensible as well as a new departure. The author apparently has sufficient confidence in his readers to believe that they will form their own opinions of his work, and also confidence enough in his work to have it published without explanations or apologies. Another noticeable feature is the brief space occupied in anatomical description, fourteen pages, and in discussion of the physiology of the generative organs, eight pages, twenty-two pages in all; but it is to be remarked that the language is unusually *terse*, there being no redundancy or superfluity of diction. Instead of quoting extensively, we find the author prefers to give his own conclusions and opinions. The work is, therefore, valuable for its original and independent views. The only therapeutic hint in the part on anatomy is on page 10, where blood-letting is referred to. We find further on in the book (page 59) a section devoted to "The Abstraction of Blood," it being recommended as an effective measure. Cauterization also commands the author's confidence. The usual list of gynecological diseases is discussed, and in the matter of treatment we find the book fully up to date; *i. e.* the treatment is usually rationally mechanical or operative, the improved methods relating chiefly to modifications of existing instruments, and mention of new ones of the author's invention. †

THE SOUL AND THE BODY. By Rev. L. P. Mercer. Chicago: Gross and Delbridge, 1883.

Under the above title the author presents a sermon to medical students. The relations existing between the soul and the body have been the subject of inquiry and research from time immemorial. The results are well known. The total inability of what is called science to account at all clearly or satisfactorily for the life of consciousness, for that vivifying influence so subtle as to be physically immaterial, is too well known to need comment here. The sermon is short, and, probably from the importance of the subject, its brevity of style occasionally suggests dogmatism; but it is certainly logical, and we heartily commend it to the serious consideration of our readers. It recalls to the mind that there are facts susceptible of proof which are not appreciable by any of

the five senses; that man possesses other faculties, of a higher order, whose testimony is more worthy of credence than the testimony of the senses through which we apprehend material things.

Following the discourse is an appendix, giving the substance of the doctrine of Swedenborg bearing directly upon the subject, and presenting the principles upon which the sermon is based. The pamphlet, in flexible cover, can be bought for twenty-five cents. †

OBITUARY.

Dr. O. S. Cummings, of Honolulu, H. I., died at Valdesta, Ga., Feb. 17, 1883, where he had gone on account of his health. Dr. Cummings was a good worker in the cause of homœopathy. Dr. G. H. Martin succeeds to his practice.

PERSONAL AND NEWS ITEMS.

WALTER A. HALL, M. D., of Wausau, Wis., a graduate of Boston University, 1882, publishes, in the August number of the *American Homœopath*, an ingenious "Method of splinting in fracture of the femur or humerus," by which extension and counter-extension is obtained. We are glad to see Dr. Hall doing some original work, and shall hope to give our readers the practical result of this splint. *

THE New York State Homœopathic Medical Society meets at Ithaca, Sept. 11, 1883. Reduced railroad and hotel rates. Address Dr. A. P. Hallett, Havana, N. Y.

DR. L. S. McMURTRY has retired from the Louisville Medical News, and is succeeded by Dr. H. H. Cottell, a former editor.

THE University of Michigan, Homœopathic Department, graduated seventeen students at its recent Commencement.

THE MEDICAL SCIENCE CLUB. — A new Homœopathic Medical Society has been organized in Chicago for the purpose of encouraging study and research in special departments of medicine. The name chosen is that of "The Medical Science Club," and the number of active members is limited to fifteen. Each member reads a certain definite number of papers during the year on some specialty in which he is interested. The list of members, with their specialties, is as follows: Surgery, F. H. Newman, M. D.; Gynecology, Prof. W. F. Knoll, M. D.; Ophthalmology and Otolaryngology, Drs. C. G. Fuller and C. F. Bassett; Obstetrics, F. A. Churchill, M. D.; Physical Diagnosis, Clyde E. Ehinger, M. D.; Anatomy, C. M. Beebe, M. D.; Physiology, S. C. Schneider, M. D.; Histology, F. R. Dav, M. D.; Chemistry, Prof. Clifford Mitchell, M. D. The active members must all be residents of Chicago, but any physician non-resident of that city may become an associate member, provided he be a graduate of a reputable medical college and in good standing. The Club proposes to do vigorous work in medical science during the coming winter. Meetings are held every alternate Tuesday evening at the Grand Pacific Hotel.

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EDITORIAL.

EPIDEMICS.

THIS year, so far, has been one remarkable for its enormous mortality from epidemics, and for elemental disturbances. Only eight months have passed, yet the loss of life from epidemic diseases, and from flood, fire, tornado, earthquake, and famine, has reached a sum appalling to contemplate. The mortality from cholera alone in Egypt and in India is estimated at 30,000. The progress of the disease is just beginning to be well under control. The mortality is on the decrease at Cairo, but is somewhat on the increase at Alexandria, to which place it has spread. There seems to be some doubt as to the genuineness of this as an Asiatic cholera epidemic. English doctors now in Egypt, as well as Indian doctors, are authority for the statement that this is a disease distinctly differing from the true Asiatic cholera. It undoubtedly originated spontaneously at Damietta, in consequence of the vile condition of the river and city, and was more severe because of the presence of thousands of visitors to the fairs being held at that time in the city. Sanitary precautions have been imposed at all ports to which vessels from that portion of the infected country may come. The British precautions are more stringent than any. This is because of its comparative proximity, and to its close commercial relations with that country. The alarm here is altogether out of proportion to the danger. Many bales of old rags are received here weekly from Egypt; and these are subject to a disinfecting process that seems entirely unnecessary, and, indeed, would be useless in the face of a real danger. A little sulphur is burned by the health officers in the hold of a

newly arrived vessel. This would be entirely inefficacious in the presence of a real cholera disease, as it cannot by any possibility penetrate the tightly compressed bales of rags, in the centre of which the disease would be lodged. Then, again, these rags received now were packed in bales fully a year ago, awaiting transportation to foreign countries, and the real danger does thus not exist now, but is to come in a year hence, when the rags used and packed now will be received here. The chances are that this epidemic will then have been forgotten here, and may be brought to mind only by the sudden appearance of a case or two similar to this same peculiar epidemic.

Our annual epidemic of yellow fever at the South is creating considerable disturbance. The latest report has it that the disease has made its appearance at the navy yard at Pensacola, the outbreak having occurred among a detachment of marines on guard duty at the yard. Several deaths had occurred; thirty-six new cases were reported on Sept. 9 during the past twenty-four hours. Strict quarantine regulations are being enforced by Surgeon-General Hamilton, and that, together with the presence of unprecedented cool weather, should relieve our minds of over-anxiety. []

VETERINARY SCIENCE.

THIS is a subject that has been much neglected, but at the present time is assuming considerable importance. The horse-doctor has been uniformly classified with the jockey and with the horse-dealer, and his social status has thus been correspondingly depressed. One reason of this is, because, in the pursuance of his profession, he is obliged to come in contact, more or less, with hostlers, and with the proverbially dishonest dealer, which opprobrium has undoubtedly deterred many educated and competent men from undertaking the management of the diseased horse as a specialty. Why should this be so? The horse is a necessity to us. His disposition is peculiarly adapted to domesticity and to subserviency to our needs. No other beast could well supply his place. His patience and fortitude are remarkable. For either business or pleasure, he is a constant and faithful servant. In serving us he is often exposed to hardships that must in their

nature be productive of disease. The chilling winds of winter bring on rheumatism, bronchitis, and pneumonia. Infectious diseases, as scarlet fever and small-pox, attack them, and, unless needed help arrives, will soon cause them to succumb. Even they are not exempt from that dread disease diphtheria. Should we not feel sympathy for this dumb animal while in these straits, and understand, also, that in serving him we serve ourselves? His welfare and comfort must be of vital importance to us, who are so dependent on his existence. It is a matter for congratulation that attention is now being directed to this subject in a vigorous manner. Schools and professorships are being founded, with direct reference to the education of competent men to look after the welfare of the horse during disease. The curriculum consists of the usual branches of a medical education,—anatomy, physiology, chemistry, pathology, and therapeutics; also, the special branches of ophthalmology, otology, dermatology, etc., are included. Hospitals for the care of all domesticated animals are established. But all of the energy is being put forth by and for the benefit of our allopathic brethren. Why should not homœopathy embrace this in its beneficence? The action of homœopathic remedies during severe epidemics has been clearly proven to be superior to the drugs and blisters of the old school. Our remedies, already proven on mankind, have the same relation to like states in the beast. They act speedily and permanently in potentized degrees. During last year's epidemic of influenza, or catarrhal "pink eye," among valuable horses at North Conway, and at several fashionable summer resorts, homœopathic remedies were used almost exclusively, with the result of more speedy cures, less formidable sequellæ, and a far smaller percentage in necrology than ever before during like epidemics. Surely this is evidence *per se*, and is only one of the numerous successes that homœopathy is constantly scoring for herself.

THE PATENT-MEDICINE LAW.

THE following appeared in the Boston daily papers for Aug. 23:—

BITTERS TO BE SOLD IN GOOD FAITH HEREAFTER.

WASHINGTON, Aug. 22. In compliance with a request made by one of the proprietors of one of the popular patent medicines, which is widely sold throughout this

country under the general name of "bitters," the Commissioner of Internal Revenue to-day rendered a decision with regard to the liability of such quasi-medicinal preparations to special tax as beverages. He holds that where the bitters are sold in good faith as a medicine, no special tax since July 1 will be required. An analysis of the particular specimen of bitters upon which this decision was rendered showed the following result: Absolute alcohol, 32 per cent; water, 64 per cent; essential oils and flavoring extracts, 4 per cent. Upon this analysis it was estimated that the sample contained 82 per cent of ordinary whiskey.

The question arises, What does our commissioner mean by the expression, "Sold in good faith as a medicine"? Does he mean that the good faith is to be resident in the apothecary who sells it, and the necessities of the case to be subject to his discrimination? It seems to us that that state of affairs has existed too long already. The apothecary has absolutely no knowledge of what he is selling, and in a majority of cases has no care, for he knows that he can always successfully plead ignorance. The medicine or beverage, whatever it may be, is put up by some unscrupulous liquor dealer, who desires merely the pecuniary profit, and who can thus evade the law. It is wholesaled to licensed parties, that is, to the apothecaries, and sold by them as irresponsible parties, without fear or discrimination, to any applicant. Go into States where the "no-license" law is in full force, and there you will find the patent-medicine traffic at a premium. There you will find the quasi-medicinal Rock and Rye sold by the glass by the apothecary to the daily tippler. Such a mixture can claim to be nothing more than a ready-made whiskey punch, and is intended as such by the evaders of our lax system of laws. Can any one doubt that such traffic is injurious? The above analysis clearly demonstrates the presence of enough intoxicant to satisfy the most insatiable craving. The responsibility of the sale of such vile stuff should be imposed on the physician, and no one should be allowed to secure any so-called medicine without a written prescription from a responsible physician. The blessed profession of healing should not be debased by any such traffic. Until this is done, the internal-revenue tax should be imposed to its full extent, without any rebate or favor. []

PLICA POLONICA IN LONDON. — A report has been spread that the disease known as the plica polonica has made its appearance in London, brought over by the traders in false hair from Poland. The report has caused a greater scare than any produced by the Fenians; but, inasmuch as the German dermatological authorities utterly reject the idea that the disease in question has any real existence, there is probably but little occasion for alarm. — *New York Medical Times.*

GYNÆCOLOGICAL PRACTICE.

BY J. H. GALLINGER, M. D., CONCORD, N. H.

[Read before the New Hampshire Homœopathic Medical Society.]

GYNÆCOLOGICAL practice is, beyond a question, fraught with great difficulties, and in no department of medicine is so much arrant empiricism and downright quackery practised as in this.

A woman with a uterine disease, supposed or real, is literally at the mercy of her medical adviser, and unfortunately this class of sufferers too often drift into the hands of charlatans and pretenders, and are made to believe all sorts of absurd things as regards their condition.

Recognizing the fact that "there are millions in it," a class of physicians (regular and irregular both) go about the country with a speculum in one pocket and a pessary in the other, "seeking whom they may devour." A slight prolapsus is denominated a fearful displacement, a simple congestion is called extensive ulceration, and forthwith the instruments of torture are applied, and the woman's mind is made abnormal in the belief that she is an invalid, and must have treatment or die. When the diagnosis is announced, the seed is planted, and all the doctor has to do afterward is to faithfully cultivate the case and a rich harvest of ducats is sure to follow. Do not understand me to say that all cases of uterine disease are of this nature, or that physicians generally humbug their patients in this way, for neither proposition accords with my view. What I would say is, that a considerable proportion of cases is of that nature, and that in every community physicians are to be found who fatten upon the ignorance and morbid state of such patients.

My observation has taught me to believe that a large proportion of women who suffer from uterine disease are *mentally* at fault, and their sufferings are largely due to a disturbed nervous system. It will be found that many of them have either inherited a morbid nervous system, have overworked themselves in that direction, or else have contracted unhappy matrimonial alliances, which frequently develop and keep up this form of disease. In these classes of cases, dosing will do little good. Hereditary nervous irritability manifesting itself in uterine derangements may be palliated by proper remedies but is seldom cured, especially by local treatment. Acquired troubles from overworked nervous systems need rest, — which they seldom get, — rather than medication; while the fearful results of unhappy marital relations need the services of the mental philosopher or the comforts of religion infinitely more than they do the doses of the medical practitioner.

The indiscriminate use of pessaries in prolapsus and other forms of uterine displacement is a practice fraught with disastrous results, and one that cannot be too strongly condemned. Occasionally, a prolapsus or retroversion is benefited by the wearing of a pessary, when properly adjusted; but in a very large majority of cases their use is contra-indicated. In many cases, the vagina is so inflamed as to render the wearing of a pessary a matter of torture; while in most cases the continued pressure from them stretches and relaxes the vaginal walls, and hence aggravates the very condition they are designed to correct. Frequently, however, they may be worn,—if adjusted with great care,—for a little time, or while the system is being put into better condition by internal medication; but the cases are rare where their long-continued use fails to produce harmful consequences.

The local treatment of the os is likewise a matter that deserves, in many cases, unqualified censure. The use of iodine, nitrate of silver, and other irritating agents, doubtless do good in some cases of ulceration; but, as a general thing, the good they accomplish is infinitesimal, and the harm frequently alarming. Very many women are thus unnecessarily tortured,—in many instances a simple congestion of the os being treated by escharotics,—the only good that can possibly result being that it prolongs the treatment of the case, to the pecuniary benefit, if not to the credit, of the user of the speculum and the brush. I am satisfied, too, that many times great harm is done by the free use of irritating and astringent injections.

I will not venture to give more than a few hints by way of treatment.

In the first place, let me say that my observation leads me to believe that a large proportion of the cases of uterine displacement that come under our care is due to enlarged wombs from congestion, the causes of which may be various. In all such cases, the proper indications for treatment are to lessen the weight of the womb in some way, rather than to try to support it by mechanical means. How can this best be accomplished? For internal medication, I would suggest *Belladonna*, *Nux Vomica*, *Podophyllum*, and *Sepia* as reliable remedies; while there are many others in our materia medica worthy of a careful study. And it is a generally admitted fact that glycerine has the power of depleting the uterus of its surplus serum in these congested states. It is a good plan to thoroughly saturate a ball of borated cotton with glycerine, and apply it at bedtime into the vagina, pressing it well up to the os, and allowing it to remain there until morning. It will be found that by this means a large amount of aqueous liquid is extracted from the womb, and the

weight of the organ thereby lessened. If necessary, this may be repeated twice or thrice weekly.

In vaginal leucorrhœa, which is ordinarily nothing more nor less than vaginal catarrh, *Calcarea*, *Sepia*, *Kali bichromicum*, *Helonias*, and *Pulsatilla* are reliable remedies, if the proper indications for their use are observed; while an injection of an aqueous solution of *Hydrastis canadensis* is usually very beneficial. Of course, a great variety of other remedies may properly be called into requisition; but I have found the above list ordinarily sufficient to select from.

In ulceration of the os, the choice in remedies will ordinarily lie between *Arsenicum*, *Belladonna*, and *Mercurius*. In superficial ulcerations, *Arsenicum* and *Mercurius Solubilis* will be found serviceable; while in deeper ulcerations, with induration of the os and cervix, *Mercurius corrosivus* is the remedy par excellence. In such cases, hydrastic injections are usually valuable; but in some, *Calendula* will be found far preferable. In some cases of severe congestions of the uterine neck, with or without ulceration, I have found great benefit to result from the application of an ointment composed of solid iodine one half dram, iodide of potash and tannic acid, each one dram, and glycerine one ounce. This should be applied through the speculum, with a camel's-hair brush.

I have used suppositories to a considerable extent for various forms of uterine disease, but not with as satisfactory results as was desired.

The only additional remark I will make is, that we ought, in all cases of uterine diseases, to conscientiously try to cure them with internal homœopathic remedies, failing in which, we are at liberty to resort to such other means as experience may dictate, always, however, keeping in view the fact that over-medication and harsh treatment are prolific sources of the very conditions that we are called upon to relieve.

INSANITY.

BY ONE WHO HAS BEEN INSANE.

PERHAPS if some of our most celebrated experts in cases of insanity had been, for a while at least, insane themselves, it would have been to the advantage of science. Of some diseases, like malarial fever or small-pox, a physician can doubtless give a better idea than the patient who has suffered from them; because these diseases being distinctly physical, the symptoms furnished by the body are generally sufficient data for an accu-

rate diagnosis. But insanity may be said to possess more of a psychological than a physiological character. The brain, being the organ through which the mind communicates with the outside world, cannot, if it becomes disordered or diseased, give or receive any trustworthy intelligence. Only the patient himself can know his condition, — and he only so far as he can subsequently recall his experiences. Sometimes his recollections are confused and worthless, and at other times they are remarkably vivid. I have been undoubtedly insane twice, the delusions on each occasion continuing for the space of three or four weeks. These attacks occurred several years ago, and were about six or seven months apart. I propose in this article to allude to so much of my experience during the two periods as may throw some little light upon a subject that has always been as interesting as it is obscure, and that has occupied the attention of some of the ablest intellects in this country and in Europe.

In consequence of overwork, excitement, and mental anxiety, my nervous system had become almost totally prostrated, and I suddenly, and without warning, lost my reason. Neither my friends nor myself had received any such intimations as led us to apprehend a calamity of that kind. So far as we knew, there had never been any insanity among my ancestors or relatives. During the trial of Guiteau, it may be remembered the question was raised, to what extent insanity could be regarded as hereditary. A distinction without a difference was drawn between inheriting insanity and inheriting a tendency to become insane. Few persons, perhaps, are born insane; and few are born with consumption. A man whose ancestors have been drunkards is not born an inebriate. But nobody believes it would be safe for him to tamper with intoxicating liquors, because, in all probability, he has inherited a predisposition to inebriety. And, if one's ancestors have been consumptives, the disease that affected their lungs would, under favorable circumstances, be more apt to affect his than those of one whose ancestors had never had consumption. If a man had an uncle or an aunt or a brother who had suffered from that disease, it would seem to indicate that it was "in the blood." And so in the same way as regards insanity. It would not be correct, of course, to say that a person inherited insanity from an uncle or a brother. But the fact that the uncle or the brother had been insane would show that the disease was in the family, — in the blood, — and one, in such a case, would have good reason to be apprehensive lest he himself might have inherited a predisposition to become insane from the same source whence his relatives had derived their tendency.

The first that I remember of my attack was while I was riding

in a railroad car. It seemed to me that the passengers in the forward part were getting up amateur theatricals. The fact that this did not surprise me, nor appear at all out of place, illustrates one curious feature of insanity, and that is, its close similarity in many respects to *dreaming*. It is well known that the strange phantasmagoria attendant upon most of our dreams never strikes us at the time as at all astonishing, illogical, or contradictory, because the critical faculty in sleep is partially and perhaps wholly dormant. And so also is it in insanity. And as a sound or a touch will suggest or give direction to an ordinary dream, so everything that occurs within the sight or hearing of an insane man affects him in like manner. Also, he has no more control over his words and actions, when the insanity is complete, than a somnambulist. And when a patient comes to himself, after having been insane, he feels as though he had been having a long and, sometimes, a very unpleasant dream. Some of my delusions were of a frightful character, and resembled a nightmare more than anything else; but more often they were by no means disagreeable. Of course, it seemed strange to me afterward that I could have been carried away by such absurdities. At one time I thought that the end of the world had come, and that the day of judgment was at hand. This was somewhat remarkable, because I had not for years been a believer in the scriptural prophecies relating to those two events. Nor had I any faith in the doctrine that there is a hell of fire; yet, in imagination, I visited that place of torment, and witnessed the tortures of the damned, — without, however, getting scorched myself. Some strange conceits that I had come across in books occasionally suggested material for my mind to work on. I saw men whose souls I believed had been taken from their bodies, leaving behind the intelligent personal identity, — an idea suggested by a character described in Bulwer's "Strange Story." Again, I thought that demons occasionally reanimated human bodies after death; and this fancy I must have got from a dramatic work by Bishop Coxe, entitled "Saul," in which the evil spirit sent to trouble that unfortunate monarch reanimated and took possession of the body of a priest whom Saul had slain. I mention these instances as serving to show the dream-like character of insanity.

I was confined in an asylum, and during the first part of the time I thought I was unjustly imprisoned, I knew not why, and that my friends were not far off, doing all they could to liberate me. I could hear them, as I thought, talking to me from some place not far distant. Many insane patients with whom I have conversed while they and I were convalescing have told me that they also had heard similar voices and been deceived much in

the same way. This is called "false-hearing." Since my recovery I have had several attacks of it, but not to such an extent as to create any delusion. Sometimes after a day's hard work, or after reading or writing too long, I have heard voices that sounded as though they were out-doors, or in an adjoining room, or in the air. I have experimented with them for the purpose of finding out if possible how the brain is affected to produce them. They have led me to believe that there is a great deal more "unconscious cerebration" going on in every man's brain than any one is aware of. While listening to these voices, and conscious all the while of the fact that they were purely imaginary, I have heard remarks that astonished me. What was this but the mind surprising itself by its own communications? I have heard long conversations at such times, and when, for the sake of experiment, I have for the moment treated them as realities, I have received replies that staggered me for the time being, and almost led me to believe some intelligent being was talking to me. There can be no doubt that there have been many people who, without knowing it, have been victims of false hearing, and have honestly thought they were hearing the voices of their disembodied friends, while in fact they were being deceived by an unconscious mental action going on in a disordered brain.

The question, "What is insanity?" will probably never be fully and satisfactorily answered; and one reason for this may be because there are so many different kinds. One kind makes the patient lively and hopeful: he believes himself a king, or immensely wealthy; and he is full of the wildest projects. Another kind of insanity is directly the reverse in its characteristics; it is called melancholia, and often sinks the patient in the depths of despair. Then there is softening of the brain, that ends in dementia, or total absence of intelligence, so that the patient does not know enough to eat or drink, although his body may be apparently in a healthy condition. But, generally speaking, insanity may be said to be a state of delusion in which the mental faculties, to which it would be necessary to appeal in order to dispel the delusion, are so paralyzed or diseased that they cannot be exercised. A few years ago, during the trial of an insane man in Chicago, it was asked whether there could be, strictly speaking, such a condition as partial insanity; that is, whether a man could be perfectly sane and responsible as regards all subjects except one or two. A very celebrated physician endeavored to maintain that it was impossible, because, he said, if one part of the brain was diseased, the whole organ, being in sympathy with that part, would be diseased also. It seems to me that, practically, this physician was mistaken. If the brain is the organ of the mind, there seems no reason why, notwith-

standing one portion of that organ may be in an abnormal state, the other parts may not perform their functions well enough. I have certainly seen insane men whose opinions in reference to certain subjects it would be safer to trust than those of some men that have never been suspected of insanity. The question of responsibility is, of course, what gives insanity, from a legal view-point, its chief interest. It is certainly a mistaken idea that no insane person is responsible. It does not obtain in the asylums at any rate; for discipline is very often maintained there by a system of rewards and punishments. If a patient misbehaves, he is informed that a repetition of his offence will put him back in some ward where his surroundings will not be so pleasant. This threat is seldom without avail, especially if the patient has once already had an experience of the penalty. This would seem to show that he knows good from evil, and has self-control enough to restrain himself from wrong-doing. There are some insane patients, though, of course, that have passed beyond the possibility of all self-control. It is plainly impossible to furnish any general rule by which to decide when a man is responsible and when not.

Insanity does not change a person's character so much as is usually believed. A distinguished English physician has said that, if there be anything in this world that is immutable, it is character. We meet with illustrations of the truth of this assertion almost every day. "Conversion" is believed, by many excellent church-people, to work a complete change for the better in a man's moral nature. But has any one ever seen a mean, close-fisted, narrow-minded man become, in consequence of conversion, liberal and generous? I trow not; and so even insanity seldom alters a man's nature much. For instance, the insane man may imagine people are plotting to kill him; he fancies he hears threats, and thinks he sees motions to carry them into execution. Now, if he be naturally a timid man, and a non-combatant, he will run, and try to escape; but if he is courageous by nature, and inclined to fight, he will act just as he would were all the circumstances really just as his disordered imagination pictures them. Compare the number of murders committed by insane men with those committed by men under the influence of alcohol, and the latter, in proportion, will be found to be greatly in excess. For my own part, I would sooner trust my life with an insane man than with one whose brain has been inflamed by over-indulgence in the liquors sold in the saloons and grog-shops. Before a person becomes insane there are two symptoms that almost invariably manifest themselves, insomnia and constipation. All the testimony I have been able to collect upon the subject goes to show this; and I have made very extensive

inquiries. There has never been a single case brought to my notice where the patient's mind was much drawn to any one subject that it did not, to a greater or less extent, prevent his sleeping, and always enough to excite the attention of those about him. For my own part, although I believed Guiteau to be a "cranky" individual, of very peculiar mental characteristics, I never thought him in a sufficiently abnormal condition to be called insane, and principally for this reason, that with all the intensity of his purpose to shoot President Garfield, and notwithstanding the "pressure" he alleged that he felt upon his mind, he was never known to lose a night's rest. He himself said that he always slept well. Now, an insane man, in the condition which Guiteau wished to make the world believe he was, would not have slept well. He would have been up and down in his room all night, and would have been a nuisance to any one trying to sleep in an adjoining apartment. Nor did Guiteau suffer from constipation. The absence of either of these symptoms would have been sufficient to occasion distrust as to his insanity; but the lack of both, to my mind at least, furnished conclusive evidence that he was a responsible man.

Before concluding this article, I wish to say a few words in behalf of a certain class of insane patients that, perhaps more than any others, deserve the sympathies of the public.

When I was convalescent, in the asylum, I attended an evening card-party, given in one of the pleasantest wards, for the amusement of those patients that were well enough to appreciate and enjoy such an occasion. I met a lady, a patient, who had been in the asylum three years. Although I could see that she was somewhat flighty, yet in all other respects she was quite an intelligent person. She told me that she had left at home her daughter, an only child, about fourteen years old, whom she had not seen in all that time. This lady's husband had virtually put her in prison, and had never taken the pains to call on her himself oftener than once a year, and had never allowed her daughter to visit her. Tears stood in the poor woman's eyes as she told me these things, and I had no reason to believe that she was deceiving either herself or me; and, upon inquiry, I found that her case was not an exceptional one. There are mothers confined in all our asylums, as there were in the institution where I was, who, while they are insane enough to warrant their being put under restraint, are yet sufficiently intelligent to be sensible of their condition, and, like the lady I have alluded to, be overwhelmed by the thought that they are in a hopelessly helpless condition, and may be kept imprisoned thus for years, or even for life, away from their kindred and friends, and from the little ones for whom their hearts yearn with an intensity that no human

being can appreciate, except some mother that has lost a child. This lady said she had known such patients, when talking about the little children from whom they had been separated, to sob and moan for hours at a time. But the law is inexorable. It says that a husband may confine his wife in an asylum if he can prove that she is insane, — and that is a very comprehensive word. In some States the certificates of two physicians will accomplish this purpose; and, when once a patient is shut up in a ward, there is no deliverance that can be depended upon, as I shall presently proceed to show. But not only do the women suffer in this way, for there are men whose affections are as keen and as strong as those of any woman, who long to be with their boys and girls, to see them growing to manhood and womanhood, but who know neither the day nor the hour when that longing shall be gratified.

In some of our asylums, if not in all, there is a disinclination on the part of the superintendent to take the responsibility of discharging a patient, even when cured. One superintendent explained it to me in this way. "There is," he said, "no certain way of knowing whether a patient is thoroughly cured. Now, if I discharge one such, while his friends do not wish him to be sent away, and he subsequently becomes insane again, I am held responsible, and it tells against my reputation, and, in some cases, I may be obliged to pay the expense of getting the patient back again into the asylum. For that reason," he continued, "I never like to discharge any one until his friends call for him. I keep them informed of his condition, and leave it to them to decide when they will take him away."

But, some one will say, there is a board of charities, or some such arrangement, by which the asylums are visited and such patients liberated. In most cases such visitors do not visit in the way the public imagines or the law requires. I have yet to learn of a case of deliverance effected by any such board. They go to the asylum, glance through the "crack wards," and then partake of a sumptuous dinner got up for their benefit by the superintendent, and that is all. But as to any careful search and investigation to see whether there are not patients whose conditions might not be improved, or whose sufferings alleviated, I never heard of anything of the sort, nor have I ever talked with any one that had. Now I am not saying that superintendents are cruel, nor that they do not do their duty. I am simply pointing out a system that affords every facility for the perpetration of the grossest and most outrageous injustice; and I leave it to the public to say whether any such system ever existed long anywhere without suffering the perversions which it seemed to invite. Some way should be devised — and a legal enactment

would be the best remedy — by which those who confine, or are instrumental in confining, persons that have children, should be compelled to see that the children are brought, a certain number of times every year, to visit the parent thus confined. Again, patients should have greater freedom in communicating with the outside world. As it is, every letter written by a patient is carefully read by the superintendent or some officer; now suppose a man is unjustly confined, and that the superintendent is an accessory to this false imprisonment, what opportunity would such an unfortunate prisoner have to obtain his freedom? The superintendent can prevent any letter going out that contains any reflections upon himself or the institution in his care. Should friends wish to see such a patient, all the superintendent need do is to say that he cannot permit an interview because the patient is excitable or sick, — any such excuse will do. It is always against rules for a patient to address visitors unless they come to see him particularly. But suppose a patient was successful in laying before a stranger a case of injustice, — what then? Why, the superintendent can say that the patient did not know what he was talking about; and that would end the matter with ninety-nine people out of a hundred, for every one knows how humiliating it is to appear to be deceived by an insane person.

Let the reader remember that I am not publishing this to bring a railing accusation against asylums or superintendents. While I was confined I was treated like a gentleman, and was shown every consideration by the superintendent and all the officers. I do not believe that in the institution where I was a case of unjust imprisonment could possibly occur while the present superintendent is in charge. What I wish to demonstrate is that the system *invites abuses* by making it so easy for an unprincipled superintendent to act in collusion with an unprincipled outside party, where there are financial or other temptations to deprive some innocent man or woman of his or her personal liberty. It is enough to say there is a writ of *habeas corpus*; but how is an unfortunate person in such a case to inform a lawyer that he wants such a writ issued in his behalf? And does any one believe that, if the Board of Visitors in New York could have been relied upon to do their duty thoroughly, any such outrage as that upon Mr. Silkman could ever have been perpetrated, or that it would have ever been attempted?

The "cottage system" has been spoken of as one means of rendering asylum-life pleasanter. But, although that system is better for the patients, it is not nearly so convenient for the officers; and, as these latter have always more to say on the subject than the patients, it is not likely that the cottage plan will ever be very extensively adopted. It is much easier to manage an

institution where everybody and everything are in one large building than where they are scattered in different houses. Nevertheless, if patients could have more of out-door life, — could move about in a flower-garden and breathe the fresh air and bask in the sunshine, — more than they possibly can while they are penned up in wards, they would improve mentally and physically more rapidly than they do. I do not know of any more depressing influence within the range of the possibilities than that which settles upon one who has recovered his senses in an asylum and is retained there until he recovers his health. The possibility of recovering one's health surrounded by insane people is what I have always doubted, and why I insisted upon leaving the asylum as soon as I did; and I never look upon such an institution without a heart-felt pang for the many sad and wretched beings I know it must contain; and with this comes the still more horrible thought that there may possibly be among them some who, in all justice and right, should be as free as I myself. — *Popular Science Monthly, September.*

BRAITHWAITE'S RETROSPECT

FOR July gives from the *British Medical Journal* some important observation, of Dr. Andrew Clark upon what he calls "renal inadequacy." Much close observation has convinced him that in a great many cases distinct from Bright's disease the urine is either deficient in quantity or in the amount of solid constituents, especially of urea. This deficient action of the kidneys is not only attended by a general lack of health and strength, but by "a curious inability to properly repair damages arising either from accident or disease." It exists, as a rule, in persons who "are always catching cold, and who, when they catch cold, do not get rid of it." Such persons, "without apparent reason, and without other existing disease, get pneumonias, pleurisies, pericarditis, and the like." Again, in such cases, "you can never be sure of the result of the performance of an ordinary surgical operation upon them." . . . "It is this class of people who have an abscess opened and immediately become what is called pyæmic." It was said some years ago by Sir James Paget, the eminent English surgeon, "Whenever I find a man in ill health, without definite cause for the ill health, I feel sure that my chances of success in operating upon him are diminished by at least one half." Later, his observations convinced him that such unhealthy conditions coexisted with low density of the urine, and he sometimes refused to operate when that symptom was present. Dr. Clark strongly advises for patients who are

troubled by weakness, dyspepsia, nervousness, disturbed sleep, and various unaccountable symptoms, that the urine should be examined. If it is found low in density, the exact secretion of twenty-four hours should be obtained; and if it is found to be in quantity under fifty ounces, of specific gravity less than 1,010, and that the urea in it is deficient in amount less than two per cent, it may be known with certainty that the kidneys are not doing their duty, whether there be albumen, or casts, or granular débris in the urine or not. To find the remedy for this class of cases may be difficult. Dr. Clark's experience is against any attempt to improve the patient's condition by a liberal diet, which is found to *diminish* the quantity of urea secreted and make the patient worse. The only treatment he has found useful is, to guard with extra care against all injuries and exposures, and let the food be plain, unstimulating, and kept strictly within the limits of nature's requirement. This course has been found to produce the best results, the density of the urine gradually increasing, while all the patient's troubles were diminishing. The cases, however, so far given by Dr. Clark are few, and it is not stated that any of them had gone on to complete restoration. With the increasing prevalence of kidney diseases, and the little that is known of their causes and treatment, every contribution upon the subject may be of value.

L. C.

WARING'S SYSTEM OF SEWERAGE.

REPORT OF THE COMMITTEE OF THE CITY COUNCIL OF DUBUQUE, IOWA.

THE following extract of the report of the sewerage committee in favor of the adoption of Waring's system for the sewerage of Dubuque is of interest, as the latest official account of the working of that system in Memphis, after three years' practical operations:—

In considering what method of drainage is the best for Dubuque, we have two systems to choose from, viz., the combined and the separate. The combined is that which provides for storm water and house sewerage by a single system of sewers. The separate system provides two sets of sewers, one of large capacity for storm water alone, and the other devoted to sewage proper, including the contents of privies, solid and liquid, kitchen slops, the waste from bath-tubs, laundries, manufactories, etc. The latter system, generally known as the Waring system, has had the attention of your committee, and, in our opinion, is the cheapest and most practicable, and in every respect, as we are now situated, the best adapted to our present wants and requirements. For the carrying off of storm water, Dubuque is already tolerably well provided, except in cases of excessive rain and in some few localities.

In the Waring system, the drains are usually constructed of tile pipe, of comparatively small capacity. The smaller the pipe the better, so that it be sufficient to carry the sewage. No space is left for sewer gas, and the sewage matter is carried off in a more rapid current and with less waste of water. An essential part of this system is the use of the automatic flush tanks, which are placed at the head of every lateral pipe and are filled by a gradual inflow of water, and when filled, at certain regulated intervals, to a certain height, are suddenly discharged into the pipe, thus creating a

rapid current, sweeping away its contents and preventing any accumulation. By means of frequent man-holes opening into the drains, the locality of any obstruction is readily ascertained, and by an ingenious method the obstructive matter easily and cheaply removed.

As the Waring system, in its adaptation to the drainage of cities, is comparatively of recent origin, and until within a very few years regarded as an experiment, your committee, before recommending its adoption in Dubuque, desired to avail themselves of the experience of our cities where it has been brought into operation. If there were any defects in the system, or in the manner of applying or constructing it, or any improvements to be made, we wished to find them out from those who had gained wisdom on the subject from actual use and observation. At Memphis, Tennessee, the system has probably had a more perfect trial than in any other city.

While there, the committee and city engineer made a very careful and exhaustive examination of the system and its workings. The city engineer, Major Miles Meriweather, and his assistants afforded us every facility for the investigation, and kindly gave us the fullest explanation on every point. The information thus derived as to the working of the system has been of the greatest benefit to the members of the committee in enabling them to fully understand and gain a thorough insight into the subject.

The result of the examination into the sewerage system of Memphis has satisfied your committee that it is, beyond all question, the proper system for Dubuque. Two points on which the committee were previously in doubt, to wit, whether the flush tanks could be used in so cold a climate as ours, and the practicability of keeping the sewer pipes clear of obstruction, without great expense, were both settled to our satisfaction.

At Memphis, as in Dubuque, there were many persons who bitterly oppose any improvement, and who at first consistently and strongly contested the adoption of a sewerage system, but at the present time, so far as your committee could ascertain, all had come to be pleased with its workings, and were loud in its praise. The only fault, as stated by the engineer, Major Meriweather, is one of construction, and is not serious. Although sufficient for present use, the main sewer, which is fifteen inches in diameter, was built too small, and will have to be enlarged before long. The lateral pipes leading to the main sewer are six and eight inches in diameter. The pipes leading from the private houses and premises are four inches in diameter. The open end of the four-inch pipe is carried above the roof of each building, thus furnishing an escape for any sewer gas that may be created in the pipes. All kitchen slops and the contents of every privy are carried away in the pipes. Of course no garbage is allowed to go into the pipes, but is required to be otherwise removed daily. By the rigid enforcement of these regulations, all accumulations of filth and unpleasant odors, and reeking miasmatic exhalations from the soil, which usually pervade the back premises and alleys in other cities, are there wholly banished. Nothing is left to breed malarial disease, and, in all human probability, Memphis will hereafter be a healthy city, and never again have cause to fear the breaking out of the dread pestilence which a few years ago desolated her streets.

In this report, which is intended as preliminary, it was not proposed to go into details as to the probable expense of adopting the Waring system of sewerage, nor the proper mode or means of carrying it into effect. In a subsequent report, your committee will be prepared to furnish, in connection with the city engineer, full estimates of the probable expense, and to make recommendations as may be necessary to enable the council to take intelligent action on the subject.

Respectfully submitted,

P. W. CRAWFORD,	} Committee.
H. E. DECKERT,	
THOMAS KAVANAUGH,	
THEO. ALTMAN,	

RELIEF IN CANCER.—Dr. Brandini, of Florence, has recently discovered that *citric acid* will assuage the violent pain which is the usual concomitant of cancer. He applies to the part pledgets of lint soaked in a solution of four grains of the acid in three hundred and fifty grains of common water, with the result of affording instantaneous relief in the most aggravated cases.

INCIPIENT CONSUMPTION.

BY A. J. HENRY, M. D.

LIZZIE W——, aged seventeen, tall, slender, hollow-chested; complexion, dark; *tubercular antecedents*. Was called to see her Jan. 2, 1883. She complains of a severe cough, which has troubled her more or less ever since she had the whooping-cough, six months ago. For the last three or four weeks has been rapidly growing worse; cough worse at night, with very profuse, thick, purulent expectoration; temperature 103°, pulse 120. Patient pale and emaciated; has night sweats, complete loss of appetite, with considerable thirst; *cough worse from lying on left side, and during the night*; some hoarseness, especially mornings. Auscultation revealed large mucous rales in lower lobe of right lung, with some dulness on percussion, and a great deal of *soreness to external pressure*. Prescribed *Phos.* 3^x in water, teaspoonful doses repeated every two hours. This remedy was continued a week without any improvement. I then prescribed *Sulph.* 2^o, a powder, dry, on the tongue, and left blank powders to last one week. At the end of the week I saw her again. Temperature was now 101°, pulse 100; has some appetite; food tastes good; cough better; does not raise quite so much, but the quantity is still large. Prescribed *Sulph.* 2^o, as before, with placebo for one week. At end of second week saw patient again. Temperature 100°, pulse 90; appetite good; bowels regular; patient gaining some flesh; cough better; expectoration decreasing; rests well nights. *Menses, which have been suppressed for several months, have made their appearance*. Patient able to do some light work about the house; lung improving. *Sulph.* 2^o, as before, with placebo for three weeks, at the end of which time her cough was well; temperature and pulse normal; appetite good; gaining flesh rapidly. Menses since that time have been regular. Patient has never had any other medicine. The right lung has cleared up, and respiration in the lower lobe nearly perfect.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF LEDUM PALUSTRE.

BY ALFRED C. POPE, M. D., LATE LECTURER ON MATERIA MEDICA AT THE LONDON SCHOOL OF HOMŒOPATHY.

THE *Ledum Palustre*, or marsh tea, is a small, evergreen shrub belonging to the natural order of the Ericaceæ. It is found in the damper parts of the North of Europe, in the Vosges Moun-

tains, and in similar districts in America and Africa. The parts used in preparing the tincture employed in medicine are the small twigs and leaves, gathered soon after flowering commences, which it does in April. The tincture is directed to be made with rectified spirits.

The original study of the physiological action of *Ledum* was made by Hahnemann and six of his pupils, and was first published by him in his earliest volume on materia medica, entitled *Fragmenta de viribus medicamentorum positivis, sive in sano corpore humano observativis*, in 1805. Incorporated with it are observations gleaned from the *Flora Lapponica* of Linnæus and the *Flora Russica* of Pallas, and a further very full proving has been made by Dr. Lembke, of Riga, which is reported in the *Allgemeine Homöopathische Zeitung* for 1848. These, with a few observations of no importance, are all contained in Allen's Encyclopædia of pure Materia Medica.

Until the time of Hahnemann, the *Ledum Palustre* had been but little employed in medicine. It had been used chiefly by the Swedes to destroy lice infesting oxen and pigs. Linnæus, however, tells us that it has cured violent headaches, and that it was at one time much in vogue in the treatment of a highly contagious form of angina, attended with convulsive cough, and a rapid and considerable swelling of the cervical glands, together with a low type of fever.

Whatever may be its virtues as a parasiticide, the experiments hitherto made with it do not show it to produce any very striking resemblance to the angina, while in some forms of headache they do indicate that it may be used with advantage.

Dr. Lembke, who took repeated doses of from five to eighty drops of the tincture, felt suddenly great weakness in the evening, followed by chilliness, which lasted an hour, and was sufficiently well marked to oblige him to cover himself warmly. Externally, the skin was quite cool. He felt also a very perceptible and general trembling of the muscles, with heat and heaviness of the head, the pulse at the same time being small and rapid. The whole night following this attack he was wakeful and restless; during sleep, he had confused dreams, and was aroused by frequent calls to micturition, which was attended with cutting pain. Many pains were also felt in the limbs, in the scalp, and over the walls of the chest. The next morning he awoke early; was excessively weak throughout the day; very chilly, and the skin of the limbs and scalp was very sensitive to the touch. He felt painful tearing in the bones of the legs, boring in the parietal bones, and, at intervals, flushes of heat in the forehead, with redness of the face, stitches in the throat, swollen tonsils, a small and rapid pulse, and general malaise.

In this slight sketch we have a summary of the action of *Ledum*. Headache; a peculiar feeling, as if a plug were in the throat; boring, pressing, and aching pains in well-nigh every joint, muscle, and bone. These, together with a miliary eruption on the skin, constitute the chief of the pathogenetic effects of *Ledum*.

The headache is, in some points, like that produced by alcohol. Dr. Lembke, when taking frequent doses of from ten to thirty drops, complained of vertigo while walking in the streets; he felt as if his body swayed to one side, to such an extent, indeed, that he was compelled to stand still until the sensation passed away. On his continuing his walk, the same sensation returned. Again, in a proving by one of Hahnemann's colleagues, we find a very analogous symptom to this. It is described as "excessive vertigo all day, even while sitting still, aggravated by stooping, and when walking it amounts to falling forward, as if from drunkenness, with a feeling of heat in the body, especially the face, without thirst and with pale cheeks and forehead."

The form of headache is very like that present in some cases of Menière's disease; and the aural symptoms produced by *Ledum* are also like those attending this form of vertigo, — such, *e. g.*, as deafness of the right ear; it feels as if stopped with cotton, and as though he heard from a distance; transient deafness, as if something were placed before the drums of both ears; noise in the ears, as from the ringing of a bell or from a storm of wind.

Hence, in gouty or rheumatic subjects, *Ledum* is a medicine which may be called for in Menière's disease in preference to the *Salicylate of Soda*. I say "gouty or rheumatic," because it is a kind of rheumatic gout that *Ledum* so closely resembles in the general disturbance of health to which it gives rise.

To revert to the headaches of *Ledum*.

The pain it excites is largely frontal. The forehead is hot and heavy, and a feeling of pressure is noticed, especially in the right temple. The chief morbid sensation, however, is one of "boring," especially referred to the frontal bone; and, though noticed as occurring on both sides, is most marked on the left. The "boring" sensation is further observed as occurring in the joints and bones of both the upper and lower extremities.

This boring pain is noticed also as occurring in the left temple, in the coronal suture, and parietal bone. The same kind of pain occupies the orbital bones; it extends from the forehead to the eyebrows and the lower margin of the orbits. A similar pain is also felt in the eyeballs.

The chief symptoms to be remembered in the headache of *Ledum* are the vertigo, with swaying to one side or falling

forward; a headache with sense of shaking or taking a false step; and boring pains in the bones of the head.

There is some increased secretion of mucus from the eyelids and conjunctivæ; the lids are agglutinated in the morning, but are not swollen or red. Lachrymation is increased, and there is some dilatation of the pupil, with slight indistinctness of vision. Dr. Dudgeon, remarking on these symptoms, says, that, "together with the general characteristics of the medicine, they would lead us to infer its utility in gouty and rheumatic ophthalmia."

In the throat Dr. Lembke noticed a feeling as if a plug were present, obliging him to swallow, associated with a feeling as if a foreign body were in the throat, which was repeated on going to sleep in the evening. Hahnemann refers to a sensation as of fine sticking pain, with serum in the throat.

The appetite is poor, and there is some degree of thirst. Eructations are frequent. Nausea occurs, with an accumulation of saliva; yawning, cold hands, and frequent chilliness over the back; and, again, these symptoms are associated with weakness and general perspiration. Further, there is a sense of pressure in the stomach and a dull pain aggravated by pressure.

The intestines are replete with flatus and the bowels are constipated. These symptoms reflect a state of imperfect digestion, such as occurs as a phase of many chronic diseases, rather than an independent affection.

We now pass to consider the indications we have for prescribing it in rheumatism or rheumatic gout, in which I think it ought to be much more generally used than I believe it has been.

First of all, we notice that it is osseous tissue which appears to come prominently under its influence.

I have already spoken of the boring pains felt in the frontal bones. Similar pains are felt in the zygoma, especially, though not exclusively so, in the left side; in both lower jaws; in the crest of the left ilium; in the sacrum; in the left elbow joint; in the thumb joints; in the left trochanter and tuber ischii; in the left femur and the right patella; in both tibiæ; in the malleoli, the tarsal and metatarsal bones. Thus you see the condition which is described as giving rise to a boring pain is present throughout the bones of the head and face, the upper and lower extremities, and in those of the pelvis.

The muscles are also the seat of pain. Then there is a great deal of stiffness in the nape of the neck, in all the cervical muscles, across the scapulæ, in the back and loins. Besides this sense of stiffness, there is a feeling of pressure, most marked in the lumbar region, together with occasional sticking pains.

Further, the shoulder and elbow joints feel bruised and heavy

and stiff. Tearing pains are noticed in the arms. Among many similar symptoms Dr. Lembke notices "tearing and pressure in the upper parts of both arms; violent tearing pains in the right humerus; bruised pain in the upper part of the left arm; a feeling of weariness, and a bruised sensation in the elbow joints and fingers, momentarily relieved by moving the joints; sudden violent boring pain in the bend of the left elbow, while the arm was perfectly quiet and partly flexed. So likewise in the forearm he felt a sensation of bruised pressure extending throughout. The wrist becomes swollen and painful. Drawing, pressive-like pains in the metacarpal bones; boring pains in the first joint of the right thumb, with a feeling of stiffness; pressure in the right finger joints in the evening; sticking and pressure in the first joint of the right thumb and fourth finger during rest.

Precisely similar symptoms mark the action of the drug in the lower extremities. The hip, knee, ankle, tarsal and metatarsal joints are all more or less swollen, and pressive, tearing, drawing, and bruised-like pains and stiffness are felt in them throughout. The limbs feel weak and cramplike, and drawing pains are noticed in the calves. The small joints of the feet are especially painful, and some tearing and burning pains are remarked in the soles of the feet. An eruption of fine pimples has been observed on the dorsum of the feet. Another symptom is described as "very severe gnawing itching on the dorsum of both feet; after scratching it always becomes more violent; it was only allayed after he had scratched the feet quite raw; much aggravated by the heat of the bed."

In the twenty-ninth volume of the *British Journal of Homœopathy*, Dr. Drysdale records an interesting illustration of the clinical value of this symptom, which is at the same time a testimony to the accuracy of the record given by Hahnemann. Dr. Drysdale writes as follows:—

"In April, 1870, a lady, who had come about her children, asked if anything could be done for a troublesome symptom that had annoyed her for some time, although she was otherwise in perfect health. It was a violent itching of the dorsum of both feet and the ankles, especially at night. In the repertories several medicines were given as having "itching in the feet"; but on referring to the materia medica, *Ledum* had the symptoms exactly. Accordingly some pilules moistened with the pure tincture were given, one to be taken night and morning in a spoonful of water. The patient reported some time afterwards that after the first day of taking the medicine the itching ceased and did not recur."

This is an excellent specimen of thoroughly homœopathic therapeutics. The symptom was troublesome as well as painful;

but it stood alone, — beyond it there was no evidence of ill-health. There were no indications from which the pathological state on which it depended could be made out. It was just one of those symptoms which, when mentioned to a medical man, are regarded as “nothing of any consequence,” and as not needing any medicine, unless a little zinc ointment or some anodyne lotion. But the careful application of the homœopathic law enabled Dr. Drysdale to prescribe successfully without any pathological hypothesis on which to base the selection of his remedy. Here was a symptom indicating the presence of some unknown morbid condition on the one hand, and on the other a drug which had, in a healthy person, produced a precisely similar symptom. This drug was given in a small dose, and immediate cessation of the symptom followed. It is an admirable example both of the reliable character of the symptomatology of our medicines and of one of the advantages of homœopathy. It also shows the necessity of studying the repertory and the materia medica when prescribing, especially in cases where no generalization is possible.

Before proceeding to point out the practical application of the symptoms I have just gone through, there remain one or two points for our consideration.

First of all, while *Ledum* produces some degree of chilliness, especially in the back, hands, and feet, it excites comparatively little true fever.

Secondly, nearly all the rheumatoid symptoms are worse during rest. Many come on while sitting still, and are relieved by movement. A few have been rendered worse by walking. Dr. Lembke says, “The pains in the joints were not worse on motion; on the contrary, while they lasted, they could only be relieved by moving the affected parts; when the limb was in motion, pain was much less severe than when it was at rest.”

Thirdly, I would have you remember that, while muscular structure is invaded by the influence of the drug, it is the bones of the joints, and particularly the smaller joints, that bear the brunt of its action. And once more I notice that it is chiefly, though by no means exclusively, on the left side of the body that its action is expended.

Now, taking these symptoms of pain in the head, face, back, and extremities and those of imperfect digestion together, and I think you will find them reflected in many cases of rheumatic gout of a subacute and also of a more or less chronic type. It is in this class of disease that it has been used with the best results. Further, I would suggest that, in prescribing it, you should not be hampered by the idea that you must give it in infinitesimal doses. It is a drug which, I am persuaded, may

advantageously be prescribed more materially than many. For example, in the two following cases of chronic rheumatism *Ledum* was used with the greatest advantage in an infusion and in the mother tincture. The reporter, Dr. Pflange, was a disciple of Rademacher, and he may therefore be described as a three-parts bred homœopath, for there is about Rademacher's method a great deal more of homœopathy than there is of the traditional therapeutics of the schools, albeit it is homœopathy without that differentiation which adds so much to the successful practice of our method. These cases are recorded in the ninth volume of the *British Journal of Homœopathy*.

"Mrs. Z——, a needlewoman, twenty-four years of age, two years married, healthy and robust, experienced one day last winter a paralytic pain in the right hip-joint on moving it. When at rest she felt nothing: the pain was aroused by walking only; it did not extend, but, according to the patient's description, was confined to the hip-joint. No swelling or redness at the affected part. I could ascertain no cause for this complaint.

"In selecting a remedy, therefore, I was forced to confine myself to the symptoms of the disease. I prescribed an infusion of *Ledum palustre*; but, as the druggist had not the plant, I was forced to do something else in the mean time. Agreeably to the doctrine of a widespread school, I made the diagnosis chronic rheumatism of the right hip, and prescribed a mixture in which were mingled several so-called 'anti-rheumatica,' thinking that the right remedy would discover his enemy and beat him out of the field. Along with this, I caused a camphor liniment to be rubbed in. In all this I was true to orthodoxy, to whose *ars longa* my long prescription corresponded. The effect, however, was not as I desired: the disease remained *in statu quo*. After a fortnight had been wasted in this manner the *Ledum* at length came to hand. I caused a scruple of this to be infused in a *chopin* (nearly equal to a pint) of boiling water, the infusion to be strained, and a tablespoonful to be taken every two hours. In two days the affection, which was much relieved the very first night, had completely disappeared."

"S——, farm laborer, fifty years old, came to me six weeks ago, and complained that for several years past, when he was somewhat longer on his legs than he was used to in his agricultural occupation, he was attacked in from one to two hours suddenly with the most violent pain in the hip-joint, giving the sensation as if he had boiling water in the joint; he then required to sit down, and needed often several hours of rest before the pains remitted sufficiently to allow him to walk on. No change was perceptible at the part; pressure was borne well; when at rest, and during his usual occupation in the fields, he never experi-

enced the slightest pain. In his early years, he had suffered, as he alleged, from itch and rheumatic pains in the joints; but no further effects or after-ailments had resulted from the former. With the exception of the above ailment, the patient was quite well. I ordered him to take that very morning six drops of tincture of *Ledum* (prepared with one part of the plant to ten of rectified alcohol) in a half cupful of water just before he had to make a long excursion on foot, when he would have to anticipate an attack. Three weeks after this he reported to me that after using the remedy for eight days he was already much better, for, during a walk of four hours, he had no occasion to stand still and rest himself, but had only felt a few slight shoots in the joint. After using it for three weeks he felt no pain, although he had a severe walk of five hours' duration, to come to me. The same was the case on the occasion of another walk of the same kind."

In both these cases considerable doses were given, and successfully; but, on the other hand, the late Dr. Clotar Muller, of Leipsic, states that he regards the third and sixth dilutions of *Ledum* as "a tolerably sure remedy for certain rheumatic sufferings, especially in the sacrum and the knee."

Ledum appears to produce some irritation of the larynx and trachea, which expresses itself in stitches and tickling, with a short dry cough. Hahnemann records expectoration of blood, somewhat profuse and bright red in color, as having been caused by it.

There is also heavy breathing on waking. Dyspnoea and difficult inspiration while sitting, with soreness of the sternum and a sense of suffocation, attacks of tightness around the chest rendering respiration difficult. Further, a sense of pressure on the walls of the thorax is repeatedly noticed. It extends over both sides of the chest and renders respiration difficult. This sense of pressure, together with muscular stitches, acute pains between some of the costal cartilages, with pressure and dull pain in the sternum, constitutes the chief symptoms evoked by the action of *Ledum* on the chest.

They all point to a rheumatic-like condition of the thoracic muscles rather than to any irritation of the mucous or serous structures of the lung.

In its action on the skin, *Ledum* produces an eruption like small millet seeds over the trunk or lower extremities, with itching during the day. The eruption is red and dry, and is the seat of stinging, itching, and needle-like sticking pains.

Teste, in his *Materia Medica*, says that *Ledum* produces an eczematous eruption, with a tingling itching that spreads over the whole body, penetrates into the mouth, probably also into the

air-passages, and occasions a spasmodic cough, which is sometimes very violent, and might be mistaken for whooping-cough.

He further states as "a remarkable fact," which he was the first to point out, "that *Ledum* is to wounds inflicted with pointed instruments what *Arnica* is to contusions." He proceeds as follows:—

"Guided by a few of its cutaneous symptoms, which seemed to me to agree with the use that was made of this drug in domestic practice at the time of Linnæus, I commenced with trying it against mosquito bites, and the result astonished me. A single teaspoonful of a tumblerful of water in which a few globules of the fifteenth dilution of *Ledum* had been dissolved, in a few minutes, I might even say in a few seconds, completely quieted the itching caused by the bite, without any external application being necessary. From mosquito bites I passed to the stings of bees and wasps, etc., as soon as an opportunity was offered, which, happily, was not very long. Here the result was less prompt, but still very satisfactory. In the space of two years, which followed these first trials, I treated with *Ledum* in the most satisfactory manner, 1st, several whitlows, which had been caused by pricks with the needle, or by stings of insects; 2d, a violent bite of a water-rat at the index finger of the right hand in a young man who was catching crabs; 3d, a serious wound in a young lady, who fell with an embroidering needle in her hand, which was pierced through and through. No hemorrhage had resulted from this accident, but I observed in this patient that intense cold which accompanies and characterizes the *Ledum* fever. In from six to seven days the patient was cured." — *Materia Medica, Hempel's Translation*, p. 76.

This generalization of M. Teste is not only a very shrewd one, but also one that has been fully substantiated by clinical experience. Dr. Helmuth, of New York, and Dr. Franklin, who held an important surgical post in the Northern Army during the war of secession in the United States of America, have testified to the value of *Ledum* in punctured wounds, in the treatment of which they have found it to be more useful than *Arnica*. For my own part, I have found it rapidly give relief to the stings of wasps and bees. In the *Hahnemannian Monthly* (September, 1875), Dr. B. F. Smith records the case of a boy ten years of age whose first appearance led to the opinion that he was suffering from urticaria, but on being asked what he had been doing during the day, the boy replied that he had been swimming, and that, while dressing, he had been stung by a "yellow jacket" on the right hand, and that immediately he commenced itching and burning all over and when he got home he "was all broke out." Dr. Smith then prescribed ten drops of the fifth dilution of tincture of *Ledum* in

half a glass of water, giving him a teaspoonful every half-hour. In two hours there was a decided improvement. Two more doses were given during the remainder of the day, and the next morning a messenger notified Dr. Smith that his patient was quite well.

Not only has *Ledum* proved remedial of the immediate effects of punctured wounds, but, as the following case, reported by Dr. Godfroid, of Namur, in the *Revue Homœopathique Belge* for October, 1875, shows, it is curative in such as are remote. A boy eight years old fell, having a pair of scissors in his hand, and, in doing so, penetrated the skull a little obliquely and with such force as to fix the points of the instrument in the bone. There was but little bleeding, and *Arnica* externally and internally was prescribed. Dr. Godfroid heard no more of the accident until three months afterwards, when the woman called with her boy and said that from the day of the accident he had been drooping. He began by appearing sad, seeking solitude, and eating little. Then he got thinner and weaker every day. As evening approached, he appeared restless and agitated. Then came on epileptiform attacks, lasting several minutes, and recurring at intervals during the night, which was sleepless. Dr. Godfroid found his patient pale and thin, with an air of terror and suffering. He could not even answer the questions addressed to him. The wound showed nothing noticeable. He gave him some globules of *Ledum* 12, to be dissolved in a glass of water, to be taken by spoonfuls. Forty-eight hours after the administration of the first dose the convulsive attacks ceased, sleep returned, and appetite also. A fortnight later he was quite well.

To conclude, you will find this medicine of most service in cases where the disordered health you wish to relieve is more or less influenced by the gouty diathesis; in headache and Menière's disease; in rheumatic ophthalmia; in chronic rheumatic gout; in eczema of the gouty type, when there is a good deal of thoracic irritation at the same time; and also in the immediate effects of the stings of insects, and in punctured wounds; while there is sufficient evidence to render it worthy of trial in the remote effects of such injuries.

It is a medicine which is almost exclusively useful in chronic disease.

Though it has been successfully used in somewhat high dilutions, there does not seem to be any especial advantage for preferring them to the pure tincture, of which you may give two or three drops twice or three times a day. A lotion applied to a bee sting, in the proportion of one part of the tincture to ten of water, gives relief very quickly. — *Homœopathic World, August.*

WE have received the following with the request that it be inserted in the September number of the GAZETTE:—

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

THE trustees of the Philadelphia College have just purchased a large lot of ground, on which they intend to erect the new college, dispensary, and hospital buildings. The ground is situated two squares north of the new public buildings, near the business centre of the city. It extends from Broad Street (north of Race Street) westward to Fifteenth Street, having a frontage of one hundred and six feet on Broad Street, and one hundred and forty-two feet six inches on Fifteenth Street. The entire length of the lot is three hundred and ninety-six feet. The cost of this magnificent site is \$104,500.

It is the intention of the trustees, as soon as actual possession of the property is obtained, to commence the erection of buildings thoroughly adapted in all respects to the needs of a first-class medical college. It is proposed to erect the main college building on the Broad Street front of the college grounds. This building will contain the lecture-rooms for didactic instruction, the museum, practical anatomy rooms, and the various laboratories for the professors and for practical work by the students in the departments of general and medical chemistry, physiology, microscopy, normal and pathological histology, etc., together with suitable rooms for practical exercises in the various manipulations of surgery, obstetrics, etc. Commodious apartments will also be provided for library, reading, and recitation rooms, and for all the conveniences and comforts of the students and teachers.

Contiguous to the college building, and between it and the hospital, will be the dispensary and polyclinic. This building will of course include the clinical amphitheatre, so arranged as to secure light from all sides, and will communicate directly with the hospital as well as with the dispensary. Here will be provided the reception and general prescribing rooms, besides rooms for special examinations in private cases, and for the management of all cases occurring under the heads of the various specialties. There will also be convenient apartments for the clinical professors, anæsthetic and recovery rooms, and rooms for special clinical instruction, demonstration and practice for individual students, or for small classes, especially in gynecology, ophthalmology, laryngology, and in general physical and chemical exploration.

The hospital will front on Fifteenth Street. It will probably consist of a central building and two parallel pavilions. Ample

room can be provided on the grounds for a hospital to accommodate two hundred and fifty or three hundred patients. The building will doubtless be erected in sections, and will be so constructed as to illustrate the highest and best principles of modern sanitary science, and provided with every convenience for the highest welfare of the patients and the greatest educational advantage of the students.

The faculty have succeeded in enlisting in behalf of the college the warm interest of a large number of the most active, influential, and wealthy business men of Philadelphia; and it is to the public and humanitarian spirit and the business sagacity of these gentlemen that the college owes its present exceedingly flattering prospects. At last, the alumni of the Philadelphia school, from the class of '49 to that of '83, are to have an institution in which they may feel a good deal of pride; for it is the full purpose of the faculty and trustees to place the institution upon such a basis as that, in point of efficiency, it shall be in no single particular second to any medical school in America.

The following is the latest from Vermont:—

RUTLAND, VT., Aug. 10, 1883.

Dear Doctor,—I wish to call your attention to the next annual meeting of the Vermont Homœopathic Medical Society, which occurs at Montpelier, Oct. 17 and 18, 1883, and ask your hearty co-operation towards making it both interesting and profitable. These meetings of late have been much better attended and more interesting than formerly, and we believe that no physician in active practice can afford to stay away. At this meeting it is designed to have more written articles than heretofore, followed by discussion of same, thus carrying out the ideas of bureau work more thoroughly. To this end, I make an earnest appeal to you to prepare a paper on some subject, or write out a report of some cases, and send me the title for publication as early as Oct. 10. If unable to attend the meeting, please send the paper to me, and I will refer it to its proper bureau for reading.

CHAS. A. GALE,
Secretary Medical Society.

SOMNAMBULISM. — Dr. Mossa (in the *N. A. Journal of Homœopathy*), speaking of the efficacy of *Phosphorus* in cerebral diseases, says, "A cadet suffered from furious somnambulism, and for fourteen months he was treated unsuccessfully in a hospital. The attacks came at night, and continued for two or three hours. He walked about in his sleep, and destroyed everything in the room; then he lies down again, sleeps for a few minutes, and recollects nothing of it after waking up. *Phosphor.*^{3j} one drop morning and evening, cured him in two weeks."

REVIEWS AND NOTICES OF BOOKS.

SOELBERG WELLS ON DISEASES OF THE EYE. Edited by Chas. Stedman Bull, A. M., M. D. Henry C. Lea's Son & Co. 1883.

A book of eight hundred pages. Why this new edition? The last American edition of this work was published in 1880, less than three years ago. The editor gives as his reasons the marvellous advance in the science of ophthalmology, necessitating many changes and additions in order to bring it up to the present state of knowledge on this subject. There have been comparatively few changes in the original text, but changes have been made in the order of chapters, and also numerous additions, which the present status of the subject seemed to demand. For instance, in the chapter on "Diseases of the Lids" a new method of blepharoplasty by Lardolt is described; also the editor's method of treating depressed scars of the face and lids by a combination of massage and traction, thus rendering the parts more movable and in better condition for the operation of blepharoplasty.

The section on "Purulent Conjunctivitis" of new-born children is entirely new. It is a pity that the marvellous efficacy of homœopathic remedies in such an important disease will not be recognized by these men. A few doses of the potentized *pulsatilla* or *mercurius vivus* or *chamomilla* might effect such radical changes for the better in a comparatively short time, with speed, certainty, permanency, leaving no unfavorable sequelæ, and aborting all suffering at the outset. However, there is consolation in the knowledge that they must come to it, however unwillingly, and that that day is not far distant. The section on "Chronic Granular Conjunctivitis" embodies the views of Sattler upon the nature of trachoma; also, in nearly every section of the book, additions have been inserted. Notwithstanding all this, comparison with the edition of 1880 reveals a less number of pages by fifty. This difference is due to the fact that less space has been given to headings; and, also, the size of the type throughout has been reduced, allowing of more subject matter in the same space, but sacrificing, it seems to us, the clearness of typography and facility for reading, so characteristic of the previous edition.

To those who have or have not the previous edition, we would say buy this, for you will find it instructive and profitable.

It is very neatly and firmly bound in half Russia, and altogether presents an unusually attractive appearance, thus scoring another success for those ever-competent publishers. []

OUR MISCELLANY.

IPECACUANHA AS AN OXYTOCIC.—Dr. Pitkin confirms the assertion that *Ipecacuanha* administered during tedious labor will augment the energy of the uterine contractions, and reports a case in support of his statement. — *Journal de Medicin de Paris*.

SUGAR OF MILK AS A LAXATIVE.—Traube recommends sugar of milk as a mild and trustworthy laxative, in doses of two or three drachms dissolved in half a tumbler of warm milk, taken before breakfast. — *Medical Record*.

A CASE of cirrhosis of the liver in a child aged three and a fourth years was shown by Dr. H. R. Hutton at a late meeting of the Manchester Medical Society, England. — *Louisville Medical News*.

ACIDUM NITRICUM IN SLIGHT CASES OF CONGELATIONS.—Where toes or fingers were slightly frozen, and for years such persons suffered from burning itching in these parts, Dr. Laputin, a Russian military surgeon, pencils daily once or twice a mixture of acid nitr. dil., aqua menth. a. a. partes equales on the affected parts. After three or four pencillings the skin turns to a brown color, a superficial eschar forms, and after it falls off, the skin beneath will be found perfectly sound. About two weeks' treatment suffices for a cure. — *N. A. Jour. of Homœopathy*.

RETENTION OF A FŒTAL HEAD IN UTERO.—In the following case (A. Valenta, *Archiv. of Gyn.*), the head, after version on one foot was made, was torn from the body by force. The mother remained eight days without assistance, after which time lukewarm injections were made into the vagina, in order to remove the disagreeable odor. This procedure was kept up for forty days, when the patient was first seen by the author. He found the cervix had returned to its normal size, so that dilatation was necessary, after which the macerated bones were removed singly by means of a polypus forceps. In spite of this unwonted negligence, symptoms of septicæmia never appeared, nor did the uterus show any desire to rid itself of this foreign mass. — *Weekly Medical Review*.

A HANDY WAY OF TESTING URINE.—Dr. Parry showed some small pellets made of sodic ferrocyanide and citric acid, for testing urine. For use, one was taken and crushed in a fold of clean paper and the powder dropped into a test tube. Urine to the height of an inch was then poured in and gently shaken, when at once a white precipitate is obtained and albumen is present. Neither the reaction of the urine nor the presence of phosphates in excess interferes with the test. Like nitric acid, these pellets cause a precipitate of any oleoresinous matter present in the urine. Dr. Oliver showed his urinary test papers. They are small bits of paper which have been soaked in solutions of one or other of the following reagents, and allowed to dry. The reagents are potassio-mercuric iodide, potassium ferrocyanide, picric acid, potassio-mercuric iodocyanide, and sodium tungstate. Similar papers saturated with citric acid are supplied with them. For use, the urine to be examined is first acidulated by one of the citric acid papers, and then one of the others is dropped in, and albumen, if present, at once appears as a white, opalescent cloud, or as a flocculent precipitate about the paper. Both methods were evidently very simple and handy. — *Med. News*.

A TREATMENT FOR PARAPHIMOSIS.—M. R. O'Connor, M.D., writes to the *British Medical Journal*, that about a year ago a child was brought to him suffering from paraphimosis. He could not reduce it by pressure, and was about to cut the stricture, when he was struck with the idea of winding ordinary twine firmly and closely from before, backward around the constricted portion of the penis, thus driving the exudation backward until he came to the stricture. On unwinding the twine, he found that the prepuce came forward without difficulty. It has since been repeated, always with success. There is very little pain attending the proceeding. (The procedure is not new.) — *New York Medical Journal*.

NEGLECTED MEASLES.—Dr. Danford Thomas in his capacity as coroner has directed public attention to the mortality which follows the neglect of measles. It is a common opinion among the poor that a child must have the measles, and that when it gets the disease it requires no treatment and but little care. This is a mistake. In the records of vital statistics it may be seen that it often proves more fatal in the large towns than any other zymotic disease,—more even than scarlatina. With medical and parental care, the disease generally does well. But without this it is liable to serious complications, and apt to leave disagreeable consequences.—*London Lancet.*

PERSONAL AND NEWS ITEMS.

- DR. E. FANCHET has located at Beverly, Mass.
- DR. M. RANSOM has removed from Nantucket to West Dennis, Mass.
- DR. GEO. H. TALBOT has removed from Beverly to Brattleboro, N. H.
- DR. J. D. DAY, from Middleton, Conn., has removed to West Cornwall, Vt.
- N. S. KNIGHT, M. D., class '83, B. U. S. of M., has located at Saugus, Mass.
- LOIS O. JACKSON, M. D., has located at 42 Sullivan Street, Woonsocket, R. I.
- C. M. BENNETT, M. D., is associated with Dr. G. L. Miller, at Putnam, Conn.
- DR. M. D. SMITH has removed from West Cornwall to Middleboro, Vermont.
- DR. H. V. REYNOLDS, class '83, B. U. S. of M., has located at Holbrook, Mass.
- DRS. EMERY & FULLER, both of class '82, B. U. S. of M., have located at St. Paul, Minn. Office, room 30 Mainheimer Block, and residence, 433 Dayton Ave.
- DR. HORACE PACKARD has removed to No. 694 Tremont Street, cor. of Rutland. Office hours 8 to 9 A. M. and 2 to 4 P. M.
- DR. W. H. WHITE has removed from No. 94 Warren Street to No. 612 Tremont Street, opp. Dartmouth.
- N. L. DAMON, M. D., class '83, B. U. S. of M., has located at North Middleboro, Mass.
- DR. HULDA MCA. PORTER has removed from Gardiner, Me., to 2208 Wabash Avenue, Chicago, Ill.
- L. LOUISA BRIGHAM, class '83, B. U. S. of M., has located at 25 Pratt Street, Hartford, Conn.
- EMMA A. PHILLIPS, M. D., has removed from Taunton, Mass., to Pawtucket, R. I. Office, Music Hall Building; residence, No. 16 North Main Street.
- DR. PALMER can be found at Hotel Huntington between the hours of 11.30 A. M. and 1 P. M. daily, until further notice.
- DR. F. C. SANBORN has sold his practice at Waterbury, Vt., to Dr. C. V. Lynde, class '83, of Hahnemann Med. College, Chicago.
- DR. J. P. RAND, class '83, N. Y. Hom. Med. College, is associated with his brother, Dr. N. R. Rand, at Monson, Mass.
- DR. L. ALLEN, class '83, N. Y. Med. College, has located at 800 Main Street, Worcester.
- DR. J. A. WRISLEY has removed from Manchester, N. H., and formed a partnership with Dr. C. C. Ellis, at Nashua N. H.
- DR. J. HEBER SMITH has removed his residence and office to No. 279 Dartmouth Street, Boston, opp. the Hotel Vendome. He will continue to devote special attention to office consultations from 2 to 5 P. M. His associate for Melrose is Dr. Samuel A. Kimball, of Bath, Me., who occupies his former residence.

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EDITORIAL.

CODES OF ETHICS.

IN a paper read before the Medical Society of the County of Onondaga, at the seventy-eighth annual meeting, Syracuse, June 12, 1883, entitled "Remarks on Codes of Ethics," by Alfred Mercer, M. D., many thoughts are put forth which are of the most preposterous nature, and which prove that, so long as such notions are held by those of the "regulars" who claim to be among the most advanced thinkers, but little can be expected of the great body of men who give little or no thought to this subject except as it is forced upon them.

The paper in question offered the following resolution to the society, which took no action whatever on it:—

Resolved, That, in view of the present condition of medical practice, it is the sense of this society that the interests of the public and of the profession will be best served by the abolition of all codes."

Following the discussion of this subject in the allopathic societies, and in the journals of both schools, the offering of this resolution was not strange, and would never have caused a question to arise as to its purport. But when it is followed by such elaboration and explanation as it is in this case, it seems lacking in good faith, and a gross transgressing of the "morals of trade," so highly lauded in this paper.

Immediately following this resolution, Dr. Mercer says, "It is not always proper or judicious, it is not always the best thing to do, to further even a good cause, to put the best thoughts of the wisest of men into law." This is very true, especially if that

law is to serve as a shield to their less wise fellows. The wisest of men are a law unto themselves, and ever will be, and unconsciously obey the laws of that unwritten code of ethics the interpretation of which is never put into words but is shown in deeds. It is a living out not only of the text of the code of life as written, but of the spirit which underlies the text and breathes through its every word. We have no doubt that the framers of that old code meant no bigoted law in writing it, but simply recorded the indices of conduct, — as signboards by the way, — leaving the broadest interpretation to follow.

Dr. Mercer calls the medical schools other than allopathic the “outside schools,” and says, “Here I must ask after the character and quality of the graduates of these outside schools. This I cannot answer.” This he *will* not answer. Why should he not know? Does not he and every other thinking man know that every one of these graduates would be welcomed with open arms if only he would renounce his allegiance to guiding laws and come into the blessed liberty of “our school”? Would one in a hundred be rejected? Is there not as fair a per cent of brains and energy and nerve and honest purpose among the adherents of the “new school” as among those of the “old”?

If, as is claimed, “the grounds upon which the regular profession has refused consultations have been ignorance and the practice of medicine under some form of fraud or deception, or some improved theory or dogma,” such ground is untenable, since ignorance, fraud, deceit are more characteristic offsprings of the “regular” practice, and theory can hardly be called improved when men, whose sincerity and honesty cannot be questioned, are willing to stake their lives upon it and can point to unequivocal results.

We do not for a moment urge that ignorance, fraud, or deceit are characteristics of allopathy, and should dislike to be so understood, but that men who are unprincipled, who in some way have obtained some knowledge — such as it is — of drugs, do flood the market with nostrums, with results of esecrt formulæ, — and this with untold harm to a certain class of society, — is a truth; and investigation will show that many of these truly quack medicines, if not most of them, are offsprings from the allopathic

schools, or are compounded by men who have obtained their information through such sources. The M. D. is conspicuous with some of their names, and many of them obtain a certain kind of recognition; yet he whose methods are an open book, and who is sincere in the following of his methods so far as they will apply, because he differs from a certain class who are in a majority in numbers, he is a fraud.

There are black sheep in all flocks; but it is not according to the "higher law," the unwritten law, to arraign the wisest choice of one set against the blackest selection of another. It would be more in accord with that "higher law" to treat all alike, to weigh this subject in relation to the best of each school, and thank Heaven the best of each is in the majority. In any other department of theory or science in the universe, this would be so. Yet mention medicine, and the just laws inherent in a man's nature seem to be reversed. Such a man is a rascal, *because* a homœopath. Let him renounce *homœopathy*, and he becomes a fine man, one to be highly respected, whose word may become law upon the very subjects where before his word was outspoken rascality. He is no better educated than before; but, because of his limited ideas upon one subject, and because of a certain consonance of those ideas with ours, he is an able, scientific, reliable adviser. Such reasoning as this can never be embodied in the action of the "higher law" of the unwritten code, — that code which is as high as heaven itself, and as universal as eternity.

Again, we are told, "The regular profession has always been eclectic, using all things, discarding nothing that could benefit the sick. It thus appropriates with a free and open hand all the good of homœopathy, — it would be recreant to duty if it did not. Is there anything wrong, any deception, fraud, or robbery, in this?" We answer, "Yes, it is wrong; the most wanton kind of wrong and deception, the boldest fraud and robbery." You acknowledge no good in it, yet use it. For what? There must be reason somewhere. You will not consult it openly, but will use it secretly, as if it were a hidden right. On the other hand, if the disciple of Hahnemann admits a certain limitation of the law of cure, and uses methods outside of that law, he is a thief. Why is it? Has he not a just right to treat his patient accord-

ing to the law *similia*, within that law, and if then it is necessary to step outside, — to produce emesis, for instance, in a case of poisoning, — to take the best means at hand to serve his purpose? Yet the cry is, “Hands off: that is *ours*. Let your patient die because Hahnemann’s law will not reach him:”

It is an absolute perversion of facts to say, “All there is left of Hahnemannism is a small remnant of the law *similia similibus curantur*.” The unqualified *facts* disprove it, not so much by the number of so-called homœopathic physicians, not by the trial balance of dollars and cents, but by the group of sincere, honest, rational, calm men who are daily trying to strengthen the weak places, to sift out the dross, and make more plain and unerring the valuable results; who are doing this quietly and without passion, bringing scientific training to bear from all sides, and multiplying continuously the fact that the law *is* a law, and is not at fault, but that those who use it are.

In regard to the matter of consultations, any man who meets another of a different school at the bedside, deep down in his inmost thought knows it is a consultation in the full sense of the word. To say “that such meetings are not consultations, the ‘regular’ making an independent diagnosis and prescription, leaving the homœopathic doctor to act as nurse,” is to wilfully and purposely evade the truth. Such reasoning may satisfy a weak conscience, or a more critical brother; but it can never falsify the facts of such a relation. What is it called when a homœopath is called to give counsel in a case where an allopath is in charge? Is the “regular” any less a nurse than if it were *vice versa*? Can you call one of your own school a nurse because you are asked to see a case with him, to help him by your advice, to throw additional light on an obscure case? Do you call yourself a nurse if you invite counsel? Some — dishonorable they are — may satisfy their “morals of trade” by calling the physician in charge a nurse, and their colleagues may allow them to go unchallenged; but they forfeit their allegiance to the highest of all codes and are untrue to themselves.

We thoroughly agree with Dr. Mercer when he says, “I believe among well-educated men the real differences are so slight that with a little Christian kindness and charity, a little giving up and a little coming down on both sides, we can meet in

harmony at the bedside for the good of the patient. There is some perverseness, something wrong somewhere, that we should be so far apart when we are so near together. I believe some way can and will be devised ere long by which educated medical men will come together."

The day will certainly come when honest men may meet and exchange honest opinions for the benefit of a life in danger, and this with no loss of prestige or dignity, but rather an increase of deference and respect the one toward the other, and with no result but benefit to the dependent sick. It is a disgrace to the nineteenth century and an insult to the fair name of science, that the bigotry of limited and limitable men interferes between her laws.

O.

ARE WE ASHAMED OF OUR PRINCIPLES OR OUR NAME?

"AN anonymous writer" in the *New York Medical Times* feels very much aggrieved, not to say indignant, because in a recent editorial we said, in speaking of the *Homœopathic Leader*, "It is not ashamed of our distinctive name, *homœopathy*, which we cannot surrender till the heaven has permeated the whole lump. In this respect it is quite unlike a few of our New York brethren, who, flattered by the willingness of some of their allopathic colleagues to consult with them 'or any other quacks,' have, in a moment of weakness, so far lost their manliness as to toady to them, and try to solicit their smiles by renouncing the word homœopathy, and by resigning their membership in homœopathic societies." This the *Times* calls a "gross libel," and we are now trembling lest the "anonymous writer" should visit upon us the vengeance of the law in a libel suit.

But before the legal battle begins let us calmly look over the matter and see how "gross" the libel is. In the first place, we suppose there is no doubt that there are a "few of our New York brethren" who have resigned their membership in homœopathic societies, and have proposed to renounce, as far as possible, the word "homœopathy," since the adoption of the new code, which allows its followers to wink just a little at the sin in others of being a homœopath, and to consult with them safely when a good fat fee accrues thereby. We do not care to say that this

smothering of principle is the humane act of taking the red rag away from the sight of the bull when he lies down tired of running after it; and yet it is possible this is done wholly in the interests of humanity. In the second place, *do* these New York brethren feel flattered at the proposed consultations? Well, we still suspect that there is with them a feeling of good-all-overishness at the prospect that these bitter opponents will pat them on the back and say, "Egad! you're a pretty good fellah, 'pon my word; and your money is as good as that allopathic fellah's, by Jove!"

In the third place,—and here's the rub,—have these New York brethren "in a moment of weakness so far lost their manliness as to toady to them"? We confess this to be a pretty bald way of putting it, especially when "one of the persons indicated" jumps up and says it is "a base falsehood." This makes us begin to suspect the ground of the "gross libel" to be the old principle in law, "the greater the truth the greater the libel."

There are men in our ranks who believe in homœopathy; who hold it to represent the greatest truth of therapeutics; who have been ready to defend it whenever it has been assailed; who have withstood the jeers and raillery of their professional brethren; who have had the cold shoulder turned upon them; who have been expelled from medical societies; and all because they would not renounce homœopathy, or consent to practise it in secret. These same men have founded societies which have fostered a knowledge of homœopathy; they have established colleges which could teach its students the principles and practice of medicine in accordance with homœopathy; they have founded hospitals and dispensaries where the poor could receive treatment in accordance with this blessed system, and they have seen all these institutions prosper, till opposition has lost much of its violence and asperity. These men do not purpose to be frightened, cajoled, or bribed into "surrendering the distinctive name *homœopathy* until, like good leaven, it leaveneth the whole lump." Some of these men have not chosen to have this word engraven on their doorplates or printed on their hat-bands. To do so would be a question of taste. This journal did not choose to add "homœopathic" to its modest title, but had it so done, and, after carrying such a flag through the thick of the battle, had

ostentatiously, on the first appearance of a truce, folded it up and contemptuously put it out of sight, the *Times* might possibly have characterized the act as one of wisdom, magnanimity, or bravery ; but we think that paper would have been justified in considering it a kind of courage of the "Who-struck-Billy-Patterson" class. The famous order of Gen. Dix gave a thrill of joy to every loyal heart in the land, and has done much to command respect for our national flag wherever it waves. A similar sentiment rests in the heart of many who feel a sense of security and safety under the protecting banner of homœopathy. With such our banner rests secure ; and we trust it shall neither be trailed in the dust nor rolled up and hid away. *

SOME DISEASES OF THE SCALP.

BY D. C. PERKINS, M. D., FAIRFIELD, ME.

THE scalp, in addition to being the location of many injuries of the nature of cuts and contusions, is frequently the seat of morbid growths, or idiopathic affections, often of a painful character, and sometimes yielding reluctantly to treatment. Non-malignant tumors are so common upon the head as scarcely to excite a passing notice, and every physician who handles the bistoury has occasion more or less frequently to use it for their extirpation. The sebaceous varieties require comparatively little skill for their removal, and do not usually return ; while the fibrous are not only more difficult to remove, but frequently grow again after excision. So long, however, as they are clearly of a non-malignant character, they occasion no great uneasiness to either physician or patient. But when these growths become the seat of pain, are vascular in appearance, and show indications of ulceration, they become not only a source of anxiety to the physician, but of extreme alarm to the person on whose scalp they exist.

In the long list of so-called skin diseases are found several, most frequently attacking the scalp, which, although classed as curable, often put the skill of the physician to a severe test. Among these is a form of prurigo, sometimes called Impetigo Scabida, and, nearly allied to this, Scabies Pustulosa and Tinea Capitis. These diseases are found in various degrees of severity, ranging from a few slight patches, to cases in which almost the entire scalp has been invaded, and not only denuded of hair, but

honeycombed with corroding ulcers, from which a gluey pus exudes in profusion. Suppuration goes on for a time, covering the affected parts with soft, tenacious scabs, which sometimes emit an offensive odor. During this time the patient complains of severe pain in the scalp, described as being of a burning, smarting, or stinging nature. If undisturbed, the ulcers cease to discharge, improvement takes place, and, when the patient begins to flatter himself or herself that the disease is abating, it suddenly returns in greater severity than ever.

When we approach the subject of treatment in these cases, many remedies present themselves; but *which* shall we select? There are cases to which no "made-to-order" prescription will apply, and which no single remedy will cure. The indicated remedy may be given at intervals of one to three days, until it appears to have exhausted its curative action, or until some other remedy is found to better cover the existing symptoms, when a change should be made. This change of remedies may be necessary once only, or several times, before a perfect cure is accomplished.

A few remedies, with their indications:—

Arsenicum. — Corroding ulcers on the scalp; pain of the scalp when touched; falling out of the hair; scalp covered with hard pustules; burning ulcers on the scalp; corrosive itching over the whole head; great heaviness in the head, with extreme anxiety; worse from cold and when at rest.

Carbo Vegetabilis. — The head is painfully sensitive to pressure, with severe itching of the scalp; bleeding ulcers, putrid, with burning pains, and discharging acrid, corroding pus.

Dulcamara. — Thick crusts on the scalp, causing the hair to fall off; herpes, moist, suppurating, pale, oozing water when scratched. Relief from moving about.

Hepar. — Humid eruption over the whole head, feeling sore, of fetid smell, itching violently in the morning, burning, and feeling sore on scratching; nodosities on the head, feeling sore to contact; eruptions, *very sensitive to contact* and feeling sore when touched.

Merc. Vivus. — Itching on the hairy scalp, with dry, burning, fetid eruption, like yellow crusts on the fore part of the head and temples; sensation of subcutaneous ulceration, painful at night in bed; falling off of the hair, mostly on the sides of the head, with humid eruptions; ulcers, corroding and easily bleeding.

Silicea. — Eruption on back of the head and behind the ears, dry, offensive smelling, scabby, burning, itching; when scratching it, the ulcer becomes more sore and discharges pus. Itching pustules and bulbous swellings on the hairy scalp and on the neck; very sensitive to contact. Tearing pain in the scalp,

worse at night. Ulcers, deep, fistulous, offensive smelling. Bad effects from vaccination.

Pulsatilla. — Tumors on the scalp, suppurating, and affecting the skull; tingling, biting, itching on the scalp, mostly behind the ears and on the temples, followed by swelling and eruptions; pain, as from subcutaneous ulceration or inward festering; fistulous ulcers, with copious yellow pus.

Other remedies, nearly or quite as important, are *Mezereum*, *Nitric acid*, *Sepia*, *Sulphur*, etc.

CUPRUM. — COPPER AND ITS SALTS.*

BY DR. P. JOUSSET.

SYMPTOMS OF THE CIRCULATORY APPARATUS.

PALPITATION of the heart, accelerated pulse. Orfila points out the reduction of the pulse to twenty-four pulsations a minute. Repeated faintings. Simmons points out the inflammation of a lymphatic vessel from the hand to the axilla, swelling, and pain of the glands of the neck and axilla.

SYMPTOMS OF THE TRUNK AND ITS MEMBERS.

Pains produced by copper, except cramps of the calves, are not very characteristic. Pains as of a bruise in the arms and legs; shooting and tearing pains, resembling those of neuralgia, particularly in the sole of the foot and its internal border; pain in the carpal bones, in the articulation of the thumb, in the fleshy part of the fingers; itching of the feet; a sensation of suffocation; of air bubbles circulating in the upper and lower limbs (?). All the pains increased by touch.

THERAPEUTICS.

Tradition, pathogenesis, and clinical observation of homœopathic physicians are agreed in recommending cuprum in the treatment of all those affections where a spasm exists, a disorder of muscular contraction. At the head of these affections we must put epilepsy, certain forms of hysteria, chorea, cramps, whooping-cough, laryngismus stridulus, asthma, and cholera; we come then to fever, with delirium, headache, tic-douloureux, nervous vomiting, dysentery, chronic diarrhœa (intestinal invagination); then answering to another mode of action of copper are cancer, phthisis, chlorosis, diabetes, croup, itching without lesion.

* An extract from a treatise on experimental medicine and positive therapeutics by Dr. P. Jousset, to be published in August, 1883. Translated from the "Bulletin of the Homœopathic Medical Society of France" by F. D. Stackpole, M. D.

Epilepsy. — The pathogenesis indicates copper in the treatment of epileptic dizziness, or *petit mal*; and in severe attacks, with sudden falling, twisting of the head, frothing at the mouth, cries like the croaking of a frog, or no cries; spasm of the pharynx; nocturnal attacks.

Hysteria. — Copper, which is indicated in the treatment of hysteria by its mental symptoms, corresponds principally to the severe attacks of hysterio-epilepsy, in which consciousness returns sometimes before the patient is able to open his eyes and speak. The application of plates of copper in the treatment of hysterical convulsions only owes its efficacy to the absorption of that metal by the skin.

In a certain number of cases observed at the Hospital Salpetriere, the external applications were sufficient, according to Burq and Charcot, to cause the complete cure of hysteria.

Chorea. — Copper has been administered sometimes with great success in the treatment of chorea.

Cramps, especially those which are situated in the calves, are certainly cured by copper in whatever diseases cramps occur. The use of copper in the treatment of cramps is becoming public property, especially since the works of Burq.

Whooping-Cough. — It is only in that form of whooping-cough which is accompanied by muscular spasms and convulsions that copper is suitable. It should be prescribed as soon as the fit of coughing is accompanied by purple coloration of the face, and rigidity of the limbs.

Laryngismus Stridulus. — Cuprum, which has been especially recommended by Richard Hughes, is very well indicated by the pathogenesis. An incessant, short cough with suffocation, cries, spasms of the larynx.

Asthma. — When the attacks are very spasmodic, with a tightening constriction of the chest, nearly to suffocation, and especially if the attacks are momentarily interrupted by spontaneous vomiting. Cramps and rigidity of the limbs confirm the indication for copper.

Cholera. — Copper is one of the three medicines pointed out by Hahnemann in the treatment of cholera. It is suitable principally when cramps are very numerous, vomiting excessive, violent, and painful. Employed by homœopathic physicians as a prophylactic remedy for cholera. This medicine has been extolled for the same purpose by Burq, applied externally. This is an expedient which has some value. Hahnemann was guided to prescribe copper as a prophylactic remedy for cholera by the immunity from it enjoyed by the miners employed in the copper mines. Burq has, in a very interesting work, shown that workers in copper in the city of Paris are also preserved from cholera.

Allopaths have tried the salts of copper in the treatment of cholera, but they have used the toxic doses and have not had success.

Delirious Fever. — The pathogenesis showed us that copper was indicated in delirious fever when that delirium was violent, accompanied by an impulse to bite, to spit in the face, at the same time to laugh. Schmid recommends it in delirium of eruptive fevers, in those which accompany a difficult dentition, in the last delirium of chronic affections. We think that it would be equally suitable in certain delirium of typhoid fever, and that it ought to be tried in meningitis.

Headache has been many times cured by large doses of copper. We have cured it sometimes by the application of a plate of copper on the painful region. Besides, this remedy is perfectly indicated by the pathogenesis; violent headache causing him to cry out.

Tic-douloureux. — We have already remarked in the pathogenesis, that certain symptoms of the face recalled tic-douloureux. M. Féréfol has prescribed very strong doses of the ammonio-sulphate of copper in facial neuralgia, and he thinks he has had success.

Nervous Vomiting. — Copper is especially indicated by the pathogenesis when the vomiting is complicated with cramps of the stomach.

Dysentery and Diarrhœa of Dentition. — The pathogenesis of copper offers a sufficiently exact image of dysentery with colic, causing cries, and sanguinolent stools. Cramps in the calves determine here the indication for copper. Eisenmann, a Bavarian physician, who cannot ignore the works of homœopathic physicians, has prescribed with success the sulphate of copper in the incoercible diarrhœa of dentition and cholera infantum. But he has had the mischief to add a small proportion of opium to this remedy to weaken the effect of copper. It is more simple and more efficacious to give infinitesimal doses of copper. Richard Hughes reports two cases of the cure of intestinal invagination by cuprum.

Cancer — Gerbier, Dubois (of Rochefort), and some others have prescribed copper in the treatment of cancer. This use of the remedy is to-day entirely abandoned, but there might be, perhaps, some interest in taking it up again.

Phthisis. — The dry cough, the spitting of blood, the dyspnœa, the excessive emaciation, cause us to think of copper in the treatment of phthisis; but clinical observation shows us that it is very nearly a complete failure.

Diabetes is cited by Pfundel as a disease cured by copper; but this author does not give any special indication for its use.

Chlorosis. — Praised especially by an Italian physician, Mendini, copper has also been administered with some success in the treatment of chlorosis by homœopathic physicians.

Croup. — It is not only as an emetic that copper acts in full doses in the treatment of croup, but also by its physiological action on the mucous and salivary glands, whose secretions it excites. The inflammation of the back of the throat, the dry cough, and the attacks of suffocation indicate again this medicine in the treatment of croup. Godefroy, Berengnier, Morel, Missons, and especially Hoenerkopf, cite numerous successes in the treatment of croup by copper in the emetic dose.

General Pruritus. — Prurigo without papule has been very happily modified by very small doses of acetate of copper (Lafargue de St. Emilion).

MODES OF ADMINISTRATION AND DOSES.

Metallic copper is usually prescribed in the high dilutions, from 12° to 30°, and the salts of copper in the low dilutions. The external application of copper is done by the aid of plates placed upon the skin.

The salts of copper are used in the composition of many preparations for external use: pencils of sulphate of copper for touching chronic affections of the eyelid and conjunctiva; eye salves with "*l'eau celeste*"; diverse liquids for injections, and among others the "*liqueur de Villate*." We only cite these preparations in order to remember them, they are almost unused among us.

SOME POINTS IN THE TREATMENT OF DIPHTHERIA.

[BY D. G. WOODVINE, M. D., OF BOSTON.]

No medical literature is more attractive to the eye of the conscientious practitioner than something written upon the subject of diphtheria, and there is no disease in the whole catalogue of those we have to treat where there is greater need of improvement than the one we have before us for consideration. One of the reasons for this is the fact that we are too well aware of our want of success in its treatment. Our experience has been one of vacillation, sometimes feeling we have made progress, and more times convinced from experience that we have utterly failed to cope with the disease; the intermingling of mild and malignant forms of the disease among all classes of society, surrounded by a variety of circumstances, giving rise to this experience. From such observations, it becomes patent to the ordinary practitioner of medicine that the disease is not properly understood. We

may well ask ourselves, "Do we really know anything definitely of its nature and character?" We know that great efforts have been put forth to discover its subtle nature. Its terrible effects upon the human race have aroused the best talent in the medical world to try and learn its character and stay its progress; but we have only to refer to their efforts and examine into their discoveries, which have been prominently set forth in the past few years, as a means to understand the cause and character of the complaint, to aid in the treatment of the disease, in order to see how unsatisfactory they have been.

The bacteria or micrococci theory of the disease advanced by one party as the cause has been completely set aside by another party of equally earnest experimenters. Notwithstanding these facts, we read in some of the recent productions of the medical press of the "regular" school that alcohol is recommended as a means of effectually destroying these parasites, as though it were more important to destroy them than to treat the disease as one requiring internal remedies. The fact that bacteria accompany generally all decomposing material is no evidence that they are the means by which the disease is made contagious; on the contrary, those who have stoutly opposed this theory have filtered out the bacteria from the fluid or menstrum in which they exist, and have introduced them into other living human organisms with impunity. The truth is, if we can put any dependence upon what has been stated by these parties who seem to have investigated this field of observation, we are really as much in the dark in regard to the true cause of the affection as we were twenty-five years since. A. McNeil, M. D., who has written a prize essay on this subject, says, "On summing up our investigations, we perceive that climatic influences are unimportant; that the humidity of the soil is of little moment; that neither heat nor cold produce nor destroy it; that elevation above the sea is immaterial; that bacteria are not the cause nor essence of the disease, nor even inseparably connected with it; that its contagiousness is established; that one attack does not protect against subsequent ones, but on the contrary predisposes to them; that there is more rationality in its being produced and propagated by telluric influences, as electricity, terrestrial magnetism and evaporation, and that their study offers the most promising field for investigation; and that the disease may have a native origin."

The idea that the disease has had a local origin has given rise to a variety of local treatment. The writer's experience is, that he is utterly unprepared to suggest any local treatment which can be relied upon. He has felt encouraged at times to believe, from the favorable accounts given of some disinfectant,

or antiseptic agent, that much might be done by neutralizing the poison in the throat by their local application, and has applied them with that object in view, and failed. There can be no doubt that we have been too credulous in regard to their efficiency. If these preparations, by simple evaporation, will destroy the germ of disease in the atmosphere, or prevent contagion when freely used, they should, when applied locally, have some decided effect upon the pseudo-membrane itself. We should expect to deodorize the breath and prevent the absorption of poison into the blood, if it be a local disease, by neutralizing the poison itself. All cases do not die where local treatment is used, — say the milder form of the disease, — but the great majority of the malignant cases do. The cases which occasion us the greatest anxiety are those we seem to be able to do the least for. It seems conclusive that the disease is not local, but constitutional, dependent upon not only telluric influences but also upon some special condition of the organism, which together give rise to those peculiar phenomena known by the term “diphtheria.” If this be true, — and we cannot see why it may not be, — the disinfecting or antiseptic agents are of no avail in any form of the disease. We may say that the history of prophylactics, so far as we know, does not encourage us to look to anything yet discovered for aid in the prevention or treatment of diphtheria. We have been too much influenced by those so-called discoveries in malignant cases. Feeling almost sure that the case was hopeless from the beginning, we have felt that, in order to make the most of the opportunity, and, in a measure, to satisfy the anxiety of friends, we must use these local applications during the administration of the homœopathic medicine. The writer is well satisfied, from experience in the treatment of diphtheria, that a patient does not stand as good a chance to recover with the use of local remedies to the throat during the internal administration of the homœopathic remedy as without them. There can certainly be no advantage from gargling or spraying the throat, with a view to destroying the bacteria, when they are simply the accompaniments and not the cause of the disease. The effect of such an operation, unless in some way productive of good, should be discarded, on account of its uselessness and offensiveness to the patient, and also because it not only becomes a local irritant, but in all probability a great hindrance to the proper action of the carefully selected homœopathic remedy.

The use of alcoholic stimulants internally, together with homœopathic medicine, requires our careful consideration; we are all familiar with the fact that they have been used more or less freely by practitioners of all schools in the treatment of diphtheria. The writer is not prepared to say that they have been

used without any system ; but he does not know by what. We learn from reading Dr. Richardson's experiments with the best alcohol on the human organism, that it produces, in large doses diluted with water, the following symptoms : temporary paralysis of the nerves controlling the superficial circulation, thus preventing the speedy return of the blood to the heart, the surface of the body being manifestly warmer than before the administration, and at the same time the heart's action is depressed. We can readily see that we can make good use of the poison when great debility occurs, and when there is threatened collapse. Here the reaction should be prompt, and can be best produced by small doses frequently repeated of methylic alcohol well diluted ; and when the conditions requiring its use have disappeared, it should be stopped, just as any other well-chosen remedy. The writer does think that the indiscriminate use of alcoholic stimulants is worse for the patient than the need of them. The nitrate of amyl acts in a similar manner as alcohol, and, possibly, might be used under the same circumstances.

The surroundings of the patient will hardly be thought necessary, by some, to consider, but we cannot pass them in considering the proper treatment of this disease. Wherever a case of diphtheria occurs, be it in hovel or palace, no time should be lost before the premises are examined, and directions given and action taken to remove all defects in sewers, ventilation, heating, and uncleanness. The food of the patient is not by any means a small matter to prescribe. Finally, proper care of the patient during the absence of the physician is imperative. There is no doubt that many cases of this disease die from want of proper care. We have known of cases where the simple announcement that the case is one of diphtheria has so overcome the parents that they were completely unfit to care properly for the child ; the evidence being, on returning to visit the case a second time the same day, that the directions given at the first visit were not followed. A competent nurse from the beginning until the case is out of danger will do much to insure successful treatment. Every hindrance to the operation of the proper homœopathic remedy should be removed. The writer does not suggest what the remedies shall be, but bespeaks for them a fair opportunity to act, and feels sure that an important advance may be made in treating diphtheria if the foregoing suggestions are carried out.

ANOTHER CARDIAC STIMULANT.—In Russia the *Adonis vernalis* is a popular remedy in cases of dropsy and cardiac disease. Exact experiments have recently been made with it by Dr. Bubnow, of St. Petersburg. It stimulates the motor and inhibitory ganglia of the heart, acting very much like convallaria and digitalis. Unlike digitalis, it is not cumulative in its action. A glucoside "adonidine" has been isolated by Arvello. It contains the active principles of the drug.

HAY-FEVER AND GOLDEN-ROD.

BY L. G. BEDELL, M. D.

DR. L. G. BEDELL publishes in the *Chicago Tribune* an account of her study of golden-rod, with a view to determine its relation to hay-fever as a cause. She says:—

“I determined to interview the solidago (golden-rod) family, and, if necessary, to make a tincture of both flowers and root, and test its disease-producing properties, but first, to study the formation and physical properties of its pollen dust. Accordingly I procured a fine bouquet of the flowers and prepared for an afternoon with the microscope; but I found, as I have with the abutilon, the hibiscus, and other members of the mallow family, that, though abundantly supplied with pollen, the flowers refused to part with even a single cell, however much I persuaded them by various mechanical methods. But by tearing a flower in pieces and examining its parts, I found connected with them many huge clusters of pollen cells, and, as I had already suspected, of a formation similar in form to the pollen cells of the malvaceæ (but very much smaller), which accounts for their “staying” qualities, being globular in form, with the surface thickly studded with sharp points like a burr, and which causes them to cling together and to whatever they touch, like masses of burrs. This fact led me to the conclusion that nasal cavities were not likely to be offended by the presence of this pollen, blown about by the winds, and was about to render a verdict of acquittal to the golden-rod as the cause of hay-fever when my interest was turned from the vegetable to the animal kingdom. Hunting in the field of the microscope over my slide, upon which I had vainly tried to shake some pollen dust from a cluster of flowers, for the cells which would not materialize, I found instead some very interesting insects of the Hemiptera order belonging to the Aphis (plant-lice) family, but wholly unlike and very much smaller than the common green aphis, with which we are all familiar. In fact, some of these were so minute as to be scarcely visible to the unaided eye, the bodies being not more than one fiftieth of an inch in length. As there were few of these, I still inclined to regard my first verdict of acquittal as good, but concluded to put my flowers in water for a few days, and then make another study of the pollen when more mature. At the end of three days I examined my bouquet, and found to my surprise that the mirror under the vase where it stood upon a pedestal was covered with pollen and insects. Bringing the microscope again to my aid, I found that the pollen was there not of its own accord, but as the guest of the aphis, these minute

insects being literally covered with these burr-like pollen cells (which are only about one two-thousandth of an inch in diameter), so that the insect, which is dark-brown in color, now appeared brilliantly yellow. By shaking the flowers, a shower of yellow particles fell upon the glass, in which were thousands of insects of all sizes, from an eighth to one fiftieth of an inch long, and of several varieties of aphides.

Now, would it not be well to turn our attention from the various plants supposed to be factors in producing hay-fever to the study of the aphis, which is found upon all plants, and upon all parts of plants, especially as it is one of the few species of insects capable of *parthenogenesis*, or reproducing its species in several successive generations of large summer broods, by a sort of budding process without fructification? Another fact, too, peculiar to these viviparous aphides is, that this method of parthenogenetic reproduction is cut short by the approach of cool weather.

It might be well to bring the microscope to bear upon the products of hay-fever, to discover if they contain the ova or larvæ of these or similar insects. A diseased condition from such a cause seems as reasonable as that from the presence of ascarides in other mucous surfaces.

SHALL WE EXTRACT THE FANGS OF LYCOPODIUM?

BY A. H. TOMPKINS, M. D.

THE GAZETTE for August has a summary of proceedings at the last meeting of the American Institute of Homœopathy, in which Dr. Smith, of Cleveland, is said to question the reliability of triturations of *lycopodium* after *one month*, on account of the tendency of the oil contained in that drug to become rancid. He therefore devised "a process of removing the oil, so that triturations made after this would keep indefinitely."

We cannot afford to sneer at the labors of any earnest men, who, with microscope or otherwise, are seeking to purge homœopathy of its dross. Neither, on the other hand, should these workers for the cause of truth wish their *dicta* to go unchallenged, when they draw conclusions from their researches.

Now, for the case in hand. The writer has had some experience with the trituration of lycopodium, and has watched the effects thereof, with objectives of sufficient powers to show the results perfectly. Hard grinding for three quarters of an hour in a glass mortar will usually break from one fourth to one third of the sporules, — enough to cause considerable coherence of the triturate from the amount of oil liberated.

The writer has observed the change in odor which a trituration

of lycopodium rapidly undergoes, and has ascribed it, as Prof. Smith appears to have done, to the rancidifying of its oil. He would also admit that one month is a period quite sufficient to witness the spoiling of this drug, *providing* that it *is* spoiled when rancid. But in the case of a preparation so *readily* becoming rancid, what assurance have we that *all* of our trituration provings were not made with the drug in that condition? Twenty-three certainly, and perhaps thirty-one, of the thirty-seven provers of lycopodium used the triturations (1x to 6x) in whole or in part. Twelve used the triturations alone. I say the "thirty-seven provers," since the last eight provings of the list in Allen's Encyclopædia were made with potencies from the 30th to the 100,000th, and therefore not entitled to carry much weight probably in Prof. Smith's estimation. We are not told what Hahnemann's eight provers used.

The probability is certainly very strong that a large majority at least of the trituration provers used the drug in a rancid condition. Admitting this, it follows that our pathogenesis of lycopodium is, in part at least, a picture of the effects of a rancid oil of lycopodium. Who shall say that in extracting its oil we should not be removing the very essence of its sick-making powers? At any rate, while the need of using a drug, therapeutically, in the same condition as it was taken by the provers is jealously insisted upon by all, would it not be improvement with a vengeance to purify our lycopodium by this extraction of, possibly, its very fangs and venom?

For the encouragement of those who may yet be willing to forego the use of Prof. Smith's *improved* lycopodium, I would say that my third decimal of trituration made three years ago is still fully answering the requirements of lycopodium as based on the recorded provings of Hahnemann's time and since. No longer ago than last June, it removed a chronic morning diarrhœa of eighteen months' standing within a week, and the case remained cured on the 1st of September. No change of habitat or diet was made by the patient. The stools were preceded by an hour or two of great commotion and rumbling in the abdomen, especially in the left side thereof. The patient was a lycopodium patient in every department of her mental and physical state. The early morning commotion disappeared with the diarrhœa, and she has improved in every bodily respect to date.

We will consider no fact trivial which Prof. Smith will bring us as the result of his patient research into the minute things of our pharmacology. We cannot have too much light for the establishment of what is true or the detection of what is false. But when it comes to stepping in between proving and prescribing to tinker the constitution of the drug, the basic law of homœopathy should be heard commanding a halt.

*HEREDITARY EVILS.—THE CARE OF THE HELPLESS
DEPENDANTS OF THE STATE.**

EXCERPTS FROM THE ANNUAL ADDRESS BEFORE THE STATE HOMŒOPATHIC MEDICAL SOCIETY, BY THE PRESIDENT, A. R. WRIGHT, M. D., OF BUFFALO.

I HAVE chosen for discussion this evening a medico-legal aspect of the heredity of pauperism and crime (in coexistence) with inebriety, insanity, and idiocy, as found in the dependent classes. On one point in connection with them, I ask your thoughtful attention; that is, the heredity of pauperism and crime, and the usual coexisting diseases and conditions, viz., alcoholism, insanity, and idiocy. The general doctrine of heredity is so nearly universally accepted by scientists and professional men, that we do not propose to discuss it here. Neither is it necessary in a society of intelligent physicians to produce any proof of the heredity of the diseases mentioned. You all recognize it in any critical study of the etiology of these diseases in your patients. Perhaps the heredity of alcoholism is not so readily accepted as the others, and we make room for the following references: Ribot† says, "The passion known as dipsomania or alcoholism is so frequently transmitted that all are agreed in considering heredity as the rule. Not, however, that the passion for drink is always transmitted in that identical form; for it often degenerates into mania, idiocy, and hallucination." Gall speaks of a Russian family in which the father and grandfather had died prematurely the victims of this taste for strong drink. The grandson, at the age of five, manifested the same liking in the highest degree. "Trelat, in his work 'Folic Suicide,' states that a lady of regular life and economical habits was subject to fits of uncontrollable dipsomania. Her mother and uncle had also been subject to dipsomania." Putzel‡ says "There is no doubt that inebriety may be transmitted, and I have myself seen a few cases in which several examples were presented in the same family." Dr. Morel§ says, "On examination of one hundred and fifty children of the commune, ranging from ten to seventeen years, this examination has confirmed me in my previous convictions as to the powerful effect produced by alcohol not only in the individuals who use this detestable drink to excess, but also in their descendants. On their depraved physiognomy

* Published in full in the *Homœopathic Times*, March, 1881.

† Th. Ribot on Heredity, p. 85 *et seq.*

‡ P. on Nervous Diseases, p. 62.

§ Traite des Degenerecences.

is impressed the threefold stamp of physical, intellectual, and moral degeneracy."

The medical literature of the present day abounds in proofs of the effects of alcoholism in producing insanity and idiocy. Austie* says "That the nervous enfeeblement produced in an ancestor by great excess in drink is reproduced in his various descendants with the effect producing insanity in one, epilepsy in another, neuralgia in a third, alcoholic excesses in a fourth, and so on." Hess† found in a Swedish asylum that half the insane men had been drunkards. Evidence more frightful even than this of the ravages wrought by alcohol is furnished by the effects of the removal of the *heavy tax* on alcoholic drinks in Norway. In eleven years (1825-36) the percentage of increase for the whole population was, in mania, forty-one per cent, melancholia, sixty-nine per cent, and dementia, twenty-five per cent. Worse even than this was the effect upon the rising generation, for *idiocy* increased one hundred and fifty per cent. That this increase was due to the augmented consumption of alcohol was shown by the inquiry made by Dahl, who found that out of one hundred and fifteen idiots sixty per cent were the children of drunken fathers and mothers. But our purpose being at present to note particularly the existence and heredity of crime and pauperism in close connection with the diseases named, we refer again to Morel, who traces the effects of intemperance in one family and sketches it as follows:—

First Generation. — Immorality, depravity, intemperance, and sottishness.

Second Generation. — Hereditary drunkenness, maniacal attacks, general paralysis.

Third Generation. — Hypochondriac tendency, homicidal proclivities.

Fourth Generation. — Intelligence hardly developed, stupidity leading to idiocy.

Despine, in *Physiologie Naturelle*, gives several cases of heredity of crime, one of which, the Jean Chrotien family, whose history for three generations we condense as follows: Though there were but sixteen persons in the three generations, ten were convicted of capital offences, six of which were murder.

Dr. Despine observes the tendencies of such families of criminals to unite, thus conferring the hereditary transmission; he also remarks, "The fact demonstrated by Ferrus and Lelut, that insanity is much more frequent among criminals than other persons, goes far to prove that crime and insanity are closely con-

* Reynolds' Cyclopædia, Vol. I. p. 675.

† Brain Work and Overwork, H. C. Wood.

nected." Ribot says, "The number of criminals whose ancestors have given signs of insanity is very great." Bruce Thompson, in his recent work on the hereditary nature of crime, adopts this conclusion and supports it by figures. He says, "On a close acquaintance with criminals of eighteen years' standing, I consider that nine in ten are of inferior intellect, but that all are excessively cunning." To show the connection of pauperism also with the diseases mentioned, we have for reference recent statistics from the very ground on which we would apply the remedy. In 1877, Dr. Charles S. Hoyt, secretary of the State Board of Charities of New York, presented to the Legislature of that State a report relating to the "Causes of Pauperism." The statistics then compiled were carefully gathered by members of the board, and other intelligent men, from personal observation and inquiry into the condition and history of the inmates of each of the almshouses of the State. They noted the history and condition of each person, and also that of his family, living or dead, for three generations. But the obvious difficulty in obtaining such items from such sources, especially in the large cities, would color the aggregate more favorably than the *real* facts would warrant. The names of Dr. Hoyt, President Anderson of Rochester University, W. P. Letchworth of Buffalo, Pruyn of Albany, Roosevelt of New York, are an assurance that this report presents the most reliable statistics we know of on the subject under consideration. Some of these notes give sad family groups, as follows:—

A man aged eighty-five years, with a son feeble-minded, forty-five years old, a daughter forty years of age, also feeble-minded, and a grandson eleven years old, an idiot, born in the poorhouse; the first an inmate forty-five years, the second forty years, the third thirty-five years, and the fourth eleven years, making an aggregate of one hundred and twenty-six years spent by them in the institution, or nearly thirty-five per cent of the time spent in the house by all of its other inmates; and it was said that several other members of the family had also been paupers. A man aged sixty and his wife aged thirty-nine years, and an illegitimate child of the latter, five years old, born in the poorhouse; the woman, with her mother, one brother, and six sisters, was formerly an inmate of the poorhouse of an adjoining county; after being discharged, she married, and soon lost her husband by death, since which time she has had three illegitimate children, two of whom are dead; her present husband a pauper at the time of their marriage. A man and his wife, the former aged thirty-nine and the latter thirty-seven years, with three children and a grandchild,—the parents said to be useful and the children intelligent,—two brothers and a sister, aged respectively twenty-two, nineteen, and sixteen years, all feeble-minded, the parents feeble-minded,

and also five other of their children. A feeble-minded woman aged thirty-eight years and unmarried; admitted when twenty-three years old; father intemperate and mother died in the house, a pauper; has had two illegitimate children. An unmarried girl, eighteen years of age, having two illegitimate children, the youngest of whom, an infant, was born in the house, was early orphaned, and entered the poorhouse when only seven years of age; the mother a pauper; and she has had one brother and two sisters, also paupers; is thoroughly debased and offers but little hopes of reformation. A man seventy-two years of age, a widower, five years an inmate, is uneducated, very intemperate, and has been in jail for drunkenness; has had four deaf-mute children educated in the State institution, three of whom are now living and provide for themselves. A weak-minded single woman, twenty-six years old, dependent from birth, the father, mother, and two brothers having been paupers, and her child, a deaf-mute girl, six years old, born in the house. A single man, thirty-one years old, twelve years an inmate, a paralytic, of intemperate parents, both of whom were paupers, and died in this house. A married woman, twenty-six years of age, frequently in jail for intoxication, two years an inmate, with a male child three years old, and an infant girl aged two months; led a vagrant life in childhood, the father, mother, and four sisters being paupers; is debased and thoroughly degraded by sensual and immoral practices, and gives little promise of reformation. Two feeble-minded sisters, the elder aged twenty-one and the younger fifteen years, the former an inmate of the home eighteen years, and the latter from birth; both maternal grandparents, as well as father, mother, and other near relatives, have been paupers, and most of them intemperate; the degeneracy of the family renders it probable that other dependants may spring from it unless stringent precautionary measures are adopted. In Kings County, out of 1,870 inmates, 942 are sure to remain dependent for life.

The insane department of these institutions presents similar pictures, as follows: Single woman, aged twenty-one, two years insane, but has not been at any State asylum; is frequently violent, and is said then to require close supervision; maternal grandfather, father, and mother, and also one brother, said to have been insane. An unmarried woman, forty years old, insane ten years, and three years in the institution, was at the State asylum two years without improvement; father and other members of the family have also been insane. A married woman, twenty-six years of age, insane two years, during one of which was under treatment at the State asylum; mother died insane, and a maternal uncle and aunt were insane. A woman thirty-five years old, married, and abandoned by her husband, sixteen years

insane, two of which were spent at the State asylum and the balance mostly at this house. An unmarried man, twenty-five years old, insane three years, and treated first at the State asylum; the mother was feeble-minded and the maternal grandmother died insane; one maternal aunt bore two illegitimate children in the poorhouse, another, with a child, was an inmate of the house six years, and another led a dissolute life, and was also a pauper. A married woman, fifty-one years old, and the mother of two children, was taken insane at the age of twenty-nine, spent two years at the State asylum and the balance of the time in this institution; father and mother were paupers, the latter dying insane. A man thirty years of age, single, and insane ten years, was at the State asylum for a time without improvement, and is wholly dependent; the mother died a pauper, and an idiot brother, eighteen years old, has been in the house since ten years old.

Similar cases might be repeated *ad libitum* from said report; but such details are not pleasant reading, and we refer to schedule 15 for more definite and instructive figures on the coexistence of pauperism and the diseases mentioned, showing by counties the number of dependent insane, idiots, and inebriates of pauper families for three generations. Thus, in the poorhouse of Ontario County, there were 113 inmates. These, together with their ancestors for three generations, living and dead, represented 90 families; and in these families there were 168 dependants, 26 insane, 12 idiots, and 103 inebriates. In Columbia County, 118 inmates represented 114 families, had 143 dependants, 12 insane, 32 idiots, and 127 inebriates. In Yates County, 32 inmates represented 26 families, of whom 59 had been dependent, 4 insane, 2 idiots, and 31 inebriates. In Kings County, 1,876 inmates represented 1,668 families, 2,039 dependants, 755 insane, 23 idiots, and 977 inebriates. Herkimer County had 77 inmates, representing 67 families, 128 dependants, 21 insane, 12 idiots, and 64 inebriates.

The total in the almshouses of the State was 12,614 inmates, who represented 10,161 families, whose members for three generations, living and dead, had among them 14,901 dependants, 4,968 insane, 844 idiots, and 8,863 inebriates. What more convincing proof could we have of the heredity of pauperism with those diseases? In round numbers, here are 10,000 families, who have produced 15,000 paupers, or 3 paupers for every 2 families; of insane, about 1 for every 2 families; of insane idiots and inebriates combined, about 15,000, or 3 to every 2 families. Can you conceive of such a community of festering evil and not believe that heredity was a powerful factor in producing it? Yet a more alarming illustration has been worked out by Dr.

Dugdale on the Jukes family in this State. Most of you are doubtless familiar with it. Springing from one wicked woman, born about 1753, there has been a progeny of 12,000, of whom 280 were pauperized adults, 140 criminals and offenders, 60 habitual thieves, and 7 murderers, besides a long list of licentiousness which we will not transcribe. On a careful enumeration of the expenses of arrests, trials, imprisonments, arsons, loss of time, etc., he estimates the money loss to State and society at \$1,308,800 in the short period of the last 75 years, and by a single group of 1,200. Yet he says they are not an exceptional class of people, for their like may be found in every county in this State. In all this large class there are, as charitable workers find, many who can be reached and improved in condition, some taking places in good families, which are the only natural reformatories. Yet, after deducting all such as may possibly be improved and made self-sustaining, there will remain a large class, which we might call *incurables*, from whom the taint of evil cannot be removed. These, from their condition and environments, cannot voluntarily adopt any means for their own improvement. Through the course of heredity they will continue the entailment of their disease, crime, or pauperism, thus burdening the State with a sad mixture of evils. Can this be prevented to any great extent, and if so, how? are philanthropic questions of great import, and should interest a profession into whose care these unfortunates are largely placed. As an indication of what we would suggest to prevent the increase of this great evil, we would ask what would have been the result had the heads of the Jukes family, the Chretien family, and others of the same ilk, been cared for in asylums, separating the sexes during the child-bearing period? Contemplate the benefit to State and society, in the case of the Jukes family, of the amount of crime that would have been unknown and criminals unborn, besides one and a quarter millions worse than lost, "not taking into account the entailment of pauperism and crime of the survivors in succeeding generations, and the incurable diseases, idiocy, and insanity growing out of this debauchery and reaching farther than we can calculate." The direct or physical effect fades in comparison with the measureless amount of pollution that is cast upon the State and community by such a family.

At the beginning of the present century, one Malthus, a practical philanthropist, and clergyman of the Established Church of England, had the boldness to propose, as a cure for the increasing pauperism of that country, an increased prudence in marriage among the poorer classes, claiming that, unless you have this, improvements in other respects are of very little consequence, and that the temptation to crime in squalid and hopeless poverty

causes a great moral degradation of character. But Malthusianism was the synonyme for degradation, and Malthus, after being abused by politicians and churchmen for more than half a century, has, in the present day, as defenders of his theory, such noble minds as Fawcett and Mill, who believe it is the only cure for pauperism, and that the general operation of checks to population from prudential reasons indicates the diffusion of a high morality.

Sound political economy cannot deny the inherent right of the State to take means to perpetuate its citizenship in an improved condition. To accomplish this, its duty is to adopt all proper and practicable measures to prevent deterioration in its poorest subjects, for all combine to make up the character of the body politic.

While it is admitted that the State has no right to interfere with or abridge the right of its most humble subjects, except for the strongest reasons, we think, as a police for the health, jurists and legislators on impartial investigation would decide that government has an undoubted right to exercise restrictions on the reproduction of a progeny that is only a curse in the community. Henry Wade Rogers, in a late number of the *Princeton Review*, says, on a similar subject, "Certainly it is a seeming absurdity that a State should be possessed of the power to legislate for the prevention of offences and at the same time be denied the right to put forth that power to eradicate the cause of almost all offences; that it should be under the necessity of burdening itself with an enormous taxation for the support of the poor, the insane, and the idiotic, and at the same time denied the right to remove the cause which makes this enormous public expenditure necessary."

In the belief of the "survival of the fittest," some may contend that families affected by evil heredity will become extinct through their own inherent weakness pitted against the moral strength of the better class. Granted that this *may* be, though not at all probable, the cases of the families cited show that *several* generations of society would be infected in morals and burdened in taxation before any extinction through self-limitation could take place; and it may be some will think these suggestions in advance of the age, that is, in advance of public opinion of the community. As an index to the opinions of those who have given the subject the greatest thought, who have shown the most active interest, and who are in positions to judge intelligently, we wish to make a few brief quotations. Dr. Hoyt, in the report above referred to (p. 196), says:—

"The element of heredity enters so largely in the problem of pauperism that it should receive special attention. The degraded, vicious, and idle, who, when in good health, are always on the

verge of pauperism, and who, at the approach of old age and illness, inevitably become paupers, are continually rearing a progeny who, both by hereditary tendencies and the associations of early life, are likely to follow in the footsteps of their parents. There is a large number of families throughout the State who are kept together by private and public charity, the sole end of whose existence seems to be the rearing of children like themselves. The line of pauper descent is very difficult to break; but, unless vigorous efforts are directed toward this end, the number of the dependent classes will grow in a constantly increasing ratio.

“Few persons who have not given detailed attention to the subject realize how much vice and pauperism, idiocy and insanity, are hereditary. It is believed to be the duty of society to take positive measures to remedy this evil. What forms these measures should take, and how far the effort should be carried, present the most serious questions which press upon the legislator. It is a subject to which little attention has hitherto been given, at least outside of treatises on physiology; but the time is rapidly approaching when its importance will compel the attention of the moralist as well as the law-maker.”

Dr. Nathan Allen, of Lowell, Mass., in a paper read before the conference of charities at Cincinnati, says, “Who are paupers? What is their history and character? What caused or made them paupers? Careful observation shows that large numbers have certain characteristics in common, making what may be called a pauper class, and continue as such for generations. In every large almshouse is found, to some extent, a permanent set of inmates, who have connections in the same or in other almshouses, and whose parents and ancestors have been frequent inmates in such establishments. There is such a thing as families breeding pauperism, and perpetuating it for generations. It is found that they have peculiarities in organization and character which can be traced back to the same or similar causes. The now celebrated ‘Margaret, mother of criminals,’ reported in New York two years since, furnishes a striking illustration of hereditary crime. An investigation was made, through the New York Prison Association, in the jails and prisons of the State, extending back six generations, which resulted in tracing out nearly three hundred criminals descended from one wicked woman! If a thorough inquiry were made on this subject, doubtless other similar illustrations would be found. If the truth could be known, we believe a large amount of crime would be traced back to hereditary influences.”

Dr. Kerlin, superintendent of a State institution for feeble-minded children at Medea, Penn., says, in a paper on “Causa-

tion of Idiocy": "In twenty-seven per centum of cases of idiocy we find as a concurrence *imbecility and insanity begetting idiocy*, thus introducing a very serious question for the law of the State to settle, viz., whether marriage of the evidently unfit shall be tolerated, and whether pauper imbeciles shall continue to entail on the community a burden of woe and expense that heaps up in misery the further it descends.

"It seems incredible that, in an enlightened community, a woman should go on giving birth in succession to five microcephalic idiots, three of whom survive, to be supported at the expense of the State so long as they shall live.

"It seems incredible that a female insane pauper should have been discharged two successive times from a county house, returning to a drunken husband to become twice *enceinte* with defective or idiotic progeny.

"It seems incredible that a husband living with a wife who is known to be insane should go on bidding into being successive imbeciles and incompetents, apologetically explaining that his wife was in better health while *enceinte*.

"It seems incredible that there should be a county in Pennsylvania where the inbreeding of paupers and pauper imbeciles of the same parentage is possible, until a large family of wretched creatures is issued to scatter and propagate an infamous blood."

A prominent clergyman, who has had a large experience in charity organization societies in England, and the projector of all such societies in this country, when asked for an opinion on this subject, answered promptly, "I would take a hint from the stock breeders and prevent the reproduction of the dangerous class."

President Anderson, of Rochester University, who gave me the keynote of this paper, in a recent letter, says, "I am glad if any words of mine have led you to an investigation of this all-important subject. I believe it to be the duty of all medical men to study it with care. . . . You will find that the class of persons who are miserably poor are more likely to marry young and rear large families than those who are wealthy or expect to become so. The tendency of increase is, on the whole, greatest among those whose children are most likely to become public charges."

Hon. W. P. Letchworth, of the New York State Board of Charities, who has just completed an extended tour of investigation among the eleemosynary institutions of Europe, writes, "Your proposition, though seemingly bold, from the lack of public enlightenment on the subject, will eventually be accepted." Perhaps the first practical step in this direction in America was the presentation of the subject by Mr. Letchworth, some years since, in a State convention of superintendents of the poor, held at

Poughkeepsie, and the securing of a pledge from that body to co-operate in attempted legislation to provide custodial care of idiots. In mentioning the experimental institutions at Newark, Wayne County, for idiotic and weak-minded girls and women during the child-bearing period, Mr. Letchworth writes, "I believe there are about one hundred there at this time, who, but for this arrangement, would be breeding children in the poorhouses or elsewhere. What our board desires further is a similar institution for male idiots." The Newark asylum referred to originated through a lady member of the State board, who, in her official visits to the county poorhouses, was shocked to find more or less imbecile and idiotic females the mothers of illegitimate children. She reported the matter to the board, and the result has been the opening of this asylum, where about one hundred of these unfortunate females are properly cared for.

REVIEWS AND NOTICES OF BOOKS.

THE LAW OF SIMILARS: ITS DOSAGE AND THE ACTION OF ATTENUATED MEDICINES. By C. Wesselhoeft, M. D. Boston: Otis Clapp & Son. 1883.

Under the above title, the author presents to the profession the substance of some special lectures delivered at the Boston University School of Medicine before an audience consisting of students, physicians, and interested friends. The lectures are an attempt, and a successful one, to give a scientific reason for the existence of homœopathy. We find the following questions are considered: first, the important subject of materia medica, the author insisting that it was the absence of exact knowledge of the materia medica which created a new school in medicine whose aim and object is the perfection of this neglected branch. An excellent definition of materia medica is given. The bad effect of the old custom of classifying medicines is referred to, the ground being taken that their uses thereby became limited. A sketch illustrating the discovery of the law of similars is given; as also are sketches of the disease-producing power of drugs. An energetic protest is made against maliciously or ignorantly alluding to the formula, *Similia similibus curantur* as the "theory of the homœopaths." *Similia similibus curantur* the fact, is one thing; an explanation of the fact is quite another.

Then follows an inquiry into the action of remedies; the various theories which have been advanced are reviewed, and

certain well-founded objections to Hahnemann's own explanation as given in paragraph 29 of the "Organon" are made, the author offering in its place an explanation which, by its clearness and simplicity, commands consideration, viz., that medicines act as curative agents by *re-enforcing* the *vis medicatrix nature*.

Part second is devoted to the subjects of the "Dose, and the Action of Attenuations." The author's position on the question of the dose is already well known to all who are conversant with the homœopathic literature of the past few years, and who know the results of the author's personal investigations into the effects of trituration of insoluble substances. The misuse of the word "infinitesimal," and the confusion and discord to which it has already given rise, are considered sufficiently good grounds for dropping it altogether. The entire argument concerning the dose is noteworthy for the absence of personalities and of mere theorizing. Plain, matter-of-fact statements are made. In attempting to explain the action of attenuations, the author makes use of very forcible and original illustrations, which, drawn as they are from well-known facts of nature, cannot fail to commend his theories to any reasoning mind. Very few books of thrice the bulk of this little pamphlet offer us, in so condensed a form, so much scientific thought and sound argument. Its usefulness is not restricted to members of the profession, though the physicians are few who would not find in it some new thought; but we would also cordially commend it to those of the laity who desire in an intelligent and tolerant spirit to investigate the claims of homœopathy. †

TYPES OF INSANITY. An illustrated Guide in the Physical Diagnosis of Mental Disease. By Allan McLane Hamilton, M. D. New York: Wm. Wood & Co. 1883.

The most important feature of this work is a series of detached plates. These are drawn from instantaneous photographs of selected typical cases of mental disease. A description of each case accompanies the plate. The cases were selected from the large hospitals of New York. As not only the patients but the moment for photographing them were carefully chosen with a view to this work, the plates may be regarded as most valuable typical representations of the human face and figure in the diseases they are intended to illustrate, which are idiocy, imbecility, melancholia attonita, chronic melancholia, subacute and chronic mania, dementia, and general pausis. A plate is devoted to affections of the ear and condition of the teeth in the insane. There are in all ten plates. The accompanying text is clearly and concisely written, and an additional value is given to the work by the chapter on the "Commitment of the Insane," abstracts of the laws of various States being given. †

THE FAMILY HOMŒOPATHIST. By E. B. Shuldhham, M. D.
London : E. Gould & Son. pp. 152.

This little book has reached its sixth edition. It differs from the preceding edition in very few particulars. We find on page 9 a recent table of statistics, showing the number of homœopathic physicians, hospitals, societies, and the like in the United States, a few lines of the fifth edition being omitted to allow its insertion. A few advertisements, chiefly of homœopathic publications, are to be found at the end of the book. These, with the appearance of the name of a different publishing house on the title-page, and the use of a tinted, heavier paper, form the differences between this and the fifth edition. It is a book admirably adapted to its purpose, and only needs to be more widely known to become deservedly popular. ‡

CLINICAL COMPANION. By Wm. H. Burt, M. D. Chicago :
Gross & Delbridge. 1883. pp. 251.

Prefaced by a few general remarks on the pulse, temperature, the urine, milk, diet, poisons, etc., this little book is really a compendium of the treatment of diseases, which, together with prominent symptoms, are arranged alphabetically for ready reference. Probably *index* would better express it, as remedies are merely mentioned and their importance indicated by the arrangement and the type, without mention of their distinguishing features. Under each heading comes also a list of *adjuvants*, embracing dietetic and hygienic hints and remedies outside of the homœopathic law. The purer homœopaths will, of course, object to parts of these sections. Taken as a whole, however, this little manual will save considerable work in facilitating reference to the materia medica, and will probably prove popular, as have the other works of the same author. ¶

MEDICAL AND SURGICAL ELECTRICITY. By Beard & Rockwell. Fourth edition.

This work has been carefully revised and some portions rewritten. In the department of Electro-Physics, the writer shows his familiarity with the best modern research. In Electro-Physiology there is not as much change, but it is in Electro-Therapeutics that we find the most extended study and careful experiments. The chapter on Extra Uterine Pregnancy reveals a great advance in the treatment of this complication, which has, until recent date, been regarded as fatal. The author is a concise and clear writer, and the work is thoroughly readable.

OBITUARY.

LEMUEL BLISS NICHOLS, M. D.

LEMUEL BLISS NICHOLS, M. D., one of the oldest physicians in Worcester, died at his residence on Friday, Sept. 28, aged sixty-seven. He had been confined to the house for four months by Bright's disease; but his death was very sudden at the last. He was born in 1816, in Bradford, N. H., where his father was a physician. He was graduated from Brown University in 1842, and, after teaching for a short time, pursued his medical studies in Philadelphia until his graduation as a physician. In 1849, he adopted the homœopathic practice and settled in Worcester, where he lived until his death. He attained a high position in the profession and leaves many to mourn the loss of a skilful physician and kind friend. He had long been a prominent member and officer of the Worcester County Homœopathic Medical Society, was for many years its president, and remained its vice-president at his decease. While he was president of the society, it was his custom to entertain the members with an annual dinner at his residence. Dr. Nichols leaves a wife, daughter of the late James Anthony of Providence, R. I., a son, Charles L. Nichols, M. D., his successor in practice, and four daughters.

CHARITY JAMES, M. D.

CHARITY JAMES, M. D., died at the residence of her brother, in Des Moines, Iowa, Oct. 4, 1883, of tuberculosis of the lungs.

Dr. James was a member of the class of '80, B. U. S. M. She was beloved by all who knew her for her genial, kindly manner, and unselfishness of heart, and her early death is lamented by all.

WILLIAM GALLUPE, M. D.

WILLIAM GALLUPE, M. D., was born in Plainfield, Conn., Aug. 30, 1805. The history of the early career of Dr. Gallupe is, like that of many other self-made men, one of toil and self-denial. He worked upon his father's farm, and attended district school and academy as he had opportunity, alternating the same by teaching school himself. He regulated his academic studies in reference to the pursuit and practice of medicine, for which he early showed a decided taste.

In the fall of 1826, he commenced the study of medicine with his brother, Dr. Benjamin Gallup, at Lebanon, N. H. While with him, he attended five courses of medical lectures, — two at the Clinical School of Medicine, at Woodstock, Vt., and three at Dartmouth College, and received his medical degree in November, 1830.

In April, 1831, by invitation, he entered upon the practice of his profession at Plainfield, N. H., a few miles removed from his alma mater.

In September, 1833, he located in New Ipswich, a small town in the same State. In May, 1837, he again changed his location, this time to Concord, Mass.

In the spring of 1840 his attention was called to the new science of homœopathy, — a youthful, but most vigorous claimant of public notice. A reported case of entalgia cured in a few hours, which had resisted the most skilful treatment of Boston's best physicians for several days, first led him to examine what was well termed "the new law of cure." He investigated the matter most thoroughly, and, to use his own phrase, "felt happy to find it based upon true philosophical principles of induction."

He at once decided to adopt the homœopathic principle as his guide in practice, and immediately commenced to inform himself upon the literature of the new science. But how meagre was it compared with that of the present day! Hahnemann's "Organon," of which he was always a close and critical student, a small edition of Hering's "Domestic Physician," and a few copies of the "New York Examiner" were almost the only books pertaining to the new practice then published in the English language. But with that pluck and determination which characterized the pioneers of our faith, he taught himself German, and by that means

became conversant with the current teaching of the time. He was the contemporary of Drs. Hering, Gregg, Flagg, Wild, Spooner, Swan, Holt, Luther Clark, the elder Wesselhoefts, and others, yes, and of Hahnemann himself, for even then the "sage of Coëthen," in the gay Parisian capital, was delighting the aristocracy of Europe by his fascinating genius, evinced by the novelty and brilliancy of his cures.

In June, 1844, Dr. Gallupe removed to Bangor, Maine. To quote from his own memorandum, "At that time there was no representative of the practice east or north of this place on the continent, and the nearest practitioner of the school was Dr. John Payne, of Belfast, forty miles distant, and Dr. W. E. Payne, at Bath. From that time he continued in the faithful and conscientious practice of his profession until his death.

He was thrice married. His only son by his first wife was an eminent electrician. His sudden and untimely death a few years since was a great blow to his father, who never really recovered from the shock. Two daughters and his widow survive him, who have always been most faithful and earnest in furthering the interests of husband and father.

Dr. Gallupe became a member of the American Institute of Homœopathy in 1846, two years after its organization.

He joined the Maine State society in 1868, the year after its incorporation. He would have been one of its charter members had not his time been occupied in defending a malpractice suit, which he eventually won, after several weary years of misrepresentation, care, and anxiety. He was one of its censors, and treasurer for several years, and president in 1877.

He never published any complete book or pamphlet, but assisted the late Dr. W. E. Payne in the proving of *Lilium tigrinum*, and prepared many valuable papers of clinical cases and a résumé of the proving of remedies, which were read before the American Institute and the State society.

Dr. Gallupe was eminently a man of domestic tastes and habits. It was while he was at work about the home he loved so well that death came to him so suddenly, on the morning of Feb. 13, 1883, the immediate cause being without doubt the rupture of an artery in the brain.

OUR MISCELLANY.

THE MORTALITY REFERABLE TO ALCOHOL. At the end of a long and carefully prepared report recently drawn up by a committee of the Harveran Society (*British Medical Journal*), it is concluded that there is, upon the whole, reason to think that in the metropolis the mortality among any considerable group of intemperate persons will differ from that generally prevailing among adults, in the following important particulars, viz.: a fourfold increase in the death from diseases of the liver and chylopoietic viscera, a twofold increase in the deaths from disease of the kidney, a decrease of half as much again in those from heart disease, a marked increase in those from pneumonia and pleurisy, a considerable increase and an earlier occurrence of those from disease of the central nervous system, a marked decrease in those from bronchitis, asthma, emphysema, and congestion of the lungs, a decrease nearly as great in those from phthisis, and a later occurrence, or, at least, termination of the disease, a very large decrease in those from old age, with an increase in those referred to atrophy, debility, etc., and the addition of a considerable group referred in general terms to alcoholism, or chronic alcoholism, or resulting from accidents.—*N. Y. Medical Journal.*

EFFECTS OF HORSEBACK RIDING.—A physician who makes a specialty of rectal diseases writes a long article on the effect of horseback riding on those who are troubled with piles. His conclusion is that horseback exercise is not prejudicial, but is rather apt to be beneficial in such cases. He says that in Bellevue Hospital a gymnastic movement is practised to cure hemorrhoids. "It consists simply in trying to touch the toes with the fingers without bending the knees. It not only strengthens and develops the muscles of the abdomen, but also those of the legs and thighs. It assists the action of certain remedies, and thus aids in a cure."—*American Homœopathist.*

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EDITORIAL.

ANOTHER AMERIGO.

A RECENT issue of the *New York Medical Journal* (Oct. 6, 1883) records a discovery by an allopathic physician of Laurel, Ind., viz., that "*Rhus toxicodendron* is a curative agent of the greatest certainty in some forms of chronic rheumatic affections of fibrous tissues, especially what is commonly termed sciatica." He goes on to say that "the powdered leaves, the infusion, and the extract are nearly inert." So this bright and original genius gathers the well-developed leaves, cuts them fine, and while still fresh, macerates them in alcohol for two weeks, filters, and his medicine is ready for use, — no, not quite ready, for he goes a step further in his original experimentation, and dilutes with alcohol according to the decimal scale, and administers two drops of the third decimal dilution morning and night. Think of it! One of the "regulars" administering two thousandths of a drop of *Rhus tox.* twice a day for sciatica! Why, scientific medicine should be expurgated of anything so homœo — beg pardon: it's all right, so long as that frightfully quackish and unscientific term is not applied to it. One step further and we are done. This eminently successful investigator finds that from these two thousandths of a drop twice a day he sometimes gets *aggravations*. Shades of night! Can the ghost of Hahnemann longer rest in peace? Surely, he will stalk abroad, seek out this genius, and present him with a case of thirtieths!

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THIS school has completed the first ten years of its existence, and now enters upon its second decade under the most encouraging conditions. When it was first established there was doubt even among its best friends as to the necessity for such an institution, and whether it could prove a success and a permanency. The Harvard Medical School, which had been established ninety years, had but little more than sustained itself, and the three other medical schools of New England were in a languishing condition, while two had already died from lack of support. It was the belief that there was something more to be taught in medicine than any of these schools had offered that gave confidence to its friends. The numbers that have flocked to it show that it filled an existing want. Already more than three hundred graduates have gone from its halls well prepared for their work. That it has been a success is best shown by the position its graduates are taking. Among them are to be found to-day some of the most successful practitioners in New England, who, though young in the profession, command the respect and confidence of their associates. They are to be found in nearly all the States of the Union, even to the Pacific coast. They are in the Sandwich Islands, Australia, South America, Asia, and Europe. They have taken honorable positions in the hospitals and medical schools of Europe, and the diploma ranks equally with those of the best medical schools of this country. That it is a permanency is best attested, not only by its university connections, but by the loyalty of its alumni, and the fact that it is now better equipped and has a more efficient and capable staff of instructors than ever before. Its pecuniary resources have been carefully husbanded and steadily increased, while the present year largely adds to the accessible hospital accommodations for the students.

The dispensary, also while deriving great advantage from the school, yields an opportunity for the students to see upwards of ten thousand patients annually in every form and variety of disease. Various changes have been made systematizing more carefully the methods of instruction. The year has been divided into three terms of exactly ten weeks each, and to each term, from the beginning to graduation, certain definite studies are

assigned. The number of students in attendance the present year exceeds one hundred, and the requirements for admission have been made more strict than ever before.

Aside from many other marked improvements, we may note the fact that this school has secured the services of one of our most learned and distinguished physicians, Dr. Richard Hughes, of England, to deliver a course of twelve lectures on *Materia Medica* and *Therapeutics* in May next. These lectures will probably be open, not only to the students, but to physicians generally. By those who made the personal acquaintance of Dr. Hughes when in attendance on the World's Congress in Philadelphia in 1876, and by the much greater number who are familiar with his acquirements and experience in his specialty as well as the grace and tact with which he imparts to others from his own full storehouses of knowledge, this announcement will be received with the satisfaction and enthusiasm it so fully merits.

Let us trust that the next decade will do as much for the advancement of this school as the last has done, and let every physician in New England feel that he has a personal interest in making it a still greater success.

THE GIRL IN MOURNING.

A SUDBURY BALLAD.

“A simple child, dear brother Jim,
That lightly draws its breath
And feels its life in every limb, —
What can it know of death?” — WORDSWORTH.

I asked a little simple child,
That wore black ribbons on her head,
Whom she was mourning for. She smiled,
And mentioned that her aunt was dead.
Where did your aunt reside, my dear?
“Over to Marlboro,” she replied.
“She had been feeble more 'n a year,
And last Thanksgiving day she died;
And she died of the shocanum* palsy.”

My heart within began to melt, —
A sudden tear-drop forced its way.
You say your aunt in Marlboro dwelt,
And died upon Thanksgiving day;

*“*Shock o' numb palsy*,” an old-fashioned form of speech, in New England, to distinguish *paraplegia* or *hemiplegia* from “shaking palsy.”

But what your aunt died of, my dear,
 I did not fully understand.
 "Well, she was sick about a year, —
 She had the ringworm on her hand;
 But she died of the shocanum palsy."

What sort of palsy, love? said I.
 That name I never heard before.
 This was my little maid's reply:
 "I've told you twice, and won't no more."
 I prithee, sweetest, once again, —
 What was it killed your suffering aunt?
 She answered, "I will tell you, then;
 But if you ask again, I sha'n't:
 She died of the shocanum palsy."

Happy condition, not to know
 More than this child of dying, —
 Lamb-like to see your kin laid low,
 Without a thought of sighing!
 This creature knew no more of grief
 But the black ribbon on her head;
 Nor of paralysis, — in brief,
 She only knew her aunt was dead,
 And died of the "shocanum palsy."

T. W. PARSONS.

A CASE OF OVARIOTOMY.

BY I. T. TALBOT, M. D.

ON March 29, 1883, Miss A—— entered the hospital for the operation of ovariectomy. She is twenty-six years old, unmarried, sanguine-bilious temperament, of active habits, and apparently very healthy. Menses commenced at thirteen, and have continued regularly. Six years ago, after nursing her sister, lifting her frequently, she felt a sudden pain in left inguinal region, followed by pain and swelling of the entire left limb and some distension of the abdomen. This gradually disappeared. During the past two years she has noticed a steady enlargement of the abdomen, which has rapidly increased within the last three months, until she is now apparently of the size of a woman at full term. She measures around umbilicus thirty-four and one half inches; four inches below, thirty-five and three fourths inches; from symphysis to umbilicus, eight inches; to sternum, six and one half inches. She says that she has been quite regular in the last year, and has but just recovered from her last sickness. The mammæ are well developed; areola rather dark, but not particularly sensitive or painful. Bi-manual examination shows the uterus thrown backward and downward, os looking

forward and normal. No evidence of pregnancy exists. The wave of fluctuation was felt over the entire abdomen. There was marked sensitiveness on the left side above the inguinal region. A mono-cystic tumor of the left ovary was diagnosed, and, the menses returning slightly after the examination, the operation was deferred until April 9, when it was performed at 12 M. Drs. Boothby and Packard assisted.

The operation was performed under the carbolyzed spray and antiseptic precautions. An incision was made through the *linea alba* four inches in length, terminating two inches above the pubis. The cyst was found free from adhesions, and on puncturing with the trocar, a glairy, viscid, light-colored fluid escaped in small quantity, but not sufficient to reduce the tumor so that it could be extracted through the opening. The incision was therefore enlarged to six inches, a larger trocar inserted, when with some difficulty the cyst was removed and by free incision its contents evacuated. The pedicle was rather short, but was secured with a No. 3 carbolyzed catgut ligature by means of the Staffordshire knot. The pedicle was divided by the thermo-cautery, leaving a small stump, which was carefully returned to its proper position. The other ovary was found to be in a normal condition. There was very slight hemorrhage. The parts were cleansed with great care, and the wound was brought together by eight deep and four superficial silver wire sutures. The patient rallied well from the operation and the ether, but had a restless night. Next day she complained of pain in her back, with great distress and flatulence in stomach, to which she said she was often subject. Toward evening she had frequent retching and vomiting of large quantities of bile. This continued for forty-eight hours; but, as there was no abdominal soreness, and the pulse did not go above 90, or the temperature above 99°, there seemed no cause for solicitude. *Creosote* afforded some relief; but on the 12th, after two doses of *Carbo. veg.* 3^x, the flatulence entirely disappeared, and she had no untoward symptom, making a complete recovery.

On the third day after the operation the superficial stitches were removed, and on the seventh day the deep sutures were taken away, the wound having entirely closed by first intention.

On the tenth day she was able to sit up, and at the end of two weeks to stand on her feet without difficulty. It was evident that she had taken cold just before the operation, and a severe cough, with well-marked capillary bronchitis, followed.

There are several interesting points in this case.

1. The young woman came a stranger to me for the removal of a tumor, which, she confessed, many of her friends looked upon with suspicion. Was it possible that she was pregnant?

She stated that this was impossible, and, moreover, that she had been sick regularly, and that her last menses were only a few days before entering the hospital: but we all know how little reliance can be placed on such statements, and all ovariologists agree as to the frequency of mistakes in this matter. On this account, therefore, I exercised the greatest care. The normal os and the outline of the impregnated uterus, the absence of foetal sound, the free wave of fluctuation throughout the abdomen, and the normal condition of the breasts, all seemed sufficient proof without the use of the uterine sound, which, from the position of the womb, it would have been difficult to introduce.

Nevertheless, I must confess to a sense of relief, when, on removal of the cyst from the abdomen, the diagnosis was fully confirmed.

2. The severe vomiting which followed, and which compelled the patient to toss and throw herself in different positions, often turning over the side of the bed upon her abdomen. It would seem that such violent straining and retching would injure the parts so recently exposed and always so liable to inflammation. And yet there was not the slightest trace of any trouble from this source. Absolutely no inflammation was apparent, and the wound healed more quickly and completely than any I have ever before seen.

How much of the bilious vomiting was due to the ether, the carbolic acid, or the operation, it is impossible to say; but the patient herself says that she has often had such attacks without assignable cause.

3. The severe cough and bronchial irritation, which would seem likely to excite soreness and inflammation of the abdomen from the shock and concussion of the hard cough. By exposure, which she afterwards acknowledged, in getting her feet wet two days before the operation, she was herself aware that she had taken a cold; but she would not admit it, lest the operation might be thereby delayed. Yet this seemed to exert no unfavorable influence on recovery from the operation, and the expected inflammatory symptoms did not arise.

4. The absence of any previous tapping of the tumor. It is now a well-established fact that, though tumors of the most complicated character and with most extensive adhesions may be removed and yet the patient recover, still these adhesions are an additional danger to the operation. Now the danger from tapping is not the fact that the fluid is not removed from the cyst, nor yet is it the wound through the peritoneum and abdominal walls; but it arises from the fact that the cyst wall has little contractile power, and in its collapsed condition, after the fluid is withdrawn, some portion of its contents escapes into the perito-

neal cavity through the puncture. An acute inflammation ensues, and is not by any means confined to the seat of the operation. It becomes sometimes very extensive, and, if not fatal, may produce the most severe adhesions. Hence in every removable tumor, tapping prior to the operation should be avoided.

AN INTERESTING NECROPSY.

BY HORACE PACKARD M. D., OF BOSTON.

History of Case.

MR. F——, aged sixty-five, has suffered for twenty-five years from a swelling in the upper portion of the right lumbar region, which was diagnosed soon after its first appearance as floating kidney. He has been able to attend to business duties during all these years, with the exception of occasional paroxysms of pain in the region of the tumor similar to the passage of a gall-stone, during which he was obliged to remain quiet and put himself under the influence of a narcotic till the agony was past. About three months previous to death gradual loss of intelligence was noted, as well as of sensation and motion of right side, from which time there was progressive decline till time of death.

Anatomical Examination.

The necropsy, eighteen hours after death, resulted as follows: rigor mortis well marked; body much emaciated.

Head.—Dura mater closely adherent to inner surface of skull; arachnoid thickened and opalescent; frontal and parietal lobes of left hemisphere in a state of white disintegration; other parts of brain normal.

Chest.—Lungs in a state of brown induration; the left completely so, and the right in its anterior portion only.

Heart.—Marked enlargement; aortic valves thickened and partly ossified, and free borders fringed with fungoid growths; lumen of mitral valve enlarged to an extent corresponding with the general hypertrophy of whole organ.

Abdominal Cavity.—Liver enlarged to about twice its normal size, and surface studded with hard, white, flattened nodules, varying in size from a pea upwards; depending from the fissure of the gall cyst, a hard, somewhat movable tumor the size of an orange, extending an inch and a half to two inches below the lower border of liver, and forming the tumor which had troubled the patient so long, and which had been diagnosed twenty-five years before as floating kidney. This tumor proved to be all that was

left of the gall bladder. The cystic duct was obliterated; the lower portion of tumor had formed an adhesion with an adjacent knuckle of the transverse colon, and free communication established by the formation of a fistula.

On grasping the tumor, or cyst, — for such it proved to be, — a grating or scraping sensation was communicated to the hand, similar to that experienced on grasping a gall cyst, distended by a great number of calculi; such, however, proved not to be the case here, for, on opening up the cyst, it was found to contain a quantity of greenish-yellow, offensive pus, and only two jagged, black calculi of small size. The wall of the cyst had undergone a calcareous metamorphosis, and it was this which gave the grating or scraping sensation on pressure.

Kidneys. — Surfaces studded with hard, white nodules similar to those found in liver. Other organs seemed in normal condition.

This case presents many features of more than ordinary interest. The tumor of the gall bladder of so many years' standing must have originated from a plugging up of the cystic duct by one of the old and blackened calculi, resulting in distension of the cyst from hyper-secretion of mucus from its lining membrane, accompanied by inflammation, thickening, and calcareous degeneration of walls, and finally a muco-pustular secretion, with subsequent adhesion with and perforation into the transverse colon. The nodes in liver were evidently carcinomatous and of recent origin, and those of the kidneys metastatic. Turning to the heart, we find there a condition of matters of the utmost interest, and accounting for many of the phenomena observed during life and in the anatomical examination of adjacent parts.

The loosely attached fungoid growths on the free borders of the aortic valves furnished material for embolic plugging of the cerebral vessels; and undoubtedly such was the case, the rush of blood through the aortic opening detaching a bolus, and sweeping it along through the left common and internal carotid into the middle cerebral artery, thus cutting off the blood supply from the frontal and parietal lobes of the brain, and resulting in the necrosis or "white softening," which was found in those parts in the examination, and the gradual loss of intelligence, and of motion and sensation of the right side.

Returning again to the heart, we find stenosis of the aortic valves, from thickening and ossification, thus preventing the complete emptying of the left ventricle at each ventricular systole, and a corresponding difficulty at each auricular systole, resulting in an over-crowding of the heart and compensatory hypertrophy, with chronic engorgement of lungs, producing the condition of brown induration observed in the anatomical examination.

IS THE HOMŒOPATHY OF HAHNEMANN THE HOMŒOPATHY OF TO-DAY?

BY C. WESSELHOEFT, M. D.

I WISH I could say to you that I believed we had reached the pinnacle of success; that homœopathy had triumphed over all other schools and had been acknowledged in all its superiority; that such is thought by many to be the case has been claimed, and is occasionally claimed *ex cathedra* and in our journals.

Allow me to consider these claims for a moment. It has been raised to an axiom that, provided we find the right remedy, according to the rule of similars it will surely overcome every disease. Or, as Hahnemann expresses it, in order to cure gently, quickly, unfailingly, and permanently, select for every case of disease a medicine capable of calling forth by itself an affection similar to that which it is intended to cure.*

This has been followed now for nearly a hundred years. The rule is obeyed as zealously to-day as it was during the lifetime of Hahnemann; with rigorous orthodoxy by some, with more or less intermixture of practitioners' license by others. The system has grown in favor, its practitioners are numbered by thousands, its patrons by hundreds of thousands. Why then is it not universally acknowledged?

The reason is this: a doctrinal truth has not been fully corroborated by practical results, — not unfailingly.

Hahnemann gave us a *method*, safe and gentle. This method we acknowledge to be excellent, — superior to all others. It appears almost in the light of a self-evident truth; the hypothesis supporting it rests on innumerable data, furnished by medical history of past ages, as well as many more of more recent date; and yet we are not unfailingly perfect; in fact, during the entire history of our school a superior method of treating the sick has been too often, if not persistently, confounded with results actually following this new and superior method of practice.

Let me indicate my meaning by a question: Do we cure always, or even as often as we would wish to, by following the method as ordered by its rule? Do we ever feel that we are not masters of disease? Those of us who have been tried in the stern realities of general practice, who have emerged from the hopeful times of youthful enthusiasm, cure just as many of our patients, probably more than when we were younger; but oh, how differently we look upon cures! We recognize the limit of our

* "Organon," p. 43, ed. of 1876.

abilities. We recognize the value and superiority of our method ; but we also distinguish it from actual practice. We distinguish what we *would* do from what as mortals we *can* do. We distinguish what our method promises some time to fulfil, from what it is at present capable of fulfilling.

HOMŒOPATHY DURING HAHNEMANN'S TIME.

In order to determine whether or not, and to what extent, homœopathy of to-day differs from that of Hahnemann's time, we must know what the latter was. In answering this question, as placed at the head of my remarks, I do not intend the inference that there *is* a difference, but only to inquire *if* there is any.

The homœopathy of Hahnemann is not so far in the past that many of us could not have received it as a direct inheritance ; we are, therefore, yet able to judge of its state of development from personal experience.

To state what homœopathy was during the time of Hahnemann, I should propose the period embraced in the first half of this century, say to the decease of Hahnemann in 1843. What was its meaning and condition during that time ?

It seems to me it can be simply stated to have been based on and to have arisen out of what all know, a state of medical practice, which by abuse of blood-letting, cathartics, and mercurials, became so abhorrent to many physicians, that all longed for a change, nay, they were ready for a revolution. The change, the revolution came, not with fire and sword ; nay, nor with angry denunciations ; it came as an appeal to mercy, a plea in behalf of the sick and suffering, a covenant to secure fairer treatment to the sick.

Let us heal disease speedily, gently, and permanently.

Never has enough stress been laid on the last clause of this appeal. Treat patients gently, do away with all cruel and painful treatment. If you cannot cure gently, let your patients alone. Before applying any curative means, consider that your patients' safety, their *absolute* safety, is the first consideration, Unless your means of treating disease are absolutely safe, do not employ them. You may not be able to cure or benefit your charge, but if you increase his suffering by so much as the least discomfort, you are unworthy the name of physician. Treat them gently, then, or not at all. If your means of cure are gentle, they are safe, and the chances of curing wholly and speedily are vastly increased.

This is the rock on which the new order of things, homœopathy, was founded ; and not until this foundation was laid did the superstructure arise. This presented the means for fulfilling

the covenant offered: To cure your patients, select a very mild dose of a medicine capable by itself of producing a most similar diseased state. *A humane principle was at once supported by the practical formula for its fulfilment.*

This was the so-called rule or law of *similars*. Brief enough as a formula, it covers a great deal of ground. How was it applied in the first half-century, during Hahnemann's own lifetime? Every layman claimed and claims now to be able to apply it without further medical knowledge; and many physicians thought it was medicine made easy. But a little close examination will show that it was not so. It involved a thorough knowledge of disease, of what is called pathology. But at the same time this rule of similars most justly and potently antagonized all pathological speculation, theorization, and uncertainty. It wanted facts, — exact statements of cases in their nakedness, denuded of all that the imagination might invest them with.

This was misunderstood as a demand that homœopathy proscribed pathological progress; that it scorned the recognition of pathological facts. In truth this false impression prevailed to a considerable extent, but never became dominant. There was a partial excuse for this, for during Hahnemann's time, pathology, not having the support of histology developed as it is to-day, was much of it of a speculative nature.

Closely connected with knowledge of disease is therapeutics, and with therapeutics the science of pharmacy. Our formula relating to the selection of medicine for disease involves every science and collateral science relating to therapeutics and pharmacy. The new departure, as expressed in that formula for the selection of medicines, aimed its most powerful blows at the antiquated pharmacy and therapeutics of Hahnemann's time. Does not the word "proving," that is, testing of drugs, call up the whole spirit of the argument? Medicines were no longer to be used without being thoroughly known as to their possible effects upon the organism of man. Here was, indeed, a departure from the old and dangerous practice of prescribing, which, carried to its most reckless extreme, at last precipitated a beneficent reaction.

But how was proving done? What was it? Was its method better in Hahnemann's time than in ours? It was certainly as good. But one thing may safely be asserted in the favor of "proving" in Hahnemann's time: it was a method immeasurably in advance of the purely haphazard deductions concerning medicines prevalent at that time. It was the beginning of *exact experiment*; that is, of a method of ascertaining *certain effects of certain causes*. This applied to medicine meant that some medicinal substance was allowed to act on the organism. The effects, if any, were to be *closely observed and accurately recorded*.

Long before the era of which I speak, and throughout the history of medicine, we notice a drawing closer to the era if not of exact experiment, at least of exact observation. Witness Harvey and the famous anatomists before and after him.

But, compared with exact experiment and observation of the last forty years, the methods of Hahnemann's time were incipient, not even embryonic, for they had not yet been conceived in the consciousness of minds.

An ingenious thought, an authoritative assertion, up to the last forty years, went further than a clearly demonstrated observation goes to-day. Authority reigned supreme. Authority meant an orator or the author of a treatise, popular on account of its ingenious speculations, sweeping hypotheses, and brilliant theories. From Galen onward through centuries, authority meant not only literary popularity but liberal patronage; this, once secured, established authority beyond dispute or cavil. Authority now means close observation and careful statement of effects, results of exact watching of causes; and woe unto him who neglects his supporting evidence, lest his authority is knocked from under his feet in an hour.

At Hahnemann's time, the meaning of authority began to improve. He was among the first to demand and set the example of exact experiment. "Know positively your causes, watch carefully their effects and record them truthfully."

The method was improved by him, it is true, but yet authority gave undue force to results obtained.

The results were symptom lists. These consisted of statements of every inexperienced observer. The best of observers, physicians, and professors were at that period unskilled; many whose recorded observations were accepted, — not without rigid scrutiny it is true, — were not only laymen but ignorant laymen and laywomen. Their literally verbal statements formed some of these symptom lists. As long as they were merely *written* records they were of little force; but once printed, they carried with them all the force of the printed word. Add to that force the weight of authority as understood at that time, and they become laws. Hahnemann was a man of his time, and felt what it was to be an authority; he tolerated no contradiction.

A remedy accredited with a hundred symptoms at first, soon swelled its number by hundreds of others; printed words of authorities asserted their force. To a hundred symptoms a hundred others were added; and so with all remedies. These new additions swelled the lists; the literal sound of words sometimes confirmed the first set; but on the whole it was an increase of volume of words rather than a corroboration of a test by exact counter test. A perhaps tolerably correct and careful incipient

proving was diluted, as it were, by less exact additions. It was a watering of stock. Laymen in their enthusiasm were especially eager to increase their lists, and were not a little proud to see their names enrolled and printed among those of physicians.

The method was excellent: an immense stride from mere assertions of the old régime to that of actual test and observations; but the method could not be perfected in a day nor in a lifetime. Physicians had to accept truths and errors, and to make the best of them; and they did; while all physicians were then, and are now, impressed with the vast successes of the new method, a spirit of caution against too rapid strides exerted salutary influences. Although errors were felt rather than proved to exist, they could not at once be eradicated nor prevented.

Out of errors not in the principle of proving, but errors in the application of the method, grew others. Involuntary provings with too crude doses of the old school led to voluntary provings of inert doses of inert substances,—an extreme of precaution all on the side of safety; but inert were the effects as was the cause.

Literature in the form of handbooks and repertories grew apace. If there were errors in the symptom lists, the groundwork of practice, these were perpetuated in print up to 1843; and there is little prospect of seeing the tendency lessened now forty years since that time. It is all natural; it could not and perhaps cannot be helped now: we must accept it and make the best of it, each by his individual judgment.

Out of doubts, out of the conscious feeling of the existence of a cause of error, without clear evidence and proof of its existence, grew schisms, parties, sects,—not turbulent; more emulative than aggressive, trying to outdo each other; on the whole, rather progressive than retrogressive. Still they existed without determining the questions at issue. These questions were not regarding the principle; they never touched the value or tested the scope of the rule of similars. Authority and too much authority had raised this not to a scientific formula by which under certain conditions unknown quantities could be found; but by power of authority transmitted from the master to too emulative pupils, who also felt the importance of authoritative assertions, this rule, I say, was raised to a dogma, a belief which must not be further tested or questioned; and nobody questioned it accordingly. The consequence is that we do not proclaim its limitations to-day. Although homœopathy would make more rapid progress did we endeavor to establish and define the limits of the rule of similars, we prefer still to adhere to the authoritative injunction that the rule of similars is a universal law without exceptions, which, applied according to the assertion of the master's authority, will cure "unfailingly."

Cancers, tuberculosis, and their outgrowths, certain forms of nephritis, certain diseases of the heart, and diseases caused by fatal germ spores, and certain diseases of the nerve centres should bid us rest and reflect.

The infallibility of homœopathy has been asserted by Hahnemann in numerous instances. On pages 5 and 6 of the introduction to the "Organon," and in the paragraphs 17, 25, 178, on page 198 of notes, the infallibility of homœopathy is enthusiastically proclaimed.

It is only after some years of experience that the physician learns to interpret these statements correctly. While at first he feels sure that faithful administration of the law will surely lead to success in all cases, he discovers later that success is *entirely conditional*. When all our provings shall be accurate and absolutely faultless, when we shall be able to adapt these faultless provings unerringly to similar morbid states, when we shall know beyond a doubt the exact dose and its repetition, then shall success be infallible.

A careful reading of Hahnemann's writings shows that he did not consider those works perfect; but the authoritative spirit of his time prevades his style, and too often to the unpractised eye obscures the conditions "if" and "when." I cast no stone backwards. It was so in the early days of steam power; it is so in the day of the telephone, and in medicine in the day of anti-septics, and of bacteria, — authoritative facts to be replaced by better authoritative facts.

Similar authoritative forces worked upon the application of medicines. While they accepted without dissent the universality of the law of cure, when they came to the varied details of its application, when they were confronted with the question *how much* and *how often* shall I give it, doubts arose.

The young physician, if perfectly unbiassed, soon found that he had cases he could not cure. The law and dogma rang in his ears: in order to cure *cito, tuto et jucunde*, select according to the rule of similars. He had done so; had studied his cases honestly and patiently night and day; had selected with care, only to see the cases go on as fate had willed it, too soon into other hands, and from these to the undiscovered country whence no tidings return to us.

What was at fault? was it the law? No, that is infallible. It must have been in the method of making the medicine; it may after all have been the dose. Did he give too little, or too much? He asks advice; some would say give less, still less. Others would urge not only less, but less frequent repetition. This the physician finds the prevalent practice within his circle. He adopts it faithfully for months, for years, becomes wedded to it, but,

after a time, pausing to reflect, he finds the same results ; he struggles with the powers of Nature, she walks irresistibly on her path, and the results of the physician's exertions are according to her majestic will.

That which man would give his life to do he cannot do. Cases which it is our dearest hope to save, even to ameliorate, go on, on to their end, the unhopèd-for end. Not all, no, not all. There is a margin left for the faithful, honest worker, a certain measure of success ; with this he must be contented.

In the physician's eagerness to improve, and in hopes of still conquering nature where he had hitherto failed, he often retraces his steps ; he hopes by more energetic measures to improve his success. He augments the power of his medicines ; he resolves to strike harder and more decisive blows at his adversary, and battling in this way for months and years, has at last to admit as he did once before : the law of cure may be universal, but as yet our provings are imperfect, and our ability to apply the rule of similars is limited by inaccuracy of provings as well as by human ability to apply this law with *ideal exactitude*, demanded by the condition recognized by Hahnemann, and stated by him. These conditions are at present insurmountable ; hence contentment with a certain measure of success must be our reward for no longer flattering ourselves with what cannot be done now.

Not all physicians, young or old, are tortured by this process of introspection arising from self-consciousness. Many are happy in the belief of possessing the necessary power, and the method they employ is to them sufficient. One case of success easily compensates them for ten negative or neutral results ; they remember and pride themselves on success and forget the other side.

Thus the history of homœopathy shows as many sects as there are temperaments of men. Some rush to one extreme, some to another ; all rejoice in their successes, and many publish them ; while non-success, though most pardonable and instructive, is never mentioned, except privately and confidentially. But what method is most successful in curing, whether the more active or the more expectative, was entirely undetermined up to Hahnemann's death. Is it determined now ? I think not.

The reason is preponderating dependence on authority which proclaimed a rule as infallible, thereby elevating it to a universal law, without laying sufficient stress on the impossibility of complying with the conditions under which alone unfailing success could be attained. These conditions are : the universality of the law of similars ; the absolute perfection of our knowledge of the action of drugs (provings), and our ability to apply each drug with unerring exactitude to the symptoms of cases to be cured ; our perfect knowledge concerning quantities of medicine to be used.

HOMŒOPATHY SINCE HAHNEMANN'S TIME.

Let me glance for a moment at the same elements of our practice since Hahnemann's time. Has the scope of the rule of similars been enlarged or defined by more exact tests? Has our pharmacological method undergone change or improvement? Have the questions concerning dosage and the divergences of practice resulting from uncertainties been placed on a firmer basis? When I scan the whole field, when I look backward into our history, or when I estimate its progress within our memory, I cannot say that any essential changes have taken place.

We are still living on the authority of one who sought to determine, as far as one human mind could do so, the limitations of the law and the dose. There our school has rested; it has neither receded, nor has it advanced, as a whole. I fear that to stand still would eventually indicate decline. Let us see to it that it progresses not only in numbers of adherents to its present, but also to its future state.

Looking to this end, I maintain that recognition and determination of limits are possible, and that this recognition alone can lead us to greater success; persistence in authoritative assertion of infallibility means decline.

There is a wide difference between *treatment* and *cure*. All cases, whether incurable or curable, that is, whether belonging to classes of disease which, as a rule, recover, or to those which, as a rule, perish, are rendered more endurable, and the life of patients is prolonged by treatment including every comfort of hygienic nature; but there is another equally certain class of cases the final and predetermined result of which cannot be averted. It is the boundary line between these cases which we should recognize and determine openly and unequivocally, as it is now done tacitly. Neither the rule of similars nor that of contraries will reach them. It is wrong and misleading to perpetuate a dogma or belief that merely unflinching faith and literal adherence to a rule will fulfil our most ardent hopes or highest aims; let us find, if we can, the limit.

Applied to narrower limits of concrete cases, the rule of similars must be determined. There are more than grave doubts whether it applies with equal force to all medicinal substances. It strikes me that a spasm cured by introduction of chloroform may have yielded according to a different principle than, for instance, an attack of eczema cured by metallic quicksilver; or that a case of paralysis cured by electricity yielded to other laws than a similar case which disappeared after the exhibition of strychnia, or a case of acute nephritis after arsenic. Let us discover the limitations.

This we may honestly do without surrendering one iota of our claim to our radical theory and gentle empiricism. We may make our selection of curative means according to our rule; but we should recognize that its curative results are due to a variety of laws, not one, and that even the law of selection does not hold good in many cases. Nowhere is the demand for determining limitations more imperative than in regard to the *dose*. It is here that authority has caused confusion more than elsewhere. While with regard to the rule of similars authority demanded and received implicit obedience, a revolutionary spirit at once became visible when the question of *how much* presented itself in concrete cases to physicians. Here they diverged; while some groped doubtfully in the dark, others endeavored to stem the tide of doubts by assuming the authoritative air of the master; others, again, were indifferent, trusting to whatever wind would blow.

Here, as elsewhere, uncertainty and doubt were encouraged by authority. Authority seemed to make inquiry and research not only superfluous, but caused it to be regarded and condemned as sacrilege. This is not the spirit of progress but of decline. Research with regard to the limitations of dosage is as necessary as with regard to the rule of similars, or any other rule pertaining to cure. Our colleges, if they cannot at present, will in the future save us by more demonstrative exact work in the place of practice alone. Practice is simply administration to the suffering; it cannot take the place of exact experiment and demonstrative research. This must support practice, not the reverse.

How is the question as to the limitation of the formula *similia similibus curantur* to be determined? How the question of the dose? How that of its repetition? I answer by direct, patient, and exhaustive experimental tests. For a century our school has justly derided the bedside tests of the older school. We have not been free from the same error in principle. All we have to support our authorities are bedside tests; that is, volumes of cures. But where is the negative counterpart? You will say the general practitioner cannot be called upon to furnish it. Very well; but can the world be expected to accept only our one-sided answer? What — it will and must be asked — has been done with the weight of evidence that ought to load the other side of the balance? Our answer can only be that we have neglected it, ignored it; we have not retained it, but lost the most valuable part of our experience of nearly a century. We believe — nay, we know — that we cure safely and gently, but we do not know how often. To know how often we cure will be the demand of the next generation.

So, in future we must work out this question. Let me merely

throw out a hint, for want of time to do more. I have elsewhere, as my younger friends all know, mapped out a plan of work. Its underlying idea is: *Can we produce disease at will?* To answer this a long series of patient experimental tests is requisite. I doubt not that it can be done. Let me remind you only of the mine of wealth which has been opened by experimental tests on the antagonism of medicines. Supposing it to have been established that we can produce disease at will, the next question to decide would be: *Can we control it at will?* If so, what are the conditions? What do they teach? Do they uphold the law of similars, contraries, or what? I have no doubt what the issue would be, but we must try.

To attain that end, we must have something more, something better, more convincing, than the present way of proving drugs. This gives us good results; but they are long, verbose, emotional, and hence too often ambiguous, when *man* is the only subject of experiment. If our provings become concise, correct, and invariably true, I can predict that they will require much less printed space, less than a tenth part of the present. As I have often shown the students of our classes, the longest chapters of our materia medica can be condensed into less than a tenth part of the space they now occupy without losing in value.

To attain this end work is needed. This work cannot be furnished by the much-trying practitioner. He knows what he wants, but he cannot get it without other aid. That aid should come from our college laboratories, — I mean laboratories for *toxicological work*, from men devoted to that kind of labor.

We have had and have now provers' unions. Our literature exhibits monuments of their unselfish zeal, of their martyrdom, I might say. It would be ingratitude to say that they have failed; but it is the truth to say their method was and is inexact; and furnishes inexact results, divergent effects from divergent causes, acting upon a fickle, uncertain, because too complex an organism, — *homo sapiens*.

Correct methods of proving can only begin with simpler organisms; these will yield simple effects; these will be repeated, but again recognized as we rise higher in the scale of organisms; we should end with experiments on man instead of beginning with them.

The question of the dose has undergone some changes. We are beginning to look into our ways of the past, and are beginning to improve our errors. As I have had much to say on the subject in the past five years, I will not repeat it here. The change is of a late date. This, like the question of cure, will need much research, patient, unremitting work of persons who will make it their life task. The hard-working practitioner asks it; who will furnish it?

Reviewing the field of our inquiry again, I am forced to the conclusion that, although we are conscious of where improvements in our rule and methods are needed, there is no essential difference between the practice of our school during the forty years after Hahnemann's time and the forty years preceding his death. That what was created has spread widely and has been accepted by great numbers of physicians is as true as it is to say that it has not materially changed. The increase by volume of the materia medica is a fact as positive as it is true that it has not essentially improved in intrinsic value.

This is my answer to the title of this paper. Let me ask you not to misconstrue it by thinking me ungrateful or unmindful of the great advantages of the school whose cause I espouse, whose success I am convinced of, and whose welfare I have at heart. Some may think to promote its cause by proclaiming it perfect, thereby innocently proclaiming their own personal merits as followers of so perfect a system. The truest friends of homœopathy are those who, while mindful of its great merits, exercise a strict watchfulness over its defects and their own. Those who see it in the light of perfection are in danger of identifying themselves with it. Look to its weak places : its strong ones will hold of their own accord.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE Committee on Clinical Medicine, Massachusetts Homœopathic Medical Society, request of the members of the society an answer to the following questions :—

In the treatment of diphtheria, what remedies have you found most frequently useful?

Please name them in the order of their importance in this disease, and give briefly the indications for their use which you have relied upon.

What expedients of hygiene or of palliation have you been accustomed to make use of in diphtheria, and under what conditions?

Please send your reply as early as January, 1884, addressed to

H. B. CLARKE, M. D., *New Bedford, Mass.,*
Chairman Com. on Clin. Med.

P. S. Any other communications proper to this committee may be addressed as above.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

HORACE PACKARD, M. D., SECRETARY.

THE first meeting of the society subsequent to the summer vacation was held at the usual place, Thursday evening, Oct. 4, 1883, President J. L. Coffin in the chair. The meeting was very fully attended, sixty persons being present. Alvin F. Story, M. D., and Cynthia A. Nordstrom, M. D., were elected to membership. The board of censors reported the adoption of the following rule: "Every candidate for membership shall present his credentials to one or more members of the board of censors before the regular meeting of the society next following his nomination."

SCIENTIFIC SESSION.

REPORTED BY E. B. SQUIRE, M. D.

After the presentation of a paper by Dr. C. Wesselhoeft on "Is the Homœopathy of Hahnemann the Homœopathy of To-day?" (see previous pages of this number), Dr. J. B. Bell spoke on "The Scope of Homœopathy." He said that he hardly knew, in speaking on this subject, whether to consider the practical limitations of homœopathy or the wider question in regard to the principle in its general application. A few thoughts had occurred to him. With regard to surgery, we might inquire, Where do appliances leave off and medicines come in? This opens a broad field. Shall we endeavor to cure such diseases as cancers, tumors, etc., with medicines, or shall we at once give them over to the knife? There are a few cases on record of undoubted cure by internal medication, of which he recalls the classical case of Marshall Raditsky, by *Carbo veg.*, and another interesting case, reported in the *New York Transactions*, of a cure of carcinoma of the breast by the use of *Chimaphila*. He was very thoroughly sure that he had seen beautiful effects from remedies in controlling the suffering in such cases. In midwifery we acknowledge the great applicability of homœopathy to affections of pregnancy and of women generally; but where the border-land lies, where the action of medicine ceases and that of mechanical means should begin, it is not easy to decide. In gynæcology the greatest difficulty lies in the tendency of specialists who have acquired their knowledge under old-school teaching to adopt their therapeutics also. This is utterly wrong and false.

There is a distinction to be drawn between remedies and appliances, but in the short time given this evening it is hard to draw the line. We have only to apply the principles of homœ-

opathy. There are only three lines of application of drugs to disease: —

I. Heteropathy, causing affections of organs other than the ones diseased, — the so-called alterative method.

II. The use of medicines producing effects contrary to the disease.

III. The homœopathic method, in which a remedial disease displaces the pathological disease, and health is restored.

Hahnemann mentions certain exceptions to the rule, as in imminent death from asphyxia by drowning, from gases, etc., in which heat and cold, electricity, etc., must be used. The self-produced diseases also, caused by overwork, under-feeding, damp and sunless dwellings, the abuse of drugs, bad habits, etc., are subject not to the law of cure but to hygiene. As he understands the law, it applies to idiopathic diseases; also to those of a traumatic character. The surgeon must use the knife, but remedies can control the pain and fever.

The application of remedies to parasites. — Here some research is required to determine where the limit of the law of cure lies. He is quite sure that many diseases depending on worms are cured by the idiopathic remedy and the worms disappear.

The question may take a wider scope, as indicated in Dr. Wesselhoeft's paper. He does not understand that Hahnemann ever taught or supposed that every case of cancer, consumption, or blood-poisoning, or any disease that in its inception crushes out life, is curable by our method. Death has never been abolished and never will be. The question is, Does there exist in the particular patient an amount of life-power sufficient, with the aid of the remedy, to restore health? Failure is not the limit of our law, but of the individual. Hahnemann himself speaks of cases made unfavorable by dangerous drugging. We must remember also inherited disease, malformations, etc. We cannot make people entirely over. Hahnemann defines thus the office of the physician: "It is the office of the physician to cure his patient safely, gently, and quickly," and in another place "quickly, surely, and permanently." This being our office, he gives us the only law of drug cure, not setting aside hygiene and mechanical appliances.

In closing his remarks, he would say, that in reading the "Organon" in connection with this subject he had been charmed with its freshness and originality; he saw there, not a spirit of authority, but what enters into his daily life and is confirmed by his own experience.

Discussion. — Dr. J. Heber Smith said that he had been particularly interested in the renewed interest of our friend Dr. Bell in Hahnemann's "Organon," since in preparing a lecture for the opening of the college course the coming week he had written

this sentence regarding Hahnemann : "I have a growing reverence for his memory, as one of the master spirits of medicine, and I recommend all of you to a fresh study of his works." He could not say as did Gross : "The materia medica of Hahnemann is perfect and needs no alteration." Far from it ; he especially deprecated the method of trusting to lieutenants and followers certain drugs for proving, they reporting back to him certain symptoms marked by their names, yet obtained from a number of provers, with no statement of the order or sequence of those symptoms.

A recent case of involuntary proving of nitric acid that came under his care might illustrate what he wished to convey. As laid down in the text-books, there are *pricking pains like a sliver under the skin all over the body*. This is really an effort of the system to throw out through the skin a real entity or poisonous principle threatening life. This pain is one of the signs of an effort towards relief and recovery ; consequently can never be reproduced in disease unless there is locked up in the system some imitation of nitric acid, as a predominance of this acid or some kindred organic product in this way seeking outlet ; hence these very symptoms in angina, etc., when the remedy might be indicated. My patient was a clerk of the late Mr. C. H. Codman, in whose store recently a teamster dropped a carboy containing this acid ; it broke, allowing the acid to escape on the floor. Mr. Codman slipped and fell in the acid, but suffered only slight burning of the skin ; he, however, worked incessantly, saving papers and assisting my patient, Mr. F. E. Davis, to sweep the acid out to the street. Several who were exposed to the fumes had spitting of green, frothy mucus. Mr. Codman lived but twenty-seven hours ; he died as a drowning man, his lungs filling with frothy mucus ; he suffered none of the general and interesting symptoms recorded by me in the case of Mr. Davis, — not living long enough for them to develop. There was a sudden changing of the complexion to a greenish yellow, which persisted till death, indicating changes in the blood looking toward hemorrhage. The post mortem showed the lungs filled with frothy mucus ; no indications of the corrosive action of the acid below the bifurcation of the bronchi. He had eaten heartily, a few hours after exposure to the acid, of fruit, pears, etc. ; he died without pain, with symptoms like those of a man dying from submersion.

Mr. Davis, a man of twenty-four, in good health at the time, was exposed about as long as Mr. Codman, but perhaps did not inhale quite as much. There was considerable spitting of green mucus, and violent abdominal cramps, and greenish stools, with tenesmus. The accident occurred on Monday ; was called

Wednesday evening ; found him suffering with severe abdominal cramps ; fluttering, irregular pulse ; constant nausea ; sinking, faint spells ; great dyspnœa ; constriction about lower chest, a feeling as if he could not inflate the lungs ; no rales or dulness on percussion ; coolness of the skin. These symptoms lead to the selection of *Verat. vir.*, of which several drops of the tincture were given in a tumbler of water and a spoonful ordered to be given every half-hour ; during the night there was cessation of the nausea ; no more discharges or tenesmus ; in the morning the surface was warm and the pulse sustained and regular, but there was increased thoracic distress ; severe pricking pains under the sternum and border of the ribs, — and now developed a beautiful sequence of nitric-acid poisoning, in order and regularly, as he had taught in the school for ten years, but without knowing its meaning ; — an intense aching in the maxillaries as in secondary syphilis ; terrific bone pains and pain in the scalp as of subcutaneous ulceration ; the head hot and throbbing with pressive headache, — this pain so intense that the patient could not well bear the weight of a towel. All the symptoms intensely increased by lying down. The point of real interest is, that all these symptoms of œdema and bronchial pneumonia were entirely headed off by *Bryonia*, third dilution. Within a week the patient was going out on the street, though still under observation.

The point he desired to make was to illustrate the insufficiency we find in Hahnemann's provers, as regards the order and relative importance of symptoms, and their physiological and pathological interpretation.

We should thoroughly know our provers and their antecedents and surroundings. He remembered a case treated for five years, for headaches of a distinctly belladonna type, when an attack of coma with convulsions led to the suspicion of embolus. An examination of the heart showed tricuspid regurgitation, the cause of all the symptoms, which should have been discovered sooner, together with the limitation of the drug's action. We have improved on Hahnemann's methods. We have been lifted up by the tides of progress that flow about us from all sources, and the homœopathy of to-day is seeking to hold fast to the truth, in the light of this age of science, by working in its most approved methods and spirit to demonstrate the continued and consistent applicability of the law of similars.

Dr. Wm. P. Wesselhoeft has found in his experience a solid conviction in the success of potentized remedies, corroborated daily to his own satisfaction.

When Hahnemann said that we have nothing to do with diseases but only with patients, he gave utterance to one of the greatest of medical truths. Take the individual, study him in every par-

ticular, and the closer we individualize the greater will be our success. The pathological indications have helped us none. We have as homœopathists cured no more cases of dropsy since we have known there was a Bright's disease. The indications for the remedy were exactly as good before we knew this. He is not one that disregards pathology, but is one of those who disregard pathological prescriptions. We go astray because we do not study the individual, but the disease or the product of disease. Dr. Conrad Wesselhoeft says he hopes to see disease produced by medicine. He will not be able to cure that production unless he individualizes his case in other ways than by changes of the pathological membranes. The indications must be strongly characteristic of the patient, and of him alone. Those have been the greatest healers, who have had the greatest patience in research, in finding what is absolutely characteristic, different, if possible, from anything they have ever seen before. He would say simply this: in experimenting, and going on consistently in Hahnemann's footsteps these twenty-five or thirty years, he has only to express his thorough and entire happiness that he was made to feel the conviction that remedies acted beyond the possibility of detection by chemistry or the microscope.

Dr. Conrad Wesselhoeft said he had been somewhat misunderstood. He agrees with the previous speakers, though in one respect he perhaps differs. He is as well satisfied with the results of homœopathy as any one in this room, but believes they can be made better. Homœopathy reached its height in Hahnemann's lifetime, and has not progressed since as much as it should have done. Our results can be improved upon. It is a sign of decay to be too well contented with what we have achieved. We should know our weak places, and in the limited time at his disposal this evening he had attempted an examination of some of these defects.

With regard to the provings of medicine, our method is the best at our disposal. He had been misunderstood in one particular; he did not maintain the pathological idea. It is not the disease under the pathological name that we are to cure. We should study each case by itself, — each one as a new one which never existed before and never will again. When he said we could produce disease at will, he said it in the widest possible sense. Whenever we use medicine we produce a disease. Each individual is one by himself, and each proving by itself, in a certain sense; but the latter in order to be available must bear evidence of having certain features in common with other provings of the same drug, — precisely as all individuals must have essential features in common with others. Many provings have gone into our books that do not have this essential.

At some future time he will ask the favor of presenting a paper embodying his ideas on this subject more perfectly.

Dr. Smith said he did not favor the pathological treatment of disease, but does favor the pathological interpretation of the symptoms of disease. For instance, morbid excrescences on the skin mean, of course, a want of proper eliminative power.

In answer to a question as to whether the stinging pains of nitric acid had ever served as useful indications for the remedy, Dr. Smith said he was satisfied that they had in angina, etc.; he did not recall that the symptom had served him in disease of the skin.

The questioner recalled two cases of ulceration of the nose where nitric acid removed the affection together with this symptom.

Dr. Bell remarked that homœopathy may be looked upon as a science and an art. As a science it is excellent, as complete as astronomy, for instance; as an art, like the art of observing the stars, it is capable of infinite improvement.

Owing to the lateness of the hour, it was voted to defer the rest of the programme until the next meeting, Nov. 8, 1883.

REVIEWS AND NOTICES OF BOOKS.

DISEASES OF THE EYE. By J. H. Buffum, M. D. Chicago: Gross & Delbridge. 1884.

Chicago has spoken again, and this time through the medium of its well-known oculist, Dr. Buffum. The book that he gives us is one of 400 pages, neatly bound, clearly printed, and very desirable in appearance. It consists of the usual treatise on anatomy, physiology, pathology, etc., of the eye and its diseases, together with their homœopathic treatment.

It is well written and practical, and the descriptions are concise and to the point. We notice particularly his elaboration of description of errors in refraction. This has been very confusedly treated in most works of the kind, but here we find practical hints and satisfactory explanation of anomalies, that are quite refreshing. He does not waste his time and paper and exhaust the patience of his readers by annoying discussion of theories, but gives in direct phrases his description of the most approved method.

The therapeutical portion is not as complete as it should be. The range of remedies is not as wide as in "Allen and Norton,"

and we miss many that experience has demonstrated of much value, as *Apis, Lyc. and Nitr. ac.* in purulent ophthalmia. Remedies have been hinted at, but few have been given with that precision required by the careful and efficient prescriber. Our special province as homœopathic physicians is to heal the sick by virtue of our supremacy in therapeutics, and make as secondary those researches into physiology and pathology that had been constantly agitating the minds of scientists previous to the time of Hahnemann. This is our strong point, and should be emphasized. It is in fact our only claim of departure from old methods, and we look for its emphasis in all publications emanating from homœopathic sources.

As a text-book for colleges, this would be exceedingly useful and valuable. As a sure guide to the practitioner when in trouble it would be insufficient. []

ELEMENTS OF HISTOLOGY. By E. Klein, M. D., of London. Philadelphia: Henry C. Lea's Sons & Co. pp. 342.

As the author says, this work is a manual for medical students; not only beginners but the advanced student will find much in it that is new and interesting. It has 181 very fine wood-cuts, which illustrate the text in a clearer manner than we ever remember to have seen before. The size and shape of the book are excellent, very convenient to carry in the pocket. s.

SEA-SICKNESS: Its Cause, Nature, and Prevention. By William H. Hudson. 16mo, cloth. Price, \$1.25. Boston: S. E. Cassino & Co. 1883.

A scientific treatise upon a subject concerning which so much has been written, but respecting the true nature of which so little, apparently, is as yet known.

The author begins by a brief appeal to physicians, to whom he commends his work. He claims to disclose in this little volume of 147 pages "the true cause and nature of sea-sickness." He speaks from experience, having been formerly a severe sufferer himself. At one time on shipboard, and while lying, as he expresses it, "snug and close in the corner beside the scupper-holes, and about as near dead as alive," his attention was attracted to some sailors aloft who were performing their individual work apparently all unconscious of those influences that rendered him so helplessly miserable. Envyng them their happy state of mind and body as compared with his own forlorn condition, he was led to question as to the reason for this difference. Continuing to ponder the matter, he finally conceived, and subsequently put to the test repeatedly in his own experience, the

ideas herein set forth. He claims to have discovered a "method by which the ocean traveller may secure immunity from seasickness without change in diet or aid of medicine. His reasoning certainly is logical, being founded upon a physiological basis. The work contains many valuable hints and much good advice, and is written in such a manner as to make it intelligible and interesting to all; but we believe that physicians especially will do well to make themselves acquainted with its contents, that they may the more intelligently advise those of their patients who may consult them respecting it, desiring to put its teachings to a practical test.

A. L. K.

LECTURES ON FEVERS. By John R. Kippax, M. D., LL. B. pp. 460. Octavo. Chicago: Gross & Delbridge. 1884.

The author favors the *parasitic theory* of the causes of infectious diseases, against which, he says, no valid objection other than negative can as yet be raised.

From this theory he deduces another, to the effect that the extreme lightness of a bacterium suggests the possibility of numbers of them being wafted to and fro between our and other worlds, thus accounting for the occasional appearance among us of new diseases!

As to classifying, he says: "Though a classification from the parasitic standpoint will be the classification of the future, the want of a better knowledge of the different kinds of microphytes forbids our formulating it to-day." He then proceeds to classify fevers as Miasmatic or Infectious, Miasmatic-Contagious or Contagious-Infectious and Contagious.

His remarks upon hygienic and dietetic treatment, offered in conjunction with or immediately following his *leading indications* for remedies in the individual fevers, are worthy of careful attention as affording at least valuable hints respecting a subject upon which more might be written with profit. The author favors the administration of remedies hypodermically "when spasms or irritability of the stomach render their administration by the mouth impossible."

The work abounds in charts, a score or more of which are devoted to showing in a concise, tabulated form the conditions characteristic of the individual type of fever under consideration. Several others, denominated "temperature charts," are quite suggestive in their way.

A few pages are devoted to the subject of vaccination, of which the author approves; he presents a table showing the value of infant vaccination and the necessity for revaccination.

The manner in which the "Leading Indications" for remedial treatment are given is calculated to render the busy practitioner

good service in the way of suggesting to his mind the line of remedies to be considered in a given case. The arrangement also of the table for "Differential Diagnosis" offers valuable aid; for, while the true homœopathist cares little for the names of diseases in *selecting his remedy*, yet, for purposes of hygiene and dietetics, he cannot be too careful in his diagnosis; and perhaps in that class of diseases of which this work treats more than in any other is a careful discrimination necessary. We commend the work to our readers.

A. L. K.

A MANUAL OF PATHOLOGY. By Joseph Coats, M. D., Glasgow. Philadelphia: Henry C. Lea's Sons & Co., Publishers.

A work of 518 pages, with 339 illustrations. Dr. Coats has given to the profession a book of which he may justly be proud. The method he has followed of clearly defining each subject at the outset is especially to be commended. His descriptions of the various pathological conditions possess a conciseness and perspicuity refreshing to the reviewer, while, in spite of the brevity, nothing of importance seems omitted. Turning at random to the chapter on septicæmia and pyæmia, which we find so unsatisfactorily treated in the majority of text-books, here is handled in the most logical and entertaining manner. He makes them both of parasitic origin (absorption of bacteria), and draws the slight distinction which exists in the meaning of the two terms so clearly that "those who run may read" as well as understand. The work is deserving a foremost place among the list of text-books recommended for students.

A TEXT BOOK OF GENERAL PATHOLOGICAL ANATOMY AND PATHOGENESIS. By Ernst Ziegler, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited for English students by Donald MacAlister, M. A., M. B. New York: William Wood & Co. 1883.

It is only in the last fifteen or twenty years that instructive text-books of this kind have begun to supply a greatly felt want on the part of students and young practitioners, especially in this country, where, even at its most renowned medical schools, it has not received the attention it deserved. The instruction was and is deficient, and was not aided by comprehensive text-books designed for students. Such are now making their appearance, and the volume before us is an excellent contribution in this direction.

When we compare it with older books of this kind designed for students, it is found to cover much more ground, in fact the entire field of pathological changes; and although these are given

in a comparatively brief space, the terseness and intelligibility with which the subject is given is most commendable; from the subject of malformation through to that of parasites, including a brief but very clear account of the present state of knowledge concerning bacteria.

This branch of science, treated of almost exclusively in periodical literature, is made accessible by a very complete list of authors.

The wood-cuts, which are numerous, illustrate microscopical appearances almost exclusively, proving that nowadays our knowledge depends on microscopic study, while formerly only the coarser microscopic appearances were represented by wood-cuts. In the present work the originals seem to have been well done. Their diagrammatic nature is observable rather than the depiction of their actual appearance. The cuts are rather coarse and none the better for wear.

Perhaps the book is cheap; but we would not have the students' eyes burdened by over-fine type and on the whole rather medium mechanical work; although the present is quite up to the average of domestic reprints.

C. W.

BRITISH HOMŒOPATHIC PHARMACOPŒIA. Published under the direction of the British Homœopathic Society. Third edition, London: E. Gould & Son. 1882.

The Pharmacopœia Committee of the British Homœopathic Society, also its publishers, should receive the hearty thanks of our school for the production of this work, as it is certainly the best pharmacopœia yet offered to the homœopathic profession. The work shows great care in its preparation, and will prove a safe guide for the pharmacist and practitioner.

It is true that the rules given for the preparation of mother tinctures are rather too complicated to be of benefit to the general practitioner. Few physicians, however, desire to engage in this department of pharmacy. It certainly offers the advantage of a method which, if adopted, will secure uniformity in the strength of our tinctures.

Part I. is devoted to general rules, also hints on the preservation and dispensing of remedies, together with test solutions, tables of weights, measures, etc.

Part II. includes the description of the medicines and their preparation.

It is inconceivable to us why the centesimal scale should be so persistently retained for prescribing and marking of attenuations, as it certainly leads to great confusion. The decimal scale is followed by all pharmacists in this country, and also in England and Germany, in the preparation of attenuations below the thir-

tieth. Why should we not adopt it altogether, and thus end what is to-day one of the greatest sources of annoyance to the homœopathic pharmacist?

The rules given for marking attenuations are most confusing, and, we think, only tend to complicate instead of saving, as claimed, "a large amount of confusion." £

OUR MISCELLANY.

A CALCULUS was removed from the bladder of a boy sixteen years old by Dr. Joseph W. Howe (*New York Medical Journal*) which weighed one thousand five hundred and forty-one grains, and measured three inches by two and a quarter inches. An attempt was made to extract it through the perinæum, but it was found to be too large, and efforts made to crush it were unsuccessful, Civiale's lithotrite and Bigelow's instrument each being tried. An incision was then made in the median line above the pubes, and after some difficulty, owing to contraction of the bladder, it was withdrawn. After the operation symptoms of collapse came on, but he soon rallied and made a good recovery. — *Chicago Weekly Medical Review*.

PELLETURINUM TANNICUM IN TAPEWORM.—The alkaloid pelleturinum, lately extracted from the *cortex radices granate*, is, according to Dr. H. Witt (*St. Petersburg Medical Weekly Journal*), the most certain of all our remedies for tapeworm. In five cases in which for a number of years all the usual remedies had proved themselves to be unsuccessful, about twenty-two grains of *pelleturinum tannicum*, followed by a tablespoonful of castor-oil, had the effect that the dead tapeworm appeared unbroken in the stool. The remedy is easily administered, as it is perfectly tasteless.

FÆTUS IN FÆTU.—Dr. Lubimoff Kasan, Russia (Vratch Vedomisti), has recently reported an interesting case of this kind. He found on a little girl born at term, and living, a perineal tumor, of which the right half was hard and the left half soft. On autopsy, there were found two cysts in the left half. The right half contained different portions of a fœtus,— a well-developed foot with six toes, a rudimentary arm, and a stomach. Between the two tumors were found small dermoid cysts, containing epithelial cells, striated muscular fibre, bits of cartilage, and bones containing marrow in the interior.

MEDICAL EDUCATION. — The following, from the pen of an "old-school" physician, written for a secular journal of wide circulation, is quite extraordinary: "It seems incredible that our so-called best medical schools should still adhere to the methods of instruction which grew up out of the exigencies of the American Revolution. Everywhere else education is graded, systematic, and scientific; but the study of medicine, even in our largest and most popular schools, is a happy-go-lucky affair, most disheartening to one who wishes to obtain the best results of study. Over and over again the American Medical College Association has met and *resolved* against these abuses, but up to the present time there have been found only four medical schools with enough backbone to actually adopt the reforms which all admit to be most desirable. The 'forlorn hope' of advanced medical education in this country to-day is the medical departments of Harvard, Syracuse, Boston, and the Northwestern Universities."

A NEW PRIZE.—The French government has recently resolved by decree to found a prize, to be called the *Prix Volta* and of the value of fifty thousand francs, which shall be awarded for the most successful application of electricity, either in the production of heat, light, chemical force, or mechanical power, or in the transmission of messages, or in the treatment of disease. Competitors may be natives of any country, and claims to the reward must be lodged by June 30, 1887.— *Medical Record*.

DR. CHEW KIN FONG.—It is darkly hinted that New York physicians may yet be ruined by Chinese cheap labor. A Chinese physician, Dr. Chew Kin Fong, who enjoys a large practice among his fellow-countrymen here, has recently applied to the Board of Health for recognition. He could talk no English, but showed a certificate issued by the Harbor Department, Horg Kong, and affirming his qualifications as surgeon of a Chinese emigrant ship. The certificate was not recognized, and Dr. Fong will have to be examined. Assuming that he passes, the serious question arises whether it would be proper to consult with a person who practises, it is said, on strictly Oriental principles.— *Medical Record*.

AN EPIDEMIC OF DIPHTHERIA FROM INFECTED MILK. — Dr. Morell Mackenzie writes in the *British Medical Journal* for Jan. 20, 1883, in regard to a severe but limited epidemic of diphtheria now raging at Hendon, which has been traced by himself and Dr. Cameron to the infection of the milk supply. Although in some previous epidemics a strong suspicion has been entertained that milk was the vehicle of the poison, the inquiries have generally been made so long after the occurrence that it has been difficult to arrive at any certain result. In this instance, however, the facts appear to be conclusive. Fifteen persons were attacked in a single day, the disease in every case being a typical example of what French writers call *diphtherete d'emblee*. All the patients received their milk from the same vender, and no other cases occurred among the comparatively large population supplied by other dairymen. It has been discovered that the purveyor of the tainted milk washed his cans in water derived from a brook which contains a large amount of sewage matter. Indeed, up to the present time, the whole of the Church End district of Hendon is drained by an open ditch into the Brent, and this ditch passes slightly above and in close proximity to the brook used by the dairyman in question. In the Tenterden Park district every household made use of the tainted milk except two. One of these families had cows of their own, and the other had thrown away the milk supplied to them the day before the outbreak began, because it was thought "it looked bad." These two were the only houses in the Tenterden Park district which altogether escaped infection.— *Medical News*.

INODOROUS IODOFORM. — The peculiar odor of *iodoform* is found to be well masked by the addition of *attar of rose*, one minim to the drachm, or of *essence of rose geranium*, three to four minims to the drachm. The clinic gets to smell like a florist's shop.— *Polyclinic*.

It is hinted that alcoholic charts should be published alongside of weather diagrams, as it appears that mortality from alcohol has its regular seasons, declining below the mean line from February to April, rising to its maximum in July, declining again until the close of December, and finally rising to "the smaller maximum" in the first week of January.— *Boston Journal*.

EFFECT OF LIME JUICE ON THE MENSES. — A contributor to the *Lancet* states it as a fact that the sucking of the juice of one or two lemons by women suffering from an inordinate flow of the menses has the effect of checking the same. This statement, in connection with the reports of the effect of lime juice upon the amative instincts of the male, would seem to tend to establish a belief in its anaphrodisiac properties.

THE DENVER HOSPITAL. — It will be remembered that last year the homœopathist in charge of this institution was superseded by an allopath, although his results compared remarkably favorable with those of his predecessors. We are now informed that by a vote of four to one of the county commissioners it has been decided to return to the medical management of the new school. The present director is, therefore, a homœopathist, although his bid exceeded one of the old-school candidates by \$200 and another by \$900.— *N. Y. Med. Times*.

A REGATTA at Evesham, England, was followed by sixty-eight cases of typhoid fever among persons who attended it. An investigation developed the fact that nearly every one had drunk lemonade at a refreshment stand, the proprietor of which had mixed the beverage with water from a disused well, that was closed because it was known to be foul. Whether or not this well had been contaminated by a specific typhoid infection does not seem to have been established.— *Boston Medical Journal*.

IS IT A FACT?—The *Medical Advance* says that Dr. R. Ludlam, of Chicago, stated recently as a clinical fact that he had never seen a patient who had leucorrhœa during pregnancy troubled with morning sickness. — *N. Y. Med. Times.*

THE diet of the pregnant woman should not be too exclusively starchy, but should include meats, oatmeal, graham flour, and other articles containing lime salts, as in some cases dental caries progress very rapidly during pregnancy and the few months following it. In some cases it may be necessary to meet the demand for the lime salts by a direct supply, in the way of medicine, whenever it is apparent that the teeth are suffering. — *Medical Journal.*

A CONTEMPORARY suggests that, with the progress of electrical science, a new weapon will be put into the hands of assassins and murderers, and that death can be caused so as to leave no pathological or chemical traces sufficient for detecting its ætiology. Certainly it would not be strange if some ingenious and educated criminal should make use of such an instrument, especially now that the "humanitarians" are advocating its employment for the destruction of superannuated and superfluous animals. The suggestion of electricity as a substitute for hanging, as a means of execution of criminals, is also being renewed. — *Medical Journal.*

PERSONAL AND NEWS ITEMS.

DR. T. J. PUTNAM has located at North Adams, Mass.

DR. W. C. DOY has removed to No. 345 Columbus Ave.

F. P. GLAZIER, M. D., has located at Hudson, Mass.

DR. L. T. HAYWARD has removed to Manchester, N. H.

DR. GEO. H. PAYNE has removed to No. 758 Tremont St., Boston.

DR. J. M. WINSLOW has removed from Amsterdam, N. Y., to Canojoharrie, N. Y.

DR. E. Y. BOGMAN, of Providence, will spend the winter in Germany.

DR. G. W. COLLARD has removed from Stratford, Ct., to Bridgeport, Ct.

DR. C. H. GILES, of Philadelphia, has located at Olneyville, R. I.

DR. F. M. COUCH has located at Waterbury, Ct.

DR. W. EREED has moved his office from Milford, Ct., to Ansonia, Ct. Dr. Bray succeeds Dr. Reed at Milford.

DR. C. H. CARPENTER, of Troy, N. Y., died suddenly of heart disease, on the 23d of September.

DR. J. B. ROBINSON, of Natick, has succeeded to the practice of Dr. J. R. Boynton, of East Boston.

A. FRANCIS STORY, M. D., L. M., has removed to Natick, Mass., succeeding to the practice of Dr. Robinson.

DR. G. P. SWIFT, formerly of Waterbury, has located at No. 6 Elm St., New Haven, Ct.

Attention is called to the notice of removal of Dr. J. HEBER SMITH on advertising page No. 12. The notice contained in our September number did the doctor injustice, as he now attends to a general visiting and consulting practice.

DR. I. T. TALBOT. — On Saturday, Oct. 27, as Dr. Talbot was removing a large interstitial uterine fibroid tumor at the Massachusetts Homœopathic Hospital, he received slight scratches on the fingers. Considering the case entirely innocuous, he completed the operation, and continued about his work until Sunday evening, when a rapid rise in his temperature and increase in the soreness of the fingers, inflammation and swelling of the lymphatics of both arms to the shoulders, indicated a sharp attack of septicæmia. Measures were at once adopted to arrest the progress of the disease, and it is probable that the immediate danger is passed.

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EDITORIAL.

IS IT CONCEIT?

THE Louisville *Medical News* (Oct. 20, 1883) quotes an article from the St. Louis *Courier of Medicine*, entitled "German Surgery," purporting to be written from Berlin by Surgeon M. D. Jones, of the U. S. Navy, who is there ostensibly for the purpose of "brushing up" his surgery. He starts off by saying that "why an American should come there to learn surgery is beyond his comprehension." We have n't the pleasure of Surgeon Jones's acquaintance, but our impression is that he is of tender years; that his fond papa has patted him on the head and told him he "knows lots"; that possibly some confiding and suffering patient has moaned, "Saw my leg off," and he has crowned himself with glory by doing it.

We are reminded of our friend Ego, whom we met amidst the same scenes, and who found everything so "awfully stupid" that he wished he had remained at home, as did all with whom he came in contact. Leaving personalities aside, there are some points in Surgeon Jones's article deserving a calm, unprejudiced consideration. That hundreds of young men do go to Germany to learn surgery, as well as other branches of medicine, is a fact, and many do it who can illy afford it, and can accomplish it only by deprivation or self-sacrifice in some other direction. Not only young men take this step, but very many practitioners well advanced in years do likewise; and but few are heard to ask the question propounded by Surgeon Jones.

There are good reasons why Germany affords facilities surpassing anything now existing in America for the student of surgery.

The form of government favors it. The lower classes of people, from whence comes the supply of material for the instruction of students, have been in a state of subjugation so long that they submit to manipulation, examination, and treatment against which patients here under our democratic government would immediately rebel. The word of the professor there is law; and it is very seldom that a patient presumes to question his authority or refuses to submit to anything he may command. It is true, an American can go there, spend a few months making the rounds of the clinics in an indifferent or critical manner, more as sight-seer than student, and in that way lead himself into believing he "knows it all." Let us compare the requirements in German medical schools with those in the majority of our American schools. There each student in surgery must not only see the various surgical operations and manipulations, but he must show his ability to do them for himself; and, unless he can exhibit a measurable degree of dexterity by the actual use of the knife on the cadaver at the end of the prescribed course of study, he is obliged to review. What do we find here? Good theoretical teaching by able instructors, but a lamentable lack of practical surgical work. Here, theoretical instruction predominates; there, practical teaching is in the ascendency.

Setting aside all the arguments presented above in favor of "going to Germany to learn surgery," there is still another, which leads every broad-minded and progressive individual, whatever his profession or occupation, to desire to journey abroad and mingle with his brother workers. Is there one such individual, however eminent or skilful, who will not profit by so doing? Surgeon Jones speaks disparagingly of the clinics of Profs. Billroth and Albert. Billroth has a world-wide reputation as an operator and pathologist; but as a teacher he seemed to us a failure. Albert is almost unknown outside a small circle; but his dexterity in operating and his ability to impart knowledge are unsurpassed. Dr. Jones describes a tracheotomy by Prof. Shrötter, and says "he, in common with other lookers-on, felt that 'a bold plunge with the knife might have saved the patient's life.'" This is another indication of verdancy and youth. The day of bold-plunging surgery is past, and he who, under the

most trying circumstances, maintains the greatest calmness and deliberation is the one who saves life and never makes a cut at the wrong place. While we are proud of our own institutions, and glory in the progressive grandeur of all that is American, still we cannot shut our eyes to faults which exist, nor refuse to acknowledge virtues possessed by others.

MELANOTIC SARCOMA OF KIDNEY.

HISTORY OF CASE AND REPORT OF NECROPSY.

REPORTED BY MR. S. H. SPALDING,

House Surgeon, Mass. Hom. Hospital.

MR. B——, aged sixty-seven years ten months, was admitted to the Mass. Homœopathic Hospital, July 21, 1883, under the service of Dr. W. L. Jackson. The patient is tall, erect, and rather emaciated, with gray thin hair and side whiskers; unmarried. His father died an invalid from tumor, at seventy-nine; his mother at thirty-nine, of consumption; one brother died of kidney disease at seventy. Some of his uncles died of abdominal tumors. He had good health till twenty years ago, when, while skating, he fell on the ice. He suffered but little pain at the time; shortly afterward noticing a tumor in the right lumbar region, he went to two old-school physicians in good standing. One told him he had a floating kidney; the other told him he had an abdominal tumor, and advised painting with iodine. The tumor, however, steadily increased in size. Eight or ten years ago he had retention of the urine, and two years ago he used to pass bloody urine. At times during the last two years he has had "enlargement of the liver," with considerable pain. These attacks have lasted but a day or two. Within three years the tumor has increased in size one hundred per cent.

At present the tumor is oval in shape, six inches in longitudinal by four inches in transverse diameter. It lies in the right half of the umbilical region and in the right lumbar region. It is freely movable, shows no fluctuation, is not very hard. At times he has a dull, dragging pain just above the umbilicus. Sometimes he has a fit of coughing, and "vomits purulent matter." He is habitually constipated; rarely has a headache; appetite, fair. He has hydrocele (left sided) and also considerable œdema of the left leg. Sometimes there is œdema of the right leg as well. He has a dry, scaly, itching eruption over the body and limbs.

Examination of the urine = sp. gr. 1014, reaction acid; about

2½ per cent albumen. The microscope shows numerous pus corpuscles, hyaline and granular casts, the latter predominating; a few spindle-shaped cells.

July 22. He had a sense of heaviness and dulness in the head. Ate a good dinner, but not much supper.

July 23. Dr. Packard examined him and prescribed *Ars. 3^x*.

July 24. Slept poorly, on account of facial neuralgia; had to get up several times; coughed a little, and vomited a little bad-tasting, sweet, sickish matter.

July 25. Rectum prolapsed, and some hemorrhoids bled a little; appetite good; went out to ride.

July 31 Prescription: Daily bath, using paraffine soap; and *Mez. 3^x* internally.

Aug. 2. Dr. Talbot examined him, and diagnosed a cysto sarcoma connected with and perhaps dragging down the right kidney. The patient now passes on an average twenty-six ounces of urine per diem, of low specific gravity, and containing albumen, casts, and pus. Prescription, *Ars 3^x*.

Aug. 12. Injected 75 m. sulpho-phenique (Dr. Declat's preparation) hypodermically.

Repeated the injection Aug. 13, 14, 15, 16, 18, 20, and 24.

Aug. 14. The eruption itches less.

Aug. 17. Itching nearly gone; very weak still; has to lie in his bed most of the day.

Aug. 18. Considerable dull pain in region of the right kidney. He has no appetite.

Aug. 21. Went out and took a long ride on the horse cars yesterday, and is very weak in consequence. Prescription: *Chin. ars. 3^x*.

Aug. 22. Very tired and weak from yesterday's exercise. Slight diarrhœa; eruption much better.

Aug. 24. A slight attack of epistaxis during the night; no appetite. Allowed him to have milk punch or champagne at choice.

Aug. 25. Sharp pain in right lumbar region. Prescription: a myro-petroleum plaster with a cold compress outside. Continue *Chin. ars. 3^x*.

Aug. 28. Cannot sit up at all; nearly fainted in attempting to go to the bath-room. He thinks the tumor is smaller.

Sept. 4. Failing; cannot sit up; would like to have the tumor removed if possible; mouth dry. Gave glycerine with water and calendula, to moisten the tongue. Sleeps well.

Sept. 8. Failing; throat very dry. Gave an emulsion of elm bark and marshmallow root to moisten the mouth.

Sept. 10. Flatus troublesome, often urging him to stool, though he can pass nothing but gas; sleeps well. Prescription: *Asafœtida 3^x*.

Sept. 12. Passed a restless night. Flatus diminished. At 2 30 A. M. bled about three ounces from the nose. Insists upon trying to get up to stool.

Sept. 13. A slight dull headache this morning, with a faint feeling. An enema of water relieved him. Allowed him to leave off the plaster. No appetite; tongue dry and sore; bowels flatulent. *Chin. ars.* 3^x.

Sept. 14. Another faint spell this morning. Tongue dry and hot. He has a bitter and sometimes coppery taste.

Sept. 15. Examination of the urine revealed fewer pus corpuscles, some oil globules; sp. gr. 1010; albumen, three fourths per cent.

Sept. 16. About the same; keeps thinking of food all the time; always saying he could eat some dish, but when supplied can only taste of it.

Sept. 19. Worse this morning; has sharp pains in the right lumbar region most of the time; worse on moving. *Bry.* 3^x.

Sept. 27. Failing very fast; he has one or two faint turns every morning; his strength is leaving him; complains of the light; pain in region of the tumor.

Sept. 30. 8.30 A. M. was called in by the nurse. Found him breathing hard, with blowing expiration; radial pulse thready, barely perceptible; has constant pain. Gave him a little champagne; he seemed to rally a little, and breathed easier; 10.15 was called again; found him worse; breathing in gasps. Died at 10.45.

Necropsy.

The post-mortem examination, conducted by Dr. Horace Packard, revealed the following condition:—

Body, medium size, emaciated; skin, yellowish; face pinched; "rigor mortis" slight. Opening up the abdominal cavity revealed a tumor the size of a cocoanut occupying the right lumbar region and a portion of the umbilical. The lower border of the right lobe of liver was atrophied from pressure of tumor, and the stomach seemed farther to the left side than normal. Peritoneum covered the anterior surface of tumor. On passing the hand back to the right renal region, no kidney was found, its position being filled by tumor. On enucleating the tumor, the right ureter was found issuing from its inner border, and was traced to bladder, thus showing that the right kidney formed the nidus for the development of the tumor; the ureter and renal vessels were severed, and the tumor removed in its entirety. Longitudinal diameter, 6 inches; transverse diameter, 4½ inches; weight, 24½ ounces. On laying open the tumor, the knife passed through as though cutting fibro-cartilage; and on subsequent examination the

stroma was found to consist of a dense fibrous tissue enclosing cellular elements in a state of melanotic metamorphosis. Diagnosis, melanotic sarcoma of right kidney. A very small portion of normal renal tissue was found still intact, perhaps sufficient to perform one tenth the function of a normal kidney. The left kidney was found in its normal position, but much atrophied. Length, $3\frac{7}{8}$ inches; width, $1\frac{7}{8}$ inches; weight, $3\frac{1}{2}$ ounces. Its surface was covered with small cysts, and its cortical substance scarcely three eighths of an inch thick.

HAHNEMANN'S HOMŒOPATHY THE ONLY HOMŒOPATHY.

WM. P. WESSELHOEFT, M. D.*

Ladies and Gentlemen:

At our last meeting we listened to a discourse by Dr. Conrad Wesselhoeft, entitled "Is Hahnemann's Homœopathy the Homœopathy of To-day?"

It was written in a truly sad strain; words of disappointment at the results in practice flowed freely from the speaker's lips. He told us how in former years *we* had carefully followed the precepts of Hahnemann, and how *we* had failed in our expectations of cure, and how false were the promises Hahnemann had made.

Now, as the speaker used the first person plural in these statements, I may be allowed to do the same in the name of those who have gradually, through bitter experiences and a multitude of mistakes, found that all the essential practical rules for selecting and applying medicines in disease which Hahnemann gave us so explicitly are the most trustworthy; that our experience has been directly opposite to the statements made, and that we have seen our success increase in the ratio of our knowledge of these rules and the knowledge of the indications for remedies, which Hahnemann calls *the peculiar and especially individual* ones for each and every case separately, that comes to our notice for study.

We have convinced ourselves beyond a possibility of doubt that these fundamental rules are the essence of Hahnemann's homœopathy,—the only known homœopathy. All attacks on Hahnemann's precepts, all the efforts of separating the so-called "chaff from the wheat" of these precepts, the opposition to the so-called dogmatism of the master, are as old as the fourth edition of the "Organon."

There have always been men who have prated of "rational" homœopathy, who were ever ready to separate the "chaff from

* Read before the Boston Homœopathic Medical Society, Nov. 8, 1883.

the wheat"; and these men invariably found that the only "wheat" in homœopathy was the law of similars, all the rest of the wonderful teachings and observations the "chaff." This reform, singularly enough, first emanated, not from Hahnemann's followers and most thorough students, but really from allopaths, who had perceived the utility of the law *similia similibus*, and conceived the great idea that they might blend that which to them seemed useful in this law with the old beaten path of medical practice.

In speaking of these "reformers" in 1844, Dr. Gross says: "Their assertions were so positive that for a short while they seemed to silence all voices in opposition, but behaving most unmannerly, heaping even ridicule upon the founder of the law when a true disciple of Hahnemann's had the audacity to stand up in his defence. These men remain adherents to a peculiar medical theory, which has nothing in common with homœopathy."

It has been our good fortune to know many men who have emancipated themselves from this "peculiar medical theory," and crystallized into thorough homœopaths, ridding themselves of all the barnacles of the old school,—opium, quinine, diaphoretics, diuretics, alteratives, and, what is of more importance than all, never prescribing upon pathological indications, always eliminating remedies until the one single remedy best indicated for the complex of symptoms is found. These men have always grown in enthusiasm as their knowledge and perception of Hahnemann's teachings advanced.

There have been men, I dare say, who have seen fit to take the opposite course; men whose minds are so constructed that they must have a reason for everything that happens; men not satisfied with facts unless their cause can be ocularly demonstrated, measured by fractions of millimetres, or weighed in scales. Some of these may have gone back to the barnacles; but Hahnemann's homœopathy will endure it; none of us tremble or are troubled regarding its vitality, its slow but vigorous growth.

We are told by these "rational" homœopathists that the major part of our original *materia medica* is of very doubtful origin, and that all the symptoms recorded and known to have resulted from certain, to them, "irrational" potencies must be expunged; that all the cures recorded made by potencies above the "rational" standard belong to the realm of the mystical, or they descend to the charge that they are a pack of lies.

This argument may answer for the moment, and may seem imposing to some by its apparant accordance with the present state of physical science. Those of us, however, who have had the good fortune of having our eyes opened to facts, even if still inexplicable, have such a feeling of security in these truths that we

can afford to wait till science explains them by new and better hypotheses than those thus far advanced.

Just here it is where the prevalent materialism in science must sooner or later clash with the steadily advancing positivism. A short extract from a recent article by W. D. Le Sueur may give us a little insight into these opposing standpoints:—

. . . “Materialism is the refuge of minds that have been immaturely freed from spiritualism, or, perhaps, we may more fitly say, spiritism. By spiritism we mean that undeveloped condition of the mind in which hypothetical existences are required at every turn to account for observed phenomena, in which the mind cannot bear to be left alone with facts. The child learning to walk, holds by its mother’s finger; the mind learning to think, uses such hypotheses as it can construct, and for physical acts it frames spiritual antecedents. The child who thinks it can walk before it really can, and leaves its mother’s finger, finds itself compelled to creep along by the wall. In like manner the materialist who has let go his spirit hypotheses is compelled to creep along by the wall, to rest upon something *hard* in order to steady his steps. Divert his attention, and he will walk for a while with his hands free; but remind him where he is, and he totters back in a moment to his tangible support.

“The positivist, on the contrary, is a man who has learned to walk alone. He asks only support for his feet; and *that* he finds in the instinctive confidence in his physical and mental powers, with which, in common with other men, he is endowed. To the positivist a fact is a fact, wherever and in whatever guise he meets it. And all facts stand to him upon an equal level in point of authority. Having learned to dispense with the spirit hypothesis, he has learned to dispense also with bad metaphysics, particularly with the bad metaphysics that lie at the foundation of materialism. He repudiates the idea that a superior degree of reality attaches to *hard* things, and he bewares of drawing the metaphysical conclusion that tangible things constitute the stuff of the universe. A hard thing is well in its way; so is a soft thing; so is an impalpable thing. What the universe is ultimately made of he does not inquire, because he knows the inquiry is vain. He is content with facts; and to him a fact is *whatever produces a complete and definite impression upon the mind*. He does not make his own mind the measure and test of all possible existence, but he holds that it is the measure and test of all things that concern him. There may be things of which he knows and can know nothing; but he indulges in no speculations in regard to these, his duty being, as he conceives, to apply himself assiduously to the knowable order.

“To the positivist, I have said, all facts are of equal authority;

and in order to decide what is a fact, and what, therefore, he should treat as a reality, he merely asks, Is it capable of definitely affecting my mind? Whatever stands definitely related to the mind is a fact, and has all the reality that can be discovered in anything whatsoever. All we can say of a piece of granite is that it definitely affects the mind; we know it as so and so. Whether it be, as Mr. Herbert Spencer maintains, but the representation of an unknowable reality, the positivist does not inquire; enough for him that he is able to cognize it under certain definite forms. But what we here say of a piece of granite, which would be the materialist's choice illustration of real existence, we may say equally of an action, a word, a thought, an impulse, a characteristic, a tendency. These are all facts, capable of definitely affecting the mind, and often affecting the mind more intimately and powerfully by far than tangible objects. What is it in my friend that is of most concern to me? his bodily frame? by no means. He could not exist without a bodily frame any more than he could walk without ground to walk on. But his bodily frame may have nothing in it to please the eye, or in any way to arrest attention. The color of his hair, his weight; or even his stature might change materially, and the difference to me would be little more than if he had changed his clothes, provided the disposition of his mind, those mental and moral qualities that had won my regard, had remained unchanged. In this case, disposition, a thing wholly impalpable, is of vastly more account to me, as an element in my environment, than the whole assemblage of physical properties and qualities represented by my friend's bodily structure. Now the difference between the materialist and the positivist lies just in this, that the former is embarrassed at the decided effects which he sees produced by impalpable things, while the latter escapes such embarrassment entirely simply by not having set up any arbitrary standard of what constitutes reality. The materialist does not want to recognize anything as real that does not more or less resemble his piece of granite, that does not affect the tactual sense; while the positivist is content to recognize all things as real that reveal their existence to the mind by affecting it in a definite manner. He cordially admits that the piece of granite does this; but he says also, that a thousand things that have no analogy with it whatever do it as well.

“Some people, chiefly materialists, will heedlessly say that this is idealism; but they are totally mistaken. Idealism consists in affirming reality of the mind and denying its objective existences, or in affirming that the apparent distinction between subject and object is unreal and illusive. The positivist does neither the one nor the other. He simply abstains from setting up an arbitrary standard of reality. He talks neither of mind-stuff nor of world-

stuff; such talk, indeed, he cannot help regarding as *all* stuff. He *knows* that he knows, and that he feels, and that there are certain definite sources of knowledge and feeling. He perceives that he has an environment upon which he can act, and which reacts upon him. That environment is a very complex one, answering to the complexity of his own nature. There is nothing within him, indeed, that has not some answering element without. Regarding him first as an animal, he has a nutritive system, which has its answering external realities; he has a nervous and muscular system, to which the outward frame of things in like manner responds.

“Taking a higher point of view, he has intellectual faculties, which lay hold of the relations of things in the outer world; he has an emotional nature, with moods that vary according to the nature of the stimulus they receive; he has social faculties and propensities that find exercise in the domain of society; he has powers of moral judgment that recognize, apart altogether from the verdict of society, the essential moral qualities of actions. To each range or level of function in the individual man there are corresponding realities in the outer world; and it is to be observed that what are realities to one set of functions are not realities in the same sense to any other. The nutritive quality of an apple is not a reality to the muscular sense, nor is the weight of the apple, which is cognized by the muscular sense, a reality to the nutritive function. The test of reality is, we thus see, the existence or non-existence of definite relationship. To illustrate the same form further, we may observe that the physical properties of bodies are not realities to the intellectual faculty that investigates their spatial or numerical relations. The weight of a statue, or the chemical composition of the marble or bronze of which it is made, is not a reality to the æsthetic sense. The emotional nature finds its realities in the things that kindle emotion, not in those that furnish matter for intellectual exercise or for physical sensation. Who can ever forget those exquisitely simple words of the poet Tennyson?

‘ And the stately ships go on
To their haven under the hill;
But oh, for the touch of a vanished hand,
And the sound of a voice that is still!’

“The vanished hand, the silent voice, are here but symbols of a thousand clustering associations dear to the heart in past times, and dear to the heart still. The physical sensation is the *nexus* of things that no physical methods could possibly enable us to understand, — things known only to the emotional nature. The touch or the voice that thrills one human being will be wholly indifferent to another, — will, in fact, rank only as a mere physical

sensation. The heart of a mother would be rent by the cry of her child in pain or in danger; but what would that cry be to a devouring beast? It would have no relation, except as a definite volume of sound, to anything in the beast's nature, and therefore, in all the elements that would speak to a human — to say nothing of a mother's — heart, would be non-existent.

. . . “Before we could affirm grossness, or anything else of matter, we should have to get some of it, and compare it with something that was not matter, but which yet could be legitimately compared with it. Until this feat is accomplished, would be well for all sensible people to refrain equally from praise and from abuse of matter. What there can be no risk of error in assuming is, that the exercise of certain faculties gives us the conception we have of matter, and that the exercise of other faculties gives us mental experiences of quite a different order. The materialist insists upon the convertibility of all experiences of the latter kind into experiences of the former kind. The positivist, on the contrary, feels under no obligation to perform any operation of this kind, and fails to see how he would be advantaged if he could or did perform it. He is content to believe that we are in no less real a world when we are dealing with human affections and passions, with social laws and forces, and with spiritual results in general, than when we are occupying ourselves with things that appeal directly to the outward senses, and give us our impressions of form, color, and weight.

“It has thus, I trust, been made apparent why the positivist would refuse to be called a materialist, and why he would equally object to be spoken of as an idealist. He is the only man, as it seems to me, who takes the world exactly as he finds it; and who, upon principle, abstains at once from unfounded affirmations, unsupported judgments, and unanswerable questions. His business, as he conceives it, is to regulate his life, and help others to regulate their lives, by *realities*; and a thing to be a reality to him does not need to be a stone wall.”

Let us therefore, for the present, rest our minds in peace. If science cannot explain how it is that the decillionth part of a drop of a medicinal substance affects the tissues of the diseased organism, we have for the present the knowledge of the fact by hundreds upon hundreds of results, and we can wait till it suits science to explain it, if it ever can.

When Darwin made his wonderful experiments with the salts of ammonia upon the *drosera rotundifolia*, he found that by immersing a leaf in thirty minims of a solution of one part by weight of salt to 21,875,000 of water, the absorption by the gland being only the one twenty-millionth of a grain, was sufficient to cause the tentacle bearing the gland to bend to the centre of the leaf.

His consternation at this result was expressed in these words: "The fact which appears truly wonderful is that the one twenty-millionth of a grain of the phosphate of ammonia (including less than one thirty-millionth of efficient matter), when absorbed by a gland, should induce some change in it, which leads to a motor impulse being transmitted down the whole length of the tentacle causing the basal part to bend, often through an angle of 180°. Astounding as is this result, there is no sound reason why we should reject it as incredible. Prof. Donders, of Utrecht, informs me that from experiments formerly made by him and Dr. De Ruyter he inferred that less than the one millionth of a grain of sulphate of atropia in an extremely dilute state, if applied directly to the iris of a dog, paralyzes the muscles of this organ. But in fact every time we perceive an odor we have evidence that infinitely smaller particles act on our nerves. When a dog stands a quarter of a mile to leeward of a deer or other animal, and perceives its presence, the odorous particles produce some change in the olfactory nerves; yet these particles must be infinitely smaller than those of the phosphate of ammonia, weighing the one twenty-millionth of a grain. These nerves then transmit some influence to the brain of a dog, which leads to action on his part. With *drosera*, the really marvellous fact is that a plant without any specialized nervous system should be affected by such minute particles; but we have no grounds for assuming that other tissues could not be rendered as exquisitely susceptible to impressions from without if this were beneficial to the organism, as is the nervous system of the higher animals."

In another place he says, again referring to the above experiments, "I know not whether to be most astonished at this fact, or that the pressure of a minute bit of hair, supported by the dense secretion, should quickly cause conspicuous movement. Moreover this extreme sensitiveness, exceeding that of the most delicate part of the human body, as well as the power of transmitting various impulses from one part of the leaf to another, has been acquired without the intervention of any nervous system."

Had Darwin been conversant with Hahnemann's experiments, or if his own experiments had reached into the domain of observing medicinal action in health and in disease on human beings, he would scarcely have held to his statement that the *drosera*, *devoid of a nervous system*, "exceeded in sensitiveness the most delicate tissues of the human body."

Science is tending in the right direction as illustrated in these experiments. Darwin cannot explain his one thirty millionth of a grain, — but he records the fact; we cannot explain the action of the ten-thousandth potency, — but we have recorded the facts.

I recently had the pleasure of meeting a gentleman, a graduate

of Harvard College, who had for several years lived in the far West and followed the occupation of a cowboy. He told me that in driving cattle from Texas into Wyoming they were obliged to pass through country so poorly watered that in one section the animals were without water for more than two days; many of the weaker animals fell from exhaustion, and it was considered good luck not to lose more than three per cent. When the herd approached to within four or five miles of the first stream of water, the leading and stronger animals were observed to throw their heads up, snort, and then, bellowing, rush with all the strength which remained in them in the direction of the stream, the stronger trampling down the weaker animals in the stampede. The moment the cowboys observe the animals "smelling water" they ride to the front of the herd and fight them back till the water is reached, to prevent the terrible slaughter which would otherwise ensue. This I am told occurs during a quiet atmosphere, with clouds of dust rolling over the herd, and not a vestige of change discernible in the vegetation whereby the animals might recognize the nearness of water. This is "smelling water," an inodorous fluid, through a volume of atmosphere that would baffle mathematical calculation. It is extremely "irrational" in these animals to act thus unscientifically; but unfortunately the membranes of their nostrils are so sensitively arranged that they cannot wait till science explains why they rush for the water through such a distance. We know, however, that they do it, and we simply record the fact; the explanation of it we can quietly await. Meanwhile the animals will go on in their irrational conduct in spite of the molecular theory. "Nothing is 'so actual,' nothing half so real, as what can neither be seen nor touched."

All these facts may be considered valuable as aiding us to account for the action of highly potentized substances. Nevertheless had not one similar fact ever come to our knowledge, the observation of the action of a well-selected highly potentized substance would forever stand an incontrovertible fact to the glory of Hahnemann's genius.

Furthermore, we have been told that Hahnemann was scientifically all right until the time he left Leipsic and went to Coethen, where the mysticism of potentizing remedies up to the thirtieth, and above, commenced. Then suddenly he becomes a weak and vain old man, in the eyes of the "rational," who glories in his autocracy and finds rapturous delight in the adulation, flattery, and flummery of his servile followers.

The absurdity of this statement, to say nothing of its venom, is apparent when we know that Hahnemann could have easily had the adulation of the medical world, which his critics seem to

think so essential to the man, by simply yielding a point, by conceding that homœopaths or any other physicians might be quite successful in treating the sick if they would but accept the law of similars and the tangible dose, and, whenever it seemed to them advisable, or suited their convenience, to give a purge for constipation, a dose of opium to induce sleep, or cinchona to suppress a chill. Why, he would have had the adulation of ninety out of every one hundred homœopaths of his day, and I dare say the same ratio would fit to-day. Then there would have been nothing but adulation, — he would have been a colossus for adulation !

Hahnemann, on the contrary, opposed in the strongest terms any such concessions. He knew how well he had built, and he defended the citadel to his dying moment. He had founded a system of medicine not based on theories, not constructed of phantoms or chimeras, but built up stone by stone with observations and experiences. The greatest among all is the discovery of the immense divisibility of matter, and the discovery that substances which are inert in their crude state are made potent agents when treated by his methods.

I was once told, on good authority, that Hahnemann gave this answer to a gentleman who visited him in Paris and congratulated him upon having lived to see his system practised in nearly every country of the globe, and could count his followers by thousands : “ Those who call themselves my followers may perhaps be counted by thousands ; those who are my followers may be counted on the fingers of both hands. It sometimes has seemed to me that my discoveries were made half a century too early.” The adulation was not very general, it would seem ; Hahnemann certainly expressed no great adoration for the majority of his followers.

There has been a vast deal of lamentation in the ranks of the “rationals” that Hahnemann should have had the audacity to make an effort to explain the nature of disease, that he should ever have theorized at all, and been guilty of using such an absurd term as life-force (*Lebenskraft*). Let us read § 7, in which the first mention of life-force is made :—

“ In a disease presenting no manifest, exciting, or maintaining cause (*causa occasionalis*) for removal, nothing is to be discerned but symptoms. These alone (with due regard to the possible existence of some miasm, and to accessory circumstances) must constitute the medium through which the disease demands and points out its curative agent. Hence the totality of these symptoms, *this outwardly reflected image of the inner nature of the disease, i. e. of the suffering vital force*, must be the chief or only means of the disease to make known the remedy necessary for

its cure, the only means of determining the selection of the appropriate remedial agent. In short, the totality of the symptoms must be regarded by the physician as the principal and only condition to be recognized and removed by his art in each case of disease, that it may be cured and converted into health."

How little Hahnemann cared for theories to corroborate facts is shown in § 28, which is introductory to § 29, in which he endeavors to explain how it is that a remedy cures its similar complex of symptoms in disease. Here is the paragraph:—

§ 28.—“Since this natural law of cure has been verified to the world by every pure experiment and genuine experience, and has thus become an established fact, a scientific explanation of *its mode of action* is of little importance, I therefore place but a slight value upon an attempt at explanation. Nevertheless, the following view holds good as the most probable one, since it is based entirely upon empirical premises.”

Now, if the life-force (or vital force) theory does not suit your notions, you can substitute any other explanation you may choose: the existence of the law will not be influenced thereby. Let us look at this matter in the light of more recent researches. “The body consists of a mass of cells, which are the ultimate elements of life. . . . Within certain limits, any damage done to individual groups of cells can be repaired by the *compensating powers* of the organism. It is only when this *compensating faculty* fails, when the body cannot successfully resist an unfavorable influence, that a disturbance arises which we call disease.” Substitute *compensating powers*, or *compensating faculty of the organism*, for life-force in all that Hahnemann has said on this subject, and you have something which will answer the argument quite as well, and it may suit some persons better.

Of quite a different nature is another so-called theory of Hahnemann's, viz., the investigations into the nature of psora, syphilis, and sycosis as the fundamental cause of the great majority of chronic diseases. This, I claim, is no *theory* whatsoever; it is as well-established a fact as the divisibility of matter to one who has observed real homœopathic cures. In the first volume of the “Chronic Diseases” Hahnemann has gathered together from the vast storehouse of his reading a most convincing array of facts which go to show how intimately connected with internal disturbances are the suppressions of all cutaneous diseases. This research of Hahnemann's is of the utmost value in practice, assisting us not only in the examination of chronic cases, but giving us a most valuable insight into their nature, and supplying us with sufficient patience to await the full action of a drug.

We are told that a multitude of cutaneous diseases owe their existence to animal or vegetable parasites. These investigations

are by no means closed, and further research and study will assuredly change this prevalent notion. The parasite will be found to be the *post hoc* and not the *propter hoc*.

Please pass your eye over the medical literature of the past ten or fifteen years, and examine the investigations made regarding the internal tendencies of syphilis, all corroborating the observations of Hahnemann. Syphilis has been found to cause: abscesses of the brain, insanity, paralysis, meningitis, sciatica, trembling palsy, wasting palsy, aneurism, arterial cysts, fibroid and valvular disease of the heart, thrombosis, chronic gastritis, ulcer of the stomach, Bright's disease, Hodgkin's disease, diseases of the spleen.

We are indebted to Dr. A. McNiell, of Jeffersonville, Ind., the same who compiled that admirable and thoroughly homœopathic "Treatise on Diphtheria," for a translation from the French of views of the more advanced dermatologists of the present day. Dr. McNiell says:—

"None of the opinions of Hahnemann have been more bitterly assailed than the psoric theory. Arguments have been overlooked, but ridicule, misrepresentation, and unmitigated falsehoods have been lavished on it by not only allopaths, but by those calling themselves homœopaths. But one by one the old sage's opinions, after running the gauntlet of his antagonists, are adopted by them. So now an allopathic authority of illustrious name expresses views that by changing psora to diathesis might almost have been written by him. I will translate the lecture as being not only an indorsement of Hahnemann, but as being the best differential diagnosis and description of the two most important skin diseases I have ever read. Prof. Guibert, in the Hôpital St. Louis, says of

ECZEMA AND PSORIASIS.

"GENTLEMEN:—The traveller, after his day's journey, looks back over the road and with this view embraces the whole and its peculiarities. So we have travelled a long way together, and have learned what are really the dermatoses, and I have taught you that in the majority of cases *skin diseases are only the actual transfer of a multitude of inner affections* (from the mildest to the most severe) *to the skin*. Considered in this point of view, they throw light on diagnosis and pathology.

"We have studied the different anatomical disturbances which constitute diseases of the skin. You saw how that these disturbances by their changes form the different kinds of dermatoses and thereby serve to differentiate the one from the other in their individuality and distinctness.

"After this fundamental consideration we have taken up the study of the individual skin diseases and began with eczema and psoriasis. The history of these affections has led to numerous details and brought forward many descriptions of the different pathological data. Let us now look back, like the traveller, and collect in our memory the different observations. Let us place together the pictures of eczema and psoriasis, and consider them separately and together. Remarkable agreements, but greater and more striking differences, will be seen.

"Eczema and psoriasis are of all skin diseases the most frequent. They are more important than all other skin diseases not only on account of their frequency, but also on account of their obstinacy and their tendency to

extend; the functional disturbances they cause; the disfigurations to which they give rise; the length of their continuance; their tenacity; their tendency to relapses; and finally, on account of the possible frightful complications they may lead to. They are both the most general, most closely related, and most clearly determined expression of that diathesis which cannot be denied, which is called herpism (herpetismus). Both are hereditary, but not contagious; both belong to that great class of the excreting affections of the skin; but here their points of resemblance cease, and we meet only essential differences henceforth.

“Eczema and psoriasis are excreting diseases; but eczema is the type of *moist* excretions. The characteristic secretion begins under the epidermis, which it raises in the form of vesicles. If these are bursted, the secretion exudes on the ulcerated skin. The psoriasis, on the other hand, is the type of the *dry* secreting affections of the skin. With it there is no moisture; all is dry; the secretion is purely epidermical; it is simply the altered epidermis. That is all.

“The eczema is an inflammation. It has all the signs and characters of an inflammatory disease,—congestion, redness, tension, swelling, increased temperature of the skin. The inflammation manifests itself in the moist, sticky secretions, the principal symptom. This secretion may be so profuse that it becomes a real catarrh of the skin. The inflammatory catarrh manifests itself, moreover, by subjective phenomena, *i. e.*, by disturbances in the health, morbid attacks, as feeling of tension, heat, itching, and burning. Indeed, the eczema owes its name to this feeling of burning, for it comes from the Greek word, “eksem,” I burn.

“In psoriasis all this is different. As soon as we leave eczema to turn to psoriasis we leave, as it were, the more tropical climate and go to the icy fields of the North. The eczema is the living tetter,—the moist, hot tetter; psoriasis is the dry, dead tetter; its physiognomy always remains without change. It remains immovable in the same stage. We have a petrified, parchment-like, mummified, dry, unsecreting skin, which no sweat moistens, which the sebaceous glands no longer lubricate, which consequently has lost its softness, pliancy, elasticity, and life. About the joints and the natural openings it is unsuited to the movableness of those places, and tears like an unyielding, indolent membrane; it is only a shell (carapace), a sort of scaly coat of mail without feeling, which you may scratch, wear off, or destroy without causing the slightest pain.

“The sites of eczema and psoriasis are different. The former is an inflammatory affection with most copious secretions; so it requires a warm place, which is moist and stretched and relaxed much, and provided with a rich vascular network, such as is the case in the neighborhood of the sexual organs and the axillæ. Psoriasis, on the other hand, requires only much epidermis, and therefore develops on those parts which are richly provided with it. If you will consider the different sites, look at the lower extremities. In the bend of the knee you meet eczema; *on* the knee, psoriasis. On the upper, you perceive in the bend of the elbow eczema; *on* the elbow, psoriasis. However, there are certain places in which both flourish, just as plants which prefer moist soil yet can grow on a more or less dry one. So eczema and psoriasis may be met with *in all* parts of the body. But the character of each is more or less modified, exactly as in the above-mentioned plants when they are transferred to a less congenial *habitat*.

“Eczema and psoriasis differ in the character of their accompanying diseases. The complications of eczema are of an inflammatory character, as itself is inflammatory in its nature. Let this inflammation be considerable or not, yet it always shows its eczematous relation. It may extend to the entire thickness of the skin, into the cellular tissue, the subcutaneous tissue, the lymphatic glands; it may even take on an erysipelous or a phlegmonous

character, or become a lymphangioitis with its ramifications and its rose-colored and bead-like cords. *These complications are at times deep-reaching, even extending to the viscera; they may attack the great apparatus of the system, the nerve centres, the digestive and respiratory organs; also meningitis, acute inflammation of the brain, bronchial and gastro-intestinal catarrhs arise therefrom.* But these complications are always of an acute, intense character, corresponding to the acuteness and intensity of the eczema, to which they owe their origin.

“Psoriasis, on the contrary, with its *chronic* type, has only complications of chronic character. Those of the lungs are mostly chronic catarrh, not seldom ending in tuberculosis; those of the digestive organs, dyspepsia, different varieties of cancer, carcinoma of the intestines, and still more frequently of the stomach.

“Eczema and psoriasis are also different in their course and development. The former comes with an acute beginning, the latter with a chronic one. It is a torpid type; it has a slow course, or rather it does not move forward at all; it remains what it is. It is to-day what it was yesterday, and to-morrow it will still be the same.

“In its fourth stage, eczema is scaly, like psoriasis; but these eczematous scales are essentially different. They are delicate, laminated, are not transparent, and contain in the layer of epidermis some moisture; they loosen in larger or smaller flakes, and are very easily removed from the cuticle underneath. The psoriasis scales are dense, and so closely interwoven in their parts that they can only be loosened in the form of dust. There is never the slightest trace of moisture.

“And yet, gentlemen, these diseases so contrary, these two opposite poles of dermatology, may in some cases coalesce and unite in order to make a bastard form which partakes of the qualities of both without being either one or the other. Just as there is an eczema lichenoides, which is a coalescence of eczema and lichen, so, notwithstanding what the learned Hardy said, an eczematous psoriasis, consisting of eczema and psoriasis, may exist. You will perceive, for example, the strong, thick scales of psoriasis, but on their inner side there is a crusty element; they are loosened from a somewhat moist skin. It has something of the nature of eczema; it is really an eczematous psoriasis.

“Eczema and psoriasis are two general affections, which by preference are situated on the surface; they may give rise to most violent complications, from a simple catarrh of the bronchia to meningitis, tuberculous pneumonia, and even to gastric and intestinal cancer.’

“I add the views of other distinguished French dermatologists. I first translate Bazin’s definition of ‘Arthrisme’: ‘A constitutional, not contagious, disease, which is characterized by the frequent production of tophus on the joints and of different eruptions on the skin. They are either dry or moist; the former are circular, isolated, unsymmetrical, multiple, are seated principally on uncovered parts, do not itch, alternate with affections of the joints, disappear in the fourth (last) stage, to be succeeded by visceral complications; to it belongs — *a.* pseudo-exanthems: erythema nodosum, urticaria, pityriasis rubra, herpes zoster, pemphigus “arthriticus”; *b.* dry arthritides: erythema papulo-tuberculosum, intertrigo, cnidosis, acne rosacea, pityriasis, psoriasis, prurigo, lichen, acne “arthrica”; *c.* moist arthritides: hydroa, eczema, pompholyx, sycosis, ecthyma, furunculi herpetiginosa.’

“He also defines the herpetic diathesis (herpitudes). It is a hereditary, constitutional disease, neither contagious nor communicable by inoculation, with phenomena on the skin and mucous membranes which may be supplanted by diseases of the viscera. When on the skin, it is characterized by obstinacy, long continuance, universality, and tendency to relapse. To it belongs the pseudo-exanthema: roseolo, urticaria, pityriasis rubra ‘her-

petica,' eczema rubrum universale, herpes zona herpetica, pemphigus acutus; dry herpes: cnidosis, epinyctis, pityriasis, psoriasis, prurigo, all lichens qualified by the adjective 'herpetic'; moist herpes: eczema, pompholyx, melitagra, ecthyma, furunculi ('herpetiques').

"The following is in the latest and most extensive French work in dermatology, viz.: *Hillairet Traite des Malad de Peaubascie*, page 157: 'The treatment of arthritic forms of disease, particularly in the aged, must be carried on with extreme caution. We were the witnesses of the following occurrence: An aged man of eighty suffered from varix complicated with eczema, attended with violent itching. He employed an energetic treatment by washing with solution of corrosive sublimate; he then recovered; but soon afterward he was attacked with inflammation of the lungs and gout. By the employment of mustard plasters, the eczema was recalled to the skin, the pneumonia disappeared, and the gout soon went also. *Some time after the patient treated himself for the eczema*, pleuritis and endocarditis set in, and apoplexy carried him off in a few days.' On page 179, *loc. cit.*, the same author reports that he had once seen epilepsy and another time acute tuberculosis appear after the rapid healing of psoriasis.

"I have shown the opinions of four of the most eminent authorities on dermatology in France — allopathic, of course — proving that they believed with Hahnemann that it is injurious to suppress diseases on the skin by external applications. This is the essence of the Psoric Theory. And yet men calling themselves his followers treat it with derision and go on doing what the progressive men in the old school condemn as dangerous to health and even life. I hope they may read, reflect, and be wise."

Ladies and gentlemen, our greatest need for the development of the homœopathic art of healing is a more general and closer study of Hahnemann's works. Let no young man or woman be prejudiced against the teachings of the greatest medical thinker and experimenter the world has thus far been blessed with. First of all make yourselves thoroughly acquainted with these teachings and methods, and always remember his warning to do it exactly as he directs. If you then find that his teachings are false, you will at least have the consciousness of having started at the right place to refute them.

Nothing to me seems more dangerous to the interests of homœopathy and to mankind than to start new-fledged homœopaths into the world, brimful of the prejudices of their teachers.

GLONOINE IN ACUTE MANIA.

WALTER WESSELHOEFT, M. D.

Reported before the Boston Homœopathic Medical Society.

IN reporting these cases in detail, I want to enter a protest against the pernicious method so common in our school of making brief and barren statements of cases or symptoms cured by one or the other remedy. It is the bane of our literature. The report of a case can only have a measure of practical or scientific value if it enables the hearer to form a critical opinion of the nature

and probable course of the disease, of the indications for treatment, and the appropriateness of the remedies selected. It is not claimed for the following cases that they are model reports; but I shall endeavor to give such an outline of the history, symptoms, and the indications as to enable you to judge of the correctness of my own views concerning them, and whether the remedy to which I ascribe the successful issue was in reality the active agent in the recovery.

CASE I. Maggie E—, aged twenty, very light complexion, long-standing acne over cheeks and forehead, slight frame, tardy development, but of an active, energetic disposition and highly nervous organization. Cases of insanity have occurred on both the father's and the mother's side,—uncles and first cousins; but both parents are alive and in good health. During the last six months she has been troubled with frequent headaches and attacks of facial neuralgia, increasing in severity and duration, especially distressing at time of period. Menstrual flow very late in appearing, but since it has become established, always copious; the last three periods profuse, but without dysmenorrhœa. No leucorrhœa nor tenderness in ovarian regions. The attacks of headache and faceache during the intervals between the periods appear to follow directly upon undue application to study or bodily fatigue, and are attended with extreme and growing irritability of temper, both before and after the attacks, until this condition is becoming constant. Early in March, 1881, after suffering much from pain in head and face, showing uncommon and unaccountable irritability, sleeplessness, and constant tendency to change her occupation, the first signs of unreasonable impulses and actions appeared. She wandered aimlessly about the house or sat staring vaguely, took up books and flung them away, often violently, etc., but spoke rationally when addressed until the 6th of March, when I found her in the following condition: In bed, immovable; eyes staring; conjunctivæ injected; pupils greatly dilated; jaws firmly shut, with a general expression of great nervous tension; face puffy and generally pale, but repeatedly suffused with dull redness in irregular spots and patches, extending to neck and chest, and varying in form and extent; hands and feet cold, clammy; fingers and toes clinched, nails blue. Suffers her mouth to be opened by moderate force, showing tongue flabby, thick, covered with heavy, whitish, dirty coating; mouth dry, breath excessively fetid. Lies still for hours, obstinately silent, and again repeats words or sentences, sometimes slowly, apparently with effort, or more and more rapidly, until she ends with a piercing shriek. Pulse uneven, varying from 120–140; carotids pulsating visibly; axillary temperature 99.2. Pays no attention to questions, nor appeals of any kind, but appears

to be annoyed by noises in the street; refuses all food, drink, and medicine. Breathing loud and labored; choking sounds in throat. All attempts to move her appear to cause pain and distress, especially if pressure is made upon cervical and upper dorsal vertebræ. The administering of food or medicine is resisted by firmly closing of jaws, or the liquid is allowed to run from the mouth unswallowed. No stool for several days; urine has only been passed once in last twenty-four hours, scanty and highly charged; menses had begun the evening before, but lasted only two or three hours. *Bell.*, *Hyosc.*, *Stramon.*, each tried from four to six hours, produced no change. After *Cuprum* slight amelioration for three or four hours, less calling out, and less repetition of words; closes eyes occasionally, but wakes speedily, as if frightened; but she soon relapses again into original state. The high pulse and peculiar flushing of face suggested *Amyl nitrite*; but no relief or change followed repeated inhalations, which were at first tried cautiously, and finally pushed. After forty-eight hours the patient was lifted bodily into a warm pack, which produced a slight perspiration after an hour and a half, with warm feet and hands, and less muscular and nervous tension. *Veratrum* afterwards seemed to bring a little sleep; but children calling in the street aroused her at once. The eyes stared again; hands and feet became cold, and at the end of two days of treatment no gain could be perceived, and neither food nor drink had been taken. The medicines were all administered by the atomizer, ten or fifteen drops of the 1st^x being put into the trough and evaporated at intervals before the patient's nose and mouth. After *Verat.*, the patient put her hand to her head repeatedly, exclaiming, "Oh, my back!" and on pressing the cervical and dorsal regions of the spine she winced perceptibly, but relapsed at once into the old condition.

Finally I was led to *Glonoine*, guided by Allen's Encyclopædia. The partial unconsciousness, with a perverted mental state, or prolonged cerebral congestion; the flushing of the face, alternating with pallor; the evident pain in the head, back, and shoulders, raising the hand to the head; the marked pulsation of the carotid and hardening of the temporal arteries; the increase of pain and distress on being moved; injection of eyes, dilatation of pupils; staring, sleeplessness, dozing, with sudden awakening; deathly coldness of extremities; variable and rapid pulse; loud, stertorous breathing; thickly coated and swollen tongue; suppression of menses, — all constitute a picture which will not only be recognized as possessing the striking features of the glonoine pathogenesis, but also those divisions of an acute form of mania of by no means unusual occurrence.

The medicine was at first administered by inhalation. Six drops

of the 2d^x were mixed in six tablespoonfuls of water, and part of this evaporated from time to time before the patient's face. At the end of an hour no marked change had taken place; but the patient attempted from time to time to moisten the lips with her tongue, and offered less resistance to pouring drops of water between the teeth. Part of this was evidently swallowed, but apparently with difficulty; the rest was allowed to run from the corners of the mouth. Presently the medicine was given by the mouth, a quarter of a teaspoonful or more at intervals of twenty minutes. After the third dose the change was marked. The eyelids drooped, the face became evenly pale, the breathing quieter and freer, the choking sounds and gurgling in the throat subsided, the expression of the countenance changed, hands and feet grew warmer, and the short naps or dozes into which she now fell not only grew longer, but the wakings were quiet and without the frightened stare. Soon a copious and warm perspiration covered the face and trunk, and the legs, which had up to this time lain immovable, were drawn up or moved about as if to find relief by change of position. The pulse remained at 120, falling slowly after several days; but its unevenness was gone with the relaxation of the general tension. Lucidness of mind did not return until the following day, and then imperfectly; but the medicine, water, and even milk were accepted, teaspoonful-wise if not offered too frequently. By the following day the character of the attack had entirely changed. The face was sunken and haggard, with deep, dark, bluish-black rings about the eyes, which latter looked blank and weary, but had lost the redness and midriasis, and evidently noticed partially what was passing, though the whole aspect was dull and apathetic. The tongue remained coated and swollen, but became moist. Food and drink and medicine were refused, but the cutaneous circulation continued good. Urine had been passed in the bed, and no resistance was offered by the patient when she was lifted into another bed and changed. During the day she fell into repeated naps of from half an hour to an hour's duration; and in the evening, after allowing her mouth to be washed, she refused water from the spoon, but stretched out her hand for the glass and drank freely. The night following was restless, wakeful, and delirious in spite of opium 3^x; but the patient arose of herself and passed urine. Improvement continued steadily, though slowly, from this time forward, the warm pack and cool compresses over the whole head affording much quiet sleep during many nights. Under *China* 1^x, and later *Calcar* 3^x, the mental and bodily symptoms gradually disappeared, *the catamenia* returning again after nearly six weeks, moderate in quantity, and with but very slight mental disturbance. Residence in the country and horseback exercise through-

out the summer so far restored the patient that during the following winter she was able to take charge of a large household and devote herself assiduously to painting and music without drawbacks, although it cannot be denied that she is even now often odd, irritable, and impulsive, or apathetic and melancholy, during her periods.

CASE II. Miss Sadie C——, aged twenty-two; dark complexion; uncommonly hirsute; both on face and body; thick eyebrows, almost continuous with hair of head at the temple, etc.; of vigorous, active, healthy parents, but has lost two brothers by phthisis; is now herself far advanced in the disease; great emaciation; cough, with very copious expectoration of thick, greenish, purulent mucus, amounting often to more than a pint in twenty-four hours; hectic; night sweats; pulse 120, temperature rising and falling from 101–103.5; nausea, vomiting, tendency to diarrhoea, attended with very troublesome flatulency, yet takes food fairly; large vomica in right lung, occupying apparently almost entire space of middle lobe, or infiltration and contraction of lung tissue adjoining makes it appear so; loud amphoric breathing, and gurgling, boiling sounds distinctly heard before and behind, and at side from fourth to seventh rib, including intercostal spaces, which are marked and drawn in; clear empty percussion sound in same regions; above and below all is dull and flat; masses of pus in cavity can be made to surge in various directions by change of position, and are more easily expectorated when the patient leans forward while sitting up, or in bed when she leans forward until her face nearly touches her knees; loud mucous rales throughout left side; no dulness on percussion; rather uncommon resonance here.

This condition had been coming on for something more than a year, beginning with an attack of acute pneumonia while the patient was living in San Francisco, where she appears to have been treated with the most heroic measures, under which she made a very slow recovery, frequently interrupted by acute attacks of various kinds, said to have been mainly "liver" troubles, according to the vague Western pathology. When given up as hopeless by her various medical attendants at home, her mother, with marvellous fortitude and self-devotion, brought her across the continent to try the effect of a return to her native air, a move that was followed by unmistakably beneficial results. She came here in the early summer of 1881, and continued to improve without any medical advice until the beginning of winter, when it became necessary to remove her from the country to narrower quarters and the less favorable atmosphere of the town. Throughout the late summer and fall she had been able to move about, though feebly, to drive and walk and busy herself with

reading and light sedentary occupations, although there was at all times a decided tendency to nervous restlessness and depression, beyond that accounted for by debility and the depressing effects of the disease, together with undue dwelling on religious subjects and an exaltation of mind peculiar even for a consumptive, and her appetite, digestion, and sleep were fair, notwithstanding the persistently copious purulent expectoration, the cough and troublesome diarrhœa and flatulency. Soon after leaving the country all the symptoms became aggravated, above all, the flatulency and diarrhœa, followed soon by inability to eat, by greater debility, cough, and sleeplessness, fever, colliquative sweats, and greatly increased expectoration.

By instructing the patient to bend over the side of the bed in such a way as to cause the contents of the pus cavity in the chest to gravitate towards the throat, she could, by simply opening the mouth and thrusting out the tongue, cause a teacupful or more of pus to flow out, with great subsequent relief from cough, fever, and restlessness. The rapidity, however, with which the pus reaccumulated was surprising. Under *Hepar, Plumbum, Creosote,* and *Zinc* a sufficient degree of improvement set in in the course of six weeks or more to warrant some faint hope, since the function of the left lung appeared to be but little impaired, and the digestive organs were regaining their powers very satisfactorily. The nervous symptoms, however, failed to improve. An incessant dwelling upon and exaggeration of every sensation or pain, and constant self-reproachful introspection, with growing religious fervor, stood in the way of all the benefit to be looked for from the lessening fever, expectoration, sweats, cough, diarrhœa, etc. The nights were now restless, more from mental excitement, praying, self-accusation, etc., than from bodily suffering. As I afterward learned, some prayer-healer had been consulted from time to time; but whether he visited the patient or did his praying in his office I never knew. There can be no doubt, however, that the increasing religious excitement was largely attributable to his ministrations. The general condition during the second week of January, 1882, was the following: debility and emaciation extreme; ashy pallor of face, which has a constant expression of great suffering and distress; patient can rise to evacuate bowels, only with much assistance; sits up in bed, resting against pillows, during the greater part of the day and night, in consequence of the dyspnœa; can lie for a short time on left side; bed sores prevented only by utmost vigilance in varying pressure upon parts bearing the weight; hectic comparatively slight; night sweats only occasional, and not excessive in amount; pulse variable, independently of exacerbation of fever, — usually 105–115, often rising to 140, — soft, com-

pressible, feeble, but not small ; temperature varying from 100.5 to 103 ; respiration, 30 ; tongue deep red, with thick, yellowish coating at root ; appetite not good, but consumes a large amount of both liquid and solid food by day and night, — milk, cream, flour gruel, solid meat, and a little vegetable, — all of which is borne well ; fatty food, sweets, fruit, and vegetables cause increased flatulency and diarrhoea, which also comes and goes, however, irrespective of errors or changes in diet ; discharges dark brownish, mostly semi-fluid, occasionally slimy, and excessively offensive ; urine abundant and surprisingly clear, and free from sediment ; no sugar or albumen ; the menses had appeared twice at long intervals during the summer, but very scantily, and not again ; fingers greatly clubbed ; feet œdematous ; the chest symptoms less troublesome, on the whole, but coughs much at night, raises freely with every paroxysm, but has to work long before the sputa are brought within reach ; raises daily a large-sized marmalade crockful of muco-pus, a greenish gray or pink color, without offensive odor ; the greater portion is brought up by rolling over the side of the bed and allowing cavity to empty itself ; the physical signs unchanged.

At this time the mental symptoms suffered a marked increase. The nights became wholly sleepless ; the mind wandered in constant delirium, praying, seeing visions of the Devil, of angels ; incessant talking for hours, often incoherent, without any particular ideas, mere strings of words imperfectly enumerated, or questions asked again and again, unconscious of answers however forcibly given, finally lapsing into a feeble muttering, with aimless motions of the hands, rolling of the eyes, and distortion of the face. Urine and fæces were passed in the bed ; food and drink swallowed, often greedily, when thrust or poured into the mouth, but without chewing or regard to inspirations, so that much care had to be exercised to prevent choking. The pulse rose to 150 and 160 ; respiration became hurried and gasping, while the temperature rather averaged lower than higher, though the patient's restlessness made the taking of it difficult and uncertain. The hands and feet were very cold, the latter much swollen. Paroxysms of coughing, with purulent expectoration, retching, and much suffocation came on whenever the patient was moved for purposes of changing the linen, bedding, or for other purposes ; but she could lie with her head much lower than before, apparently unconscious of the dyspnœa. After three days and nights of this condition during which there was absolutely no sleep, the distress became extreme. The face at times was waxy pale, at others one cheek or both were of a deep bluish purple, the eyes wide and staring ; the jaws were either set and the teeth loudly grated together, or there was moaning

and muttering or screaming that could be heard in the street. Here again there were all the signs of excessive cerebral irritation, ordinarily called blood pressure, with arterial tension, throbbing carotids, prominent temporals; the pulse hard and cordlike, high, variable, and with it all a marked distension of the abdomen, and loose involuntary fecal discharges and quantities of flatus. *Lachesis*, *Stramon.*, *Hyosc.*, etc., were of no avail. The mother, who had in her long experience with the case and many doctors, become familiar with the use of morphine, muscarine, bromides, chlorodyne, etc., presently took matters into her own hands and began dosing on a liberal scale, but also to no effect.

Finally, with the symptoms of cerebral and vascular excitement, and the experience in the former case in my mind, *Glou.* 2^x was given, twenty drops in ten tablespoonfuls of water, and a tablespoonful of this every hour. This was begun about 9 A. M. By 12 M. the clinching and wringing of the hands and the grating of the teeth had grown less, the muttering and screaming were less distressing to witness, and copious discharges of flatus came away without fecal matter. The urine, too, which had been very scanty within the past forty-eight hours, passed freely. During the afternoon and with the approach of evening there were further signs of a general relief, shown especially in diminished restlessness. The expression of countenance had changed for the better, less rolling and staring of the eyes, less hardness of the temporal arteries and throbbing of the carotids; the pulse fell to 135, and was unmistakably softer. After 4 P. M. the medicine was continued teaspoonful-wise and at intervals of two hours. Throughout the night the condition continued favorable; the screaming, muttering, and restlessness gave place, before midnight, to comparative quiet and calm; the hands and feet grew warmer, the face was uniformly pale; liquids were swallowed more reluctantly, and the cough became more as it had been before, with numerous efforts at expectoration. The urine at the same time became abundant, being passed several times during the night, but without control of will. There was no sleep, however, and apparently no recognition of what was passing. Moreover, the persistence of a degree of nervous tension was seen in occasional rapid patting motions of the hands against each other or upon the bed, and in motions of the lips, and frequent and forcible protrusions of the tongue. As the pulse continued inordinately high during the next day, although otherwise the unfavorable signs continued to lessen gradually, *Glou.* was continued at longer intervals, with the effect of bringing repeated naps during the evening and night, out of which the patient awoke with evident distress and confusion, but undeniably better.

From this time the improvement appeared to be established, although it continued tardily and fitfully.

No other medicine was given for several days, and the *Glono.* at last only twice in twenty-four hours. On the fourth day of its use the patient made signs of wanting to get on to the night-chair, and had a copious and normal evacuation, — the first positive sign of returning reason, as well as of improvement in the distressing catarrh of the colon. Soon after she showed great delight on seeing food brought, of which she ate heartily and with enjoyment. She continued calm and cheerful for many days, acknowledging by pleasant looks and signs acts of kindness and attention, but seemed to have no power of speech or no inclination to make use of it for several days, when the pulse had come down to 110. The rest of the history of the case is beside the particular point in view in this report; it is interesting to note that, with no other remedies than *Sulphur 3^x* and *Zinc*, there existed by the end of March a condition so favorable as to warrant the highest hopes of final recovery. The expectoration, which had already begun to lessen before and during the attack, continued to grow less until it amounted to little more than three or four tablespoonfuls in the twenty-four hours; the right side of the thorax continued to sink in, and loud tubular sounds could be heard distinctly in the clavicular regions, while the cavity evidently grew much smaller in extent, and the signs of bronchial catarrh in the left side almost wholly disappeared. Weight and strength increased, and in May the patient was able to drive out and walk down-stairs with assistance. The long-continued and unchanging cold, east winds prevented any more visits to the country before the end of June. Then all went well until the end of July, when the expectoration again increased, dulness appeared on the left side, the patient fell again into mental weakness, sinking rapidly, until about the middle of August, when she died.

CASE III. Miss —, age twenty-nine; tall, fair, strong physique, of more than average intelligence, and a gifted artist. A maternal aunt died insane. In vigorous health she is capable of close application to artistic studies for days and weeks without consciousness of fatigue. Menses regular and other functions normal; neither headaches, neurasthenia, hysteria, nor other nervous disturbance. Suffered a severe disappointment during the summer of 1882; since then she drops her work from time to time, becomes depressed and erratic, and subject to attacks of acute delirium, more especially at menstrual periods. These attacks were at first so slight that they excited no alarm on the part of the family, who, knowing the circumstances of the mental trial through which the patient had passed, waited for time and devotion to art to dispel the mental cloudiness.

She came under my hands in November, 1882. For several days

before she had been dull, apathetic, given to obstinacy and wrong-headedness, quite unusual and surprising in one of her gentle and considerate disposition; very sleepless, and indifferent to food, or wholly refusing it. The period had just passed normally, and for some weeks before she had been very well, working hard and successfully. During the day the parents had exhausted all their resources to keep her from committing all manner of imprudent acts, but found that the more she was opposed the more determined she grew, until it was necessary to restrain her by force from falling out of the window, breaking articles of value, etc. I found her in bed, talking wildly and incoherently, singing, laughing, shouting, pounding the pillows, and generally doing what she could to cause those about her annoyance and alarm. The eyes were wild and injected, the face flushed, hands and feet cold, tongue thickly coated, flabby and moist, breath very offensive, pulse rapid and full. She had complained much of headache, and now was silent, from time to time pressing her head as if in pain. She persistently refused to take medicine, violently resisting all attempts to administer it, but since she drank water or filled her mouth with it, holding it there for a long time, or spurning it on to the bed or at those about her, I contrived to place a glass with *Glou. 2^x* within her reach and succeeded in inducing her to drink of it. This was near midnight. In less than an hour she had become quiet, had submitted to taking the medicine with a spoon, and soon fell into a sound sleep, from which she awoke about 4 A. M., confused, silent, and depressed, but slept again after daylight, and was so far recovered at noon that she took food voluntarily and well. At the end of two days she was again at work in her studio, though much against my wishes.

At the two following menstrual periods the attacks of delirium were repeated, beginning directly after the cessation of the flow, with dulness and perverse conduct, gradually ending in great excitement and vehement actions, threatening to throw herself from the window, to run out in her night-clothes, etc., and roused more and more to violence by opposition. When left to herself, by my advice, she still threatened, as before, but invariably stopped short of yielding to the impulse. Sleeplessness, violent headaches, flushed face, alternating with pallor, cold extremities, coated tongue, constipation, loud rumbling and gurgling in the bowels, and scanty urine, with high pulse, great restlessness, and noisy demonstrations accompanied each of the attacks; but these were growing perceptibly shorter and milder. In each case, soon after *Glou.* could be given, either by force, persuasion, or artifice, the abatement of the symptoms was marked. During the latter part of the winter and spring the attacks were so slight and transient, — always coming directly after

the period, — that no aid was called in. But in the early summer the patient was, by an unforeseen and unavoidable accident, most forcibly and painfully reminded of her disappointment of the year before, with the result of renewing the mental perturbation in a more serious form than before. The sleeplessness, obstinacy, and impulses to commit wrong acts were present again; but she was silent, melancholy, dull, and free from all signs of arterial pressure and excitement, the pulse remaining slow or near the normal. Here *Glou.* proved of no avail.

Besides these cases, I have given *Glou.* with advantage in others of sick-headache; notably in one, that of a girl of thirteen, given to overloading her stomach with candy and rich food until it brought on attacks of acute gastric catarrh, attended with epileptiform convulsions, followed by intense headaches, vomiting, and diarrhœa. By the use of *Glou.* the attacks were so far mitigated that instead of needing twenty-four, or even forty-eight, hours to recover, she was up and about after from two to four hours. In two cases of angina pectoris, which have latterly given me much trouble, I have seen no advantage from the remedy.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

HORACE PACKARD, M. D., SECRETARY.

THE November meeting of the society was held at the college building, East Concord Street, Thursday evening, Nov. 8th. Dr. F. N. Palmer served as president *pro tem.* There were forty-five members in attendance. The usual routine business was transacted.

SCIENTIFIC SESSION.

The paper on "To what Extent is the use of Adjuvants consistent with Homœopathy?" which was expected from Dr. I. T. Talbot, was not presented, owing to the author's illness. Dr. Walter Wesselhoeft read a carefully prepared and interesting paper on "Glonoine in Acute Mania" (*vide* previous pages of this number).

Discussion. In reply to a question from Dr. Palmer as to the exact sphere of glonoine, Dr. Wesselhoeft answered, that mere congestive throbbing headaches are not sufficient indications for the exhibition of glonoine. It acts with most certainty where the cerebral symptoms are accompanied with marked disturbances of the digestive sphere, such as flatulency, explosive discharges from the bowels, gastric catarrh, etc. It is with such symptoms as these that glonoine has been most efficacious in my hands.

Dr. William P. Wesselhoeft presented a paper on "Hahnemann's Homœopathy the only Homœopathy" (*vide* previous pages of this number).

Discussion. Dr. Krebs expressed pleasure on being present and listening to so ably prepared a paper on Hahnemann and Homœopathy. He referred to the "Organon" as the bible of homœopathy, and regrets to know that there are many homœopathic physicians who have never read it. . . . The *rationale* of the action of potentized remedies is as impossible to satisfactorily explain as the fact that animals who have been without water many days recognize their approach to it even when ten or twelve miles distant, as recorded by Humboldt. He is willing to accept facts, and profit by them.

Dr. Bell said he did not know where to begin; that we must first ascertain what are the facts, and this can best be done by studying the "Organon." He has tried forbidden paths; has wandered more or less into the fields of allopathy, but has always come back to Hahnemann with renewed reverence. We must take facts for what they are worth; he is satisfied with facts, and is willing to let theories go.

Dr. Walter Wesselhoeft said he heartily joined Dr. Krebs in his high appreciation of the paper under discussion. Though Hahnemann and his "Organon" do not frequently come before us for discussion, yet we acknowledge him and it as our leader and guide. It is taken for granted that we are believers in homœopathy, and constitute a homœopathic society. Hahnemann left us as the result of his labors material of the utmost value; yet even he was fallible, hence his work is capable of further development, and it is our duty as followers to carry on his work and perfect it to the best of our ability. He agrees with the author of the paper in thinking that facts alone are wanted; but the question to decide is, what are facts? He thinks the law *similia similibus curantur* the greatest of Hahnemann's discoveries; the discovery of the divisibility of matter was great but not the greatest.

The law he does not consider universal; there are different laws governing the functions of the body (chemical, physical, and vital), and remedies must be applied accordingly. Some of Hahnemann's followers go farther than he ever taught; *e. g.*, in the matter of potency Hahnemann advised stopping somewhere. In regard to clinical experience, he does not consider it infallible, as it is one of the most difficult of all things to make a good observation; man's mind is not capable of affirming so positively as to say, "I have *cured* a consumption," etc.

Dr. W. P. Wesselhoeft said that the last speaker seems to look upon clinical results as uncertain and of little value. I do not understand why a follower of Hahnemann cannot judge accurately of the action of potentized remedies. Are we going to affirm that clinical results are valueless? To me, carefully

recorded clinical experiences are of the utmost value ; if, for instance, a set of symptoms disappear under the action of a potentized remedy, why should not the remedy be accredited with it ?

Closing remarks by Dr. Klein were to the effect that, though his experience had been short, doubts had frequently arisen ; but he had only turned back to Hahnemann and homœopathy with renewed confidence. Listening to the arguments of his seniors had only inspired him with greater enthusiasm.

At 10.30 the meeting adjourned, to meet Thursday evening, Dec. 13.

REVIEWS AND NOTICES OF BOOKS.

A GUIDE TO AMERICAN MEDICAL STUDENTS IN EUROPE. By Henry Hun, M. D. New York: Wm. Wood & Co. 1883. pp. 151.

This excellent work is intended chiefly as a guide to the different universities and hospitals of Europe for the use of the medical student going abroad to finish his education, or to pursue some special branch of medicine or surgery. The author also hopes it may be of some interest to medical men in this country who wish to know how medicine is taught in Europe. He says, "In our large cities, and especially in New York, there are certain clinics and opportunities for study which are probably unsurpassed in the world ; but there is, undoubtedly, no place where a student can attend so many excellent clinics with so little loss of time, or where he can so well train his eyes and hands in methods of diagnosis and treatment, as in Vienna ; while, if he is less anxious for clinical study, and wishes to train himself in laboratory work and methods, he can nowhere accomplish this so well as in Germany." Besides giving a complete description of the different universities, their different instructors with the day and hour of their lectures, the number of terms or "semesters" at each place, he also gives the cost of living in many of the cities, with many useful hints as to travelling, mode of living, the way to acquire the most knowledge in the shortest time, and least expensive way ; also the time and mode of application for the position of externs or interns at the hospitals, and the fees for instruction in almost every case.

This is indeed a most useful book, and one that the student going abroad will find most valuable, as it will save him a great deal of time and trouble. How much more good such a work does the profession, and especially the younger portion of it, than

two thirds of the text-books on physiology, anatomy, therapeutics, etc., etc., published nowadays, which do not present their subjects half as thoroughly or as conveniently as has already been done in half a dozen other text-books, and which only fill up valuable space on our book shelves, and are usually never looked at a second time! s.

CHEMISTRY, — GENERAL, MEDICAL, AND PHARMACEUTICAL; including the Chemistry of the U. S. Pharmacopœia. By John Attfield, F. R. S. London. Tenth edition, specially revised by the author for America. Philadelphia: Henry C. Lea's Son & Co. 1883. pp. 727.

In this edition this valuable work has been very much enlarged and improved. To those who are not already familiar with it, we would say, that its aim is to teach the general truths of chemistry to medical and pharmaceutical students, while its comprehensive index, containing eight thousand references, will fit the work for after-consultation in the course of business, or professional practice. The author says, "From other chemical text-books it differs in three particulars: first, in the exclusion of matter relating to compounds, which at present are only of interest to the scientific chemist; secondly, in containing more or less of the chemistry of every substance recognized officially, or in general practice as a remedial agent; thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally." In the appendix is a long table of tests for impurities in medical preparations. This book will be found a great addition to every library. s.

PERSONAL AND NEWS ITEMS.

DR. SAMUEL O. L. POTTER, late acting surgeon U. S. Army, has removed from Fort Douglas to Salt Lake City, where he will engage in general medical and surgical practice.

DR. G. E. NEWCOMB has returned to Oldtown, Me.

DR. BENJ. A. BRADLEY has removed to 504 West Seventh St., Cincinnati, O.

DR. F. W. BRADBURY has removed from Providence to Auburn, R. I.

DR. W. E. BONGARTZ, B. U. S. of M., 1883, has located at Lancaster, N. H.

DR. H. M. POTTER and GERTRUDE E. HEATH will resume practice in Gardiner, Me., Dec. 1.

DR. F. H. COLE has removed from 620 Tremont St. to Hotel Rutland, 701 Tremont St., Boston.

F. W. MANN, M. D., class of 1883, B. U. S. of M., has located at 262 Main St., Woonsocket, R. I.

H. W. HAWLEY, M. D., has removed from Toledo, O., and is now associated with Dr. M. M. Eaton, 120 West Seventh St., Cincinnati, O.

DR. JOHN H. PAYNE has gone to Europe for purpose of study. He will be absent from Boston from Nov. 10, 1883, to Sept. 1, 1884.

IMPORTANT NOTICE. — Any person having purchased a copy of the U. S. Pharmacopœia of 1880, and desiring a list of the corrections since made therein, can procure same by sending a two-cent stamp to William Wood & Co., publishers, 56 and 58 Lafayette Pl., New York.

