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VOLUME XIX.

T H E

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A Monthly Journal

OF

HOMŒOPATHIC MEDICINE

“Die milde Macht ist gross.”

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VOLUME XIX.

WITH the incoming of the new year, the GAZETTE finds itself opening its nineteenth volume, the first number of which is herewith presented to its numerous friends and readers. To one glancing rapidly through its pages, it seems to differ but little from its immediate predecessors. Two years ago it was announced that its editorial management would be under the supervision of an "Association of Physicians." It is unnecessary at this time to review its progress during these two years. That the work of the association has been done in a way satisfactory to the majority of our readers has been demonstrated in the most cordial manner by an increase in the number of our subscribers, our subscription list having been so extended that our publishers have enlarged materially their monthly edition.

The editorial work and responsibility, which for two years have been so pleasantly shared among the members of the association, pass with the present number into the hands of a single member, whose name appears upon the cover of the magazine. In entering upon his duties, he rests, however, much of his hope and confidence for the successful fulfilment of them upon the certainty that he still may count on the good-will, the discriminating criticism, and the kindly help of his recent associates. But for such assurance, he would feel all the loneliness of him who said, in the old Welsh proverb, "Bare is back which has not brother behind it." There is much encouragement, too, in the fact that the present flourishing condition of the GAZETTE testifies with no little emphasis to the interest taken in it by those to whom it must always look for its first support, the homœopathic practitioners of New England. We cannot urge too strongly upon these, our fellow-workers, the need we feel of their constant

and cordial co-operation in our efforts to make the GAZETTE worthily and in truth what it is in name, the representative homœopathic medical journal of New England. On them, in great measure, the GAZETTE must rely, if it would hope to attain this end. We urge them not to shut up the results of their original investigations and their clinical experiences in their own notebooks, but to give us, and through us their co-laborers everywhere, the benefit of their thought and work. In the very fact of so doing, they will find their reward; for to the busy physician must sometimes come moods when the wearying, business, "pot-boiling" side of his work drives him into thinking of his noble calling as "only a trade, like another"; and from such moods there is no emancipation like that which comes from sinking, for a time, the bread-winner in the scientific student, from finding one's self in the "large and vital air" which they breathe who are seeking truth for truth's sake. To patiently and faithfully observe, and (however briefly and simply) to give to others the results of one's observations, is to enter the "goodly fellowship" of men with whom to associate, however distantly, is honor and inspiration; among whose names shines brightly that of Samuel Hahnemann.

It is perhaps needless to say that the editorial change in the GAZETTE will mean no change in its general character and purposes. As heretofore, it will welcome to its pages the expression of widely different views, asking only that those views be expressed with dignity and courtesy. As heretofore, it will strive to identify itself with the interests of homœopathy and its practitioners, and in the light of the truths of homœopathy to investigate and discuss the novelties in medical theory and practice which the year may bring.

To all its readers the GAZETTE proffers its cordial thanks for all kindnesses and its hearty good wishes for a Happy New Year.

THE USEFULNESS OF MEDICAL SOCIETIES.

It is with unusual satisfaction that we refer in this issue to the report of the November meeting of the Boston Homœopathic Medical Society, which was contained in our December number. We find ourselves able to speak of this meeting as having been

fully as well attended, instructive, and stimulating as that which preceded it. These two meetings more than bear out the promise of a year ago, when the society had already entered upon a career of prosperity such as it had scarcely known before, attracting to its meetings with much regularity not only a large number of younger members, but also many older ones of all shades of opinion, some of whom had held studiously aloof for years.

When we compare this healthy activity of to-day with the state of suspended animation into which the society had fallen during the long period prior to 1881, we feel that the infusion, not to say transfusion, of new blood from the Boston University Medical School has had an unmistakably revivifying effect, from which the GAZETTE itself is permitted to draw new hope of increasing usefulness, which it looks to find in extending the influence of and giving a more permanent form to papers and discussions.

These meetings have been of especial interest, inasmuch as they have brought out in strong relief and excellent setting the tendencies and spirit of the opposing parties within our camp, which parties, everywhere and at all times, are ready and eager to measure their strength. We say advisedly that it was the spirit and tendencies of the opposing parties which were laid bare on these occasions rather than their principles, since it was apparent from both the papers and the discussions which followed that the differences on matters of principle were by no means as irreconcilable as the tone of the papers and speakers would have had us infer. It was upon the construction and limitations of the avowed tenets of our school that the widely diverging tendencies of both parties exhibited themselves. Both sides bow to Hahnemann as the embodiment of successful protestantism against the claims of the old school and its methods; both declare their adhesion to the essentially empirical foundation of homœopathy; both reject pathological or nosological forms as the objects of cure, and both accept the law and the minimum dose; but both also refuse to accept these principles as final, and reserve for themselves the right of private judgment.

The paper of the October meeting struck the keynote of revolt against the master's decrees by denying the all-sufficiency of his methods and the infallibility of his authority; while the November paper, in spite of its title and its clear and forcible reiteration of all the arguments dear to homœopathic hearts, proclaimed its independence by emphatically declaring the law *Similia similibus curantur* subordinate to the theory of infinitesimals, and by out-Hahnemanning Hahnemann in postulating the illimitable divisibility of matter. Both of these latter propositions are clearly as revolutionary as anything in the first paper, and as subversive of the spirit and letter of the *Organon* and the *Materia*

Medica Pura as any attacks from whatever quarter upon these writings.

Nevertheless, it is true that the last paper represented the views of the conservative party among us, while the first spoke for the liberals. That these two distinct parties should exist may be in one sense unfortunate, since it gives comfort to the common enemy; but viewed in the light of the history of all reforms and the revolution of all great practical truths, by the constant action and reaction of mind upon mind among those who grasp them most clearly, partially, or not at all, the existence of these parties appears not as a matter to be deplored and kept out of sight, but rather as evidence of the vitality and the infinite possibilities of our cause. It is inevitable that widely divergent views on matters of principle and practice should exist in a profession which rests upon a science necessarily inexact and an art mainly empirical. Their existence, however, only becomes an element of danger, if they are carried to such extremes as to lose sight of the fundamental position from which they proceed, or if they fail to meet in full and free discussion in their appointed arena, the societies and journals. What we have to fear and to deplore is not discussion, even if it fails to keep strictly within parliamentary bounds, but its repression, either by the erection of absurd and arbitrary barriers such as the codes of ethics and disciplinary enactments of professional organizations, or the indifference and indolence of those who have voluntarily assumed the task of upholding within the profession the principles they profess before the public. It is this stifling of discussion that converts the conflict of opinions into a fruitless and demoralizing wrangling of parties, not direct, as of doctor against doctor, but through the confusing medium of the public, which, with its great interest in the practical outcome of the questions at issue, is too easily persuaded of its power and ability to judge of their scientific aspects.

We again urge our colleagues, therefore, to consider the importance of the local societies, which, with their frequent and comparatively informal meetings, afford the best, in fact, the only, opportunities—outside of the journals, to which few contribute—for the expression of individual thought and experience. The measure of the interest in and attendance at the meetings of the societies is the measure of the strength of our cause and of the sincerity and earnestness of its upholders. The rapid accession of younger members to our societies shows sufficiently that the latter are looked to to satisfy a pressing demand,—the demand not only for further practical instruction, but also for the solving of doubts, the confirmation of conclusions, and the removal of prejudices inherent and acquired. The societies, more than any other educational means possessed by the faculty, afford the

facilities for enlightenment and the progressive development of the rudimentary knowledge acquired in the schools. And it is here above all other places that the inevitable shortcomings of schools and faculties can be met and neutralized, for here every one who has anything to teach, to expound, to suggest, or to ask, can find a fitting audience and a free and untrammelled opportunity to be heard. It is on this point that we differ *toto cœlo* from the "regulars," whose attitude more than implies that their schools alone teach all that is or can be known of medicine, and who virtually exclude from their societies the discussion of all subjects distasteful to those who assume the authority among them, or antagonistic to their code.

The more, therefore, a practitioner among us differs from his colleagues, the more firmly he believes in the soundness of his views and observations, or the more he doubts and desponds, the more bound he is, by every consideration of professional honor and sincerity, to come to the meetings of the societies and to take an active part in their proceedings.

THE February number of the GAZETTE will contain papers by Dr. Conrad Wesselhoeft, Dr. Mary J. Safford, Dr. S. J. Donaldson, and others.

HOMŒOPATHY IN GREAT BRITAIN, 1882-83.

BY GILES F. GOLDSBROUGH, M. D., LONDON, ENGLAND.

IT is impossible to think of the fortunes and progress of homœopathy in this country without remembering the great losses its ranks have sustained by death during that very short period. The list includes some ten names, each of which leaves a gap to be filled; but undoubtedly the greatest and widest are the gaps left by our honored Bayes and Black. Out of their own country perhaps it is scarcely known what a distinguished yet different position these two men held amongst us. Bayes, standing justly high in the practice of his profession, made it the sole object of the later years of his life to provide means whereby students and the younger members of the profession might gain a knowledge of homœopathy; and had there been others equally enthusiastic with himself, and with the same energy and determination, his efforts would most likely have met with far greater success than they have done. Black, on the other hand, standing equally high in the estimation of the outside world, figured little in the sphere of homœopathic politics, but all the while was working energetically and thoroughly in that all-important field,—the very foundation of homœopathy,—its *materia medica*;

and, had not the cruel hand of death crossed his path, the first crowning point of his labor would almost by this time have seen the light. This, however, was not to be; and it remains for another, though happily not a less able worker, to complete the task which he commenced. Further comparisons applied to these departed worthies would indeed be odious. Are those forthcoming who will step in and fill their places so honestly and well? An answer to this question suggests another one: What measure of progress has homœopathy been making in Great Britain during the period above mentioned? Our numbers, as will be conjectured, have suffered much by the inroads of death, and until last month (October) the enlistment of new recruits seems to have been almost at a standstill. At the opening meeting of the British Homœopathic Society, however, five new names were proposed for inceptive membership, and one since that time. This indicates that six students or practitioners have newly embraced homœopathy, and are desirous of joining themselves to its adherents; and after they have practised it as fully qualified men for three years, and remain steadfast in its faith, they will be considered as fully fledged, and eligible for the ordinary membership of the society. Six new names at the beginning augurs well for further increase as the session continues, and, as an additional matter for encouragement, these are nearly all young men, with the whole of life before them to be spent in furtherance of true medical science. It is not a common occurrence in these days to see men of mature age and long experience leaving the erroneous paths of their youth and coming out on the right side. For the cause of this we may not have far to seek. Half a century ago, the dividing line between homœopathic and allopathic treatment was both sharp and clear, and it was impossible for any one to practise homœopathy and yet remain in the allopathic ranks; but of late, a fragmentary knowledge of the new system may be gained from all the best text-books of *materia medica*; and, on account of the toning down the old treatment has received at the hands of the new, it is possible to practise the latter without avowing it, and without making the great sacrifices in the interest of truth which were formerly required. This is much to be regretted, and the only compensation we can have is that all the more young practitioners should join our ranks.

Perhaps one of the greatest reasons why we do not have more converts of all ages is the imperfect state of the material which constitutes the chief study of homœopathy, namely, its *materia medica*. Any one anxious to look into the subject, seeing before him Allen's ten huge volumes, would most likely exclaim with Lord Macaulay as he was reviewing a bulky work, "Such a book

might before the Deluge have been considered light reading by Heija and Shallum. But unhappily the life of man is now three-score years and ten, and we cannot but think it somewhat unfair of homœopathy to demand from us so large a portion of so short an existence." But even if his enthusiasm overcame this first shock, and he made an attempt to study the materia medica, he would not go far in that direction without finding much untrustworthy matter, and what was good so ill-arranged that, unless some kind friend placed before him a Hughes' "Pharmacodynamics" or a Hale's "New Remedies," he would say, "I'll give it up, and return to the haunts of former days." These defects in our armamentarium, and the need for immediate remedy of them, seem to be recognized by leaders in our school both in England and America. Indeed, so far as the latter is concerned, we hear that Dr. Allen is at present revising, weeding, and condensing his work, thinking to make it of greater value to the practitioner and student. He, however, is to retain the "schema" form, — and this appears to us to be the fundamental objection both to the original work and to the prospective revised edition.

Such being the general opinion on this side of the Atlantic, the British Homœopathic Society is about to step in and make the attempt to supply what is really required, namely, *an intelligent, consecutive arrangement of all reliable provings of drugs, giving the details as they occurred in each prover, with just so much condensation as shall retain every distinctive symptom and its belongings, without any valueless repetitions.* Such a record of provings will have considerable value apart from being at present the main source of the study of drug action. We should at once be able to see what was really known concerning the physiological action of each drug, as distinct from what is now conjectured from observations on patients. And more than this, it would certainly be evident that this *real* knowledge is in many instances very fragmentary, and much of it, at least in these advanced days of physiological and pathological experiment, very superficial. With our present standard of knowledge before us, it would be much easier to mark out future lines of proving and research.

A committee of the society has been formed, with Dr. Hughes at its head, and it has already begun its work by preparing specimens of drugs, so that the society may settle upon the definite plan. *Acidum carbolicum* as given in the April number of the *Monthly Homœopathic Review*, and the Austrian re-proving of *sulphur* in the August number of the *Annals* of the society, have received the warm approval of the members, and they may be fairly taken as examples of the future work of the committee. Regular progress, however, will probably not be made for a few months, partly in order that the plan may become more

widely known, and partly because Dr. Hughes is already engaged in bringing out the volume already alluded to as Dr. Black's crowning work. This latter is a monograph on twelve drugs by several authors, to be issued by the Hahnemann Publishing Society, and it will represent every point necessary in a perfect *materia medica*.

We have already heard that the above-mentioned plan of reconstruction has the hearty approbation of the bureau of *materia medica* of the American Institute of Homœopathy, and as the work will have a world-wide interest, we are looking likewise for support from all parts of the English-speaking community. Few will contend that the undertaking of such a work is not a mark of internal progress; and although it may be conducted without noise or show, it will not fail to make its mark on the pages of medical history.

The annual congress of British homœopathic practitioners was held in the month of September, at Matlock Bath, in the county of Derbyshire. The numbers attending were not so great as at many of its predecessors, but the meeting was considered by all a great success, and the contributions were certainly above the average. The most notable of these was by Dr. Bryce, of Edinburgh, bearing the modest title, "Clinical Notes"; but we should like much to alter this, and give it as "Our Differences, and how they may be Adjusted, with Practical Illustrations."

According to Dr. Bryce, these differences are, (1) On the question of the dose; (2) On the extent to which the symptoms observed by the provers are the guide to the selection of the curative remedy, or symptomatology proper; and he argues that they arise from an *imperfect appreciation* of the range of possible application of the principle *Similia similibus curantur*. This principle is like a keynote which has members all necessary to produce a harmonious chord. "One-sided opinions" (says Dr. Bryce) "and a circumscribed practice will not evolve the harmony any more than playing one note will give us a tune, or sounding the keynote will fill our souls with the harmony of the chord" Then follows a series of cases, in which Dr. Bryce shows that, according to well-defined general principles, the curative remedy was sometimes best given in a high dilution and sometimes in a low. In another series he shows that oftentimes the symptoms alone will point to the medicine which will cure, and oftentimes its choice will rest entirely on a pathological basis. At the conclusion of the paper are given several instances in which *digitalis* has proved the curative remedy in pneumonia, and its perfect homœopathicity to that disease is discussed in a remarkably clear and convincing manner. The paper may be found entire in the

October number of the *Monthly Homœopathic Review*, and deserves the careful study of every homœopathic practitioner.

A glance at the recent meeting of the British Medical Association will throw some light on the latest attitude of the allopathic profession towards our school. The addresses of Dr. Bristowe and Mr. Hutchinson, which were delivered two years ago, have not been without their fruit; for before that time persecution was the order of the day, but now, by the majority, we are beginning to be tolerated, and by and by, it may be, we shall be welcomed and looked upon as brethren. A small clique still retains the same insolent and pugnacious attitude of the olden time, and endeavored at the meeting to pass a motion whereby any homœopaths still remaining in the association might be expelled. This clique did not know that such a thing was impossible, if the association were to retain its position as an incorporated society, and, moreover, they were scarcely listened to by the majority, and caused the meeting at which the subject was brought forward to be as uproarious and disorderly as it could be at any parliamentary election. The chief result of the squabble was to lead the lay press once again to take up our side and show that when there is the most vituperation, abuse, and noise there is the least of argument, justice, and common-sense.

The latest attitude of the *Lancet* has been, as formerly, misrepresentation and spoliation. It says, with wonderful condescension, only give up the name homœopathy and you shall be warmly welcomed into the bosom of the profession; but, while you retain a name which expresses merely a fad, we cannot receive you. At the same time, it is ready, clandestinely, to appropriate any choice pieces of practice which are only rendered possible by the application of this very fad in the treatment of disease. An apt illustration of this is exhibited in an article on the "Treatment of Malignant Scarlet Fever with *Crotalus*," by Dr. Hayward, of Liverpool, in which no mention is made of Hahnemann or homœopathy, or of attenuation or dilution. It received an honored place in the columns of the *Lancet*, which we well know it would not have done had the principle of treatment been even hinted at. It did not pass by unnoticed, however, for there appeared in the next number of a provincial monthly journal (allopathic), under the title of "New Remedies," a sketch of the sources and physiological action of *crotalus*, and a reference to the homœopathic pharmacopœia for directions as to its preparation and administration.

Thus our principle makes its way little by little; its progress, though slow, is sure and certain, for it is rooted deeply in the soil of scientific truth.

ETIOLOGY AND PATHOLOGY OF DYSMENORRHŒA, WITH ILLUSTRATIVE CASES.

BY S. J. DONALDSON, M. D., NEW YORK.

[*Read before the New York Medico-Chirurgical Society.*]

IF the importance of a disease be enhanced by frequent occurrence, obstinate disposition, degree of suffering caused by, and variety of opinions entertained concerning its etiology, pathology, and management, then dysmenorrhœa is peculiarly entitled to our most studious consideration. The occurrence of the menses is invariably attended by a more or less mental and physical perturbation. The mind is apt to be whimsically affected, the digestive processes somewhat deranged, pelvic uneasiness is experienced, and a general feeling of lassitude pervades the system. These symptoms may range from slight discomfort to positive suffering, and yet not assume the characteristics that distinguish dysmenorrhœa. The following notable features characterize this affection:—

At every recurrence of the menses the patient is prostrated by excruciating pelvic suffering, usually of a spasmodic nature. This pain is described as twisting, boring, digging, throbbing, shooting, piercing, etc. As a rule, its seat is in the uterus or ovaries, most generally the left, but it frequently radiates to the thighs, loins, epigastrium, or may be reflected to the head or feet. The pain may appear just previous to or at the inception of the flow, or it may be delayed several hours, sometimes until the second day. Associated with the pelvic symptoms, there ordinarily occurs a train of sympathetic disturbances,—nausea and vomiting, intense headache, painful spasms or cramps, tenesmus of the bladder and rectum, diarrhœa, hysterical mania, etc. Any one or all of these may complicate the condition. The nature of the menstrual fluid is extremely variable. It may be scant or profuse, bland or irritating, thin and watery or dark and clotted; as a rule, the amount of fluid discharged and the degree of pain experienced bear an inverse ratio to each other. Another noteworthy feature of this anomaly is, that the relation existing between the apparent cause and the effect is variable, perplexing, and often difficult to trace. Likewise, the remedial means that succeed in relieving one train of symptoms will often utterly fail when applied in another case where (so far as can be ascertained) the indications are identical. Again, in rare instances, the malady exists in a pronounced form, when the most careful scrutiny fails to detect any assignable existing cause.

It is evident, therefore, that we now have to deal with a disease whereof the etiological and therapeutical landmarks are pe-

cularly vague and deceptive, and any one presuming to establish arbitrary rules concerning its management commits an error that cannot fail to reflect unfavorably upon those who are misled thereby. Our literature abounds in dissertations setting forth the trustworthiness of peculiar doctrines, which, by the specious manner of their presentation, are made to appear remarkably effective; nor at the time does it seem as though we were dealing with delusive theories, for these methods, as a rule, are backed by numerous remarkable instances wherein the doctrine advocated has proved uniformly successful. The number of successive cures without the report of a single failure would stamp the procedure a decided triumph in medicine. The story is old, the results well known. These sporadic theories have been seized upon with avidity, tested faithfully and found fallible, valuable only in the appropriate cases, and wholly impracticable and injurious in others.

The outcome of all this is the abandonment by many and the wholesale denunciation by others of teachings which, after all, may be philosophically founded, and therefore do not deserve consignment to oblivion, it being the ill-advised spirit of enthusiasm that merits our strong disapproval.

It is about sixty years since Dr. McIntosh skilfully set forth the doctrine of uterine stenosis, which ever since has been the subject of so much controversy. We all know how enthusiastically this theory was indorsed by the late Dr. Simpson of Edinburgh, and Dr. J. Marion Sims of our own country, in whom it found its strongest advocate. In favor of the mechanical-obstruction theory, Dr. Sims has recorded his views as follows: "I lay it down as an axiom that there can be no dysmenorrhœa, properly speaking, if the canal of the neck of the womb be straight, and large enough to permit the free passage of the menstrual blood. In other words, that there must be some mechanical obstacle to the egress of the flow at some point between the os internum and the os externum throughout the whole cervical canal." Further on he asserts that "the whole philosophy of the operation consists in the opening of the canal, and keeping it open, to allow the easy passage of the menstrual flow." Following the promulgation of his views is the report of a long list of cases where the cervix uteri was incised for the enlargement of its canal, the result being most satisfactory. So admirably do the sentences read, and so plausibly is the principle represented, that the casual reader would naturally infer that there existed no longer any obstacle in the way of positive, safe, and speedy relief for all dysmenorrhœic cases.

When Dr. Bennett says, "I have always taught that menstruation may be painful from its dawn to its close without any

mischievous or impediment existing of any kind," he gives voice to the actual experience of every physician. Unfortunately Dr. Bennett was disposed to push his theory regarding the irritability of the uterus to the other extreme. It seems to be difficult for the medical mind to adopt impartial or catholic views upon any subject, a limited sphere of individual observation being so often sufficient grounds upon which to establish a belief, and a position in this way having once been chosen, it is defended most persistently even though obviously untenable.

Some time since my attention was directed to this subject with special reference to the untrustworthiness of any stereotyped doctrine regarding the management of dysmenorrhœa. I have had under treatment several cases, a brief description of which may serve our purpose.

Mrs. T——, aged thirty-four, multipara, has always menstruated painfully, her sufferings having been particularly severe during the past five years. For the first two days the flow is scant and thin, and a few hours after its appearance the patient is tortured with intermittent, grinding, twisting pains in the pelvis, constant boring pain in the region of left ovary and under left breast, accompanied with violent headache and nausea. So great is the distress that she writhes, moans, and utters occasional shrieks. About the third day the flow is freely established and the pain abates, leaving the victim in a prostrated, semi-conscious state, which lasts about twelve hours. There exists a sharply defined retroflexion of the uterus, for relief of which various vaginal pessaries have been worn. For seven years she has at different times been under the care of two gynæcological professors, both averse to the use of the intra-uterine stem. The sound is easily introduced, and reveals a certain degree of fixedness of the uterus, the cavity of which is very sensitive. When the organ is straightened and anteverted, violent pain is produced, and upon the withdrawal of the sound the abnormality instantly returns. After several weeks' cautious treatment with a stem held *in situ* by different sized cotton pledgets saturated with alum and glycerine, the organ became tolerant of the foreign body, was straightened and anteverted. The stem was finally worn for four consecutive months, the patient in the mean time attending to her household duties, and often walking several miles with no obtrusive consciousness of a womb, which had been an impossibility for the previous twelve years. The menses have caused no discomfort, comparatively, since, and the uterus has retained the normal position without assistance for several years.

Our next case displayed similar symptoms, but with far different excitants, and less satisfactory results. Miss C——, aged thirty-seven, enjoyed excellent health until her twenty-eighth year, when, from the imprudence of sitting throughout one evening upon stone doorsteps, the menses were checked, and their reappearance several months later was accompanied with severe pain. Since that time she has become a wreck mentally and physically. Complains of constant boring pain in left ovary and a sharp pain under left breast. For a long time has been annoyed with profuse vaginal discharge, and is under the impression that abscesses have formed and burst, from the fact that the secretion accumulates within the uterine cavity, causing great pelvic discomfort, and is then vented with a gush. Face pinched, pale, and anxious; appetite vitiated, and nights sleepless; she is capricious and sensational; at the menses all the suffering is greatly intensified, driving her into a frenzy and forcing her to resort to large doses of narcotics, to which, from prolonged use, she has become a slave. Flow profuse, dark, and clotted, lasting from five to six days. Local inspection discovers uterus normally positioned, os constricted and indurated, consequent upon previous caustic applications; uterine cavity enlarged, walls thin, flaccid, and denuded of endometrium; probing extremely painful, and followed by hemorrhage; region of left tube and ovary tender and infiltrated. Cervix incised and dilated; cavity treated with *iodine, carbolic acid, borax*, etc., and the materia medica exhausted in search of the efficient remedy. Assiduous treatment has extended over several years, unfortunately with but slight improvement of her condition, the only procedure left untried, promising relief, being Tait's operation for the removal of the diseased ovary and tube.

CASE III. Miss W——, aged twenty-three, relates following history: Strong robust girl until the age of seventeen, when, while menstruating, she walked home from school through deep snow; took severe cold, and suffered for several weeks with what was pronounced inflammation of the bowels. Since then the menses have been accompanied with violent pelvic pain, so severe as to produce convulsions, followed by semiconsciousness and extreme prostration. At time of our consultation she is anæmic, extremely hyperæsthetic, emotional, dyspeptic, and sleeps badly; easily fatigued, exercise causing pelvic discomforts. Complains of slight leucorrhœa before and after the month. Has been a patient of numerous physicians, who have employed all the ordinary means, — hot baths, blisters, cathartics, iron, strychnia, opiates, etc., — all to no purpose. The uterus is normal as to position and texture, with the exception of cervical flexure, causing

the os to look forward. The canal was dilated, and the indicated remedy prescribed; but the menses returned as painfully as before. For several months the treatment, consisting of dilatation, carefully selected remedies, electricity, regulated diet, massage, change of scene, etc., was fruitless. I finally determined to incise the cervix according to Dr. Emmet's method. Circumstances not permitting it, the operation was delayed still another month; in the mean time prescribed *borax* 2^{dec} night and morning. The menses appeared painlessly, and continued to do so; all of which would have been attributed to the operation had it been performed. Naturally the last prescription received the credit of the cure; and so might we infer were it not that it had been previously administered several times without giving any relief. In what the curative influence really consisted still remains an open question.

CASE IV. Miss L——, aged 17, relates the following history: Menses appeared painfully in her thirteenth year, since which time they have recurred in a dysmenorrhœic form without a single exception. Throughout the inter-menstrual period she experiences no pelvic discomfort and leads an active life. On the verge of the menses she complains of pain in one of the ovarian regions, sometimes the left and again the right. The flow appears scantily, and after a few hours ceases temporarily, and intermittent pains set in, which she describes as "pinching," "digging," "boring," "twisting," etc. After a few hours the flow reappears, dark, clotted, and stringy, but never profuse. The spasmodic pain increases in severity for about twelve hours, and so great is the patient's suffering that she bites her own flesh, rends her clothing, and clutches her attendants fiercely. After several hours of agony she becomes delirious, and ceases to recognize her friends. So intense is the nervous irritability that the patient expresses great horror lest any one approaching should touch her. Neither nausea, headache, nor fever are present. During the paroxysms the extremities are obstinately cold and livid. Toward the close of the second day the pain lessens, and the flow becomes more natural and lasts for several days. After the pain subsides, there remains an aching throughout the pelvis, which, however, disappears shortly after the cessation of the menses, and, with the exception of a temporary lassitude, irritability, and pallor, the patient presents no indication of her recent terrible suffering, and for about three weeks is apparently in perfect health. She has been under constant medical supervision for four years, and, pronounces hot baths, gin, chloral, bromides, opiates, and a host of other remedies utterly useless; declares that she has taken a quart of gin in twelve hours, with

several rectal suppositories containing *belladonna* and *morphine*, without obtaining any real relief. I saw her on one occasion, after she had taken two grains of *morphine* and over a pint of gin, and her statements were confirmed by the delirious consciousness of her own suffering. Physical exploration was performed with great difficulty, owing to excessive nervousness, and marked hyperæsthesia of the vagina. Os uteri looked forward and to the right of the mesial line. Probing discovered an exquisitely sensitive uterine canal, with close, firm stricture at the os internum. Retort-shaped uterus, the fundus lying backward and toward the left ovary. The depth of the canal was about three inches. Although no history of pelvic inflammation could be elicited, there was unmistakable evidence of adhesions. A very slender, freshly prepared sponge tent was inserted, which I was compelled to remove within an hour, so great was the pain and nervous commotion produced, although the patient had previously taken a grain of sulphate of morphine. Two days later, I inserted a larger tent, and determined to quiet the pain by occasional inhalations of chloroform. This was retained with considerable difficulty, as the patient did not seem to lose all consciousness of the pelvic suffering. When the tent was removed it presented an hourglass appearance, and although the ends were fully dilated, its middle portion looked as if constricted with a tightly drawn band. Being fully convinced of the impossibility of gradual dilatation, and owing to the great aversion held by the patient for any "cutting operation," I decided upon full etherization and divulsion of the canal, which was performed one week later. The menses appeared quite copiously and without pain till the third day, when they suddenly ceased, and the old pain returned with great violence, which persisted for two days, with the expulsion of many clots. It was evident that the flexure of the canal, aided by the irritated state of the organ, was the predisponent to clot formation; and these were expelled only through the contraction their presence excited. During the following month, the uterus was straightened by the occasional wearing, for a few hours, of various-sized, flexible intra-uterine stems, deprived of their disks, these inserted upon a bent steel wire stylet and retained by small pledgets of cotton. The menses subsequently appeared comparatively painlessly.

The notable features of this case are, the hyperæsthesia, which greatly interfered with necessary manipulation and gradual dilatation of the stricture; the insufficiency of narcotics to mitigate the suffering; the remarkable resistance of the constricting fibres; the absence of any discomfort during the quiescence of the uterus, although exhibiting such great distortion; and finally,

the inefficiency of mere dilatation of the canal when complicated with flexure.

CASE V. Mrs. G——, aged forty, complains of suffering "frightfully" at each month. This periodical suffering has been increasing ever since a year subsequent to the birth of her last child, now eleven years old. During the interval is annoyed with leucorrhœa and dragging lumbar pains with bearing-down sensation; menses profuse, dark, and clotted; pains compared to those of child-birth, which the patient pronounces easier to bear than those experienced each month. Local inspection reveals the uterus somewhat retroverted, prolapsed, and enlarged; slight cervical laceration; a morbidly patulous canal, lined throughout with granular growths, quite sensitive and vascular. Two sponge tents infiltrated with pulverized alum, each worn two days with four weeks intervening, at the middle of the month, with reposition of the uterus, effected the cure.

The foregoing typical cases represent that which is encountered in the ordinary experience of the busy practitioner. Were it necessary, and if space permitted, this list could readily be extended with additional cases of dysmenorrhœa wherein the organic conditions, indicated treatment, and results combine to illustrate the impossibility of any uniform therapeutic plan being practical in a given number of instances. If clinical experience justified us in assigning to a limited number of well-developed conditions the origin of the sufferings connected with dysmenorrhœa, or if we could truthfully present some practical therapeutic measure for their relief, it would be extremely gratifying.

Specious doctrines may read charmingly in the study, and will not fail to hold the credulous mind; but it is only when we carry these theories to the bedside that we realize the meagre relation existing between them and clinical facts. So many of our undertakings result contrarily, that an elaboration of this is discouraging; but so much has been written upon our subject in a spirit of positivism, that we are compelled to assume an attitude partaking somewhat of negation.

Let it not be inferred that we have any wish to cast discredit upon the prevailing theory,—mechanical obstruction; on the contrary, we hold that the procedures based upon it are indispensable in the management of dysmenorrhœa; but obstruction to the egress of the flow is only one cause out of many, and the list of expedients from which we must select is as long and varied as the etiology of the malady is complex and diversified.

In estimating the relative importance of the chief predisponents, —

First, We would place mechanical obstruction, and assign to this cause probably forty per cent of all dysmenorrhœic cases.

Second, To congestion and inflammatory processes, about thirty per cent.

Third, To neuralgic and sympathetic influences, say twenty per cent, and the residue to the emotional or irritable diathesis

To the first class belong stenosis, flexions, neoplasmata, tumors, atresia of the vagina, etc. In the second class, we have ovaritis, cellulitis, salpingitis, perimetritis, endometritis; also versions and growths, and plethora from cardiac, portal, or renal affections. The third includes those cases dependent upon spinal irritation, reflected disturbance, such as may arise from mental perturbations, dyspepsia, anæmia, perversion of the vital forces by over-study during ovarian and uterine development.

To the hysterical or viciously spasmodic temperament belongs the remaining percentage of cases, the origin of which is often as vague as that of certain forms of vaginismus or pruritus. Each condition under the several headings might be divided and subdivided, but doing so would unnecessarily prolong this article and might result in confusion.

Five forms of dysmenorrhœa are customarily recognized: obstructive, congestive, neuralgic, ovarian, and membranous. In the early stages of any of these forms the symptoms are more clearly distinctive; but when the disease has been long established, it is not always possible to distinguish the variety, from the fact that the morbid conditions peculiar to one form of dysmenorrhœa are disposed to coalesce with and propagate those conditions peculiar to other varieties; hence we frequently find a commingling of symptoms and states; as for instance, the inflammatory processes, if prolonged, will cause textural degeneration, which may result in contractions, flexions, hyperæsthesia, etc.

On the other hand, the obstructive process provokes congestion, and is at the same time very apt to excite neuralgias and ovarian irritations.

From the history of the malady, however, we will hardly fail to elicit certain characteristic incidents. A brief enumeration of some of the ordinary characteristic symptoms may aid us in our differentiation.

These are found in:—

- 1st. The constitutional expression.
- 2d. The character of the pain.
- 3d. History of pain.
- 4th. Nature of the flow.
- 5th. That which physical exploration detects.

The tabulated indications will serve to give us at a glance the chief diagnostic features of the various types of the malady.

| | OBSTRUCTIVE. | CONGESTIVE. | NEURALGIC. | OVARIAN. | MEMBRANOUS. |
|------------------------------|--|---|---|--|--|
| CONSTITUTIONAL EXPRESSION. | 1st.—Negative. | 1st.—Vascular erythema, flushed face, suffused eyes, pressive headache, nausea, rectal and vesical tenesmus, etc. | 1st.—Absence of fever. Anæmic, hyperæsthetic, etc. | 1st.—Sensational or mental obliquities, hysterical, etc. | 1st.—Negative. |
| CHARACTER OF PAIN. | 2d.—Intermittent expulsive, and sets in a few hours subsequent to the appearance of flow. | 2d.—Pressive, dull, heavy. Appears before the flow, and is usually mitigated after the flow is freely established. | 2d.—Sharp, shooting, varying in intensity. May have its seat in any part of the body, and is disposed to change the location, or to appear and disappear rapidly. | 2d.—Pain in inguinal region, appears some time previous to menses, and in some instances reappears regularly on a certain day subsequent to cessation of the flow. It is of boring, clutching, sickening character, and is persistent. | 2d.—Violent, expulsive, like those of abortion, commencing with the flow and continuing until extrusion of the membrane. |
| HISTORY OF PAIN. | 3d.—Often consequent upon first appearance of menses, or it may date from a period of acute local inflammation or the application of some severe caustic. | 3d.—Traceable to exposure, cold, or wet, to abortion, employment of cold douches and other preventives of conception, excessive coition, coarsening, plethora, cardiac and portal impediments, constipation, etc. | 3d.—Mal-nutrition, hemorrhages, nervous exhaustion. | 3d.—Sudden suppression of menses, from wetting feet, or other exposure.—Imprudence of dress or diet, too highly seasoned food, coffee, stimulants, perversion of vital forces from over-study, excessive venery, onanism. | 3d.—Usually appears suddenly, with no assignable cause, and is very irregular in its recurrence. |
| NATURE OF FLOW. | 4th.—Clotted and often profuse. | 4th.—May or may not be profuse, but if the inflammatory process is marked, it is usually restricted. | 4th.—Usually scanty and vitiated, but it may be profuse, dark, and clotted. | 4th.—Often associated with amenorrhœa. At other times the irritated ovary provokes menorrhagia. | 4th.—Usually excessive, and contains shreds, patches, or entire uterine cast of membrane. |
| LOCAL INSPECTION MAY DETECT: | 5th.—Occlusion or narrowing of some portion of generative tract, usually at the os internum, flexure of the uterus, neoplasmata, polypoid growths, etc. The uterus may be of rudimentary proportions, having a long, conical neck and constricted canal. | 5th.—Enlargement, prolapsions, versions of the uterus, pelvic tissues infiltrated and sensitive to contact, endometrium indordinately turgescient, swollen, and sensitive, ovaries congested and often prolapsed. | 5th.—Spasmodic and hyperæsthetic state of vagina and uterus, organs usually normally situated. Not unfrequently there exists chronic endometritis. | 5th.—Ovaries tender and may or may not be enlarged, uterus usually in sympathy with the diseased ovary; hence exhibits catarrhal inflammation, hyperæsthesia, etc. Uterus often spindle shaped and rudimentary. | 5th.—There may be a total absence of any indication of local abnormality; or, on the other hand, there may be associated any of the concomitants of the congestive type. |

TRACHEOTOMY IN DIPHTHERITIC LARYNGITIS, WITH RECOVERY.

BY W. B. DUNNING, M. D., HARTFORD, CONN.

INASMUCH as comparatively few children recover after tracheotomy in diphtheria, the report of the following successful case may be of interest:—

On the evening of Oct. 17, 1883, I was called to see T. K.—, a boy of nearly seven years. He had then a membrane on one tonsil, with other parts of the pharynx congested, pain on swallow

ing, considerable fever, etc. By the following evening there were decided symptoms of the larynx being involved. On seeing him on Oct. 19, I informed the parents that there was no hope for the boy save in tracheotomy, and very little in that, though this operation would give him a chance. Having deliberated, the family decided to have the operation done. Accordingly, at 2.30 P. M., with the aid of several physicians of this city, I opened the trachea. On introducing the tube, the boy immediately stopped breathing. His heart, however, continued to beat, though rather faintly. Unfortunately the time during which respiration did not return was not measured by the watch, but it seemed to us fully twenty minutes, during which time artificial respiration was continuously and systematically maintained, the heart beating now a little more forcibly, and again a little more feebly, until at last he gave a voluntary gasp, and respiration was finally restored. He was immediately placed in bed in a room in which steam was continually produced, the temperature being maintained at about 80°.

On Oct. 20, the boy was comfortable, breathing free and unobstructed, but there was an abundant white and rather thick discharge through the tube. His temperature was normal; pulse was 120. Oct. 21, the patient was comfortable; pulse 100; temperature normal, respiration tolerably easy, but still an abundant discharge through the tube, from which came now and then little pieces of membrane.

From this time the patient continued to improve, without a bad symptom. On Oct. 26, a cork was placed in the tube, but his respiration was so much affected thereby that we were compelled immediately to remove it. By gradually accustoming him to it, however, we succeeded in two days in causing him to retain the cork in the tube for an hour, during which the breathing occurred through the larynx. Finally, on Oct. 28, the tube was removed. The street in which my little patient lived was at the time filled with cases of diphtheria, many of which were fatal. There were four other cases, also, in his own family, two of which proved fatal. The air of the house, therefore, must have been saturated with the diphtheritic poison, a circumstance not in itself favorable to his recovery.

STENOSIS OF THE TRACHEA, WITH LARGE THYROID FIBROMA.

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

LAST June, Dr. Wm. M. Bailey, of Detroit, sent to me the Rev. Geo. H. Field, of Clio, Mich., who presented an immense thyroid

tumor, of over twenty years' development. The tumor extended from the sternum to the jaw, projecting very much anteriorly, and reached from the posterior margin of one sterno-cleido to the other; in short, it was the largest thyroïdal tumor I have ever seen. It was firm and elastic, lobulated, but smooth and immovable. He suffers much from dyspnœa, and is in evident danger of suffocation in one of these attacks. Remedies of various kinds were given for some weeks, but as no impression whatever was made on the tumor, which, on the contrary, continued to grow, and as the attacks of dyspnœa became more frequent and alarming, it was decided to attempt the removal of the mass, or a portion of it. The patient was fully informed of the unpromising nature of the operation, as were his friends and relatives; indeed no inducements to submit to an operation were held out.

On the 7th of November, assisted by Drs. Bailey, Gaylord, Walsh, and Griffin (Dr. Yemens, an old-school physician and friend of the family, being present), the following operation was made:—

A long incision having been made in the median line, over the full extent of the tumor, and the fascia freely divided to a corresponding extent, it was found that the adhesions were too intimate to permit of enucleation. The venous hemorrhage was literally frightful, but soon ceased upon compression of the vessels. The inferior thyroid could be reached, but was with difficulty securely tied. Next, following the method so favorably commented upon by various writers in the *Medical Record*, the capsule of the gland was incised, and the parenchyma broken up and removed with the fingers, until the right side was completely cleared out. The hemorrhage was very free, but readily controlled by torsion and per-sulphate of iron solution. The condition of the patient was now so alarming that further procedure was stayed.

Soon after commencing the anæsthesia, the patient became cyanotic, and alarming symptoms increased so rapidly that the anæsthetic was suspended entirely. Now here comes in a very important lesson, coupled with a confession that it is hoped younger men will lay to heart. For six years, although my practice has been almost entirely surgical, and many important operations have been made, it had been my singular good fortune not to meet with a single accident from chloroform, nor any menace of death of the patient on the operating-table. For instance, in the past twelve months I have operated eleven times for tumors in the triangles of the neck, large and small, without a suggestion of accident of any kind. Formerly it was my custom, as it will be in the future, to be unusually solicitous to provide for every possible contingency; but the ignorant

ridicule of a physician of the array of appliances I once produced, and total immunity from accidents of all kinds, have gradually made me more careless, and large operations have been undertaken with a small preparation for accident, the very memory of which now appalls me. The confidence and carelessness acquired by this long "run of luck" nearly led to a fatal result in this case, and in this wise: The pulse almost ceasing, respiration becoming very feeble, and the surface temperature dangerously low from chloroform narcosis, hemorrhage, and shock, death seemed imminent. Hot-water bottles were applied to the feet, hot plates wrapped in flannel to the cardiac region, and subcutaneous injections of brandy given. Rectal injections of beef-tea and brandy were also administered, and persistent attempts to bring about reaction were made; amyl nitrite was inhaled, and hemorrhage completely arrested. Now the fault was, that we were not prepared for this emergency, and valuable time was lost before these expedients could be resorted to. Reaction came on, and the patient almost literally recalled to life. I wish now, in this public manner, to acknowledge an error, with the hope it may teach caution to others, and at the same time to acknowledge the very great value of the services of Dr. C. A. Walsh and those of the assistants generally.

To proceed with the case. After being put to bed, everything looked quite favorable: the right half of the tumor was practically removed, only portions of the capsule remaining, and the breathing was easier than it had been for months; the pulse and temperature were good; warm milk and beef-tea were taken with a relish, and there was every prospect of a *quasi* success. Forty-eight hours afterwards an alarming attack of dyspnoea came on, and I then learned that, while his bowels had moved several times, there had been no passage of urine. *Apis* was given (Dr. Bailey being in joint attendance), and in less than an hour there was a very copious micturition. By actual examination, the bladder was found empty before the *apis* was given. The prompt action of the remedy was wonderful. Acute laryngitis with œdema of the glottis was recognized, and every means were taken to arrest its progress, but without effect. At the expiration of the fifty-second hour from the operation the patient expired.

Examination showed a remarkable condition of the trachea, — one which I have never seen, and do not remember having read of. From the cricoid cartilage down to the sternum, the tube was flattened and *impervious, excepting a small opening on the right side*, about sufficient to admit the passage of a No. 8 catheter!

This concludes a report of a case that seemed to me worthy of record for many reasons. First, the lesson and "confession"; second, the prompt action of the *apis*; and lastly, the remarkable condition of the trachea.

AN OPEN LETTER.

A FEW days since, on glancing at an open page of the NEW ENGLAND MEDICAL GAZETTE, my attention was attracted by a verse from one of Tennyson's poems, "And the stately ships go on," etc. The appearance of poetry in a medical journal being somewhat unusual, excited curiosity, and I noticed the words, "heart of a mother," "devouring beast," "materialist," "Harvard College," "cow-boy," "Herbert Spencer," "Darwin," "Hahnemann," "rational homœopathy," sprinkled through the paper. Referring to the heading of the article, I found it was entitled "The Homœopathy of Hahnemann the only Homœopathy," written and read before a medical society of Boston by Wm. P. Wesselhoeft, M. D., who, I am told, is one of the most prominent physicians of that city. The first few sentences revealed that a question concerning homœopathic tenets was at stake, and on closer inspection I found this was intended as a reply to a paper previously written by Dr. C. Wesselhoeft.

As I have always been in hearty sympathy with the cause (although, perhaps, as much from prejudice against the old school as from any intelligent comprehension of the principles of the new), I thought it an excellent opportunity for acquiring a clearer insight into the subject, and secured the numbers containing the two articles alluded to for careful perusal. Those who have read these papers have undoubtedly noticed their wide divergence. The first is evidently from the pen of a liberal thinker, one eminently sure and careful concerning his data, who has analyzed the salient points of his subject and in a spirit of fair-mindedness has weighed its merits and demerits. He seems imbued with a strong desire to disentangle himself and others from the meshes of shadowy and unsound speculation, and in the clear light of reason to take his stand upon a platform of demonstrable truths. He is not blinded or led by mere emotional statements; neither will he wittingly mislead others.

How diametrically opposite to all this is the spirit displayed in the second article! Here we have a lengthy production sneering at those who "prate of rationalism," borrowing long and irrelevant quotations to sustain his illogical position, declaiming concerning "positivism" and "facts," and yet failing utterly to advance one proof beyond mere dictatorial assertion, evading the essential features of the question suggested by the previous writer, except to taboo the spirit thereof. In short, the gist of the verbose article conveys to us nothing, except that to be a good and acceptable homœopathist one must eschew reasoning, accepting without profane question the teachings of one leader as an infallible guide; and this is foisted upon us with such exasperating assumption that instinctively the combativeness of every independent reasoner is aroused.

Is it possible we are so completely mistaken in our ideas of the new-school characteristics? To its members we had attributed progressiveness, perception, and independent striving after fresh and laudable principles; but here we see displayed a spirit savoring of despotism, and as arrogant as that of the Mussulman, who cries, "God is God, and Mahomet his prophet!" Surely blind acceptance of arbitrary laws cannot prevail in the ranks of homœopathy; and yet here we have it in an unmistakable form, promulgated by a leading physician of that school, read before and accepted by a society of the same, and proclaimed to the world through the medium of a homœopathic journal. We are glad to be assured that the mass of homœopathic practitioners are not in sympathy with such ultra sentiments; that many are guilty of "rationalism," and even dare to discriminate between "chaff and wheat." I am also told that a majority of the members of the new school claim to have tested faithfully matters pertaining to their creed; nor have they been content to stop here, but have presumed to reason and draw their own deductions, thereby differing materially from some of their professional brethren, who bear a striking resemblance to one of Wilkie Collins's characters (Betteridge), who "thanked the Lord he was superior to reason."

We can readily conceive how the promulgation of such untenable, visionary doctrines proves an embarrassment to those who are honestly endeavoring to build up their cause upon a logical and scientific foundation.

Belonging to the sex noted for comparative weakness of intellect, it is possible of course that my manner of looking at Dr. W——'s abstruse argument (if argument

there be) is entirely at fault ; but I have informed myself upon the matter from reliable sources, and have acquired several novel ideas, one of which is that "potency" does not mean power and might, but just the reverse. When Dr. Wesselhoeft asserts, "Darwin cannot explain his one thirty-millionth of a grain, but he has recorded the facts. We cannot explain the action of the ten thousandth potency, but we have recorded the facts," the following pertinent question arises : Are the manifestations of the ten thousandth potency as uniformly demonstrable as the phenomena to which he has likened them ? and is it not also a "fact" that physicians possessing good intellects and large experience have faithfully tested these high potencies, and have arrived at greatly modified conclusions concerning therapeutical results, and that too without surrendering one essential feature of the doctrine of similars ?

To one unacquainted with the true significance of technical terms, it would appear at first blush as though the ten thousandth potency might represent greater importance than the thirty millionth part of a grain, whereas the truth is its relative proportion is inconceivably less.

The method of preparing homœopathic potencies has been explained to me by a practitioner of that school, and, while hesitating to broach a topic which must be already trite to physicians, we would like to present the following mathematical results to show how illogical is the doctor's stated analogy between Darwin's experiment and his own assumed "facts." The problem was figured out personally, and then almost doubting the evidence of my senses, have had it verified by comparison with the calculations of others. Mathematical study being open to all, the correctness of the statement can be easily tested. One drop of medicine raised to the fifteenth centesimal dilution, providing all the diluent were frugally saved and potentized, would (were such a thing possible) impregnate an ocean one mile deep, one thousand miles wide, and more than fifteen billion miles in length ; an ocean so vast that had a steamer set sail in the year 1, and sailed five hundred miles every day since that time, to-day it would not have compassed one fortieth part of the distance. Those conversant with figures know how large these magnificent proportions have just begun to grow. And yet we are tossed the "ten thousandth potency" with the cool assurance that it has an action of which "we have recorded the facts." In what these "facts" consist does not appear. Are they more numerous or demonstrable than those proclaimed by "faith cures," "trance mediums," "laving on of hands," and a host of others not unfamiliar to the inhabitants of your city ? Is there an imagination so vivid as to conceive a grain of an original drug making its therapeutic presence recognizable throughout every drop of an ocean of the dimensions above given, said ocean perchance consisting of a menstruum of the nature of the odorous Cochineal or Mystic ?

Allowing that Hahnemann did recognize and teach the divisibility of matter, does it necessarily follow that this division is limitless ? Heat, light, electricity, as well as sound and odors, are modified by space, demonstrating beyond question that there is a limit to their influence. The very arguments that the doctor advances to sustain his position constitute a boomerang. Does not the story of the literary cow-boy with his herd prove that the distance the scent of the water could reach was circumscribed ? If the doctor's similitudes are just, then one may with equal reason argue that because the rays of the sun are warming we should be able to warm our toes in a beam from the dog star. If, for the sake of argument, we grant the high potency theory, how oppressive the thought that we possess such delicately susceptible organizations, inhabiting a world reeking with noxious influences ! For we must of necessity inhale, eat, and drink masses of deleterious matter that are ponderous when compared with Dr. Wesselhoeft's "ten thousandth potency." Who is to prove that the cure following the administration of a high potency is not due to one of the thousand incidental influences, any one of them more energetic than such infinitesimal doses ?

Furthermore, cannot every observing physician recall numerous instances wherein remarkable physical changes have been wrought by the reflected mental impression produced by the positive assurance of a dominant party whose competence was implicitly relied upon ? Again, we notice that facts differ widely in the degree of their trustworthiness. The occurrence may be subject to certain conditions, by which it can unfailingly be reproduced, such as dilation of the pupil of the eye following the application of a minute particle of *atropia*. On the other hand, it may be manifested only exceptionally and hinge largely upon the imagination. Provable facts alone are admissible when by them we would sustain a principle.

We have often witnessed and silently regretted the banishment of flowers from a sick-room by some of these high potentists ; but the foregoing thoughts furnish us

with a clew; and yet it is not clear to our minds why these same physicians will enter a sick-room with their clothes and bodies so saturated with the fumes of tobacco that the strong odor would remain long after they have departed. Evidently "consistency is (not always) a jewel."

But why prolong a useless discussion? As it has always been, so, doubtless, will it continue. A few striving after the philosophy of things, thereby making themselves obnoxious to the many; for, strange as it may seem, nothing is more unpopular with the masses than that which appeals to practical sense.

The human mind is essentially emotional, hungering after the mysterious and supernatural. Besides this morbid craving, the imagination so predominates that the majority, like Polonius, can see in the cloud "a camel," "a weasel," or "a whale," as some Hamlet may suggest.

A LAYWOMAN.

NEW YORK, December, 1883.

A UNIQUE CASE.

BY ISABEL P. HAYWOOD, M. D., LYNN, MASS.

IN September, 1882, Mrs. S—— aborted at two and a half months; three days later a second fœtus was expelled; there was nothing remarkable about the case; the patient made a good recovery, and it was supposed to have been simply a twin pregnancy. In January, 1883, she came to me again, saying she thought herself pregnant, but for a day or two there had been a slight flow, scarcely enough to notice, but she feared another miscarriage. I gave *belladonna*, and told her to keep very quiet and lie down most of the time; she was better in a few days, but any slight exertion renewed the trouble, and it continued at intervals until the early part of March, when it ceased entirely, and she was perfectly well for two months. May 18, I was called in haste; found my patient in a high state of excitement, face flushed, eyes bright, hands burning; she had been flowing a little for two hours, pains regular, and an abortion seemed inevitable; before making an examination I gave *bell.*²⁰ to quiet her. I found the os slightly dilated. In the course of an hour the pains were much less frequent, and the flow had almost ceased. In two hours she was so comfortable that I was about to leave her, when she told me "something had come." The "something" appeared to be a piece of diseased placenta. No pain or flowing followed the expulsion of this mass, which was about half as large as my hand. Examination revealed a perfectly closed os. The movements of the fœtus were quite as vigorous as they had been at any time. I remained several hours, as I did not know what to expect next. Nothing occurred, however, and the patient made a good recovery. I showed the expelled substance to Dr. Flanders, who pronounced it a piece of diseased placenta, and thought the woman would not go to term.

August 18, I was again sent for; this time it was labor in ear-

nest; the pains were regular and strong, the os dilated about the size of a ten-cent piece; everything seemed to be progressing favorably. From the character of the pains I hoped for a comparatively speedy termination of affairs, when to my astonishment I found the os completely closed. I now made a careful examination, to discover, if possible, what manner of case I had. I found a wall running the entire length of the vagina, and attached posteriorly and anteriorly; on either side of this wall was a distinct os, one closed, the other dilated; the left side of one and the right side of the other were merged in this partition. What was to be done? This seemed to be a case where one could not anticipate, but only wait for the emergency to decide the course of action. Evidently the child was small, which, of course, was favorable. Meanwhile labor was progressing. As the head advanced the wall became more and more tense, until, during a strong pain, there was a slight tear at its uterine attachment; this was repeated at every pain, tearing mostly from the posterior vaginal wall. The loop thus formed was really an obstacle, as it grew tense at every pain, and formed a band across the advancing head. After much suffering, a feeble boy, weighing four pounds, was born; he lived but three days. The placenta was very small, the cord not much larger than a pipe-stem. The partition wall had torn entirely from its posterior attachment and from the upper half of its anterior; about two inches of it protruded from the vagina; there was considerable sloughing for a few days, and I feared trouble from such extensive laceration; but my patient made a much better recovery than could have been expected. Three weeks after delivery the posterior vaginal wall had a ridge its entire length; the anterior wall had a similar ridge on its upper half and the partially detached partition hanging from it; where the os should be was a ragged-looking mass. Three weeks later there was a decided change; each os was distinctly recognized, and only a slight abrasion remained. The vagina was in a perfectly healthy condition. There is no doubt that the uterus is divided, as a probe could not be passed from side to side. It was decided to remove the surplus tissue as soon as menstruation had been re-established and the abraded surface had entirely healed. October 12 the menses appeared, and lasted eight days. On the 22d the protruding remnant was inflamed somewhat, but in other respects there was improvement.

Three days after the birth of the child, a fœtus of about ten weeks was expelled, with the funis attached to it. Was this a case of super-fœtation? Of course this fœtus belonged to what was supposed to be diseased placenta, and was the occupant of the other uterine department; why did it remain in the uterus so long after its placenta had been expelled?

COINCIDENT LEUCORRHŒA AND MORNING SICKNESS.

Editor New England Medical Gazette :

I noticed in your "Miscellany" of November, an article taken from the *New York Medical Times*, in which Dr. R. Ludlam alleged that he had never seen a patient who had leucorrhœa during pregnancy troubled with morning sickness. Allow me to report a case through your columns.

Mrs. C—— became pregnant for the first time about the first of October, 1881. Morning sickness set in at about the fifth week. I could not entirely control it, and with the exception of four weeks the morning sickness continued until term, when I delivered her of an emaciated child, which only lived a short time. During the whole time of her pregnancy she had a very profuse leucorrhœa.

She again became pregnant in November, 1882, and in about five weeks the morning sickness began again, but this time was controlled by *nux vom.* ʒd. During the second pregnancy, as during the first, the leucorrhœa was very profuse, and the morning sickness very troublesome.

Very truly yours,

RENOVO, PA.

J. E. PURSEL, M. D.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE annual meeting of the Worcester County Homœopathic Medical Society was held Wednesday, Nov. 14, 1883, at its quarters, on Mechanic Street. Dr. Bennett, of Fitchburg, called the meeting to order at 10.30. The records of the last meeting were read and approved. The reports of the treasurer and librarian were satisfactory, that of the latter showing a steady growth in the standard medical publications. Then followed the annual election of officers, as follows: *President*, Dr. N. R. Perkins, of Winchendon; *Vice-President*, Dr. Charles L. Nichols, of Worcester; *Secretary and Treasurer*, Dr. C. Otis Goodwin, of Worcester; *Corresponding Secretary*, Dr. G. A. Slocomb, of Millbury; *Librarian*, Dr. Adaline Williams, of Worcester; *Censors*, Drs. Murdock of Spencer, Warren of Leicester, and Whittier of Fitchburg. The announcement of the bureaus for the coming year was then made. The bureau of gynæcology, obstetrics, and nervous diseases was represented by papers from Drs. Bennett, Carmichael, Perkins, Whittier, Murdock, Sanford, and G. A. Slocomb. That of Dr. Bennett was supplemented by his valedictory address as president for the past year. Most of the papers received animated discussion, and

much profit resulted to the members present. Dinner was served at the Bay State House at 12.30. Several physicians of Boston, members of the State society, were present, and discussed the papers presented. The following action was taken in regard to one of the society's most influential members, now deceased:—

Whereas, it has pleased the Great Physician to remove by death our colleague, Dr. L. B. Nichols, one of the pioneer physicians of this city, and one of the leading members of this faculty; therefore, we, the members of the Worcester County Homœopathic Medical Society, take this occasion to express our sense of our loss, and our appreciation of the character of our friend as a man and a good physician, and to express our sympathy and condolence with his family in their great bereavement. And the secretary is hereby instructed to spread this memorial upon the records of the society, and to cause a copy hereof to be published in the daily papers of this city; also, to send a copy to the family of the deceased.

G. A. SLOCOMB, M. D., *Cor. Secretary.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

HORACE PACKARD, M. D., SECRETARY.

THE December meeting of the society was held at the College Building, East Concord Street, Thursday evening, the 13th. Thirty-eight persons were present.

George S. Woodman, M. D., of Newtonville, and W. S. Smith, M. D., of Boston, were elected to membership.

Dr. Conrad Wesselhoeft read a paper on "Control Tests and Drug Proving."

In the discussion which followed, Dr. Woodvine said that any remarks he could make would not serve to enlighten any one on the subject under consideration; he merely wanted to express his approbation of the paper presented; it was neither too long nor too strong. The point that interested him was the getting down to a right beginning. He thought he did not understand Dr. Wesselhoeft rightly as to how the selection of provers is to be made. He felt keenly the necessity of greater care in this matter. It has been suggested that the provers should all first take an inert substance. He liked the idea; would be willing to do it himself. (*Applause.*) He is intensely interested in this subject, and his mind has been wrought up by the words which have been presented. He is thankful for them; would like to ask this question: *When* are we going to get down to the rock on which to build with certainty?

Dr. Sutherland (chairman of the Materia Medica section) said, if Dr. Woodvine is excited, and wants to get down to the "rock," we might possibly help him a little.

Recognizing the imperfections of the materia medica, a few of us have tried within a year or two to institute a set of provings which might assist in perfecting it. Some attempt has been made to test the effects of drugs upon animals, but not much has been accomplished. Now seems to be a good time to begin anew. Some of our experiments have proved satisfactory, but what we want is a few more able helpers to carry on the work. We can sit down and *talk* about these things; but if we really want to get at the rock, there is no way but to *work*. Drugs are being proven in a certain way by our allopathic friends, but not in a manner satisfactory to us. We need to try drugs first upon animals, to get a general idea of their action, then upon man; and if we can find a sufficient number of provers we shall be very glad to begin the work of re-proving. Doubtless, out of one hundred volunteers, twenty-five or more could be selected whose provings would not be wholly or chiefly those of the imagination. If we can carry forward the work and produce results according to the plan set forth in the paper presented to-night, we shall have a very firm rock to rest on, and until we do we have not much of a foundation to build upon.

Dr. Cushing seconded most heartily the thanks extended to Dr. Wesselhoeft for his paper. He referred to provings of various drugs which he had made in previous years. Dr. Krebs said he had been quite interested, like his friend Dr. Woodvine. He spoke of the Vienna provers, and said, they thought also that "something must be done." They instituted re-provings of drugs, and lo, when complete, they were found so like Hahnemann's that they gave it up, satisfied that the master's work was as perfect as it is in the power of the human mind to make it. He is well satisfied with the materia medica as it is,—does not look upon it as full of chaff. (Cited a case from practice to illustrate the action of highly attenuated medicine when selected according to characteristic indications.) Even if any improvement is made in the materia medica, he has been too many years in practice to leave the old beaten path. In his case, he thought the old proverb, "It is hard to teach old dogs new tricks," might be appropriately quoted.

Dr. Talbot recalled provings which had been made both in this society and in the State society during the past thirty years, and though some reliable work had been accomplished, yet as a whole it had not amounted to much. The paper presented had given us a good deal of thought and him a good deal of satisfaction. The way is not only to prove medicines, but also to prove that the symptoms derived from them are correct. He believes that Hahnemann's provings are more reliable than any others ever made. Hahnemann's exactness of mind and mode of thinking

and long experience in dealing with drugs in this way gave him remarkable efficiency. When he was secretary of the American Institute of Homœopathy, a proving of *lachesis* was presented covering ninety-six closely written pages, the prover claiming that all the symptoms were derived from a single dose of a high attenuation. On careful examination by a competent judge the proving was found to contain hardly a single characteristic symptom of *lachesis*. He thinks the idea of first testing provers with an inert substance before beginning with the real drug a good one.

In conclusion, and as supplementary to his paper, Dr. Wesselhoeft said that he, too, had heard of the wonderful similarity existing between the Vienna provings and those of Hahnemann. To satisfy himself personally on the matter, he had several years ago made a careful comparison, and was surprised to find a very great difference, in fact, so great a difference that the two provings of the same drug could hardly be recognized as being at all related.

The annual meeting will be held Thursday evening, Jan. 10, 1884.

REVIEWS AND NOTICES OF BOOKS.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD.
Boston, 1844.

The superiority of this visiting list over others of its kind consists in its especial adaptation to the wants of the homœopathic practitioner, and in the fact of its being "perpetual"; *i. e.*, although the book may be used for sixty patients per week for one year, as the columns are not dated, one may, with but little trouble, economize space and suit it to the demands of his practice. To facilitate keeping the prescription record, a new feature has been added this year. Among the useful tables and directions in the front of the book is a list of one hundred and eighty remedies, alphabetically arranged, abbreviated and numbered; so instead of crowding the abbreviation *Eup. purp.* into the prescription column, 74 (its number in the list) may be easily inserted,—an advantage which readily commends itself to the busy practitioner.

LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST FOR 1884.

We find the following new features for 1884: the Posological tables have been revised in accordance with the new Pharmacopœia, and there has been added a carefully prepared list of new remedies, Sylvester's method for producing artificial respiration, illustrated, and a diagram of the chest, as an aid in

diagnosis Increase of strength has been given the covers, and a new pencil, recommended for its durability, and specially manufactured by the Dixon Company, has been added. An edition of the List has also been manufactured without dates, which can be used until completely filled. s.

DISEASES OF THE NOSE AND THROAT. A digest, descriptive of the more commonly seen diseases of the upper air-tract, with the methods of their treatment. By J. M. W. Kitchen, M. D. New York: G. P. Putnam's Sons.

This work of 127 pages, according to the author's own declaration, is only of an elementary character, being, first, a *résumé* of the anatomy and physiology of the parts; then follows an illustration of various instruments necessary to practise the art of laryngoscopy and rhinoscopy, a list of local applications for the throat and nose, manipulative methods explained, common local disorders of the nasal fossæ, pharynx, larynx, and common symptomatic disorders of the upper air-tract.

The book is an effort of the author to condense into as few words as possible the data of diseases of the parts above mentioned, with their treatment, as a work of ready reference for the busy practitioner, and a means by which the over-worked student may quickly review the more important portion of diseases peculiar to these localities. D. G. W.

GENERAL MEDICINAL TECHNOLOGY. By Edward Curtis, A. M., M. D.

This little book is one of the series of **POCKET MANUALS** published by William Wood & Company. It deals clearly and concisely with the technicalities of medicine, treating of the names, the many preparations and forms, and the prescribing of medicines, dosage, and modes of medicating, and the measuring and weighing of medicines. The book contains a large number of tables of weights and measures; an appendix gives a voluminous table of the solubility of chemicals in water and in alcohol, which is useful for reference. One finds in the chapter on the prescribing of medicines the usual advice to the young practitioner, "to make the matter of elegance of appearance, and palatableness of his potions a study," as "a physician's skill is often measured more by the look and taste of his medicine than by its results," — a remark which, though true, is not flattering to the intelligence of humanity. The author's experience as teacher of materia medica and therapeutics (old school) has admirably fitted him to prepare such a book for the medical student, and his work has been well executed.

THE MEDICAL RECORD VISITING LIST FOR 1884. Wm. Wood & Co.

This visiting record will probably continue a favorite, those who have used it not being disposed to give it up. It is arranged for sixty patients a week, and is adapted especially to the year 1884. It contains brief but accurate tables for reference in times of need, such as tables of poisons and antidotes, the treatment of asphyxia and emergencies, dose tables, etc., etc. Besides the visiting list and special memoranda department, which forms the bulk of the book, there are divisions for the record of consultations, obstetric engagements and practice, of vaccinations, of addresses, etc., thus making it a very serviceable account and record book.

THE PHYSICIAN'S DAY-BOOK. Designed by C. H. Leonard, M. A., M. D. Published by the Illustrated Medical Journal Company, Detroit.

This is a very neat and useful pocket day-book. It is arranged with special reference to the accommodation of daily charges for twenty patients a week for thirteen months, although it may be utilized for forty patients per week. It has an obstetrical record for ninety-four cases, and monthly memoranda for debtor and creditor cash accounts. Its lines and columns are so arranged as to facilitate keeping one's business accounts in the strictest and clearest manner. Indeed, the book is pre-eminently an "account book," and, with a slight change of headings here and there, would prove quite as well adapted to the use of the milk-distributor as to the physician. We miss the useful addenda usually found in a book of this sort, such as almanac, dose-tables, poisons and their antidotes, etc.; but to the physician who desires to keep his daily accounts exact, yet with the least possible labor, we commend this day-book as likely to meet his requirements.

OUR MISCELLANY.

WARM SPONGE BATHS IN SCARLET FEVER.—In the *American Homœopath* for December, Dr. H. L. Waldo, of West Troy, N. Y., strongly recommends the employment of warm sponge baths in the treatment of scarlet fever. "As soon as the disease is suspected," he says, "have the patient undressed and put to bed. Have a dish of water as hot as the patient can well bear; in this dissolve enough baking soda to make it slightly slippery, and sponge the patient all over. . . . The bathing should be continued once or twice a day as long as any eruption remains upon the skin. . . . In over two hundred cases of scarlatina which I have treated with these warm baths, I have not had a single case of general dropsy. . . . I firmly believe that by attention to this matter of warm baths scarlatinal dropsy may be prevented in every case."

REMARKABLE FECUNDITY.—Dr. F. P. Atkinson writes to the *British Medical Journal* as follows: "I have just come across a somewhat remarkable, well-authenticated instance of fecundity. The lady, who was of good position, married at sixteen years of age, and died at sixty-four. She had thirty-nine children (all by the same husband, whom she survived), thirty-two daughters and seven sons, and they were all single births, except two, which were twins. An interesting point is, that all the children lived to attain their majority"—*Louisville Medical News*.

THE CARE OF THE EYES AFTER LABOR.—Dr. W. P. Fowler, of Rochester, N. Y., in a suggestive article appearing in the *Homœopathic Journal of Obstetrics* for November, 1883, impresses upon obstetricians the necessity of a special care of the eyes of their puerperal patients. "Every labor," he says, "even though easy and natural, leaves the eyes in a weakened and irritable condition, and it requires only a slight provocation to bring on actual disease. . . . Every physician has probably remarked that those in childbed complain of sensitiveness of the eyes to touch, of pain in moving them, and of light being disagreeable." Dr. Fowler recommends, 1st. Complete rest for the eyes during at least the week immediately following labor. 2d. Such an arrangement of the bed that the mother shall never lie facing the window. 3d. The employment of a screen which shall temper the light at all times and completely shield the patient from any artificial light employed. He claims that by the use, in every case, of these simple precautions a very large proportion of the cases of eye troubles which date from childbirth may be entirely prevented.

A SURPRISING STATEMENT.—In the extremely interesting little book called "Study and Stimulation," published by Simpkin, Marshall & Co., London, Mark Twain makes the following amazing statement: "During the first seven years of my life I had no health. I may almost say I lived upon allopathic medicine; but since that period I have hardly known what sickness is. . . . I began to smoke immoderately when I was eight years old; that is, I began with one hundred cigars a month, and by the time I was twenty I had increased my allowance to two hundred a month; before I was thirty, I had increased it to three hundred a month. I do not think I smoke more than that now; *I am quite sure that I never smoke less*. During the family's summer vacation . . . I work five hours every day, and five days every week. . . . I ordinarily smoke fifteen cigars during my five hours' labors." . . . When we find this inordinate indulgence compatible with the assurance that the smoker "hardly knows what sickness is," we feel rather as if the lecturers before "Infant Bands of Hope" on the inevitably fatal effects of tobacco must find Mark Twain's statement "an unmitigated staggerer" . . . as Dick Swiveller would say.

PERSONAL AND NEWS ITEMS.

DR. C. F. GOODALE has removed from Ashland, Mass., to Asheville, N. C.

DR. G. W. BUTTERFIELD, class of '83, B. U. S. of M., has located at Ashland, Mass.

E. E. WHITAKER, M. D., has located at Newport, Vt.

DR. CHARLES DAKE has located at Hot Springs, Arkansas.

DR. THOMAS M. DILLINGHAM has removed his office and residence to No. 134 Boylston Street

DR. F. A. ROBERTS, has removed from No. Vassalboro to Waterville, Me.

DR. M. K. DWINELL, class of '83, B. U. S. of M., takes Dr. Roberts's place at North Vassalboro.

DR. C. H. OAKES, class of '83, B. U. S. of M., has located at Farmington Falls, M.

DR. W. S. HOWE, of Pittsfield, Me., is attending lectures at Philadelphia, this winter.

DR. CORA JOHNSON, class of '83, B. U. S. of M., has located at Gardiner, Me.

MARRIED.—At West Brookfield, Mass., Nov. 14, Dr. Charles H. Forbes, of Athol, Mass., to Eva, daughter of Hon. H. W. Bush.

THE
NEW ENGLAND MEDICAL GAZETTE.

No. 2.

FEBRUARY, 1884.

VOL. XIX.

EDITORIAL.

CONSERVATISM OR FEAR?

No episode of the war which homœopathy is always waging against old-school bigotry and hostility can be without interest to homœopathy's friends and followers. Such an episode — and it seems to us a most significant one — is the late refusal of the managers of St. George's Hospital, London, to accept Major Vaughan Morgan's generous proffer of funds to be used, under certain conditions, for the support of free beds in this hospital; and the comments of the English press, professional and lay, on the affair. It is doubtless well known to our readers that Major Vaughan Morgan, the treasurer of the London Homœopathic Hospital, has for several years past offered handsome subscriptions to various London hospitals, on condition that the inmates of the free beds supported by him should receive homœopathic treatment. His offers have, in every case, been declined. The circumstances which attended his last generous attempt to give Hahnemann's method of cure a fair public trial are particularly interesting. St. George's Hospital issued, not long ago, most pressing public appeals for pecuniary aid, stating that many of its beds were now unused for lack of the funds necessary to their support. On this Major Morgan offered the managers of the hospital the munificent sum of £1,000 per year for five years, on condition that homœopathic treatment be given to the occupants of the beds supported by him. "If the results of this treatment should be adverse," he most sensibly and pointedly said in his letter afterwards written to the *Lancet* on the subject, "it will do more to discourage homœopathy than reams

of print. . . . I know of no better plan for discovering this" (whether homœopathic treatment be efficacious) . . . "than the establishment of test-beds, under proper conditions, and for a sufficient period, to avoid the possibility of chance."

To such common-sense and generosity the aid-imploing managers of St. George's Hospital returned an unconditional refusal, which gave the secular press an opportunity to draw just conclusions as to whether the gentlemen in power at the hospital regard chiefly the needs of the poor or their own fame and glory. And then arose the *Lancet*, and launched its familiar thunderbolts at the "fad" which from time to time disturbs its "rational" slumbers. "To take homœopathy into a regular hospital would be as reasonable as to have taken a pop-gun to Tel-el-Kebir!" it fulminated. But, accepting the comparison for a moment in all its blatant absurdity, let us imagine the British troops at Tel-el-Kebir not only without ammunition, but without food, clothing, or shelter: would the British government have scorned the private munificence that offered the food, shelter, and clothing it found itself unable to furnish, because a box of pop-guns must, as a whim of the donor, be sent with the other supplies?

The *Lancet* entitles its peroration "Homœopathy Begging." Considering that homœopathy in this case appears with full hands to supply a publicly avowed need, the title strikes us as rather a Hibernianism. "*Timeo Danaos et dona ferentes*" would have been a heading pointing more closely to the fact.

And good cause to "fear the Greeks" must the "regulars" feel they have, if they dare not meet their adversaries in open contest, with the world for umpire. No fairer challenge to the ultimate and decisive test of success against success could have been offered them. Their fear of submitting to the test is the highest compliment to our strength and possibilities that has been offered to homœopaths for many a day.

WHAT HAHNEMANN MEANT BY "SIMILAR."

AN essay on diphtheria, which, by its original and ingenious theories and the enthusiastic confidence of its author in their value, attracted our attention, appeared in the *British Journal of*

Homœopathy for October, 1883. The author is the well-known Dr. Von Villers, who has been so successful in the treatment of this dreaded disease, and who so earnestly advocates the use of *cyanuret of mercury* as the homœopathic specific for the trouble. Being desirous to establish on a firm scientific basis the law of similars, the author attempts in one part of the essay to explain the curative action of the homœopathic remedy. He first wishes to make clear what is meant by the word "similar," saying that it was a "mistaken conception" on the part of Hahnemann that caused him to employ the word. For clearness' sake we quote the author's own language on this point:—

"What sort of similarity Hahnemann had in his mind may be easily ascertained if we remember that he was fundamentally trained in a mathematico-philosophical school. He was a disciple of Lambert, who gave to logic a mathematical basis, and was one of the first who acknowledged the wonderful genius of Imanuel Kant. Therefore it could be only the geometrical idea of similarity which he had in his mind. This applies, among other things, to two triangles, which, though having unequal lengths of their sides, have identical angles; whereas two triangles that have identical angles and sides are termed congruent because they cover one another perfectly. But in his 'Organon,' when speaking of similarity, Hahnemann expressly insists on this congruence, for he only allows to be the specific remedy a medicine whose pathogenetic sphere of action *completely* includes those phenonema which constitute the object of cure." [?] "He would have done better to have borrowed the designation of the law of cure discovered by himself from the idea of congruence and to have called it the law of identity, for, in truth, the strictly contradictory antithesis that obtains between poison and medicine or remedy is only met within the sphere of identity."

The question therefore arises, What did Hahnemann mean by similarity? Did he mean simply the ordinarily accepted definition of similar, *i. e.*, possessing a resemblance, or did he insist on perfect congruity between drug pathogenesis and natural disease, as asserted by Dr. Von Villers? Hahnemann, who was always very exact in his expressions, has doubtless not carelessly employed the words which give us his opinions on this important point. Let us refer then, as does Dr. Von Villers, to the "Organon," although the same ideas expressed in the same words occur in many other of the writings of Hahnemann. We find the term used so often that there would seem to be no doubt as to its meaning. For instance, to select a few examples, sections 26, 27, 43, 44, 153, 154, 156, 163, and 164 contain the terms "similar," "very similar," "similitude," "marked" and "closest similitude," etc. Section 153 gives directions for the selection of the homœopathic remedy as follows:—

“This search for a homœopathic specific remedy consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found corresponding in similitude with the disease to be cured. In making this comparison, the more *prominent*, *uncommon*, and *peculiar* (characteristic) features of the case are especially, and almost exclusively, considered and noted; for *these in particular should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice, on account of their vagueness, and also because generalities of this kind are common to every disease, and to almost every drug.”

And section 156 says:—

“There is, however, scarcely a homœopathic remedy which, though well selected, if not sufficiently reduced in its dose, might not call forth at least one unusual sensation or slight new symptom during its operation on very susceptible and sensitive patients; for it is almost impossible that medicine and disease should possess the same congruity as two triangles of like angles and sides.”

It is very evident in this last section that the possibility of the drug pathogenesis and the natural disease possessing the identity Dr. Von Villers refers to was in Hahnemann’s mind; but it is equally evident in this,—and the evidence is strengthened by the other references made,—that Hahnemann did not consider such congruity necessary to the performance of a safe, reliable, and speedy cure; and he most certainly did not “expressly insist” on it. When he used the word “similar” he meant a close resemblance to, and not an exact counterpart of, acknowledging, however, that the closer the resemblance, the greater the degree of similitude, the better for the purposes of cure.

Dr. Von Villers introduces his interpretation of the word “similar” or his “rectification of Hahnemann’s mode of expressing himself,” in order to give the scientific explanation of the specific curative process “which is possible by the law of polarity included in the law of identity.” According to this law of polarity only, says Dr. Von Villers, can the explanation of the curative action of drugs as given by Hahnemann be rectified and his theory of substitution be proven correct. We had thought, by the way, that the necessity for explaining or supporting this theory of substitution advanced by Hahnemann had long since ceased to be a stumbling-block in the path of his followers. We have regarded this theory, itself abandoned as manifestly illogical, as having served a good purpose, in that it paved the way for later and more satisfactory explanations, such as stimulation or re-enforcement of the vital powers by which the natural reaction is assisted

in its efforts to throw off disease. Dr. Von Villers, however, still clinging to the theory of substitution, endeavors to explain it thus: Drugs possessing an absolute power of causing an abnormal condition (a disease), while the causes of natural diseases are only relative, *i. e.*, limited by the constitutional morbid predisposition or the specific individual capability the patient has of being affected, it follows that a drug selected in accordance with the law of similarity (or, strictly speaking, identity) will, after its administration, "dissever from its connection the pre-existing relative cause, by virtue of its stronger affinity to the pathological process present." The dose, however, need not be large, for —

"After the injection of the single dose of a remedy selected in accordance with the law of similarity, only three things are possible :

"Either it increases the intensity of the morbid processes to the square, if by reason of its quantity it causes the positive action ;

"Or it behaves itself indifferently, if its quantity hovers on the boundary betwixt the two poles ;

"Or, lastly, it acts negatively, if that boundary be sufficiently overstepped in the direction of the negative pole.

"*Quantum non datur.*

"The cure by art is the negative, the undoing of the disease, so to speak."

Therefore minimal doses, from the 6th to the 30th, in Dr. Von Villers's experience, are curative, the lower attenuations having no particular effect ; while appreciative doses cause aggravation "to the square." The exact dose required to "square" the original disease is not given.

Reverting to Dr. Von Villers's experience with *cyanuret of mercury* in the treatment of diphtheria, we find that he claims to have treated two hundred cases in five years solely with this remedy without having a single case terminate fatally. Comparing his experience with the ingenious theory of substitution through identity and greater potency, which he advances, the conclusion would seem inevitable that these two hundred cases of diphtheria were exactly the same in their manifestations of morbid phenomena ; were identical, like congruent triangles ; and, moreover, that the pathogenesis of *cyanuret of mercury* manifests the exact counterpart of these morbid phenomena throughout, *i. e.*, there is a "complete concordance of the accidents common to both" diphtheria and *cyanuret of mercury*. That this is manifestly impossible, we have not only Hahnemann's own testi-

mony but that of all eminent clinical observers, who agree that no two cases, even of the same disease, are exactly alike (identical).

We feel ourselves, then, justified in thinking that "identity" as used by Dr. Von Villers proves a word of too elastic properties to be of much use in exact reasoning; and we feel justified, also, in retaining unshaken our former belief that Hahnemann's use of the word "similar" was of deliberate and intelligent choice on his part, and that it accurately expresses the idea he wished to convey.

CONTROL-TESTS AND DRUG-PROVINGS.

BY C. WESSELHOEFT, M. D.

[Read before the Boston Homœopathic Medical Society at its December meeting.]

PART I.

LET me begin where I left off at the October meeting.* Let us look to the weak places in medicine, for the strong ones will take care of themselves. . . . I yield to none in high estimation of the benefits of our system, and to none among us here in the ability to apply that system. When I say there are imperfections in homœopathy, I place it on a level with all other human devices. There is nothing so perfect in the world that it might not be improved. To consider homœopathy perfect would surely mean its decline.

I have maintained† that though the formula of similars has been interpreted as being a universal law, and as unfailingly leading to curative results, yet in a real, student-like, and conscientious interpretation the infallibility of this law must be regarded as *entirely conditional*. There is more than one condition to be fulfilled:—

First. Our provings, that is symptom-lists, should be absolutely faultless. (See § 120, "Organon.")

Second. Our powers of observation of concrete cases of disease should be so perfect as to apply these symptom-lists with unerring exactitude to similar morbid states.

Third. We should know, or be able to determine beyond doubt or cavil, the exact dose of medicine and its repetition.

Only when these conditions are fulfilled will success be infallible.

**Vide* NEW ENGLAND MEDICAL GAZETTE for November, 1883, p. 339.

† GAZETTE, November, 1883, p. 334.

In examining our materia medica and our method of its application, the question at once arises as to how nearly these approach the conditions of their perfection. Only one of these conditions will be the subject of consideration to-night, namely, the first which relates to the methods of proving drugs and some of their results.

Before examining any of our provings as to the manner in which they were obtained, let us endeavor to arrive at some standard by which to examine and judge them. As intimated to you before, methods of experiment and rules for drawing conclusions, at least in medicine, were very imperfect even an hundred years ago, as compared with those of our own day.

It is to these that I desire to draw your attention, by citing some examples, in order that these may be compared with earlier methods and means of experimental test. In doing so, I bear in mind that, as a general practitioner, I cannot be expected to sum up the value of evidence like one who has devoted a lifetime to the perfection of experimental tests. I draw from such reading as my leisure has permitted me.

When any one attempts an experimental test, he can have no other object than to discover what will be the effect or effects of one or several causes. Such causes may be simple, or they may consist of several forces or agencies which, whether fully or partially known, may be presumed to have a simple or more or less diversified effect upon the object on which they are brought to bear.

This object itself may be simple; but in the instances here chiefly considered, it will mostly be of diversified and complicated nature, so that we do not simply witness effects of one cause, but rather a complication of effects, a reciprocal effect resulting from action and counteraction, which renders observation and interpretation extremely difficult.

From this difficulty arises many an uncertainty which greatly embarrasses us in our search for truth. Still this may be reached if we are sufficiently guarded against errors of judgment. It is to the methods of guarding against errors in experiment, and consequent misinterpretations of results, that I desire to draw your attention.

The precautions and safeguards against errors in experimental tests are generally known by the name of *counter-tests*, which, like the proving of a sum in arithmetic, will show whether the result is correct or not.

In the following I shall quote some of the simplest forms of such counter-tests, many of which occur in the investigation of bacteria:—

Example 1. Control-Test by Exclusion.

Certain writers* have declared, for example, that the classified forms of so-called bacteria in disease are never anything else than the three forms of coagulating fibrin, etc. Now let us suppose that the microscope had not easily and definitely refuted this assertion, but that other tests were necessary to disprove it: these tests would be done by treating both actual bacteria and actual fibrin with certain chemical reagents. Thus the fibrin fibrils, treated with acetic acid, will at first swell up *and will then vanish entirely*. If the acid is neutralized by strong alkaline solution, these fibrils will reappear and again disappear if the fluid is diluted with water. *Bacteria, on the other hand, remain entirely unchanged during all of these procedures.*

Again, if such fibrin fibrils are stained with methyl-blue, or similar substances, alcohol will remove this color, while bacteria treated in the same manner *will retain their color.*

Example 2. Control-Test by Reservation.

The following will serve to illustrate the value of safeguards or counter-tests in another respect: In order to demonstrate the presence and pathogenic nature of the anthrax bacillus in blood of diseased animals, and that anthrax is caused by nothing else, the course of the test is as follows: † Having access to an animal about to die from anthrax disease, it is first necessary to sterilize ten test-tubes containing healthy urine. These are closed with cotton and exposed to heat of 120° C. Four of these are marked, — 1, 2, 3, and 4. Four others, — a, b, c and d, and the two last o and oo. A space is now shaved upon the animal's belly, disinfected with a solution of corrosive sublimate, an incision made with a disinfected knife, some blood drawn into a disinfected pipette, and a drop of the blood placed into each of the first four test-tubes. Now some blood is obtained in the same way from a healthy animal and introduced into the tubes a, b, c, d, as a control-test. The ten tubes are then left for two days in a temperature of 30° C., when 1, 2, 3, and 4 will be seen to grow cloudy, while a, b, c, and d, as well as o and oo, undergo no change whatever.

If now certain animals, like mice, guinea-pigs, or rabbits, are inoculated with the turbid fluid of the first four test-tubes, they *will invariably perish in a short time with anthrax*, of which the bacillus is readily recognized by the microscope in the turbid

* See forthcoming volume of "Transactions of the American Institute of Homœopathy, 1883," on Bacteria, by Dr. W. A. Haupt.

† Loc. cit.

fluid, while none is found in the other two sets of tubes. Animals, on the other hand, inoculated from the fluid in the second and third sets of tubes will exhibit *no signs of disease whatever*.

Example 3. Control-Test by Comparison.

The following example is one of many illustrating the principle of guarding against errors in experimental tests. In order to ascertain what might be the process involved in acute poisoning by phosphorus, certain observers* made a long series of experiments by injecting phosphorated oil into the jugular veins of rabbits and dogs, from which they obtained very uniform results, ending in the death of the animals. There was nothing very remarkable about this, nor about the symptoms observed before death, such as exhalation of phosphoric fumes, vomiting, violent dyspnoea, rattling noises in the chest. The necropsy exhibited great hyperæmia of bronchia, filled with frothy serum, etc. Having observed these and analogous phenomena in a considerable number of their experiments, the observers thought it proper to discover whether the olive-oil might not have had a share in the producing the morbid phenomena. Accordingly, 5 c. c. of olive-oil were injected into the jugular vein of a dog of medium size, *without producing any abnormal conditions* during observation for several days. Phosphorated oil, on the other hand, invariably produces violent symptoms and fatal termination, proving that the phosphorus and not the oil was the active substance.

This by no means ends the investigation of the cause of phosphorus poisoning; for it is known that phosphorus readily forms a variety of combinations in and with the components of the organism. Thus phosphoretted hydrogen, phosphorus and phosphoric acids are known to form readily, as evinced by the numerous trials recorded by these observers. The question consequently arises as to what part each of the combinations of phosphorus plays in the process of poisoning.

Here another form of control-test comes into play, namely, the trial of various products of phosphorus. The result of very numerous tests was that poisonous effects of phosphorus do not proceed directly from this substance as such; nor are they due to phosphoretted hydrogen, as had been asserted by certain experimenters (Schuchardt), but that the poisonous and fatal effects are due to phosphoric acid formed in the body after the introduction of phosphorus into the stomach or directly into the circulation.

Let me remind you here that the particular result is not my

* Munk and Leyden. Acute Phosphor vergiftung. Berlin, 1865.

reason for quoting these examples, but rather the illustration of the principles involved in the method of conducting the experimental tests.

Example 4. Control-Test by Repetition.

The treatise I have just quoted serves as well as many others to illustrate two other principles which are invariably involved in and complicate the simplest experimental tests; I mean the principles of *repetition* and that of *quantity*. In order to make sure that a certain result is always due to a certain cause, it is necessary to repeat the tests until we are sure that the effect is invariably the same. Hence we see that a great many experiments were made with phosphorus, and many more with its compounds; in all, ninety distinct experiments. In all of these, repetition and quantity of the substances used were most important factors.

Although this point could be illustrated by further descriptions of the phosphorus experiments made by Munk and Leyden, I will select instead another interesting series of investigations on *muscarin* (the alkaloid of *Agaricus muscarius*), made by O. Schmiedeberg and R. Koppe.* In these experiments we find the principle of controlling the accuracy of each test by repetition is always exemplified. Witness the close observation of the condition of the object before the experiment, and also the repetition of the same test both on the same class of subjects and upon other classes, such as frogs, cats, rabbits, and dogs, and lastly on man. The object of these experiments was to discover the physiological and toxicological effects of *muscarin* as well as its properties as an antidote to other poisons. As it is not my object to show what these properties are, it will suffice to state that more than thirty-two carefully conducted experiments proved *muscarin* to be one of the most potent heart poisons, acting in comparatively very minute doses, resembling *calabar* in its effects, and in being a perfect antagonist to the heart effects of *atropine*. I have only to point out that it was mainly through this *principle of repetition* that the results could be proved to be due to the effect of *muscarin* and to nothing else; while the varying quantities given proved that the size of the dose had no effect upon the quality of the poisonous effect, but only upon its intensity.

In each experiment of the series we note the observance of the counter- or control-test. Before observing the action of the heart influences of the poison, the pulsations were always carefully counted. Under the action of the poison they were lessened. To prove that this decline in the heart's action was due to the poison, the experiment had to be repeated many times.

* Das Muscarin, Leipzig. Vogel, 1869.

Thus one experiment always served as a counter-test of the others, each proving or disproving the value or correctness of the other.

Again, each experiment of the whole series consists of a large number of individual observations, say from fifteen to thirty, the course pursued being about as follows :—

The subject of observation (Experiment X.) is fixed in a certain position, the heart laid bare and its pulsations counted every five minutes until the normal number of its pulsations is ascertained. Then the substance to be tested (*atropine* three one hundredths milligrammes) is applied (injected) ; thereupon the action of the heart is observed every five to ten minutes for half an hour. No variation is observed in the pulsations. At this point one eighth of a milligramme of *muscarin* is injected, and an observation recorded every few minutes, without any observable change in pulsations. In another half-hour one half a milligramme of *muscarin* is injected, and observations recorded every few minutes, which show no essential variation in the pulsations. In ten minutes one milligramme of *muscarin* is injected, which, after about five minutes, is followed by slackening of the pulsations from the normal ten beats down to one in a quarter of a minute, and continued so for four hours, when one milligramme of *atropine* was injected, one minute after which the pulsations began to increase in frequency and vigor, and in two hours reached their normal standard.

This experiment alone would not have demonstrated nor proved anything conclusively ; but very frequent repetitions of the same, with varying size of doses upon a variety of subjects with results which coincided with those above enumerated, would go far to prove and demonstrate what it was desired to discover, namely, the relation between *muscarin* and *atropine*.

It is the method of experimentation I intend to discuss; not the result ; this, however, may be simply stated to have been that *muscarin* by itself brings the heart to a standstill. If *atropine* is introduced first, *muscarin* has no effect, or shows it very tardily. If the standstill is produced even by large doses of *muscarin*, *atropine* will immediately restore the heart's action, even after many hours.

Such are a few examples culled from hundreds of modern instances illustrating how much more care and perseverance is now bestowed on experiments than was the case as a rule in the beginning of this century.

Example 5. Perseverance.

Another element in conducting experiments which are intended to be conclusive is a degree of persistency even at the

expense of personal comfort, without which persistency no satisfactory results can be hoped for. An example selected from many may be found in the great undertaking of Dr. T. L. W. Bischoff and Dr. Carl Voit.* Among the chief questions which they desired to determine was that *regarding the manner of metamorphosis of nitrogenous compounds under the co-operation of oxygen*. As I am speaking of principles of experimentation rather than of results, a brief statement of their course of experiments is not without interest.

The subject of experimentation was a healthy young dog weighing, during the time of his probation, between twenty-two and forty kilogrammes. This dog was kept in a moderately roomy cage, to which he became accustomed, and in which he continued perfectly well, being let out twice daily and led about for exercise. He was skilfully trained not to void fæces and urine in his cage, but always to allow both to be carefully preserved without the loss of a particle. It is well to know that the dog was well cared for, and was not injured, except that during a portion of the time he had no food, while at others as much as possible was given him.

But the observers in this case were the true martyrs, for they devoted themselves to their subject for a year and a half, with scarcely an intermission; from Oct. 19, 1857, to May 17, 1859. During this time these observers conjointly completed sixty-five analytical tables, involving subjects of such intricacy, and demanding so much accuracy of calculation, that one example can scarcely give an idea of them. In compiling each of the sixty-five tables, (1) the weight of the subject was determined; (2) the weight of food given; (3 and 4) the waste of body and of heat was determined; (5) a careful quantitative analysis of urine was made as to its contents of water, nitrogen, and carbon; (6) quantitative analysis of fæces as to water, nitrogen, and carbon; (7) calculation of waste, by lungs, of water and carbon; (8) calculation of waste of nitrogen and carbon in proportion to one kilometre of weight of the animal; (9) calculation of waste expressed in heat-units; (10) calculation of waste of oxygen. These were all successively undertaken.

This gives but a poor idea of the care and labor expended in this research; but it may be better appreciated when we consider, in addition to the above, that for each table these calculations had to be repeated, on an average, about seven times. From this it appears that no less than four hundred and fifty-five such exhaustive and complete analyses were made by those famous observers during eighteen months. The dog had nothing

* *Gesetze der Ernährung des Fleischfressers*. Leipzig & Heidelberg. C. F. Winter, 1860.

to do but to eat, sleep, and exercise ; while the observers deserve our admiration for their self-sacrifice, all of which was for no other purpose than to show in general how the animal body is nourished.

Among the results of these experiments, we learn that the vital force of the animal body results entirely from the metamorphosis of urea as a nitrogenous compound, and that this urea is not only formed during the consumption of (animal) food, but also during its scanty consumption, and during absolute fasting ; in the latter case, the nitrogen to be metamorphosed is supplied by the tissues, and its quantity, as shown by measurements of wasted material, remains almost uniform ; while heat, as such, is produced not directly by oxidization of material, but only after these materials have been produced by metamorphosis of nitrogenous compounds. Heat and force, then, are not entirely direct but mostly indirect results of nutrition.

Analysis of the above Experiments.

Now, having detailed the methods employed in experimenting, let me briefly analyze the principles involved.

Every experiment, in its widest sense, is a questioning of nature while we await truthful answers. Her answers will invariably be truthful ; she will never misinterpret our question, but we may often misinterpret her answer, especially as we often expect her to lay open her entire treasure-house of secrets to one simple wrongly-put question. Nature expects to be questioned over and over again. She expects to be cross-examined rigidly in every direction, for she has nothing to fear from the most persevering investigation, while her simplest, briefest answer may confound us. We tire too soon of questioning ; nature's endurance and resources are inexhaustible.

To illustrate the methods of questioning nature, the foregoing experiments have been cited, for it is through experiment that we interrogate nature. To cross-examine nature is our object, not only to put puerile questions, like those a child puts to its parents, such as How is the earth made ? What is the sea made of ? Such questions are quite reasonable and fair ; but the child does not know of whom to ask, nor how to ask. Minds matured in the art of interrogation have obtained much information. The principle of all such interrogation by experiment is *to guard each question by a certain form of safeguards, known as counter-test, or control-test*, which shall assure us that the answer we receive, in the form of a result of our experiment, is not only the right answer, but, what is more important, that we understand it and interpret it correctly. The counter-test or control-test embodies

various elements, according to which it can be applied in a variety of forms; but each form may be varied in an unlimited diversity of special ways, some of which the foregoing examples are intended to illustrate.

Thus in the first example the proposition is: everything hitherto considered as bacteria in disease is nothing but coagulated fibrin. The investigator proposes to interrogate nature to discover whether this proposition is true. In order to see if this proposition had been reached by careful personal experimentation, tending to interrogate nature, he who tests it could follow the same course pursued by the originator of the proposition; he could perform the same experiments and interpret their results in the same way, and thus arrive at the same conclusion. But this would be interrogating nature in the wrong way; in this case, nature would need to be cross-examined most searchingly. Thus the supposed fibrin was subjected to a set of control-tests which fibrin cannot withstand; it was looked at by an expert microscopist with trained eye and hand, and it was found that the supposed fibrin or coagula were organized living beings, giving birth by cleavage to a new progeny in the form of germ-spores. Not satisfied with this evidence, however striking, the inquisitor applies certain chemical reagents, which confirm beyond dispute or cavil that the first proposition was entirely wrong. In this case, particular use made of the microscope and chemical reagents constituted the counter or control test which secured the truthful reply of nature.

The proposition in the second example is that anthrax is a disease caused by a microbe known as bacillus anthracis. Here, as in other propositions, the proof could not be furnished by simply inoculating a healthy animal with blood of a diseased one. This might show that anthrax is contagious; but it would not show the cause of the contagion asserted in the proposition. Hence the experimental proof was not conducted in this way; but it was carefully guarded by a treble control-test. The sterilized tubes infected with anthrax-blood showed under the microscope innumerable anthrax-bacilli, which, inoculated into healthy animals, soon killed them. The sterilized fluid into which healthy blood had been introduced underwent no change whatever; neither did the tubes which contained simple sterilized fluid. Had a, b, c, d contained anthrax-bacilli killing animals, it would have completely disproved the theory that the bacilli of 1, 2, 3, and 4 caused the anthrax. And, lastly, had o and oo contained any bacilli, it would have proved in the first place that anthrax bacilli do not come from blood at all, and that they have nothing to do with the disease. Had o and oo contained no bacilli, but had they still caused anthrax, it would not only have completely

disproved the proposition, but would have shrouded the whole matter in utter darkness. As it was, the control-test completely proved the validity of the proposition, and might be called the control-test by reservation.

The third proposition is: Phosphorus injected into living organisms is a deadly poison. Supposing this to be an established truth, is it phosphorus, as such, or are substances with which it is combined, or its compounds, the cause of death?

Here the principle of counter-test is applied in a third form. It is known that phosphorus, even if introduced in its simplest form, combines with oxygen, forming phosphoric acid. Again, in some of these experiments, phosphorus was combined with an oil. Here the question would naturally arise, whether the results of the experiment might not be due to one of the compounds of phosphorus, or, possibly, in whole or in part to the oil? Hence, to carry out the experiment logically, the compounds of phosphorus and the oil were tested or proved separately. The result showed that the oil had no part in the result, but that phosphorus becomes a poison by its union with oxygen. This might be called counter-test or control-test by exclusion or reservation.

A fourth principle is that of repetition. Not one but several of the principles involved in the control-test are required as a proof or final evidence that the result obtained is due to the cause to which it is ascribed. Generally, several or all the principles here alluded to have to be employed to assure an accurate observer that his test tells him the truth, that he has interrogated nature properly. In the anthrax test, the simple control-test there mentioned proved something; but the proof was far from final. The reagents differentiating fibrin from bacteria seemed to form a conclusive proof, but it is only in appearance. The test by reservation of the compounds of phosphorus after all only seemed to exhibit the true cause and principle of phosphorus poisoning. In reality the proof was not valid in any of these experimental tests; each one of them might have been reduced into nothingness and absurdity were it not for a fourth principle entering into the method, and zealously employed by all careful experimenters, — I mean the principle of repetition. "One swallow does not make a summer," is an old adage; neither does one experiment prove that an effect is due to the supposed cause. It is only when an effect follows a cause, not only frequently, but, to the best of our knowledge, invariably, that we can assume that, *ceteris paribus*, it is due to that cause, and to nothing else.

On the other hand, the test by repetition alone, without the other principles I have named, would be without force. We might, for instance, prove phosphorus on a thousand subjects,

and watch them through all the phases of phosphorus-intoxication until death, and still know nothing about the cause of the sickness or death. In the anthrax case, not one but several test-tubes of each kind were prepared to guard against possible failures and errors. In the phosphorus cases the oil has to be tried many times by itself,—and likewise the phosphoric acid by itself,— to satisfy us of its real effect.

Thus in employing the principle of repetition, each successive experiment is the control test of the one preceding it.

It must also be remembered that the quantity of substances employed is an important factor in experiments of this sort. Different quantities alter the details of results. Differences in kind, weight, and temperament of the subject of experiment all seriously complicate such tests; and hence certain precautions in the form of one or the other of these control-tests must be employed if we wish to interrogate nature as she desires to be questioned, else she will give us answers which, because they seem unintelligible, we shall either misinterpret and make bad use of, or we may consider nature mistaken, and therefore distrust her.

It is not always difficult to employ all of these precautions. Some tests require more of them, some less; they all may lead to fairly reliable results, provided all experimenters bring to their work the great essentials, time and patience, as I have endeavored to illustrate by the researches of Bischoff and Voit.

[*To be concluded in our next issue.*]

AN EXTRAORDINARY CASE OF CONSTIPATION.

BY MARY J. SAFFORD, M. D., BOSTON.

A CASE I had in consultation with another physician last August interested me very much, and it may prove of interest to some of your readers.

Miss J——, sixteen years of age, menstruated at thirteen. She has been regular, except when at the seashore during the summer, when there has been a suppression of the menses for two months, and at one time for five months. She was a well-developed girl, and had every appearance of being in robust health. At six months of age a physician was called to relieve a stubborn constipation. The mother nursed her child and the milk seemed to agree well with her.

The fæces at that time had a ribbon-like appearance. The physician then consulted told the mother that there was something wrong in the development of the child,— some malforma-

tion, — that caused this persistent constipation, but what, he did not explain and she did not know.

From that time ever after, the girl had suffered from constipation, and the *fæces* often had the same ribbon-like appearance. She had been at different times under treatment from physicians of both the old and new school. She had been in the habit of going from two to three weeks without an evacuation of the bowels, without her appetite being impaired or her general health apparently suffering from it. She has rarely ever had an evacuation of the bowels without the aid of medicine or injections, except occasionally when at the seashore. More recently, copious injections, frequently repeated and retained as long as possible, failed to produce a movement. Upon examination, there was found by external palpation an enlargement of stone-like hardness filling the abdominal cavity and extending upwards to the umbilicus. The appearance of the girl indicated an increase in the size of the abdomen, which her mother had observed. This enlargement was slightly movable upwards and laterally.

Above the umbilicus was another enlargement, extending to the epigastric region; this was also of a solid, almost stone-like consistency, and but slightly movable. The only discomfort that the girl complained of was a sense of distention in the abdomen, and of fulness and flatulency, especially after eating. An examination per rectum was attempted; but the finger came in contact with such a mass of impacted *fæces* that it was impossible to outline the pelvic viscera. An attempt was made, and repeated several times, to give injections of warm water; but they were not retained and did not result in an evacuation of the bowels.

The girl was sent home and advised to take copious injections of sweet oil and warm water until the rectum was free. She returned in a few days, having had copious discharges, with a good deal of prostration attending them. A second attempt was made to examine her, but it was again futile, because of a similar impaction of *fæces*. Again she returned home, and was told to continue the use of injections, and, if that did not bring the desired result, to take sweet oil or castor oil until the bowels were emptied.

After a ten days' siege she came prepared for an examination. The girl declared that she had passed pailfuls of *fæcal* matter. Seeds of figs eaten six weeks before, and not since, were passed.

The two previously solid and nearly immovable prominences had disappeared. Nothing whatever was found abnormal in connection with the girl's development. I have recently learned that she is in perfect health, and has no further trouble whatever with constipation.

In two previous cases seen in consultation, hardened masses were found in the rectum. In both cases the diagnosis of the

attending physicians had been tumors, although they had not decided where located. The one was accumulated fæces, the other calcareous balls, from the size of one's fist to a walnut, which had been caused by the excessive and prolonged eating of magnesia. This was my first experience in finding such impacted masses of fæces in the small intestines, which so closely simulated calcareous tumors.

PROLAPSUS UTERI.

BY L. A. PHILLIPS, M. D., BOSTON.

THERE appears to be no definite understanding among physicians as to what constitutes prolapsus of the uterus, which explains the frequent occurrence in the experience of certain physicians of a condition which is comparatively rare to others. The variation of position of the womb is normally very considerable, which fact seems to be ignored by many who diagnose prolapsus whenever they discover any descent from the usual position. I have examined women whose wombs under the slightest excitation would become erected and prolapsed for the time to such a degree that the os uteri would be found just within the os vaginæ; and yet there existed no dislocation, the organ resuming and maintaining the usual position when unexcited. That a very considerable variation both in the relative position and in the axis of the uterus is consistent with normal and healthy condition must, I think, be admitted; hence something more and other than these must be demonstrated before a diagnosis of prolapsus is warranted. I believe it is only, or at least chiefly, such cases as have only this temporary, and I might, perhaps, properly term it functional, prolapse that furnish the material for the reports of the wonderful cures we sometimes hear of. I maintain that unless there exists such a weakening of the uterine supports as to render the prolapse constant, there is no pathological condition, and no occasion for treatment, either local or general. As to the causes of true prolapsus, it is generally claimed that absence or weakness of the support which the vaginal walls should afford is the first in importance. Second, increased weight of the organ from subinvolution or the presence of fibroid tumors. Third, pressure from above, as from tumors in the abdomen, ascites, or from very violent muscular effort, etc.

I must question the prime importance of the vaginal support. I do not believe it can be demonstrated that any considerable support is supplied by the vagina to the womb in its normal position. Not until it has descended enough to rest upon the perineum does it find any resistance; then, of course, if the perineum

and sphincter vaginæ are unimpaired, a very considerable or long-continued pressure must be applied to so dilate these as to allow of complete procidentia; but prolapse in the first degree must have existed before these so-called supports have any part in the process. The *ligaments* and *fasciæ*, by which the uterus and also the intestines are normally supported, are the members which fail in the performance of their duty. The failure of these supports may be due to weakness in themselves, or to unreasonable demands made upon them by crowding the intestines down upon them forcibly or continuously by lacing, by heavy clothing suspended at the waist, or by habitual improper posture, *i. e.*, such as puts the weight of the abdominal viscera directly upon the pelvic organs. Undue strain may also result from violent use or exercise of the abdominal muscles; and again, though generally in conjunction with one or more of the above-mentioned causes, by an increased weight of the uterus itself. In a great many cases subinvolution precedes and attends prolapsus; but, unless the aforementioned supports are greatly weakened, the weight of the womb will not prove a sufficient power to produce prolapsus, as is demonstrated by the fact that a large proportion of the cases of subinvolution are unattended by prolapsus.

The effects of prolapsus uteri are by no means confined to the dragging, heavy feeling it must in and of itself produce. With the womb, the vaginal walls, both anterior and posterior, together with the bladder and rectum, are forced down more or less toward the vulva, thereby creating cystocele and rectocele; the ovaries and Fallopian tubes are also dragged out of place, and the innumerable nervous derangements and disorders attending ovarian irritation are developed. As a natural consequence of the cystocele, by which a pouch is formed in the bladder which is not emptied by urination, the retained urine acts as an irritant, and cystitis is often added to the various other complications. Without detailing, or in any way dwelling upon the secondary or sympathetic difficulties of a nervous character and origin, I will proceed to the treatment of the difficulty *per se*, as a successful management of this will cause a rapid disappearance of the many symptoms, without wasting time in the vain attempt to find a symptomatic similitum for the various hysterical manifestations of nervous disturbance.

There is rarely any great difficulty in replacing a prolapsed uterus if the patient be put into the knee-chest position, by which all weight and pressure from above are removed; but there *is* often a great deal of difficulty in making it *stay* in place. I have very little faith in any form of pessary as a curative or scarcely as an alleviating agent: they often do more harm than good. As I have said, the supporting ligaments and fasciæ are the weak

points; these must be relieved by some means, and I believe it can be more surely and more effectually accomplished by removing the superincumbent weight than by the use of props from below, though these may sometimes be advantageously used as aids. Postural treatment, then, I should rank first. By this and proper exercise I think most simple cases may be cured. If the case be an extreme one, the patient should be kept for a considerable time in a reclining posture, the hips being elevated more than the shoulders, with a frequent assumption of the knee-chest position, this to be maintained each time as long as she can comfortably do so. In more moderate cases, and after some degree of relief has been gained in the extreme cases, the patient need not be confined to her bed, but she should be sure that no pressure from clothing suspended upon the hips or around the waist, or from corsets, is permitted, and that the posture, when standing or sitting, shall be erect, so that the pelvis may have the proper tilt to make the centre of gravity for the body fall upon the pubes, *not within* the pelvic cavity, and so *upon* the pelvic organs, as it will if the back is allowed to curve outward or backward in the lumbar region. In all cases I would require them to assume as frequently and as long as practicable the knee-chest posture, and in connection with this an abdominal support should be worn, if the walls are weak and pendulous, as is very generally the case. With this mechanical treatment I would combine such medication as should tend to strengthen the weakened ligaments and to relieve the more distressing or annoying sympathetic disturbances.

I have thus far been considering only such cases as are without pathological complication of any kind. Unfortunately very few cases are free from more or less serious complication, and the treatment must be correspondingly modified. If congestion and hypertrophy of the womb are present, local applications appropriate to this condition must be added to the general treatment. The endometritis and cervical erosion or eversion which so generally attend prolapsus should receive direct attention and treatment with the curette, or such applications as will reduce the inflammation and the attendant catarrhal secretion. If decided elongation of the cervix be *demonstrated*, and this still exists after replacement, amputation may be advisable, though I should defer such an operation until satisfied that nothing less than this could reduce its size.

When the vagina, doubling upon itself, drags with it the bladder, we have a cystocele, which seems to be best treated surgically. I will not enter into a description of the various methods and modifications of methods which have been advocated by different operators for narrowing the vagina, and thus making

the protrusion of the womb and vagina impossible. All have the same object in view, and all will generally succeed in preventing the dislocation of the vagina and bladder; but if the womb still presses down, with the abdominal viscera, and more or less external pressure to re-enforce it, against this artificial constriction in the vagina, it will soon demonstrate the power of the wedge by undoing what the operation had accomplished; so the operation can be considered hardly more than an accessory measure, or as a means of removing a complication,—it will *not cure* prolapsus uteri.

I will just mention a few remedies which I believe to be efficient in strengthening the uterine supports, though I do *not* believe them capable of lifting the womb, with a superincumbent burden, into its place. The weakened supports must first be relieved of their excessive strain, *then* the remedies applied will do good service. I have seen the most satisfactory results from *Sepia*, *Lilium tig.*, *Helonias*, *Aletris far.*, *Platina*, *Secale*, *Puls.* and *Calc. carb.* Various other remedies are useful in relieving the attendant nervous derangements and inflammatory disturbances.

OBSTRUCTIVE DYSMENORRHŒA: ITS TREATMENT.

BY S. J. DONALDSON, M. D., NEW YORK CITY.

[*Read before the New York Medico-Chirurgical Society.*]

IN the preceding number we considered some of the etiological and pathological features of dysmenorrhœa, and presented a few illustrative cases. We will now discuss the nature and management of obstructive dysmenorrhœa.

The occlusion of the canal may be partial or complete, ante-pubic or acquired, abiding or transient; and it may be located in any part of the vagino-uterine canal. Our first step is to ascertain the nature of the impediment to the flow. The methods for acquiring this information are too patent and familiar to require comment in this connection; also the complete occlusion being of such infrequent occurrence will exclude that anomaly from the discussion. Those conditions which partially obstruct the escape of the menstrual fluid must chiefly engage our attention, on account of their greater prevalence. These we believe to be oftener due to ante-pubic influences than is generally supposed, and when this is the case, the menstrual life is inaugurated with the characteristic suffering. The contributing causes are, onanism, malformation, perversion of the vital forces by undue mental training, and neglect of physical culture, resulting in the generative organs being left in a rudimentary state.

The acquired form appears some time subsequent to normal menstruation, and may be induced by tight lacing, constipation with consequent straining at stool, the use of caustics for the cure of catarrhal affections, abortions, neoplasmata, polypi, inflammation, and the various influences that favor flexions, versions, or other encroachments upon the uterine canal. That condition which contributes to its temporary occlusion is not sufficiently recognized. The canal which is quite patent during the menstrual interim, may at the period, through turgescence or, what is more frequent, the clonic spasm excited, become so constricted as to refuse entrance to a delicate probe, or the free egress of the uterine exhalations.

Many recognize in this temporary occlusion a physiological process, or, in other words, the mere thickening of the endometrium, and increased volume of the uterus consequent upon menstrual turgescence. This view, however, we believe to be incorrect, for investigation demonstrates that in the healthy uterus the canal is more patulous at the period than during its quiescent state. Moreover, we have frequently observed uteri so bent and impervious during the interval as to interfere with the insertion of a probe, become much straighter at the time of the menses, and so patulous as to greatly facilitate the introduction of sounds or tents. We maintain, therefore, that the constriction of the canal at the period is not a physiological but a pathological phenomenon. Furthermore, the periodical occlusion of the canal is often associated with more severe suffering than when the impediment is caused by organic deformity. It is reasonable to suppose that this accession of painfulness depends somewhat upon a diseased state of the uterine tissues, and that the same morbid condition that induces irritability and spasm of the uterus also affects the character of the exhaled fluid, rendering it more coagulable. Hence we have the clot-formative influence and the irritability abetting each other, and intensifying the suffering. It is not readily determined to what this periodical occlusion of the uterus is due. In some instances it would seem to be engrafted upon a rheumatic or gouty diathesis, in others to ovarian irritation. Again it would appear that the tissues of the uterus or the pelvic nerves are at fault. Be the cause what it may, careful discrimination is demanded, since it is of frequent occurrence, and will not yield to the ordinary operative procedures employed for the relief of obstructive dysmenorrhœa, but on the contrary is sometimes aggravated thereby. It is obvious, therefore, that after we have diagnosed a case of obstructive dysmenorrhœa, there are numerous concomitant circumstances to be considered before proceeding to operate for the removal of the apparent obstacle. To hastily incise or dilate an

irritable or congested womb would certainly be reprehensible ; and the same may be said when there exists well-marked gouty or rheumatic diathesis, unless there is present a positive and abiding constriction of the canal.

Should there be present the slightest evidence of pelvic inflammation, the appropriate regimen of rest, hot vaginal douches, glyceroles, and *iodine* must be instituted and assiduously pursued until all indications of cellulitis have disappeared. This course will of itself often greatly mitigate the menstrual sufferings, and may modify our anticipated treatment. These preparatory measures will be advisable in the majority of cases of long standing, for thereby the excessive irritability so frequently encountered, and that constitutes a serious impediment in the way of treatment, is allayed. We must guard against confounding pelvic irritability with inflammation. The ability to discriminate between these conditions is only acquired through repeated, careful, comparative diagnoses, aided by intelligent rational deductions. Having decided that there exists an abiding cause of the dysmenorrhœa in the form of a tangible obstacle, the question to be decided is, What measures shall we adopt for its removal? The division of the circular fibres of the cervix with the uterotome, or other suitable instrument, unquestionably accomplishes the desired result most speedily in the appropriate cases ; but that procedure is not a pleasant one to contemplate which necessitates the mutilation of the organ, and may give rise to dangerous hemorrhage or serious pelvic inflammation. Besides, the divided fibres, even when extensively incised, are strongly disposed to reunite or approximate, so that, unless great care be employed in keeping the canal dilated, in a few months the constriction returns as bad as before the operation ; also the cicatrix, which is a sequence, may occasion no little annoyance. We know that this cutting operation has been strongly advocated for the straightening of a tortuous canal caused by flexure of the uterus ; but this seems to us a very questionable expedient. If there existed no possible way of restoring the normal conformation of the womb (which happily is usually not the fact), it might be justifiable. Uterotomy is a very valuable measure where there is existing a well-defined stricture of the canal, complicated with a viciously spasmodic or exceedingly sensitive state of the generative tract, with no discoverable textural disease to explain the morbid irritability. In these cases gradual dilatation entails so much suffering that it is often wholly impracticable. A free division of the spasmodic uterine fibres is a procedure analogous to the division of the anal sphincters for the cure of irritable fissures and ulcers of the rectum. The rapid divulsion of the uterus by powerful stretching appliances is a kindred means of enlargement. The

objections to this latter operation are, first, the shock that may ensue (amounting sometimes to hysterical tetanus), nervous fever, the rekindling of latent cellulitis, and the formation of perimetric abscesses. While both these operations are worthy, and available in suitable cases, we must bear in mind these possible unfavorable contingencies.

As already stated, we much prefer gradual dilatation, deeming it, all things considered, safer, and the results more permanent; but the rapid method must be employed when we find such excitability and hyperæsthesia that even a digital examination causes severe suffering, while the presence of a small probe within the uterus will excite such paroxysms of pain as to compel desistance from further proceedings while the patient is conscious. For these reasons, when we have decided to incise or dilate the canal, we always administer ether, selecting it in preference to any other anæsthetic on account of its peculiarly relaxing properties. In several instances where we have employed chloroform, it was impossible to produce insensibility of the perineal parts, even when pushed to its limits.

The operation I have adopted for the incision of the uterine canal differing in some of its features from those usually recommended, a brief description may be well. It is premised that the cases subjected to this operation are complicated by hyperæsthesia, a markedly constricted canal, and, as a rule, flexure.

The operation will be worse than useless unless we can prevent the reunion of the cut surfaces, and secure the permanent dilatation of the canal and straightening of the flexure. For the attainment of our object, we first prepare several flexible stems or plugs in the following manner: A steel-wire spiral spring two inches long and an eighth of an inch in diameter, with one end closed with a drop of solder, is wrapped neatly and evenly with surgeon's cotton, after which a few turns of fine silk thread fasten it upon the wire, and a strong silk thread is attached near the open end for its future removal. A number of these should be made, from which to select, varying from one fourth to five eighths of an inch in diameter. Several hours before use they should be placed in a five per cent solution of carbolic acid. After the patient is fully etherized and placed upon the left side, a White's uterotome is inserted, its blades exposed after they have passed the os internum, and the instrument withdrawn, making the incisions bilaterally. This instrument is easily inserted, owing to its small size; but the incision it secures is quite superficial, being not more than a sixteenth of an inch in depth, and consequently insufficient. It however prepares the way admirably for the use of Simpson's uterotome, which is next inserted, and a deeper incision made along the posterior, and then

along the anterior wall of the uterus, extending from above the os internum outward. We prefer the antero-posterior method for two reasons: first, the danger of encountering the circular artery is avoided; second, the division of the fibres in this direction aids us in straightening the flexure which usually exists. The depth of these incisions must of course be determined by the thickness of the uterine walls, about an eighth of an inch being the average requirement. After the cutting, one of the flexible plugs is selected and pushed within the canal with the aid of an ordinary steel tent-carrier, and, should no contra-indications arise, it is allowed to remain several days. Not unfrequently, however, the hyperæsthesia will compel its earlier removal, in which case we allow two days' non-interference, in the mean time using the hot carbolized vaginal douche twice daily, after which a large steel or vulcanite dilating sound is passed within the canal every second day, for at least a fortnight, to prevent reunion and a return of the former constriction. Should troublesome hemorrhage ensue, we pack the cervix with bits of carbolized cotton, secured by fine silk threads and impregnated with alum. We object to the persulphate of iron styptic, as it causes the cotton fibres to become quite firmly attached to the tissues, rendering the removal difficult and often producing secondary hemorrhage in so doing. Where the patient is married, the methods recommended by Drs. Emmet and Sims may be preferred; but when a virgin (as is usually the case) the usual operation often necessitates the sacrifice of the hymen, which misfortune can be averted by the method we have described.

Should rapid dilatation by the steel divulsor be decided upon, we should guard against attempting too much, or dilating too rapidly. It is much safer to make two or even three sittings, and to employ a full half-hour in the dilating process, than to hasten the procedure, and thereby incur the risk of producing a pelvic abscess, thrombus, or nervous complications. After the canal has been rendered sufficiently patulous, and the dysmenorrhœa relieved, we must bear in mind the probability of a relapse, unless for a long time suitable sounds be occasionally passed, or, what is more efficient, when endurable, the wearing sometimes of an intra-uterine stem.

We will now consider the management of those cases adapted to the slower and gentler method. It is a well-recognized fact that the condition of the tissues from which blood is discharged plays an essential part in coagulation, and it is beyond question that a morbid state of the uterus directly favors the formation of clots in the monthly exhalation. To extrude these, the uterus is excited to painful clonic expression, even where there exists no preternatural narrowing of the canal. From personal observa-

tion I am convinced that all the general expressions of obstructive dysmenorrhœa may be displayed with an absence of actual obstruction.

With this theory in view, as well as the securing of an enlargement of the canal, I have adopted the employment of medicated sponge tents. By the use of these agents we can apply directly to the diseased utricular glands and morbid surface the appropriate medicament, produce effective compression of fungous growths and vascular tissues, and at the same time secure the patency of the canal. I am fully aware that certain authorities condemn the sponge tent; but, after careful observation, I am confident that with due precautions it is as harmless as any form of intra-uterine treatment. This opinion is entertained also by many trustworthy authorities, who assert that, during many years of constant employment, they have never witnessed any unfavorable results that were directly attributable to the sponge tent, when proper care and intelligence had been respected in their preparation and management. It is argued by some that in the *tupelo* and *laminaria* varieties we have cleaner and equally effective agents. The greater cleanliness we concede; but it is their only recommendation, and they can never satisfactorily substitute the sponge tent. In the first place, they cannot be made a vehicle for medication. *Secondly*, they are straight and rigid, and consequently cannot be as readily introduced within a tortuous canal. It has been my experience to find them excite more discomfort, and they have a decided proclivity to slip out.

When we have to deal with a case requiring the use of the tent, we premise the treatment by assuring ourselves that there exists no perimetric inflammation; then, by the aid of a flexible probe, we ascertain the conformation and state of the uterine canal. Should the diagnosis be favorable, we postpone further treatment for a few days, in the mean time preparing our sponge tent, which should be sufficiently small, appropriately curved, and long enough to extend half an inch beyond the *os internum*. Tents purchased at the shops are not always reliable, are apt to be old, hard and worthless, and beside all this, their antecedents may not be pure. Since reliability of material and manner of preparation are essential features in the treatment, we will describe the mode of their formation. The first step is to secure a fresh, elastic, unbleached sponge, cleanse thoroughly by washing in tepid water, cut into desirable dimensions, and macerate for a few hours in a five per cent solution of carbolic acid. Next, impale it upon a steel stylet, which must possess a good firm handle. The stylet should be suitably curved to correspond with the obliquity of the uterus previously ascertained, and sufficiently long to protrude entirely through the sponge. While still moist,

we can impregnate it with whatever drug we desire to come in contact with the endometrium. If the case be complicated with slight endometritis, pulverized borax may be employed. If there be a severer form, or evidence of chronic catarrh or granular growths, alum, borax, and cane sugar, equal parts, should be rubbed into the sporules of the sponge; or, hydrastin, iodoform, iodine, or sanguinaria may be used when plastic infiltration is present. It is then wound evenly and firmly with a fishing cord, each turn of which should receive even tension, and be in close contact with the preceding one. It is then subjected to gentle, artificial warmth until thoroughly dry, when it may be unwound, and, after the surface has been sandpapered, a silk thread adjusted, and a light coating of melted wax applied, the styilet is removed and we have a reliable article ready for use. The coating of wax protects the sponge from the secretions, thereby enabling us to dispense with the speculum, — a desideratum in the treatment of virgins. The insertion can then be accomplished carefully and deliberately with the aid of a tent-carrier, in the same manner as the uterine probe is inserted.

[To be continued in our next issue.]

RHODE ISLAND HOMŒOPATHIC SOCIETY.

THE thirty-fourth annual meeting of this society was held in the parlors of the Narragansett Hotel, Providence, on Friday evening, Jan. 11, 1884.

The president, Dr. Robert Hall, occupied the chair and called the members to order at 6 o'clock. Minutes of last meeting were read and approved. The treasurer's report showed a handsome balance to the credit of the society.

The annual election of officers resulted in the choice of the old board chosen one year ago, as follows: —

President, Dr. Robert Hall; *Vice-President*, Dr. Geo. B. Beck; *Secretary*, Dr. Charles Hayes, all residents of Providence. *Treasurer*, Dr. Charles A. Barnard, of Centredale. *Censors*: Dr. Geo. D. Wilcox, Dr. Charles L. Green, and Dr. John C. Budlong, of Providence.

Dr. Georgiana D. Reed, of Providence, member of the New York Homœopathic Medical Society, and graduate of the New York Homœopathic College and Hospital for Women, class of 1882, was proposed for membership.

Dr. Daniel H. Greene, of East Greenwich, one of the original founders of the society, resigned his membership on account of infirmities incident to his advanced age, he being in his eightieth year. He was at once elected an honorary member.

Dr. I. W. Sawin, of Providence, read an essay entitled "The Re-

lations of the two Schools of Medicine, Past, Present, and Future." He showed the familiar charge, that the new school rejects the accumulated experience of two thousand years, is scarcely more applicable to it than to the old school; for, in most branches of the profession, the instruction is identical.

No views as to the nature of disease, advocated prior to Harvey's discovery of the circulation of the blood,—an event that antedated Hahnemann scarcely two hundred years,—could be accepted in this age; and the earliest authorities, treated with consideration at the present day, flourished from a century to a century and a half later, or but little earlier than the advent of homœopathy. The greatest difference, of course, is in the matter of remedies; and it was shown by quotations from standard authorities that the treatment of disease by the old school at the present day varied as much from the orthodox treatment of that day as do the methods then promulgated by Hahnemann.

Dr. Peck read extracts from an essay on abortion and 'accidental hemorrhage. The principles of treatment laid down elicited general discussion.

The president now delivered his annual address. It was full of good things, intended specially for members of this society, and was appropriated and duly appreciated by each and every member present.

The election of delegates to State medical societies resulted as follows: to Massachusetts, Dr. R. G. REED, of Woonsocket; Connecticut, Dr. OSCAR M. BARBER, of Mystic Bridge, Connecticut; New York, Drs. WM. V. GOTTSCHALCK, of Providence, and T. H. MANN, of Woonsocket.

The hour of nine having arrived simultaneously with the arrival of his Excellency and lady and other invited guests, including the ladies of several of the members, a motion to adjourn was carried and the society discontinued its discussion of pills and potencies and repaired to the dining-room, where the usual festivities and sentiments agreeable to such occasions were duly enacted.

CHARLES HAYES, M. D., *Secretary.*

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE thirty-third annual meeting of the Homœopathic Medical Society of the State of New York will be held in the Common Council Chamber, City Hall, Albany, N. Y., on Tuesday and Wednesday, Feb. 12 and 13, 1884. The session will open at 10 A. M., on Tuesday. The annual address will be delivered by the president, Dr. Everitt Hasbrouck, of Brooklyn, on Tuesday, at 8 P. M.

Yours, etc.,

A. P. HALLETT, M. D., *Secretary.*

THE MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

AT the annual meeting, which occurred Dec. 12, the following officers were elected for the ensuing year, viz. :—

President. — H. A. Houghton, M. D., of Charlestown.

First Vice-President. — N. R. Morse, M. D., of Salem.

Second Vice-President. — Laura M. Porter, M. D., of Boston.

Secretary. — L. A. Phillips, M. D., of Boston.

Treasurer. — J. H. Sherman, M. D., of South Boston.

David Foss, M. D., and F. E. Crockett, M. D., were elected to membership. The meeting was one of the largest and most interesting we have ever had, and the papers were very instructive and valuable, as may be judged by the programme, which was presented in full.

President's Address by A. J. French, M. D.

The Presumptive and Characteristic Signs of Uterine Disease and their Homœopathic Treatment, by N. R. Morse, M. D.

Treatment of Diseases of the Womb and Appendages, by T. Dwight Stow, M. D.

Homœopathic Treatment of Uterine Diseases, by A. M. Cushing, M. D.

Homœopathic Treatment of Uterine Diseases, by H. N. Guernsey, M. D., of Philadelphia.

Some Diseases of Women which Medicine will *not* Cure, by W. H. Lougee, M. D.

Clinical Observations, by F. A. Warner, M. D.

Limitations of Remedies in the Treatment of Women's Diseases, by H. K. Bennett, M. D.

Hot Water as a Therapeutic Agent, by Eben Thompson, M. D.

Clinical Notes on *Ustilago Madis*, by G. R. Southwick, M. D.

Hemorrhages, by O. S. Sanders, M. D.

Very little time was left for discussion because of the large number of written communications. Adjourned to second Wednesday in June, 1884.

L. A. PHILLIPS, *Secretary*.

REVIEWS AND NOTICES OF BOOKS.

THE TREATMENT OF WOUNDS AS BASED ON EVOLUTIONARY LAWS. By C. Pitfield Mitchell, member of the Royal College of Surgeons, etc. New York: J. H. Vail & Co.

This is an essay of twenty-nine pages, attempting to show that the antiseptic treatment of wounds is a fallacy. It is a scholarly effort, and bears indication of original thought. The argument, however, seems to us weak, on account of the weakness of the premises upon which the conclusion is based. All will agree that antiseptic precautions are unnecessary and superfluous in the treatment of clean, fresh, uncomplicated wounds in healthy tissue, surrounded by an uncontaminated atmosphere, and no source of infection near. No antiseptic method of wound treatment would have been thought of or invented had such environment of wounds been universal. Though the latest results of Mr. Lawson Tait and Dr. Borland surpass any previously known, yet this is not a death-dealing blow to antiseptic treatment. Mr. Lister never has claimed perfection for his system. Science revealed to him certain extraneous influences on the presence or

absence of which depend the course of tissue repair. With such intelligence and skill as he possessed, he endeavored to devise means to make those influences subservient to his control. How far he succeeded is proven by a comparison of statistics before and after the adoption of his method. The method of wound treatment followed by Drs. Tait and Borland are totally different from anything known before Listerism was evolved. The same underlying principles which guided Mr. Lister form their guide; and, though they use no so-called germicide, yet every other detail, so far as we can learn, belongs substantially to the Listerian system.

As a short essay on a subject of popular interest, it is very readable.

CHEMISTRY, INORGANIC AND ORGANIC. By Charles Loudon Bloxam, Professor of Chemistry in King's College, London. From the fifth London edition, with two hundred and ninety-two illustrations. Philadelphia: Henry C. Lea's Son & Co. pp. 694.

We have received this admirably gotten up volume from the publishers, and would gladly, did space permit, give it the extended notice which it deserves. Many of us already have the English edition in our libraries, but to those who are not acquainted with the work, we would say that "it is designed to give a clear and simple description of the elements and their principal compounds, and of the chemical principles involved in some of the most important branches of manufacture." The lectures are illustrated by experiments, and in most cases by wood engravings, which render them much more intelligible. The chapters on the chemical principles of the manufacture of glass, pottery and porcelain, gunpowder, etc., are exceedingly instructive and useful to those who are being educated for employment in manufacture. Particular attention is called to the table of contents, which has been drawn up to serve the purpose of an abstract, by which the student may examine himself upon each paragraph of the book. Altogether it is an exceedingly valuable work.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F. R. S. A new American from the tenth English edition. Henry C. Lea's Son & Co., 1883. pp. 1023.

That another edition of this work is so soon called for shows not only that it still retains its popularity as a text-book, but also that the editor means to keep well abreast of the day in the really essential advances and discoveries of this important branch of science. One change noted is in the description of the shaft

of the fibula. Where before it has been described as presenting three surfaces and three borders, this last edition ascribes to it four surfaces and four borders. Any arrangement which simplifies and renders more intelligible a description of this slender but necessary bone confers a favor on all beginners. We think this helps it somewhat.

A change which we looked for and are disappointed in not finding is the grouping of the cranial nerves into *twelve* pairs. This seems the more natural and convenient classification, and the one which should be more usually adopted; yet the editor still continues to describe them in *nine* pairs. This does not make them more intelligible to students, and no practical use is subserved by it.

The "Landmarks, Medical and Surgical," by Luther Holden, at the close of the book, are of the utmost value. As everybody has a living subject in himself, he can readily familiarize himself with these "points." The book is somewhat enlarged, the illustrations more numerous, it is printed on excellent paper, and altogether seems determined to hold its place as the student's manual and text-book. We recommend it as such. o.

FOURTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH, LUNACY, AND CHARITY OF MASSACHUSETTS. 1883. Being a Supplement containing the Report and Papers on Public Health.

The papers referred to are as follows: one by Prof. S. P. Sharples on "The Adulteration of Food"; one by Dr. B. J. Jeffries on "Our Eyes and Our Industries"; one by Mr. Bowditch on "The Sewerage of Nahant"; and one on "Leprosy as Related to Public Health." These papers are well worthy extended notice, and we regret that our limited space forbids more than a mere commendatory mention of them. In its entirety the report covers over two hundred and fifty pages; and, as evidence of the amount and kind of work this Board is doing, it is encouraging and satisfactory.

We have to acknowledge with thanks the receipt of the following books, more extended notice of which must, on account of limited space, be reserved for a future issue.

- "Homœopathic Principles and Practice of Medicine." By W. H. Dickinson, M. D.
- "Venereal Diseases." By Bumstead and Taylor, fifth edition.
- "Parrish's Treatise on Pharmacy." Fifth edition, enlarged and revised by Thos. S. Wiegand.
- "The Medical Student's Manual of Chemistry." By R. A. Witthaus, A. M., M. D.
- "Uterine Therapeutics." By Henry Minton, A. M., M. D.
- "Bright's Disease of the Kidneys." By Henry B. Millard, A. M., M. D.
- "A Handbook of Skin Diseases, and their Homœopathic Treatment." By John R. Kippax, M. D.
- "Epitome of Skin Diseases." By T. Colcott Fox, M. R. C. P.
- "Theoretical Chemistry." By Ira Remsen.
- "A Plea for the Cure of Rupture." By Joseph H. Warren, A. M., M. D.

“Surgical Pathology.” By A. J. Pepper, F. R. C. S.

“Surgical Applied Anatomy.” By Frederic Treves, F. R. C. S.

“The Dissector’s Manual.” By W. B. Clarke, F. R. C. S., and C. B. Lockwood, F. R. C. S.

‘Clinical Chemistry.’ By C. H. Ralfe, F. R. C. P.

REPORT OF THE BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THIS interesting report, which was submitted by the Bureau to the Institute at its meeting last June, is here reprinted from the Transactions. Its aggregate of carefully compiled statistics may well furnish cause of amazement and reflection to those opponents of homœopathy who please themselves by referring to it as “dying” or “dead.” Ten thousand copies of this report distributed among those who are timid about openly befriending homœopathy because of its “unpopularity” and “small following,” and among those who desire to know something about its standing and success, might accomplish missionary work worth the doing.

TRANSACTIONS OF THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

THE proceedings of the seventh annual session of this society (which consists of about fifty active specialists), together with the names of its officers and members, and the twenty-one papers, most of them evidently condensed, which were read at the June meeting, are here presented in the usual form, that of a pamphlet containing about one hundred pages. The cases reported, while reflecting credit on our specialists, furnish fresh proof of the fact that many cases of disease of special organs are quite outside the possibilities of the general practitioner.

There seems to be no reason why this society should not become the successful and useful organization our sympathy and good-will would gladly see it.

OBITUARY.

DR. ARVILLA BRITTON HAYNES died very suddenly of pneumonia, at Ossipee, N. H., Jan. 3. She was summoned thither by the illness of her sister, whose death occurred shortly after her arrival. Two days later, she herself fell a victim to the same disease. She was born in Wolfboro', N. H., in the year 1828, and was graduated from the New England Woman's Medical College in the year 1866. The year following her graduation was spent in study in New York hospitals, and in Cooper Institute, where she made a special study of chemistry. Her convictions were strong that the newer method of practice was more humane, and accordingly she gave further study to materia medica, and adopted homœopathy. A dispensary was founded by her at the North End, and faithfully cared for until the establishment of the West End Dispensary, when she transferred her interest at the North End to the West End. The seventeen years of her professional life were spent in Boston, where she won for herself an enviable reputation, was very successful in her practice, and greatly beloved by her patients, and by all who knew her. J. K. C.

PERSONAL AND NEWS ITEMS.

SINCE the publication in our last issue of the “Open Letter,” the editor has had several inquiries addressed to him as to whether the date and signature were in good faith, or whether they perhaps were assumed by a member of the profession who wished to express an opinion without being held responsible for it. The editor would therefore state that the date and signature represented only facts; that the “Open Letter” is from the pen of a New York lady, not in any way connected with the medical profession. It was accepted by the GAZETTE with pleasure, because it seemed evidence that the intelligent reading of our magazine is not confined to physicians, and that the laity are competent not only to form but to express opinions upon subjects formerly supposed to interest the profession only.

THE
NEW ENGLAND MEDICAL GAZETTE.

No. 3.

MARCH, 1884.

VOL. XIX.

EDITORIAL.

A SUGGESTION TO SANITARIANS.

IT is as true in matters of hygiene as it is in most other things, that familiarity with them breeds contempt. With the world at large, it is only the novel or the uncommon which commands attention and respect. Death coming in such sudden and awful form as to the passengers on the "City of Columbus" startles us into a horror-stricken sympathy; but we glance at our newspaper's weekly summary of deaths,—so many from consumption, so many from diphtheria, and so down the list,—without a quickening of the pulse. When as medical students we first made acquaintance theoretically with the morbid phenomena of disease, our inward conviction that we ourselves were the victims of each new disease we studied was much more vivid and real than any sense of danger we now feel when in contact with the most infectious malady whose phenomena we have become familiar with by the bedside of patients. And so in matters sanitary and hygienic. When the evils arising from bad drainage were first intelligently set before the public, the phrase "sewer gas" had power to rouse a very wholesome terror. To-day, however, the familiar use of the words has dulled their significance, and anxiety about the formidable thing they stand for shows itself chiefly in the desire to satisfy one's self once for all, by the assurance of a "practical plumber," that a house one thinks of buying is in good sanitary condition. This once done, householders, to all appearance, fall into a curious apathy on the subject, from which only the appearance of a case of typhus or diphtheria in their own family seems to rouse them. An evil odor, if not strong

enough to be positively offensive, may linger long about a house in a most respectable neighborhood without seeming to cause any particular anxiety to the inmates. Perhaps the landlord is appealed to, and gruffly rejoins that he can't spend his money tracing out imaginary smells. Or it may be that the tenant is himself the owner, and shrinks from "tearing the house to pieces" and "running up plumbers' bills," until typhoid fever appears, to rebuke his misplaced economy.

It has struck us of late that in these matters the poor of our city were perhaps better protected than their richer neighbors. If a house in an unsavory neighborhood suggests by its appearance the likelihood of its becoming the breeding-place of disease, straightway the Board of Health sends an unprejudiced and efficient "inspector," who, finding the root of the evil, curtly notifies the landlord that the matter *must* be set right within a week. We are glad to remember that these "inspectors" are at the service of any private citizen who desires their verdict on the sanitary condition of his house; but indifference, or fear of giving offence to a landlord, may often prevent application to them. And since diphtheria is quite as contagious from rich as from poor dwellings, would it not be for the protection of the community if some law were to be passed compelling every house in the city to undergo a searching inspection by the Board of Health at least once a year? The expense of this proceeding might be partly defrayed by each householder paying a small fee for the annual inspection,—money well spent, if it assure him that his family is secure from the influence of those insidious poisons whose action is oftenest only manifest too late for antidote. Such a law would not leave the tenants to the mercy of money-saving landlords, nor house-owners to become the victims of their own carelessness, and certainly would not infringe on the rights of the individual, unless it be one of his rights to communicate a fatal disease to his fellow-creatures.

The necessity of some municipal interference in the manner thus crudely outlined is one that most physicians must have felt while doing battle with their patient's apathy and false security under unsanitary conditions. In the mean time they, as recognized guides in matters hygienic, cannot too strongly urge upon their patients that drain-pipe is as perishable as most mundane

things, and that because their houses were in good condition a year ago it by no means follows that they may not to-day be infected with insidious poisons.

ANOTHER BACILLUS.

ASIDE from kairin and the nitrite of sodium, there is probably no drug receiving so much attention at the present time from clinical observers and experimenters as jequirity (*abrus precatorius*). This drug has but recently been brought to the notice of the profession, though it is said to have long been in use by peasants of Brazil for the cure of granulations of the conjunctiva. The renowned ophthalmologist, DeWecker, of Paris, has the credit of making its properties known to scientific medicine. We are told that "the reception of jequirity by the medical world is something unprecedented in the history of the introduction of new drugs." The reason of this, however, is obvious: there's a bug at the bottom of it! A micro-organism is discovered to be the "active principle" of an infusion of the powdered jequirity seeds, this infusion being the form usually employed. This is easily proved, because the infusion is rendered inert by adding a solution of bichloride of mercury, one part to 8,000, which kills the microbe, or at least renders it incapable of mischief, when the infusion becomes innocuous.

The micro-organism found in immense numbers in the jequirity infusion is not an organism due to decomposition: for vegetable infusions do not decompose in five minutes; and this microbe has been found by Dr. C. W. Tangeman* five minutes after making a fresh "infusion, using hot water from the beginning." These bacilli increase by a sort of segmentation, according to the observer just referred to, being about forty-eight hours old when they begin to give off spores. They are exceedingly tenacious of life; "they retain the property of vegetating if carefully moistened again after drying for a week": if the infusion be placed "in an ice-chest, there is a total arrest of development; but this same infusion put under proper surroundings still possesses the properties of the original infusion." "A temperature of 180°

* Therapeutic Gazette for January, 1884.

Fahrenheit kept up for five minutes does not in the least affect this organism nor its germinating power"; they have been "cultivated" to the fortieth generation, when the production of the specific inflammation by inoculation into the conjunctiva has proved their activity. Experiments made on rabbits, dogs, and man show the power the jequirity bacillus has of producing an acute and sometimes violent ophthalmia. The infusion is applied to the conjunctiva with a small brush.

The severity of the conjunctivitis varies with the concentration of the infusion. We have referred to the facts which prove that the micro-parasite is the cause of the inflammation. Further proof is furnished by the fact that the same kind of bacilli that are found in the infusion have been found in the purulent secretion and in the membrane which forms on the conjunctiva in some cases. Inoculation with these products of the inflammation or with the purified and cultivated bacilli will produce an ophthalmia similar to that produced by the original infusion. Thus the question would seem to be positively settled, and another micro-organism is added to the already long list.

Perhaps the most interesting point in this connection is the fact that trachoma is *cured* by the artificial inflammation set up by the jequirity bacillus. The explanation given is that the field is sterilized by the jequirity bacillus, and thus the trachoma micro-parasite is robbed of all means of subsistence. This may be a satisfactory explanation to some thinkers, but it is nevertheless a patent fact that, according to the reports already made, we have here an example of an inflammation, acute in character, it is true, curing an inflammation "*not at all unlike*" it, or, as homœopaths would say, similar to it.

Here is an opportunity for those who find the re-proving of well-known drugs to be but a dull and thankless task to connect their names with the presentation of a new and valuable therapeutic agent to our materia medica.

CONTROL-TESTS AND DRUG-PROVINGS.

BY C. WESSELHOEFT. M. D., BOSTON.

PART II.

The principles involved in counter-tests are unquestionably to be applied to our way of drug-proving, which constitutes at once the most difficult, but, if successful, the most useful, kind of experiments ever attempted for the benefit of man. The difficulties are as innumerable as the advantages. Hahnemann was the first who thoroughly emphasized the great maxim that drugs, in order to become medicines for man, must be known as to their effects upon man. We cannot estimate this thought too highly; it is a truly monumental idea; and its monuments are not words but deeds, to which we point with just pride.

But enough of praise; we should end, not begin with it. What have we? What do we praise? I claim that it is the idea of proving drugs upon man in health. But the grandeur of the conception excites us, and we are prone to confound it with the details of the method and its actual results, which are not necessarily as perfect as the fundamental idea was great.

If I attempt to bring the principles of experimentation to bear upon our method of drug-proving as proposed at the outset, it is for the purpose of encouraging us to proceed on a basis promising perhaps fewer yet reliable results. Had I never proved drugs, my words would be without force. In the long term of years during which I had the honor of conducting the work of the bureau of materia medica and provings of the American Institute, I worked hard, "proved" much, but published little; in fact, less and less as I learned more, if to learn thoroughly *how not to do a thing* counts for learning, as I think it does. Let me explain the difficulties to be encountered by first adverting to what is meant by drug-proving, and then inquiring whether we have been and are doing it correctly and with prospects of reliable results.

We are all familiar with "proving," as it has been customary to conduct that useful process from the beginning of this century up to the present time. It is simply this: a "moderate quantity"* of some drug is taken by some healthy persons, and all the "deviations from the normal state of health" which follow are carefully recorded as due to the effects of the drug and to nothing else, "as symptoms do not come of themselves," but are due to the drug.

* Organon, § 108.

Now, bearing in mind the examples in which the control-test in its manifold varieties obviated errors in drawing conclusions, let us review briefly what kind of conditions and precautions were observed in the customary traditional mode of proving.

There is much evidence to show that the original intentions as expressed by Hahnemann himself and accepted by his followers was to throw every then known safeguard around the act of proving, to insure a truthful result. All of these precautions are mentioned in the "Organon," §§ 105 to 145, and elsewhere. For, as Hahnemann says, life is at stake, and errors should be avoided, "for the unerring selection of remedies is the only condition for the speedy and permanent return of health."

The precautions are as follows: Accuracy in conducting provings; safe and very minute doses; the purity of drugs; the employment of single drugs; the diet; the avoidance of bodily and mental fatigue; the sex; only attenuated (potentized) medicines in pellets to be used (which, by the way, does not agree well with the instruction, in §§ 129-31, concerning increasing and strong doses); the observance of provers under different conditions, as different provers have different symptoms; the injunction to make *manifold experiments* on a variety of provers, *i. e., repetition*, until provers observe upon themselves mostly symptoms like those *already experienced by others*; provers should be of temperate habits and of fine powers of observation; especially physicians should prove.

Such are the conditions and safeguards named and hitherto employed, without any essential alterations; and the results thus obtained have been recorded as *caused by the drug, and as belonging properly to it*. ("Organon," § 138.)

If we separate these precautions into groups according to their value, we find that by far the greater number are to be regarded as generalities, indispensable certainly, while only two of them at most are in the form of control-tests, assuring the success of all the other precautionary measures. One is the condition of *sound health*, the other is the *repetition* under varied circumstances.

The reason for counting sound health as a control-test is the injunction that the physician conducting the experiment should exercise control over it by daily examining the prover and his records. But what, it may be asked, will be gained by that if what the prover has recorded or what he reports verbally is invariably due to the medicine taken by him?

The value of the control-test by repetition is far greater. Each experiment controls the other, especially if Hahnemann's advice is carried out to regard chiefly symptoms which have been observed by all provers.

To conduct experiments was not in those days what it is now. New rules did not suggest themselves at once in a new science. It was only through a century of research that experimentation reached its present standard of safeguards. But this did not touch the manner of proving drugs which were, and continue to be, tested theoretically, according to the original rules, which, however, are much more frequently disregarded than employed. But even if all the above precautions were employed, we should still have no security against error. Do not suppose that I claim that error can absolutely be excluded, for that is possible only in very few experiments of a much simpler kind than testing drugs upon man; but I claim that we can greatly lessen the possibility of its occurrence by applying those rules of logic, based upon a practical development of philosophy, which have become the standard.

How can we apply the principles of control-test to "proving"? We have seen that in the examples of control-tests there are employed several principles, either singly or combined, to insure an approximately true result. For the sake of brevity, I have designated these principles as those of *exclusion*, *reservation*, *repetition*, and *comparison*; and it is obvious that among all of these the principle of *comparison* plays the most important part.

It has been set down as an axiom that, if a healthy individual takes a drug in order to ascertain its effects, all deviations from normal health are due to the drug taken, and to nothing else. This seems so plausible that it has been, and is, accepted without critical examination. But, while the question may be, and should be, asked, Is this *axiom* a self-evident truth? whatever may have been the case in times past, I doubt if, in science, self-evident truths will be accepted now. We can, therefore, only regard it as a proposition requiring proof, first, in *general*, and, secondly, in regard to its *particular* details of application.

As Hahnemann invariably insists that nothing shall rest on mere theory, but only on careful experiment, let us subject the above-named proposition to a simple test in a general way. Select as many "provers" as possible, examine them with regard to normal health, their intellectual ability, habits, etc., and exclude all those unfitted by indisposition or temperament, and administer to all the selected provers an *inert* substance. This is done with the understanding that the provers have for the time being agreed to subject themselves to an experimenter, and to take the substances offered them under the most positive assurance of perfect safety, but without the prover's knowledge as to what he is taking. The provers now take what is offered them, and record all deviations from normal health.

The result in experiments of this sort has been that a great majority of such provers will record long lists of abnormal feelings or "symptoms," which will give the impression of severe suffering.

Having discovered what and how numerous may be the abnormal feelings produced on healthy persons without medicine, we proceed to try the effects of a substance of which, we will suppose, we know nothing, and regarding which we desire to discover whether it has any effects when given in minute doses, and what those effects are. Now, as many of our provers as can be prevailed upon to make a second attempt, take the substance to be tested, say, in the third centesimal trituration. Deviations from health, in the form of sensations of disturbed health, are again observed and recorded, and we now proceed to sift, to compare, and to estimate the result.

In the first place, we shall find that a great many "symptoms" or feelings of deviation from normal health follow the taking of the medicinal substance to be tested. We should know by comparing them with the symptom-lists obtained while taking the inert substance whether a difference existed. In the set of experiments to which I have already referred, this was not the case. But, aside from all previous experiments, if we should find that the symptom-lists, after taking the medicinal test-substance, were nearly identical with those after the trial of the inert substance, we should be forced to conclude that neither had an essential part in the production of its symptom-list.

If, on the other hand, marked deviations from health had followed the medicinal test-substance; if these deviations had been distinct and different from the symptom-lists obtained without medicine; if, furthermore, the symptom-lists after the test-substance had been substantially corroborated by the resemblance between the symptom-lists of the various provers, then we should be reasonably sure that the symptoms were due to the test-substance. Failing in this, we must conclude that they were not due to it.

Now let us view the axiom quoted above in the light of these experiments. What would the critical analysis of the test and its results reveal? It reveals in general that *many symptoms or deviations from normal health may and do arise from other sources than the substance given for proving*, and that hence *the axiom is not well founded*.

So when we undertake provings in future we must guard against the incorporation of such symptoms with those which are actually derived from a test-substance. This is not easy: it renders the process of drug-proving immeasurably more difficult than it has hitherto been considered. The difficulty arises from

the absolute necessity of applying the safeguards of control-tests, and rigid critical analysis according to control-tests.

What is meant by them has already been stated. The principles of *exclusion*, *reservation*, *repetition*, and chiefly of *comparison* enter more or less into the test above described, or could be made to enter into it by excluding or reserving a portion of provers for the trial of a test-substance, the other portion to note symptoms without it; or, as in the instance described, all provers can carry out first one part of the test, then the other.

The principle of repetition also enters into that test. The experience of one prover would be worthless until compared with that of a second, a third, etc. The necessary number cannot well be defined; it cannot well be too large, but easily too small. It is only after observing a number of provers and their results that we shall be able to form an estimate of the number of individual tests necessary for a reasonable conclusion.

This conclusion can only be reached by the principle of critical analysis by *comparison*. As before stated, in the principle of repetition we obtain the means of controlling one test by the others, and each is the control-test of the other; while comparison furnishes us with the means of estimating the value of results. Now in order to obtain results of value, proving that the effect obtained is due to the cause employed, in other words, that in a proving certain symptoms are due to a drug tested, *it is indispensably necessary that the results should essentially agree in as large a number of cases as possible*. If they agree only in three, it is less conclusive than if eight or sixteen agree. The larger the number to be compared the surer will be the conclusion; and hence no test by which we hope to demonstrate anything should be without as large a number of repetitions as possible. On this principle rests statistical evidence of every kind, and it should stand first and foremost in the proving of medicines.

Therefore, if this principle has been employed as described in the example of a proving, it will prove with considerable force that symptoms are often due to other causes than medicine; because the evidence was not furnished alone by one individual but by many; and the evidence will be the more conclusive the greater the number of individual tests.

It justifies Hahnemann's great apprehension and his injunction to employ only reliable provers. Now would Hahnemann, or any of you, have considered provers very reliable who would be excited into thousands of symptoms merely by being told they were testing the third trituratin of some substance of no great power? It seems to me that such a control-test is an excellent one for the elimination of all timid and over-imaginative

persons, whom we find both among men and women; and it would give us the means of selecting only sturdy, non-imaginative persons of the proper amount of self-control; it is among this class of persons that we find the really most susceptible and keenest observers, and students of human nature. Let us have control-tests then for the selection of provers.

In order to extend the demonstrative power of a test and control-test, it should be varied and carried out with the utmost patience and perseverance. We have seen what may be proved in general as to the qualifications of provers. But it is also necessary to discover whether a varied quantity of test-substance will alter the result. This has been done in a large number of our provings, but not always by a sufficient number of persons. But even where the provers were employed in sufficient numbers, insuring repetition, the application of the principle of comparison was totally omitted, and all results recorded as if they were all due to the test-substance regardless of its quantity, all according to the "Organon," which tells us that different provers may and do produce different symptoms.

Now, I think that most observers will admit that, in a result from uncertain causes, acting on an organism of infinite powers of reaction, and of giving expression to reaction in the form of symptoms, *only, or at least chiefly, those should be selected which agreed not only in expression but in fact; and not only this, but the agreement should be not only constructive but really apparent and obvious.*

Here is where patience and perseverance come into play, — to repeat such provings with varied doses on provers selected by precautionary or preliminary tests.

You may be under the impression that this course of reasoning has all been drawn from the imagination. I am as averse to theorizing as any one among my hearers, and would not test your time and patience by theories. If you will turn to the report of the bureau of materia medica in the *Transactions of the American Institute of 1877*, you will find an elaborate set of experiments recorded there, entitled *A Re-proving of Carbo vegetabilis, made for the Purpose of demonstrating the Necessity of Counter-Tests in Drug-Proving*. These were made under my direction by a large number of provers. I have, therefore, described to you what was actually done, at least by one set of experiments. I have, as I have stated, worked more than I have written or published, and have in my possession other records of counter-tests and control-tests the description of which would extend this paper, which is already long; but I trust that I have carried out my intention of elucidating some of the methods of drug-proving and their results.

If there are among you some who see in these words only venomous arrows aimed at homœopathy, I would beg them to remember that I have spoken only of its weak places. These I labor, and shall labor, to strengthen: the strong places will hold of their own accord.

ANNUAL ADDRESS

OF THE PRESIDENT OF THE CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY,
DELIVERED AT HARTFORD, MAY 15, 1883.

BY W. B. DUNNING, M. D., HARTFORD.

WE call ourselves the Homœopathic Medical Society of Connecticut. We are homœopathists, rebels against the old methods of medical practice. "Homœopathy is not practised in Hartford," said a physician of the old school recently to a patient of mine. The statement was untrue. Homœopathy is practised in Hartford to-day, not merely by the dozen so-called homœopathic physicians of the city, but by very many of the younger old-school physicians, in their imperfect way. Perhaps homœopathy is not practised according to the standard which a man wholly ignorant of our methods would lay down; but until the Protestant shall ask the Catholic to formulate his creed for him, until the Republican shall allow the Democrat to write his political platform, we homœopathists may be indulged in stating our own principles and managing our own practice. We do not, however, object to criticism. We welcome it, if it be honest and intelligent and reasonable. But the fact which I have stated, that many old-school physicians use acknowledged homœopathic remedies, and the fact which my old-school friend implied, that homœopathic physicians by no means restrict themselves to homœopathy,—these two facts, I say, indicate what is well known to you all, that the two schools are coming nearer together. It is a good time, then, to consider the place of homœopathy in medicine. Its relation to the future one may conjecture, but cannot foresee with any accuracy. Its relation to the present and past is a matter of history; and it is to a consideration of this theme that I invite your attention for a few moments.

For our own satisfaction and for strengthening our faith, I will try to set down in plain black and white the good things which our peculiar system of practice has wrought for the human race. What has homœopathy done for mankind? What, in the view of a fair-minded man, neither biassed in favor of homœopathy nor envenomed with prejudice against it, has it accomplished for medicine? Well, it has done a good deal. It has, to state the

matter in a nutshell, *revolutionized the practice of the medical world.* The practice of homœopathic physicians of course is radically different from what it would be if they were old-school physicians. Yes; and so, too, is the practice of old-school physicians radically different from what it would have been if Samuel Hahnemann had never preached his heresies. Think what medical practice was at the beginning of this century! Upon the sign over the door of a noted English quack, Dr. Isaac Lettsom, stood in large gilt letters, these words: —

“If any patients comes to I,
I physics, bleeds, and sweats 'em;
If after that they chance to die,
Why, then, d'ye see—I Lettsom.”

And this was just about what our “regular” friends did. If a patient had pneumonia or had a felon, he must in either case be physicked, bled, sweated, and, generally too, loaded with mercury. Think of the poor patients, already debilitated by disease, with streams of their life-blood flowing out of their veins, sweating, defecating, urinating, — every function stimulated to the utmost to get the disease out of their bodies. It was simply horrible! How many thousands, yes, hundreds of thousands, of men and women suffering from some ailment which really required careful nursing only to bring about recovery, have been slaughtered by the lancet and by mercury! How many have been salivated, with gums, tongues, throats, and faces swollen, inflamed, and ulcerated, and even gangrenous; with their whole systems loaded with the metallic poison making them peripatetic barometers, aching with every dampstate of the air! Well, I don't know how many. It is a conundrum I cannot guess. But I do know that physicians don't do so now. Badly enough some of them do, — with their immense and continuous doses. Having little faith in the natural tendency to recovery, they must *drive* the disease out. They do not know how to *coax* it out. They do not now, it is true, try to bleed it out, expecting it to swim out with the blood. They do not now, it is true, pour into the body such immense doses of mercury to act as an “alterative,” — and surely no more potent alterative was ever administered. It altered men from life to death, from health to living disease, from comfort to continuous suffering. But they must needs *drive* it out of the system still. They must stimulate the secretion of the kidneys, that it may swim out in the urine; they must make the skin act, that it may flow out with the sweat; they must purge the sufferer, that it may pass out through the bowels. Those who at the present day practise thus are lineal descendants of the doctors of the eighteenth century. They are not so bad as their ancestors, indeed there is a very obvious improvement over them. And

happily this class is not nearly so numerous as it was, and is growing less year by year. And why is it growing less? Because *homœopathy* has, as I say, *revolutionized medical practice*. To it mainly, if not solely, is due this vast change. This being so, has not homœopathy wrought a marvellous work for the race? What other system of medical practice, from Hippocrates down to the present day, can show laurels equal to it? Suppose we concede homœopathy to be the arrant humbug its opponents claim, suppose we acknowledge Samuel Hahnemann to be the imposter he is called; what then? Conceding it all, for argument's sake, has not homœopathy yet been a wonderful good to the human family? Why, it is capable of easy demonstration that this man, with all his errors, all his extravagant notions about the dynamization of drugs and other things, has contributed more to the advance of medical therapeutics than any other man who ever lived. For the whole world shares in the blessings which he has compelled medical men to bring to their patients. Samuel Hahnemann needs no greater encomium than this: He abolished bleeding in disease, he abolished the heroic treatment of the sick. But of course we do not admit homœopathy to be a humbug nor its founder to be an impostor.

The remarks I have already made indicate the negative claims of homœopathy to respect. Great, indeed, are these, and wonderful and world-reaching in their effects. But there are other and positive merits in our system, which should receive a passing notice. I have told why homœopathy should receive the respect of its opponents, even if they believe it a humbug, namely, because of the immense good it has done by teaching them to lop off the horrid excrescences of their old methods of practice. But consult any of the more modern treatises on therapeutics coming from the allopathic school, especially the more popular ones, and what will you find? You will find them filled with therapeutic ideas received from homœopathy. Ringer will tell you of the virtues of *aconite*. No homœopath can surpass him in describing what he calls its "marvellous power of controlling inflammation and subduing the accompanying fever." The various homœopathic uses of *arsenicum* in coryza, cancrum oris, ulcer of the stomach, diarrhœa, and other diseases receive great praise. I have time only to allude to a few of the medicines, the homœopathic use of which he adopts and advises his readers to employ. *Belladonna* he uses for inflamed throat, for headaches, for intestinal colic, for erysipelas, and other diseases, and in small doses. The use of *hepar sulphuris* he greatly praises, and it is becoming quite popular with the allopaths, — Dr. Sexton, of New York, and other specialists using it very largely, especially in diseases of the ear. *Ipecac* in vomiting, *bryonia* in pleurisy (in

which he says "it fully equals any remedy"), *nux vomica* in stomach and other diseases, *mercurius corrosivus* in liver derangements, *podophyllin* with the best of homœopathic indications, — all are greatly lauded by him. *Pulsatilla*, in doses varying from one tenth of a drop to five drops, is much praised in dyspepsia, in amenorrhœa, leucorrhœa, and epididymitis. *Cimicifuga* they employ in rheumatic troubles, in female diseases, and in chorea. *Cocculus indicus* they use in various nervous affections, the symptoms most insisted on by Phillips, one of their writers, as requiring it, being "giddiness and a feeling of lightness in the head." This author advises *sabina* in uterine hemorrhage, *ignatia* in hysteria; and his editor, Prof. Piffard, of New York University, finds *euphrasia*, in doses of one to five drops of the tincture, of "decided utility in acute nasal catarrh, which it will often abort." *Rhus* is efficacious in rheumatism, Dr. Piffard having "after four months of serious discomfort experienced complete relief after the use of a few doses." The proper dose in rheumatic and cutaneous affections he states to be a small fraction of a drop. *Arnica* some of their writers believe to be a useful internal medicine in bruises. *Glonoine* has been discovered by Dr. W. A. Hammond, of New York, to be a powerful remedy in some forms of nervous headache. For a "blinding headache, the pain occupying the region of the right supra-orbital, and accompanied with nausea or vomiting." Dr. Piffard thinks *iris* a great remedy. The dose, however, "should not exceed one minim of the tincture."

Now this is only a portion of the huge block of remedies appropriated by the old school, with or without the acknowledgment, from homœopathy. I have not time to mention more.

They have then introduced among themselves new remedies from homœopathy; and they also adopted in many cases homœopathic uses of their own old remedies, which formerly they used only allopathically.

But there is a third point in which the old school have learned from homœopathy, and that is in the study of the physiological effects of drugs. With all the ridicule they have poured out on homœopathic "provings," they have begun themselves of late years to study with much earnestness the effects of medicines on the healthy human system. Many of them speak with respect of some of our own "provings."

A candid old-school practitioner of the present day, then, if asked the question with which I opened this paper, namely, "What has homœopathy done for mankind?" would acknowledge that —

1st. It has softened and made less unpleasant the treatment of diseases.

2d. It has furnished the medical world with many new remedies and many new uses of old remedies.

3d. It has introduced to physicians the study of drug-action on the healthy human system.

Homœopathy then needs not to be ashamed of its record. Whatever its future may be, its past is a matter of glorious history. Whether it live as a separate system, or whether its fate be to be ultimately merged in general medicine, it has wrought a great work.

A CASE FROM PRACTICE.

D. E. SEYMOUR, M. D., CALAIS, MAINE.

JAN. 15, 1884. Mrs. W——, aged thirty-two; height five feet ten inches; average normal weight, one hundred and seventy-five pounds; full habit; plethoric; fair or sandy complexion, light hair, blue eyes; healthy; temperament nervo-bilious, or rather sanguine, from the paternal side, maternal side, nervous; father small, frail, usual weight about one hundred and twenty pounds; mother large, stout, usual weight one hundred sixty to one hundred and seventy pounds, transmitting complexion and adipose tendency to all her children.

The patient has always given personal attention to her household duties, which have been discharged with scrupulous care and neatness; is of strictly temperate habits and quiet life; is a multipara, this being her third pregnancy; first aborted at about three and a half months; second, carried to full term, and normal labor; child female, healthy, now two and a half years old. Attended her in both cases myself.

Was summoned at about 11 A. M. on the above date. Found her sitting on the edge of the bed, being unable to lie down, feet pendent; in a happy frame of mind, and jesting with her wonted cheerfulness.

Observing her unusual development, I desired to "take her measure." Applied the tape when she was in a standing position, under all clothing, around the body or uterine tumor, the circumference measuring eight feet seven and five tenth inches. Respiration stertorous, deep, oppressive, eighteen per minute. Temperature at axilla, 95.3° F. Pulse full, round, soft, 70 sitting, 74 standing. Auscultation, cardiac, nothing particularly abnormal; heart action good. Percussion, *thud* all over the body; eyes dilated, glary; cerebral disturbance none; enteric none. Pressure on feet and legs—in fact anywhere over the body—caused indentation, which would remain for some time. De-

scribes her legs as "two water-soaked saw-logs." Recumbent or lying down positions difficult and greatly oppressive.

As she was having some wandering, non-effective pains, I deemed it best to pass a sound up through the uterine cervix into the cavity and relieve the uterus of its liquid contents, fearing that a protracted delay might seriously endanger the life of the fœtus. Sitting on the edge of the bed, a sound was passed, liberating three (3) gallons three and a half ($3\frac{1}{2}$) pints of water! It is safe to presume that a quart was lost in her effort to move from the bed to a large jar. No pain attended the escape of this niagara of waters. Exhibited, *puls.* 1c., giving instructions to summon me on the advent of labor.

At 11 P. M. was called "in haste." On my arrival, the patient was on her left side, struggling against labor, trying to suppress pains "until her physician should arrive." Bade her encourage labor. Head presenting with the amnionic membranes advancing filled with about a pint of thick, pasty water, and, contractions being violent, I ruptured the membrane with finger-nail, immediate delivery following without trouble.

The cord was of ordinary length, — pulsation violent, the throb being visible, — deep blue, and two and five tenths inches in circumference. Delayed a moment for pulsation to partially subside; ligated four inches from navel, amputating on fœtal side, permitting fœtal hemorrhage for a short time before ligating the stump. The child, female; no deformity; color deep red; well developed; weight ten and a half pounds.

Labor continuing, I repaired to the bedside, and found feet and legs to knees of second fœtus already delivered. Pelvic capacity being quite ample, permitted delivery to progress without turning, aiding only as required. According to a clock, which was directly opposite me, the time in this second delivery was two and a half minutes. The child was another girl, — bow legged, feet slightly clubbed, turning inward; broad "mark" on the left deltoid; color, pale yellow; cord, longer than the first, pale green, fragile, breaks with slight tension, no perceptible pulsation, no circulation, and three fourths inch in circumference; child well formed and developed otherwise than as above, weighing twelve pounds eight ounces. Further investigation disclosed a ponderous placenta at the fundus. Traction on the cord would not dislodge it; neither external nor internal manipulation were of avail. The situation seemed to demand its removal. The hand was very easily carried to the mass and above it, so that dislodgment was effected, and the whole delivered, a part being firm and solid, the balance yielding to touch, the whole weighing seven pounds two ounces.

A bandage was closely applied, with friction over the uterine

tumor, which soon began to "ball down." I reached the bedside at 11.20, and at 12.05, just three fourths of an hour, delivery was effected and bandage applied. Patient feels a sense of "goneness" (why shouldn't she?), "as if I should faint"; cold feet; chills (?), thirst, colored lips. *Ver. alb.* and rest.

16th, 10 A. M. On making the stereotyped inquiry, "How do you feel this morning?" received for reply, "Feel? Feel like a string stretched out on the bed," — an apt but novel illustration. As she was suffering somewhat severely from pains, I made an examination, and removed from the uterine cavity two pounds five ounces of coagula, in texture firm and tenacious. Otherwise the patient is doing well.

17th, 10 A. M. — Patient comfortable. Lactation commencing; slight fibrile disturbance: thirst. *Puls.*

18th, 3 P. M. — Progressing favorably; cheerful; lactation complete. Placebo; rest.

Feb. 5th. — The trio are doing well; mother "sitting up," the twins occupying her place in bed. She is, though anæmic, making a rapid and good recovery. Her present weight, estimated, *will not exceed one hundred and twenty pounds*; and this is admitted to be a large estimate, by friends.

Some points of interest in this case are the extraordinary development or rotundity of this patient; the hydrops, there being not less than four and a half gallons; perfect foetal isolation from the volume of water by intervening membranes; the weight of the twins, placenta, secundines, and other attendant matter; the coagula the following morning; the disparity in umbilical cords and placental vigor; the recovery and rapid "getting up" of the mother, whose average weight for years prior to this conception had been one hundred and seventy-five pounds, but is now reduced to not more than one hundred and twenty pounds. What her weight was before delivery is problematic, but the bulk was certainly unprecedentedly great.

Remedies used *pul., arn., cim. race., arsen., ver. a., sul.*

The mother and twins are doing well at this writing (Feb. 5), and treatment therefore is discontinued.

AMERICAN AND EUROPEAN SURGICAL GYNÆCOLOGY.

BY G. R. SOUTHWICK, M. D., BOSTON.

SINCE my return from the Woman's Hospital, New York, various questions have been asked suggesting comparison between the methods used in gynæcological surgery there and those of the leading specialists of Europe. For this reason, I will give a brief outline of the principal differences.

As a rule, in Great Britain, the left side is the position preferred, in Germany the back; in New York both are used. In New York, the scissors are used almost invariably in all plastic operations to freshen the surfaces. I cannot remember seeing Prof. Winckel, of Dresden, or Martin, of Berlin, use anything but a scalpel for this purpose. The advocates of the scissors claim there is less hemorrhage from crushed surfaces, and that the operation can be performed quicker; while those who favor the knife claim that a smoothly cut wound unites better and more accurately than the crushed surface, and that the scalpel is less clumsy than the scissors. I think our choice of the two instruments depends rather on our familiarity with the one or the other.

Dr. Martin is a great advocate of amputation of the cervix for hypertrophy, or elongation of it connected with sterility. Indeed, I was accustomed to see him perform this operation three or four times almost daily. Not infrequently, pregnancy followed. In New York, amputation of the cervix is almost under the ban, and is seldom performed. They consider that such cases are almost invariably associated with laceration of the cervix, and that if the latter is operated upon, the hyperplasia will disappear and the cervix return in a few weeks to its normal state. They also state that they have large numbers of patients coming to them for relief who have had the cervix amputated a few years ago. Where such eminent authorities disagree, only time and experience can decide who is right. It must be taken into consideration, however, that Martin's operation differs very materially from Sims's operation, which is employed in New York. Martin does not remove very much tissue, and the cervical canal is only shortened by him to the normal. His method is to remove a wedge-shaped piece from the anterior and posterior lip, uniting them separately. Sims's operation, consists in cutting off the lip and applying the sutures so as to draw the mucous membrane over the stump. I have seen Prof. Carl Braun perform the operation in Vienna with the galvano-cautery wire.

In New York, the operations are much more neatly performed. One galdly misses the house-cleaning appearance of the German operating-room and the rubber aprons of the German operators.

Laceration of the cervix is not operated on nearly as frequently as in the past. Now it is the rule to cure all signs of cellulitis first; and not unfrequently an apparent laceration proves to be nothing but an increased congestion and eversion of the membrane of the os with erosion, which disappears with treatment. Dr. T. A. Emmet related two cases showing this. Two unmarried ladies of unquestionable character came to him for treatment. The cervix in each case showed every sign of slight

laceration, as if abortion had been induced. There was also some cellulitis. He was surprised beyond measure, as both patients were well known to him and moved in the best circles of society. He said nothing of his suspicions, but treated the cellulitis. As they recovered from the latter, all evidence of a lacerated cervix disappeared and instead there was every appearance of the virgin cervix.

These cases show that apparently lacerated cervices are not the cause but the result of cellulitis.

This operation is performed in New York with the patient on her left side. Scissors are used to freshen the surfaces, which are united with silver sutures inserted with a short and perfectly straight needle. There is very little bleeding; the wires are cut short and the ends bent down.

Martin and Schröder also operate with the patient on her back. The cervix is seized by a kind of bullet forceps and drawn down into a modified Simon's speculum. A lance-shaped scalpel with two edges is passed into the cervical canal, carried outwards first, with the upper edge above the laceration, and, without withdrawing, turned a little and outwards again, with the lower edge below the laceration. These incisions are completed from the outside of the cervix, and the wound closed with carbolized silk. It will be seen at once that the German method is much more rapid, and the results seem to be as good.

Nearly all the plastic operations in Germany can be traced back to Simon and in New York to Sims; consequently many of the operations differ very materially, and space forbids description.

In explaining his new operation for laceration of the perineum, Dr. T. A. Emmet stated that the only essential difference between it and the one described in his book is, that the perineum is not denuded so far out. In the operation usually performed, the prepared surface extends into loose skin and areolar tissue, which affords no support, is not united by nature and never should be by art. Dr. Emmet contends that true perineal support comes from the pelvic fascia.

With the exception of Prof. Carl Braun, most of the German operators use the spray during ovariectomy, and some discard the trocar, preferring to make an incision with the knife and gradually turn the cyst out as it is emptied. In an interesting case of double ovariectomy by Dr. T. G. Thomas, at which I was present by his kind invitation, the spray was not used, and after the cyst was punctured with the trocar the woman was turned on her side, to allow the contents to escape more readily and with less dragging on the tumor.

One of the latest operations is an artificial urethro-vaginal fistula for the relief of chronic cystitis. In Emmet's work,

one finds the vesico-vaginal fistula advocated, with cases; this latter operation is now being discarded in favor of the urethral fistula. Many cases of supposed cystitis are really due to urethritis, which can be treated locally after the operation. If the operation is properly performed, the patient will not lose retentive power. Then again, many cases of cystitis as well as cellulitis are continually aggravated and irritated by the constant dragging of the bladder on the pelvic fascia, which binds it down at the neck. The patient is placed on her left side and a large Peaslee sound introduced into the urethra. This is cut down upon from the vagina, taking care to keep exactly in the median line and not to cut through above the transverse fold, which marks the site of the so-called sphincter vesicæ, or retentive power will be lost. After completing the fistula for nearly three fourths of an inch, the urethral membrane is united to the vaginal membrane on each side, to prevent spontaneous closure. Soon as the patient is cured, the fistula is closed. Marked success has followed this operation, which is held in high esteem.

The bichloride of mercury is now being used extensively as a disinfectant of wounds, it being considered more effective and safer than carbolic acid. No metal instruments should be placed in it, however. Two solutions are used: one, two grains to the pint; another, four grains to the pint.

In conclusion, it may be well for me to add that there are no public clinics at the Woman's Hospital. The only way to see the operations is to have a written invitation from the operating surgeon, as the rules of the hospital allow only fifteen to be present.

OBSTRUCTIVE DYSMENORRHŒA: ITS TREATMENT.

[Continued from page 59.]

BY S. J. DONALDSON, M. D., NEW YORK CITY.

[Read before the New York Medico-Chirurgical Society.]

THIS tent is allowed to remain within the canal from four to forty-eight hours, and upon its removal, providing no unfavorable symptoms have developed, a smooth piece of dried slippery-elm bark of a somewhat larger size than the sponge tent is substituted. This bark tent, besides preserving the secured enlargement, is a well-known emollient. To insure its retention within the uterus, we must pack around the cervix a tampon of carbolated cotton, saturated in glycerine and alum. This may be worn a day or two, and after its removal a few days' rest is allowed, when the same course may be repeated, with an increase in the size of the dilators proportionate to the enlargement of the canal. The best time to institute this treatment is about the

middle of the menstrual interim. To guard against accidents, the intra-uterine operation should be performed nowhere but at the home of the patient, who must remain warmly in bed while undergoing the treatment. The majority of accidents connected with intra-uterine manipulation are the result of failing to keep perfectly quiet during the time. Four days previous to the menses a series of large ebony sounds may be passed, or a tupelo tent may be retained within the canal for a few hours. About the middle of the following month this procedure may be repeated, after which the occasional passage of a large-sized ebony sound will usually prevent a return of the stricture. Should the case be complicated with obstinate flexure, an intra-uterine stem may have to be worn for a considerable time.

Flexures of the uterus produce dysmenorrhœa in several ways. The bending of the uterus upon itself may cause the walls to encroach upon each other, and so impede the egress of the menstrual fluid; but this is not the chief source of the suffering, as some maintain. That the mere bending of the canal does not necessarily induce dysmenorrhœa is evinced by the fact that the cervix is frequently deflected quite abruptly, and the menses are still performed painlessly. When, however, the flexure is above the cervix, it is invariably associated with dysmenorrhœa. When the organ has assumed the form of a retort, the pendent fundus enlarges, its cavity likewise dilates, and thereby favors the retention of the blood. The bending of the uterus and consequent twisting of the broad ligaments must necessarily interfere with the circulation of the parts, and thus a morbid state of the tissues is perpetuated. Finally, in flexures of the walls of the uterus, there has ensued an interstitial effusion and organization of lymph, which induces a condition analogous to that of the male organ, known as *chordee*.

During uterine quiescence the restricted tissues and nerves may occasion no inconvenience, but the turgescence consequent upon menstruation will usually excite intense spasmodic pain. It should be understood that we are now speaking of flexures at or above the cervico-uterine junction. If we pass a probe along the canal, the seat of flexure will be detected by the exquisite pain experienced when it is reached. The straightening of the organ also causes marked suffering. The correction of this malformation is seldom readily accomplished, and in undertaking the task we must be prepared to proceed slowly, and exercise extreme caution. The first step in the process is the full dilatation of the uterus with the sponge tent impregnated with hydrastin and cane sugar, equal parts. This combination exerts a resolvent effect upon the infiltrated tissues. The tent should be worn from one to two days, and repeated after an interval of one

week. Two or three days subsequent to the removal of the second tent, a straight vulcanite stem should be inserted, and, with the aid of cotton pledgets placed in the vagina, the uterus is correctly positioned. Should the vagina be capacious, and its walls flaccid, with a disposition of the uterus to resist reposition, the combined vaginal and stem pessary will prove a valuable agent. This instrument (see Figs. 1 and 2) is made of one con-

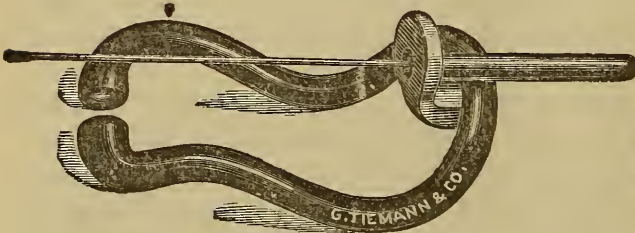


FIG. 1.

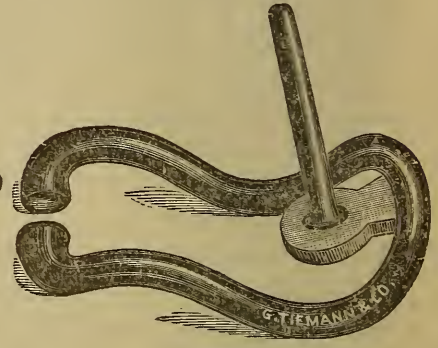


FIG. 2.

tinuous piece of vulcanite; but the tongue connecting the uterine and vaginal portion is so tempered as to be quite pliable. It is readily inserted by causing the whole to assume a parallelism, and, as the stem enters the uterus, the vaginal portion advances within the vagina, at the same time the cervix is carried back into its normal position, and the fundus anteverted. The cotton pledgets, carbolized, and moistened with a saturated solution of glycerine and alum, will fulfil all requirements in the virginal cases, — and, for the matter of that, in many of the married ones also. The wearing of these vulcanite stems must be instituted gradually and cautiously, since haste or carelessness in the beginning may result in pelvic inflammation and permanent defeat of the undertaking. With due care, mishaps may be avoided, and the uterus trained to tolerate the foreign body, which may finally be worn for many consecutive weeks, till the uterus has taken on new tissue formation, and has become fully accustomed to its normal condition. We reiterate, in this connection, the importance of extreme caution in all intra-uterine treatment, especially when the situation is complicated with a possibility of ovarian or tubal inflammation.

Where the menstrual life has been delayed, or inaugurated with severe suffering, we will sometimes find that a congenital malformation of the uterus, or an arrest of the development of the organ, originates the difficulty. The uterus may be long and spindle shaped, with a proportionately narrow canal; or it may be infantile in its dimensions. This rudimentary condition undoubtedly involves the ovaries as well. As heretofore suggested, perversion of the vital forces through excess of mental labor,

to the exclusion of physical training, usually lies at the root of this difficulty. While exercise in the open air, walking, rowing, and horseback riding are indicated, they will rarely of themselves secure the desired result. Dilatation of the uterus with an occasional wearing of the galvanic stem pessary, will greatly aid the development of the womb and ovaries through the increased capillary action, induced by the stimulating qualities of this form of pessary. The instrument which we have devised for the accomplishment of this purpose, is constructed of alternate zinc and copper rings, insulated with others of vulcanite, placed upon a vulcanite stem and secured by a tip screwed upon the end, the whole forming a miniature voltaic pile, which can be inserted on the point of a long steel stylet. This instrument should be introduced about the middle of the interval, and retained from a few hours to a week, or even months, according to the toleration evinced by the uterus, and the results secured. The hot douche, followed by a half-pint of cold water, should be employed every second or third night upon retiring. Discrimination being the essential feature of the whole proceeding, any one not possessing in a marked degree patience, gentleness, and perspicuity is thoroughly unfitted to undertake this delicate and important manipulation. It is the presence of these characteristics that enables certain physicians to practise these methods successfully for many consecutive years, while others possessing an equal amount of technical knowledge are constantly encountering disaster.



CONGESTIVE DYSMENORRHŒA.

So manifold are the influences that contribute to this form of menstruation, that it is difficult to furnish a concise and well-defined statement of its nature and management. It differs from the other varieties in being both accidental and constitutional. It occurs subsequent to the establishment of menstrual life, and can often be traced to suppression of the excretions by imprudent exposure, abortions, constipation, over-exertion, or inactivity, faulty position in sitting, standing, or lying, running the sewing-machine, imprudences of diet, such as the use of coffee, wine, spices, etc., violent and excessive coition. The constitutional influences are diseases of the heart, liver, and kidneys; also plethora and indigestion. There may also coexist mechanical causes, which obstruct the free return of blood from the pelvis. Prominent among these are tight-lacing, tumors, versions, etc. The pathognomonic symptoms are, first, chilliness followed by general erythism, accelerated full pulse, flushed face, injected eyes, headache, and nausea. Locally, we may have constant

pressive pain, with frequent exacerbations, aching in loins and hips, diarrhoea, vesical irritation, tenderness of the ovaries and throughout the pelvic region. The pain usually anticipates the discharge and generally abates when it appears freely. The flow is sometimes profuse and clotted, but is oftener restricted, especially when associated with the inflammatory and plethoric states. This restriction seems to be due to the over-engorgement or choked condition of the capillaries, through the preternatural pressure exerted upon them, — just as inflammation or abnormal turgescence of any of the excretory organs interrupts the performance of their functions. It is evident that our therapeutics must be determined by the causative circumstances of the case. Beside the administration of the indicated remedy, we must employ measures to divert the blood from the pelvis. Hot foot and sitz baths should be used at the first indication of the pain, after which the patient is put to bed, wrapped in flannels, and diaphoresis encouraged with bottles of hot water. To be efficient, the skin must be made to act freely, and great care taken to guard against the sudden suppression of the cutaneous secretion during the flow. In the interval, requisite attention should be paid to the condition of the bowels, dress, diet, and habits of these patients. They should be taught (as should every woman) to avoid lying on the back, or sitting in a semi-reclining position, since these attitudes favor blood stasis of the pelvic organs. The advantages of sitting erect and occupying the semi-prone posture in lying should be impressed upon them. Should there be no contra indications, they should avail themselves of the benefit derived from vigorous daily exercise in the open air. We need hardly suggest that if there exist any local abnormality, such as versions, polypi, or other extraneous growths, they must receive the appropriate treatment. When the flow is habitually deficient, great relief may be secured by inserting a day or two before its expected appearance a small sponge tent freshly prepared, and impregnated with three or four grains of *sanguinaria canadensis*, at the same time employing the cotton glycerole; of course, the presence of inflammation will preclude the tent, but not the glycerole. Should chronic catarrhal endometritis with granulations exist, the occasional use of a tent impregnated with borax and alum, equal parts, will prove beneficial. Under its appropriate condition one of the following remedies may be prescribed: *aconite*, *argentum nit.*, *belladonna*, *cactus grand*, *calcarea carb.*, *carbo animalis*, *conium*, *cimicifuga*, *ferrum*, *gelsem.*, *nux vom.*, *puls.*, *sabina*, *sanguinaria*, *stannum*, *trillium*, *viburnum op.*

NEURALGIC DYSMENORRHŒA.

As its name implies, this form is engrafted upon a neuralgic diathesis, and the influences that contribute to ordinary neuroses underlie this form of menstruation. We differentiate this from other forms of dysmenorrhœa by the character of the pain and nature of the flow, as well as the frequent absence of local deformities. The pain appears suddenly, often anticipating the flow, is intense, and of a peculiar, shooting character, driving the patient frantic, and it usually disappears as abruptly as it came. It is not always located in the uterus or ovaries, but may affect the head, face, inframammary regions, or may be reflected to any of the extremities; in fact every shade of neuralgia may be manifest. The flow is steady and not interrupted, as in the obstructive variety, and is often scant and impoverished. As a rule, the victims of this malady are hyperæsthetic, impressionable, and emotional. Not unfrequently the uterine neurosis has developed an extreme irritability of the vagina and womb, so that the passage of a probe excites marked pain and spasm of these organs. Our remedial measures are selected wholly with reference to the dyscrasia underlying the neurosis. The internal medication can only be determined by the symptoms presented. A supervision of the diet is one of our first duties. Pastry, spices, tea, and coffee must be eschewed and a liberal milk diet prescribed. These patients are usually constipated, and due attention must be given to this matter. Enemas and laxatives must be positively interdicted, and will-power, punctual daily efforts, coarse food, such as maize, rye meal, and cracked wheat, employed. Late hours, music, drawing, etc., must be prohibited, and daily physical exercise in the fresh air and sunshine recommended. Heavy shoes and warm flannel undergarments should be adopted. The spine may be rubbed with a sponge wrung out of water as hot as can be borne for five or ten minutes each night, and this warm sponging followed immediately by a dash of cold water, then careful drying and friction with the hand. This has an excellent tonic effect upon the nervous system. The full bath must be avoided by the anæmic, since it exerts a devitalizing influence. When a spasmodic state of the uterus exists, the passage of a large sound within the cavity a few days before the expected menses will often prove beneficial where atony of the generative organs is manifested by a scanty or suppressed flow. With flaccidity or passive stasis of the uterus, the judicious use of the galvanic stem is commended. On the approach of the menses the patient should be kept warmly and quietly in bed, and a drachm of asafoetida, dissolved in an ounce solution of starch, should be injected into the rectum night and morning.

The prevailing custom of administering gin, chloral, morphine, and other palliatives is extremely reprehensible, since their use invariably results in a heightening of the neuralgic disposition, rendering the patient petulant, sleepless, dyspeptic, and less able to endure suffering.

For internal remedies, *arsenicum, caulophyllum, cham., cocculus, colocynth, cuprum, ferrum, ignatia, phos., puls., senecio*, each under its appropriate heading, may be prescribed. We pass next to the discussion of ovarian dysmenorrhœa.

[*To be continued in our next issue.*]

ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

To His Excellency, GEO. D. ROBINSON,
Governor of Massachusetts.

Dear Sir,— At a regular meeting of the Essex County Homœopathic Medical Society, composed of the homœopathic physicians living in Essex County and vicinity, the secretary was unanimously instructed to prepare and forward the following statement for your consideration:—

In the past, the various medical offices of honor and profit in the gift of the State have been, with slight exceptions, bestowed upon the adherents of the allopathic school of medicine, and a proscriptive policy pursued toward the homœopathists.

We believe that this is neither right, just, nor in accordance with the spirit of a republican government, which recognizes no school of medicine nor theology as having a claim to the patronage of the State, in which all should be equal before the law.

We would respectfully represent that in many of the cities and towns of this Commonwealth there are adherents of the homœopathic school who are equal in ability and attainments to their allopathic bretheren now holding State appointments. This is particularly the case in Lynn, Salem, Lawrence, Lowell, Gloucester, and Newburyport, cities represented in this society, and we ask that in the selection of persons to serve as medical examiners, as well as any other offices of honor and trust, the adherents of the homœopathic school may receive due recognition.

S. MANNING, M. D., *Sec.*

LYNN, Jan. 15, 1884.

COMMONWEALTH OF MASSACHUSETTS.
EXECUTIVE CHAMBER,

BOSTON, Jan. 16, 1884.

Dear Sir,—Your favor of the 15th inst. is at hand. In reply thereto I would assure you that the statement and suggestions of the Essex County Homœopathic Medical Society will have due consideration at the time when the appointments of medical examiners will be made.

Very respectfully,

GEO. D. ROBINSON.

S. MANNING, M. D.,
Sec. of the Essex Co. Hom. Med. Society,
LYNN, MASS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

HORACE PACKARD, M. D., SECRETARY.

ANNUAL MEETING.

THE annual meeting of the society was held Thursday evening, Jan. 17, at the college building, East Concord Street. Dr. Samuel A. Kimball, of Melrose, was elected to membership.

The secretary reported a membership of one hundred and thirty-seven, the removal by death of five members during the past year, the addition of seventeen new members, and the loss of eleven members by withdrawal, removal to other parts of the State, and non-payment of dues.

The treasurer reported a slight deficit in the treasury.

Boston University School of Medicine was reported by the dean, Dr. I. T. Talbot, to be in a flourishing condition, with one hundred and nine students enrolled. Special courses have been provided in medical jurisprudence, materia medica, and medical electricity. Dr. Richard Hughes, of Brighton, England, is expected here in May to conduct the course in materia medica. Opportunity will be given the members of the profession in Boston and vicinity of attending his course of lectures on payment of a small fee. More definite information regarding the matter will be circulated later.

The course of study in the school has been rearranged and systematized, and the work for the year is divided into three terms of exactly ten weeks each.

The Massachusetts Homœopathic Hospital was reported in a specially satisfactory condition, in view of the fact that the long-needed extension is in the process of erection, and when complete will afford room for fifty more patients.

Superintendent H. C. Clapp, M. D., of the Boston Homœopathic Dispensary, reported that 1,300 patients had been treated during the past year, and 33,485 prescriptions dispensed. He appealed to the physicians present for their aid and influence toward securing funds for the erection of a new dispensary building. Dr. L. M. Porter, medical attendant in Home of Moral Reform, reported twenty-seven obstetrical cases during the past year, all of which were normal.

The election of officers resulted as follows : —

President. — J. P. Sutherland, M. D.

Vice-President. — Annie E. Fisher, M. D.

Secretary. — Horace Packard, M. D.

Treasurer. — A. L. Kennedy, M. D.

Censors. — C. Wesselholft, M. D., C. H. Farnsworth, M. D., C. E. Hastings, M. D.

By special request. Prof. G. Stanley Hall favored the society with a lecture on "Right and Left Handedness," which bore evidence of much research and careful preparation. At the close of the lecture the society adjourned to the supper hall, where an hour was spent in gastronomic and social pleasures.

FEBRUARY MEETING.

The February meeting of the society was held Thursday evening, the 14th inst., at the usual place.

Dr. J. P. Sutherland delivered a short inaugural address, in which he urged the members to renewed activity and efforts towards making the coming meetings of the society more valuable.

The secretary called attention to the plan of work for the ensuing year, which will be substantially as follows : —

March 20, Hospital practice, reports of medical cases.

April 10, Obstetrical practice.

May 8, Materia medica.

June 12, Hospital practice, reports of surgical cases.

October 16, Gynæcological practice.

November, Pædological practice.

December, Surgical practice.

Each meeting is to be put into the hands of a separate committee specially appointed to take it in charge and elaborate material for it.

At the next meeting, cases of extraordinary interest will be reported from the Massachusetts Homœopathic Hospital.

A paper on "The Value of Clinical Evidence" was read by Dr. Walter Wesselhoeft and another, entitled "A Layman's View of the Potency Question," by Dr. A. H. Tompkins. Both papers bore the evidence of careful preparation and were listened to with marked interest.

REVIEWS AND NOTICES OF BOOKS.

MANUALS FOR STUDENTS OF MEDICINE. Philadelphia: Henry C. Lea's Son & Co.

SURGICAL PATHOLOGY. By A. J. Pepper, F. R. C. S.

The author's aim in writing this little book has been to give to students preparing for final examinations an explanation in practical, concise form, of the causes and methods of the pathological processes which attract the surgeon's attention; and it gives us pleasure to say that, for a small work on surgical pathology, we can recommend no better one to students to aid them in "brushing up" before examinations. The work is purely on pathology, all suggestions as to treatment being rigidly excluded. The author, in brief terms, presents all the recently established facts and all plausible hypotheses connected with his subject, referring frequently to the differing opinions held by acknowledged authorities, signifying without hesitation his own preference in each case. Of the eighty-one illustrations contained in the book, sixty-six are original.

SURGICAL APPLIED ANATOMY. By Frederic Treves, F. R. C. S.

The title of this manual seems sufficiently clear. It is intended to show students how anatomy is concerned in actual dealings with disease, and it endeavors to impress on their minds those details of anatomy that are of practical importance, thereby enabling them to weigh for themselves the comparative value of the dry facts they have learned or are in process of learning; therefore detailed anatomical descriptions are left to systematic treatises. The text is divided into the consideration of the various regions of the body, and the diseases and accidents they are especially liable to, the description of the parts being in every instance as concise and complete as is necessary to give a lucid explanation of the operative procedure required by the emergency, and of the pathological process itself. The value of the work is far from confined to the student: the practitioner "whose memory of his dissecting-room work is growing a little gray" might look far before finding a work that will be of more service in hurriedly preparing for a special case.

THE DISSECTOR'S MANUAL. By W. B. Clarke, F. R. C. S., and C. B. Lockwood, F. R. C. S.

We can cordially recommend this book as better fitted than any we have yet seen to take the place of Hodge's Practical Dissections, which has been so long out of print, and which for

so many years has been the favorite guide in dissecting. The student is told how to dissect, and how to find the component structures of the human body, there being much less of descriptive anatomy given here than one finds in Hodge's book. For full description of the various structures, the student is referred to the ordinary text-books of descriptive anatomy, for which this manual is not intended in any way to stand as a substitute. The authors dwell upon the necessity of studying the minute and exact relationship of the parts of the body, in such a way that the student, if asked to expose a certain portion of a given structure, can tell just what structures are superimposed, and just what portion of each must be removed in order to display the part called for. Nothing short of this reaches their ideal, and in a very practical way they help students to its attainment.

CLINICAL CHEMISTRY. By C. H. Ralfe, F. R. C. P.

The other manuals of this series noted above are intended rather for the medical student than for the general practitioner. This little book, however, we can commend to physicians as well as students as being likely to materially aid them in the making of those accurate analyses frequently so necessary to diagnosis.

In several of these books the proof-reading has been somewhat carelessly done; for which, however, we cannot hold the authors in any way responsible, since, doubtless, the proof-sheets were not forwarded for their correction.

HUMAN PHYSIOLOGY. By Henry Powers, F. R. C. S.

This is one more volume added to the list of useful and practical manuals given above. On account of the nearly simultaneous appearance of complementary volumes, such as Klein's Elements of Histology, Ralfe's Clinical Chemistry, and others, the author says that many subjects usually found in text-books of physiology have been omitted. But what the author has given us is of the very best and latest, and, if mastered in connection with the other volumes referred to, will well prepare the student for the further prosecution of his studies and the practice of his profession. The subjects considered are the blood, the heart, respiration, food and its digestion, and the functions of the various organs, tissues, and senses of the human body. It is a volume of 389 pages, and is gotten up in the same convenient and useful form as the other volumes of the set, which, as manuals, leave little to be desired.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA FOR 1883.

This may be taken by other State societies as a model volume of transactions. Besides the usual accounts of proceedings, addresses, list of members, papers presented through the differ-

ent bureaus (many of which are of great excellence), one special feature is the preparation of monographs by some of the county societies. For instance, the Alleghany County Society appointed a committee of five to write a paper on Albuminuria, one taking the history, one the etiology, one the pathology, etc.; and the Philadelphia County Society united to present in a similar manner a paper on Phthisis. Altogether it forms a very interesting volume of 382 pages.

BOOKS RECEIVED.

PREVENTIVE MEDICINE, by B. W. Richardson, F. R. S. Philadelphia: H. C. Lea's Son & Co.

KEYNOTES OF MEDICAL PRACTICE, by Ch. Gatchell, M. D. Chicago: Gross & Delbridge.

THE ROLLER BANDAGE, by W. B. Hopkins, M. D. Philadelphia: J. B. Lippincott & Co.

UTERINE DISPLACEMENTS, by S. J. Donaldson, M. D. Boston: Otis Clapp & Son.

AN OBSTETRIC MENTOR, by C. M. Conant, M. D. New York: A. L. Chatterton Publishing Company.

COUGH AND EXPECTORATION, by E. J. Lee, M. D., and Geo. H. Clark, M. D. New York: A. L. Chatterton Publishing Company.

A MATERIA MEDICA OF DIFFERENTIAL POTENCY, by B. F. Underwood, M. D. New York: A. L. Chatterton Publishing Company.

INTRACRANIAL DISEASES, by C. P. Hart, M. D. Philadelphia: F. E. Boericke.

OPERA MINORA, by E. C. Seguin, M. D. New York: G. P. Putnam's Sons.

BACTERIA AND THE GERM THEORY OF DISEASE, by H. Gradle, M. D. Chicago: W. T. Keener.

INDEX TO THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION, Vols. I. — XXXIII., by W. B. Atkinson, M. D. Philadelphia: W. F. Fell & Co.

OUR MISCELLANY.

THE New York State Medical Society held its seventy-eighth annual meeting in Albany, Feb. 5, 6, and 7. During its session, the subject of the Code of Ethics came up once more, and for the third time the adherents of the new code were victorious. This year the vote stood, for the new code 125 against 105 for the old code. This vote was cast in face of the threat that a new State organization would be formed unless the present State society repented of its past rebellious action, and readopted the national code. In accordance with this threat, the adherents of the old code met on the day following their defeat, and organized the New York State Medical Association, electing the usual officers, and deciding to hold their next meeting in New York City the third Tuesday of November. Thus, in the opinion of the "stalwarts," is the dignity of the profession upheld, and the medical science and art made stronger to cope with the ills of humanity.

A NEW HOSPITAL. — Our friends in Buffalo, N. Y., finding their present hospital building too small to meet present requirements, are now raising funds to purchase land and erect a new building. Through a circular widely distributed they appeal to the friends of homœopathy for assistance in their charitable object. Their treasurer's address is S. V. Parsons, 490 Delaware Avenue, Buffalo. We pause in the press of home work to heartily wish them success in their worthy undertaking.

"PINK GRANULES."—An enterprising Western firm advertise their willingness to supply society at large with a pharmaceutical delicacy called the "Pink Granule." They are "diminutive pills, containing minimal doses, and coated with sugar to which a pink coloring has been imparted." "They are especially adapted to children, and in the cases of fastidious women, also, are a desideratum."

Shades of Oscar Wilde! Is æstheticism to penetrate, then, even the grim precincts of medical science with its "harmonic joys of color"? And if so, shall not we homœopaths have our joke, also, and treat extreme bashfulness with green pellets, and prescribe for depression of spirits powders tinted a delicate blue?

SUCCESS UNDER DIFFICULTIES.—The famous oculist, Prof. Ludwig Mauthner, of Vienna, has just made a successful operation on the eye of a colleague of his, aged ninety-six years. A former experiment gave back eyesight to a poor man who had completed his one hundred and second year. Considering the age of these patients, these cases may well be cited as unique in the annals of ocular therapeutics.—*Boston Daily Advertiser.*

DO NOT "GO WEST!"—The census report makes a very unfavorable showing for doctors, especially at the West. The average for the Western States and Territories is one doctor for each 524 of population, a proportion not equalled anywhere in the world. Chicago has one doctor to 548 of population, Detroit one to every 469, Indianapolis one to 313, Denver one to 260, Kansas City one to 332, Milwaukee one to 819, Minneapolis one to 387, St. Louis one to 475, and St. Paul one to 553. In this connection the following statistics are of interest: The proportion of doctors to population in Switzerland is 7.06 per 10,000, in Italy 6.10, in Hungary 6.10, in England 6, in Austria 3.41, in Germany 3.21, and in France 2.91.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL.—The annual report of the Massachusetts Homœopathic Hospital gives the number of cases treated there during the past year as 277; of which only 10 proved fatal. Work on the new wing, which is to be devoted chiefly to surgical cases, progresses satisfactorily. This addition will be of the greatest value to the hospital, as it will not only greatly extend the accommodations for patients, but also contains an operating-room and amphitheatre constructed in the most approved style.

PERSONAL AND NEWS ITEMS.

DR. A. LINDSAY has returned to Laconia, N. H., on account of his health.

DR. A. H. PEIRCE has removed from Wilton, N. H., to West Newbury, Mass.

DR. W. E. BONGARTZ, B. U. S. of M., Class '83, has located at Beverly, Mass.

MARY L. SWAIN, M. D., has removed from Minneapolis, Minn., to No. 474 Columbus Avenue, Boston.

DR. G. J. WALKER has removed from Fall River to No. 579 Dudley Street, Roxbury District, Boston.

W. B. WHITING, M. D., has removed from Biddeford, Me., to Malden, Mass., residence formerly occupied by Dr. Hall.

C. S. ROUNSEVEL, M. D., has removed to Nashua, N. H., having taken the practice of Dr. C. C. Ellis.

LAMSON ALLEN, M. D., has removed from Worcester to Southbridge, Mass., having purchased the practice of Dr. C. H. Lanphear.

DR. R. M. MINARD, now at Starksboro, will shortly change his location to Topsham, Orange County, Vt.

DR. T. E. PARKER, has formed a partnership with Dr. F. L. McIntosh, at Claremont, N. H.

DR. W. H. SIBLEY has removed from Eastport to Augusta, Me., taking the office formerly occupied by Dr. Bell.

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 4.

APRIL, 1884.

VOL. XIX.

SOME COMMENTS ON THE GERM THEORY.

It is a familiar saying of one of the wisest of philosophers, that the truth-seekers of this world are at best only children picking up pebbles on the shores of an eternal sea. He might have added that few of them had wholly outgrown the childish hope that each new pebble picked up might, on being submitted to Science, the wise mother, be pronounced the "philosopher's stone," found at last, — key to old mysteries, transmuted of useless things into treasures of price. Disappointed in this, they, if foolish and petulant, fling the pebble by as worthless and meaningless; if more wise and patient, they hold it up to the light awhile, if perhaps they may find upon it hieroglyphics telling some strange story of the great sea which flung it at their feet.

Some such figure as this is suggested to one thinking over the history of the development of the "germ theory." Looked at askance in the beginning by the majority of scientists, it has conquered their incredulity by bringing forward fact after fact in its own support, until it may be almost said to-day to be the thing of most absorbing interest to the medical profession. It is natural that, in the reaction from our first indifference, we should demand of it miracles, of which, in its yet undeveloped state, it is not capable. Only a frank acknowledgment of its present limitations can help us to a knowledge of its possible powers.

Does the "germ theory" satisfactorily explain the phenomenon of a single attack of a disease like small-pox, scarlatina, or typhoid, securing for the patient immunity against future attacks of the same malady? No less an authority than Prof. Tyndall has lately expressed an opinion that it may. "Reasoning from analogy," he says, "I venture to express the opinion that the rarity of second attacks of communicable disease is due to

removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and propagation of the parasite." The analogy referred to is found in the fact, well known to agriculturists, that certain trees and vegetables seem so to exhaust the soil in which they are grown of the ingredients necessary to their support as to make a successful second growth of the same tree or vegetable impossible on the same soil. Some other variety may, however, be grown there with perfect success. So in the human organism: one contagious disease may follow another; but this is only a part of the truth. It is well known to agriculturists that there are exceptional crops which can be successfully grown on the same soil year after year: witness the statement lately made by Sir J. Bennet Lawes, that he has raised a crop of wheat for twenty consecutive years from the same field without the addition of fertilizers, and the twentieth crop was more abundant than the first. It is well known to physicians also that there are infectious diseases one attack of which does not secure the patient from the second. Pneumonia, for example (which Juergensen seems to prove an infectious disease), diphtheria, relapsing and malarial fevers, etc., instead of securing immunity from future attacks, seem rather to excite a predisposition to their frequent recurrence. We find then the limitations of Prof. Tyndall's very suggestive theory. It has been proved with almost absolute certainty that many diseases are due to the infection of the system by so-called micro-organisms. At most, we must conclude that there are bacilli and bacilli, as there are vegetables and vegetables; and it behooves the scientist, by all patient experiment, to familiarize himself as thoroughly with the conditions of growth of the one as agriculturists have already done with those of the other.

The vital question of acquired immunity from contagious diseases is being patiently and wisely investigated to-day by our greatest experimenters, and its vast importance to human welfare is worthy of their powers. It would be much to know, though it were not clear yet how we are to apply our knowledge, that by certain methods of cultivation the virulence of some bacteria has been greatly modified; so that inoculation with the attenuated parasite is free from danger and secures the desired immunity to the individual. This, Pasteur claims to have estab-

lished as a fact, with regard, at least, to chicken cholera and splenic fever of cattle. Koch, it is true, claims that the animals thus inoculated are safe only from the effects of the germs when introduced through wounds, but are not protected from them when introduced into the body in the natural way, *i. e.*, through the intestinal canal. Only continued experiment can satisfy us which scientist is right. Pasteur seems to receive some support from the vaccination of man for small-pox. "It is not improbable that the micrococci, which constitute the granules in cow-pox virus, represent the mitigated small-pox parasites."* Heifers have been successfully inoculated with small-pox virus, producing thereby genuine cow-pox, transmissible as such to the human arm.

There is in experiment with these and other contagious diseases an immense field opened to earnest workers. Nowhere in scientific investigation may they hope to win a more lasting fame or do work more vital to human welfare.

Prof. Tyndall, in a paper published in the *Pall Mall Gazette*, and copied by several medical journals, says: "In anticipation of the assault of infective organisms, the experimenter will try to introduce into the body substances which, though small in amount, shall so affect the blood and tissues as to render them unfit for the development of the contagium."

"Dr. Polli, of Milan, finds that alkaline sulphides introduced into the body act powerfully on the contagia of marsh fever, typhoid, miliary fever, puerperal fever, and small-pox." Instance the power so often exhibited by hepar sulphur to check or prevent the process of suppuration, certain forms of which are undoubtedly due to the presence of bacteria in the tissues. This power, long ago revealed to homœopathy through its law of similars, and utilized by homœopaths for years past, is just claiming recognition from old-school scientists.

Tommasi-Crudeli, whose name is well known in connection with the study of malarial fever, is now experimenting to discover a defence against that formidable malady. He has, to this end, administered arsenic to employés working upon railroads in the most malarial regions. Beginning with two milligrammes daily, he increased the dose to eight milligrammes. His success was

**Vide* Gradle's recent work on "Bacteria and the Germ Theory of Disease."

such as to encourage renewed experiment, — his plan seeming to prove both preventive and curative in its action.

The germ theory is not yet proven the philosopher's stone of medical science. But no less, in the hands of wise and patient experimenters, it is revealing to scientists possibilities of help for humanity undreamed of in past time, and its promise for the future is infinite.

HOMŒOPATHY IN AUSTRALIA.

NOT long ago we received the fifteenth annual report of the board of management of the Homœopathic Hospital, Melbourne, Australia, which, giving evidence as it does of the prosperous condition of homœopathy in Australia, we read with much pleasure. The fact that a dispensary, established fifteen years ago, and a hospital, opened nine years ago, have been in existence so long, is strong testimony to the energy of our colleagues, and to their devotion to the cause they espouse, especially when we remember that the number of workers is small.

From the report we learn that one hundred and thirty-seven patients were treated in the hospital during the year ending June 30, 1883, with the following result: forty-three were cured, sixty-one improved, thirteen (a little less than nine and one half per cent of the whole number) died, eleven were unrelieved or incurable, and nine remained.

The number of out-patients treated was one thousand two hundred and eighty-nine.

That public interest in the continued success of the institution is increasing is evinced by the fact that, in order to accommodate the constantly growing demands, it has been necessary to erect a new and larger building. The foundation has been laid, and the superstructure is now in process of completion. The new structure, when finished, will be not only commodious, being composed of a three-storied central block with two two-storied wings, but in point of architecture it will be exceedingly fine and picturesque. To complete the central portion and one wing, including furnishing, it is estimated that ten or fifteen thousand dollars over and above the amount in hand will be required; and, as it is proposed to open the hospital free of debt, strenuous

efforts are being made to obtain the desired amount, with good prospects of success.

Realizing the urgent necessity of an efficient system for training nurses, a course of special lectures was delivered during the year, to which ladies taking an interest in the hospital were also admitted. The appreciation of the course was so evident that the board of management were encouraged to form a class for those desirous of being trained as professional nurses, upon the customary plan, requiring attendance upon a certain number of lectures, and service in the hospital wards for a stipulated time, followed by a proper examination, the successful candidates receiving a certificate of competency.

The medical staff of the hospital consists of two physicians and two surgeons, who attend to both in and out patients.

The whole report offers a most gratifying proof of how great a result can be accomplished by even a few faithful and enthusiastic workers, and gives fresh testimony as well, of the power of homeœopathy to commend itself to public favor, wherever it is given a fair opportunity.

A CORRECTION.

WE are sorry to see that in the last issue of the GAZETTE a grave injustice is done the Boston Homœopathic Dispensary. On page 92, second line from top, for 1,300 patients, should be read 13,001.

The editor, having lately received several communications sent anonymously to the GAZETTE, takes this opportunity of stating to correspondents that the GAZETTE, in common with most other journals, cannot take the responsibility of publishing any communication whose author's name and address do not accompany the manuscript.

ERRORS OF REFRACTION AND ACCOMMODATION.

BY E. H. LINNELL, M. D., NORWICH, CONN.

[*Read before the Connecticut Homœopathic Medical Society.*]

SEVERAL articles have appeared in medical journals of late under this or similar titles, and the increasing interest that is manifested in this direction indicates a growing appreciation of the importance of such affections, and this is my apology for trespassing upon the valuable time of the society in discussing a question already familiar to you.

If some facts, verified by personal experience, and some thoughts suggested thereby, prove of any practical value, even

though slight, in the recognition and treatment of these affections, our time will not have been wasted.

It is undeniable that defective vision, due to abnormal refraction, is increasing in this country, and it is also true that much can be done to limit its increase by a knowledge of the nature and causes of such defects. This applies especially to myopia, and the preventive measures, to be effectual, must be employed during childhood and youth. Myopia is rarely congenital, although a hereditary predisposition thereto very frequently exists. A myopic eye is especially liable to diseases of the choroid and retina, which materially affect vision, and the myopia is essentially progressive in tendency up to twenty years of age; therefore it is of especial importance that a proper and careful use of the eyes during this critical period be enjoined by parents and teachers, and that the existence of such defect be early recognized. Near-sightedness is rare among the poor and ignorant classes. It is much more often found among the intelligent and educated. It is more frequent among the inhabitants of towns than of the country, and is nowhere so prevalent as in Germany. The modern systems of education have an undoubted influence in causing the development and increase of near-sightedness. In 1879 I had the opportunity of examining the eyes of 700 school children between the ages of 7 and 18 years. Some of the results of my examinations may be surprising to those whose attention has not been specially directed to the subject

Only 50.71 per cent had normal vision. I found 81 cases of myopia out of the 700; and the ratio of myopia to the ages of the scholars is especially noteworthy. There was a steady increase both in the relative frequency and in the degree of myopia as the ages of the scholars increased. The special causes of its development and progress are close application, poor print and poor light, necessitating strong convergence and strong efforts of accommodation, and a stooping posture. The increased refraction of the myopic eye is due to an elongation of the antero-posterior diameter, resulting in stretching, thinning, and, finally, ectasia of the posterior portion of the eyeball; and these processes naturally predispose to inflammation of the tissues involved, and to detachment of the retina. Hence it is readily comprehended how hyperæmia, incident to bending over, and tension of the eyes for near objects, will aggravate any existing defect. Indeed, such influences, I am satisfied, sometimes cause myopia in eyes previously healthy and free from hereditary tendency. It was formerly denied that originally hypermetropic eyes ever became myopic; but Dr. Derby, who has for a number of years made periodical examinations of the eyes of the students of Amherst College, has actually demonstrated such a change of

refraction as a result of excessive use of the eyes. Such being the facts, what are the remedies? In the first place, the school-rooms should be so arranged that there shall be sufficient illumination,—at least 30 square inches of window space to each square foot of floor space,—and, preferably, the windows should be all on one side. The scholars should not be allowed to face the light. The height of the desks should be graduated to the size of the scholars, and they should have sloping covers, that the book may be so placed as to be easily read while sitting erect. Rectilinear drawing on a plane surface is especially injurious. The books should be printed on good paper, with clear, distinct type of suitable size, not smaller than 1-12 of an inch in height and 1-100 of an inch in thickness. Every two letters should be separated by a clear space at least as broad as that between the two strokes of the letter N. The interlinear space should be as much as 1-10 to 1-8 of an inch, and the lines should not be longer than 3 1-2 inches. (Hermann Cohn.) Furthermore, suitable glasses should be worn as soon as they are needed. It is not always desirable to entirely neutralize the myopia; and much injury results from the use of unsuitable glasses. Strong ones may necessitate too much effort of accommodation and be injurious for that reason. Often in high degrees of myopia it is advisable to give two pairs of glasses: one for distance, and one for near work or for use at a given distance, as in playing the piano. By a careful attention to these rules much can be done to limit the increase of myopia.

To return to my examination: I found hypermetropia of much more frequent occurrence, viz., in 31 per cent of the scholars examined. The condition of the eyes in this affection is just the reverse of the preceding, viz., the antero-posterior diameter is too short, so that even parallel rays are not brought to a focus upon the retina without effort. The affection is congenital, it is not progressive, and it is not attended with inflammatory changes in the fundus, which threaten blindness. But the constant strain on the accommodation sooner or later becomes painful. The eyes are easily fatigued, the conjunctiva becomes injected, strong light is painful, and, owing to the necessary association between accommodation and convergence, weakness of the internal recti develops. The patient is then unable to see distinctly near by for any length of time, because the strong efforts of accommodation and convergence can no longer be maintained, and the print becomes blurred, and the letters run together. If use of the eyes is still persevered in, headache more or less severe results, occasionally nausea and other reflex nervous symptoms are manifested; the doctor is puzzled, and remedies have no effect, until, happily, attention is directed to the eyes, and a pair of convex

glasses brings speedy relief. This is no fancy sketch, but an actual, every-day experience. It has been my good fortune to relieve many chronic headaches of students, seamstresses, etc., in this way.

Where the hypermetropia is of high degree, even distant vision is imperfect without glasses, and slight degrees necessitate the earlier use of magnifying-glasses in adults.

The foregoing remarks apply with even greater force to astigmatism. Here the trouble lies in an unsymmetrical development of the eye, so that the refraction of the two principal meridians is unlike. The vertical meridian, *e. g.*, may be emmetropic with normal vision, and the horizontal, myopic, or hypermetropic; or, both meridians may be myopic or hypermetropic, but in different degrees; or, one may be myopic, and the other hypermetropic. In these cases, the refraction of the separate eyes is not infrequently different; and I have sometimes found myopia of one and hypermetropia of the other eye. It is easy to imagine what indistinct and confused images are formed upon the retina in these cases, and any one can obtain a realizing sense of the annoyance and discomfort which such a condition occasions by attempting to read a few moments with cylindrical lenses. To correct this anomaly of refraction, it is necessary to ascertain accurately the angle of the asymmetrical meridians, and the refraction of each separately, and then have such a lens made as will render both meridians emmetropic. This is often no easy task, but patience and skill will succeed with mathematical accuracy; and it is a matter of much gratification thus to enable a person to see, for the first time, clearly. My patients have sometimes exclaimed gratefully, "Why, Doctor! It is a new world to me since I have had these glasses."

Allow me just a few words in regard to the recognition of these anomalies of refraction, and I will not trespass upon your time and attention longer. If distant vision is improved by concave glasses, myopia is present. There is a form of *pseudo-myopia*, due to a spasm of accommodation, however, which is misleading. Sometimes I have met with cases of apparent myopia, which, after the accommodation had been paralyzed by atropine, or some other mydriatic, proved to be hypermetropia. In the latter condition, convex glasses improve distant vision; or at least the patient sees as well through weak convex glasses as without them. In young children, or in slight degrees, where the power of accommodation is strong, the hypermetropia may be wholly latent; but in suspected cases, the use of atropine will establish the diagnosis. When astigmatism exists, some lines, either vertical, horizontal, or inclined, are seen more distinctly than others, and vision is improved by cylindrical glasses. Of course, every

physician cannot be an oculist; but a few trial glasses and test-types can be obtained at a small expense, and will establish the diagnosis, and suggest the proper line of treatment in many an obscure case; and the successful treatment of just such cases adds materially to one's reputation. Many a child is accounted stupid, and treated accordingly, whose sole trouble is defective vision; and many a headache may be prevented by suitable glasses.

ACCIDENTAL PROVING OF IODIDE OF POTASSIUM.

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

HAVING been troubled with furuncles, which seemed to persist in spite of the usual remedies, a physician whom I met at a medical meeting said, "When you get home to-night, take forty grains of *iodide of potash* and it will cure your boils." I arrived home about midnight, and took not over fifteen grains of the *iodide*. I went to bed and awoke at 3 A. M. with a stream of hot fluid flowing from my nostrils, and a profuse secretion from my salivary glands. This continued in increasing severity, so that by 7 A. M. the Schneiderian membranes were fully congested. There was frequent and prolonged sneezing. The cellular tissue about my eyes was œdematous, the mucous membrane of my hard and soft palate was swollen and tender, and in many places it was excoriated. By 12 M. my palate was very painful, and felt as though the tissues were stretched laterally across the posterior portion of the soft palate and the root of the tongue. The tissues were exceedingly dry about the pharynx and larynx, so that my voice was very hoarse. There was empty belching and slight uneasiness about the left chest. During the day the secretions from mouth, nose, and eyes were very acrid, so that the skin was excoriated with which they came in contact. The secretion from the eyes was not profuse, but the conjunctivæ were injected, and the eyeballs felt as though they were compressed upon all sides, as though they were incased by a rubber covering, which kept up a constant contraction. All the teeth in the superior maxilla ached, as well as the bone itself, and the malar bones were particularly sensitive to touch. During the forenoon there was a pressing pain throughout my whole head, but decidedly worse in the frontal sinuses and right mastoid cells. There were piercing pains in both ears, but worse in the right. During the afternoon my eyeballs were very painful upon the least movement. All of these symptoms gradually subsided excepting the pain in my head, which increased in severity up to 9 P. M. My face was flushed with throbbing of the superficial vessels. I had taken *belladonna*, but at 9 P. M. the pain was so severe that I felt obliged to stop

my suffering, so I took three doses during the night of a mixture of *chloral hydrate* and *bromide of potassium*. This gave relief, and I slept most of the night. At 9 A. M., thirty-three hours after taking the *iodide of potash*, I found myself quite free from all pain, excepting a very slight uneasiness in frontal sinuses. Upon looking into a mirror I saw that there was a slight flush about my eyelids, which were still œdematous. My tongue was coated white, my pulse was weaker than natural, also slower. Had a slight fever during the afternoon after taking the *iodide*. For the first six hours, after taking the *iodide*, the urine was increased to three or four times its usual amount. My sufferings were intense. Fifteen grains of *iodide of potash* would not be considered an overdose; but in my case the action was decided. It should be a most excellent remedy for the acute influenzas that we meet with in this climate so frequently. The profuse acrid nasal flow, with sore throat, sore eyeballs, œdematous eyelids, congested conjunctivæ, and headache, all would call for this remedy. I have noticed a decided action upon the kidneys from the 4th decimal.

“*LEUCORRHŒA AND MORNING SICKNESS*” AGAIN.

EDITOR NEW ENGLAND MEDICAL GAZETTE:

I noticed in your “Miscellany” in the November number an article from the pen of Dr. Ludlum (taken from the *New York Medical Times*), where he says he never saw a patient who had leucorrhœa during pregnancy who suffered with morning sickness.

As Dr. Pursel, of Renova, Pa., has cited a case in the January number, allow me also to add one or two.

Mrs. W—— became pregnant for the third time about Oct. 15, 1882; did not suffer from morning sickness to any great extent, but during the first four months was troubled with leucorrhœa very much; was delivered at full term of a fine healthy boy.

Mrs. M—— became pregnant about April 30, 1879, suffered the whole nine months from morning sickness, and had a profuse leucorrhœa most of the time; became pregnant again about Jan. 1, 1883, and the morning sickness was about the same as previous time, but the leucorrhœa was not so profuse; although she had more or less all the time.

You see I have cited one case that agrees with Dr. Ludlum and one which does not.

Yours very truly,

J. F. MORRILL, M. D.

*SILICEA IN NECROSIS OF THE JAW AND IN ENLARGED
SUBMAXILLARY GLAND.*

BY C. H. HADLEY, M. D., BLOCK ISLAND, R. I.

CASE NO. 1. Mrs. D—— had suffered a long time with the toothache. I extracted one of the bicuspidis in the upper jaw, — it was badly decayed, and had caused ulceration, — but the jaw continued to ache, and pieces of bone would work out where the tooth had been extracted. Various remedies were tried, — *Phos. Mezereum, Mercurius, Aurum, and Nitric Acid*, — but without any apparent effect. *Silicea 3^x trituration* was then given, and in a few days there was a decided improvement. After taking a two-drachm vial of the 3^x trituration, the pain in the jaw ceased, and no more pieces of bone were discharged. It is now several months since it has troubled her to any extent. Whenever she takes cold, the soreness returns for a few days, but soon disappears.

CASE NO. 2. Enlarged submaxillary gland. A little boy, about eighteen months old, had a slight enlargement of one of the glands under the jaw. For about two months it continued to increase gradually, and did not seem to trouble the child any. Then it began to increase in size rapidly, and the child lost its appetite, and was very irritable. I was called, and found the gland as large as a pigeon's egg. I gave *Merc.* and other remedies; but the gland continued to grow in size until it was two inches or more in length, and exceedingly indurated, so that to the touch there was a peculiar stony hardness. I then gave *Silicea 3^x trituration*. It began to decrease in size at once, and in a week had almost disappeared.

DYSMENORRHŒA.

Concluded.

BY S. J. DONALDSON, M. D., NEW YORK CITY.

[*Read before the New York Medico-Chirurgical Society.*]

OVARIAN DYSMENORRHŒA.

THIS form of painful menstruation is deserving of special attention, from the fact that its early diagnosis and treatment are indispensable to its cure. When we consider how these organs are subjected to periodical and incidental perturbations, we can understand why this form of dysmenorrhœa is by no means rare, and also that when once established the constantly recurring disturbances will perpetuate the morbid condition. The symptoms peculiar to the congestive and ovarian types resemble

each other so closely, that it is not always possible to distinguish between them. It will aid us in this if we remember that the first is reflected more through the vascular system, while the second exerts a notable influence upon the nerves and mental faculties, producing melancholia, hysteria, and even insanity and epilepsy. The writer has had several cases of temporary mania associated with this disease. In one instance, a wife was possessed with a strong desire to kill her husband while he slept, and yielded so far to the impulse as to secure a revolver with which to carry out her design. In another, the pain would suddenly cease, and the patient would charge with having insulted her, any man who chanced to be present, or with whom her thoughts had recently been occupied. Another accused herself (to her family and others) with having held improper relations with various men, and of having given birth to a child. The two latter subjects were chaste, unmarried women, who in their normal condition were modest and retiring to the verge of prudishness.

Not only is the imagination morbidly affected, but these patients develop a peculiar aptitude for misrepresentation. They will insist that they have not slept for months, or that they have not eaten anything for a long period. Often they will assert that their bowels have not been evacuated for weeks, or on the other hand that the alvine evacuations are frequent and great beyond any possibility. Not only are their statements regarding the amount and nature of the excreta unreliable, but they will often secretly mix them with foreign matter and present them for the confusion of their attendants. Let no one infer that I believe all patients suffering from diseased ovaries exhibit such marked mental perversities; still I cannot recall a single case in my experience where there has not coexisted to a greater or less degree psychical obliquities. The temper has always been capricious, and, if not absolutely untruthful, their statements were as a rule greatly exaggerated. Beside these mental phenomena, the clonic spasms of hysteria are well-known expressions of ovarian disturbance. Indeed, it is apparent that the sympathetic relation existing between the ovaries and nerve ganglia is so very intimate and potent, that every shade of mental perversity in women may be induced through ovarian disease. We have no doubt that could the "devils" that possessed certain women of old be subjected to modern medical scrutiny, they would resolve themselves into diseased ovaries. The character of the pain will aid our differentiation; it is described as dull, tensive, sickening, digging, etc.,—shooting down the thighs, which are often flexed in order to relieve the muscular tension. Tenderness of the breasts and nausea are almost always present during the paroxysms. The renal function is

fitfully performed; at times there is an apparent inability of the bladder to retain the urine, and again a seeming indifference or inability to urinate results in a large accumulation. Conjoined physical exploration finds the ovaries somewhat swollen, and the touch produces pain identical to that experienced during the paroxysms. Very often pelvic inflammation with infiltration complicates the trouble. When the disease has existed for some time the uterus is always sympathetically affected, and the mucosa inflamed and irritable. It is seldom that both ovaries are equally involved, usually but one evincing signs of disease, and that, as a rule, the left. The reason for this left-sided preponderance has never yet been satisfactorily explained. It may be due to the same incomprehensible cause that underlies the fact that the majority of women's ailments *are* left sided. We surmise, however, that in this instance the close relation existing between the left ovary and large bowel may account for its more frequent implication. We can readily conceive that irritation of the bowel through constipation, exhausting diarrhœas, inflammation, flatulency, etc., might not only primarily affect the ovary, but prove a perpetual source of irritation to the sensitive adjacent organ. Other causes of ovaritis are pelvic inflammations; sudden suppression of the menses by cold, damp, or imprudent exposures; cold vaginal douches following coition; excessive venery, onanism, abortions, sudden sealing up of a gonorrhœal or leucorrhœal discharge, etc.

Our therapeutics in this anomaly furnish but meagre success. If we would achieve satisfactory results, the disease must be diagnosed in its early stages, and prompt, decisive measures employed. These consist in the removal of all exciting causes, absolute rest, warm clothing, nutritious diet, regularity of bowels, with the indicated remedies. During the period of rest the patient must occupy the prone or semi-prone position, and for the prevention of tissue deterioration, better assimilation of food, and elimination of effete product, massage of the entire body should be performed daily by a strong, healthy person. This is particularly essential, as active exercise is always precluded through the irritation it provokes. The above treatment to be effectual must be practised for several consecutive months, if we would save the patient from a life of invalidism, or the alternative of a hazardous operation for the removal of the diseased organs. Pregnancy unquestionably furnishes the most satisfactory results from the rest it secures to the ovaries; but, unfortunately, conception rarely occurs in women suffering from this affliction. When ovaritis has once become chronic, we know of no measures promising success except oöphorectomy. The remedies most frequently indicated are *apis mel.*, *conium*, *lilium tigris*, *lachesis*, *platinum*, *pulsatilla*, *senecio*, *tarantula*, *thuja*, *ustilago madis*.

MEMBRANOUS DYSMENORRHŒA.

This menstrual phenomenon is intimately allied to the ovarian and congestive varieties. Concerning the morbid influences underlying this process, authorities are by no means wholly agreed. In the days before this *decidua menstrualis* was submitted to microscopical investigation, it was regarded as a pseudo-membranous deposit, resulting from an exudation and organization of lymph upon the surface of the uterine cavity, similar to that witnessed in croupous deposit of the respiratory organs. More recent investigation has demonstrated that the histological structural elements of the expelled membrane are identical with the endometrium: hence the present prevailing theory that it is merely an exaggeration of the normal process, or, to be more explicit, with the return of every menses we have increased thickness and turgescence of the endometrium, with a proliferation of the epithelium. When conception does not occur, there ensues a fatty degeneration of the epithelium, with a desquamation of its cells, which causes the unsealing of myriads of minute capillaries and the escape of the menstrual flux. Now, it is believed that through the presence of inflammation or other irritation the physiological turgescence is intensified and perverted, and we have plastic hypertrophy of the endometrium; and, consequently, instead of the mere delicate epithelial cells we have an exfoliation of a tough, nidal membrane, more or less complex and organized. Others, while conceding the invariable presence of congestion, maintain that inflammation is not an essential factor in the development and moulting of the decidual membrane, and refer the difficulty to a morbid state of the ovaries. In view of the great sympathy existing between the ovaries and uterus, as well as the difficulty of distinguishing between congestion and inflammation, this discrimination seems to be a "distinction without a difference." Oldham, Rigby, Dewees, and others have taught that a rheumatic or gouty diathesis lies at the foundation of the difficulty. From the exceptional nature of the phenomenon, the suspicious circumstances usually attending it, together with the character of the extruded membrane, which is identical in structure to the *decidua vera* of early pregnancy, many refer the difficulty to conception and subsequent early abortion. As a rule, this theory is quite plausible, since by far the majority of these cases occur during early marital relations, and, moreover, is often associated with an abortive diathesis; nevertheless, the belief is not justifiable, as the anomaly unquestionably occurs independent of sexual intercourse, and is found (though rarely) in the virgin.

That ovarian irritation consequent upon sexual excitement or

other emotional influences directly heightens the predisposition is an incontrovertible fact, which must be fully respected in our treatment. After reviewing all that has been written upon this subject, it is evident that our knowledge concerning its etiology is still very incomplete, and a large and unexplored field is here presented for future investigation. Although not altogether satisfactory, the weight of argument lies in favor of the congestive theory ; but behind all this, there exists an unexplained process, else why should such a small percentage of women afflicted with congested or inflamed ovaries and uteri develop membranous dysmenorrhœa ?

Dr. R. Ludlam has drawn special attention to the markedly close relation and similitude existing between the lining membrane of the generative tract (especially the endometrium) and the skin, and states that in all the membranous cases with which he has been conversant, he has been able to trace a connection between the morbid uterine process and some previous skin affection, and believes that in the former we have an expression of a metastasis of the surface eruption to the cavity of the uterus. This ingenious theory, emanating as it does from one so skilful and discerning, is especially worthy of our attention ; still it is equally true that ovarian and uterine disorders reflect their evils sympathetically upon the skin, therefore the question may reasonably be proposed, May not the converse of Dr. Ludlam's speculation be true ? or, in other words, is it not possible that in those cases he has cited there had existed pelvic disorders previous to, and which had acted as predisponents of the skin eruption referred to ?

As cutaneous eruptions are regarded as mere secondary or external expression of internal or hidden morbid process, which may sometimes depend upon an obscure (herpetic) dyscrasia, or, again, upon depolarized nerve cells, so may exfoliative endometritis or ovaritis be originated and perpetuated through the semi-morbid perversion of the vital secretions.

Doubtless this doctrine of herpeticism was the central thought of Dr. Ludlam's theory, but his mode of expression does not make this clearly manifest. No feature of pathology is more familiar than the appearance or disappearance of surface eruptions, with the consequent relief or disturbance of internal structures, more especially the mucosa. Through all time this phenomenon has manifested its workings in an unmistakable manner, has been distinguished by various significant appellations ; and many interpretations more or less trustworthy have been advanced concerning its etiology and pathology.

Although not original with Hahnemann, this doctrine of psora is a salient feature of our school, but it is not sufficiently respected in the treatment of the disorders peculiar to women.

We will do well in the management of all pelvic and ovarian disorders (especially those conditions now under discussion) to search diligently for traces of herpetismus, for therein not unfrequently will be found the solution of the difficulty.

When we reflect how closely the endometrium is attached to the submucous uterine tissues (it being impossible to detach it by any ordinary method of dissection), we realize more fully the extraordinary features of this anomaly.

Any one who has attempted to detach the endometrium by the scalpel, or by any of the ordinary means of dissection, will find difficulty in believing it possible for this membrane to be shed entire or even in part from its submucous structures.

That this separation does take place has been demonstrated by Virchow and others, who have opened the uteri of women who have died while suffering from membranous dysmenorrhœa, and found the endometrium partially separated. These cases are eminently sporadic and exceptional, as a rule, occurring irregularly and at long intervals, although in one case with which the writer had to deal a complete cast of the uterus had been expelled regularly every six months for three years. The patient could always foretell the event by an increase of pain in the left ovary, which set in about ten days previous to the menses. Usually a full, aching, heavy sensation in the pelvis anticipates the flow by several days. Those subject to this affliction will frequently complain of a "pinching," colicky pain, which soon develops into the spasmodic and expulsive, followed by the flow, which is, as a rule, profuse. The suffering endured is most agonizing, and persists until the complete extrusion of the membranous shreds or casts, the appearance of which is pathognomonic of the disease. Besides the local symptoms, there may be more remote disturbances, such as nausea and intractable vomiting, cardiac excitement and distress, embarrassed respiration, etc. As it seldom falls to the lot of any one practitioner to have charge of many of these cases, few have anything to offer in the way of treatment beyond speculative and empirical expedients. Therefore all local therapeutic measures must be held largely in abeyance.

Although seemingly unnecessary, a protest must be entered against the application of severe caustics within the uterus, with a view to correct the morbid process. The proceeding has been advocated by many, but is not sustained by sound reasoning or clinical results. Where the uterus is enlarged, and there are indications of chronic endometritis uncomplicated with perimetritic inflammation, a sponge tent impregnated with hydrastin and borax, equal parts, introduced near the close of the inter-menstrual period, and allowed to remain a few hours, will greatly mitigate the suffering in two ways: first, by the resolvent effect

secured by the pressure of the sponge and the topical application of the hydrastin and borax; second, by dilatation of the canal, thereby facilitating the free exit of the menstrual débris. The appropriate time for the insertion of the tent is indicated by the inception of the premonitory pains. Also the hot vaginal douche, containing a drachm of Churchill's sol. of iodine to a quart of water, should be injected each alternate night, to allay congestion, and also with a view to the absorption as well as prevention of plastic deposit. We must keep prominently in mind all those influences that so often contribute to pelvic congestion, — sexual excitement, exposure to cold or draughts, living in damp apartments, wearing thin shoes, insufficient protection of the legs, imprudences of diet, etc. All these must be carefully supervised; and, furthermore, we must adopt all available measures for the upbuilding of the constitution. Should there exist an abiding source of irritation in the form of some local organic defect, it must, of course, receive proper attention.

Finally, a sojourn in a climate as free as possible from sudden and extreme changes of temperature will often secure a happy result.

As for the matter of internal medication, it is presupposed that we have nothing of a specific nature to offer. Among the remedies from which we may select are *uconite*, *apis*, *arsenicum*, *arsen. iod.*, *belladonna*, *borax*, *bromium*, *bryonia*, *calcarea carb.*, *caulophyllum*, *colocynth.*, *macrotin*, *rhus tox.*, *sepia*, *silica*, *sulphur*, *thuja*, *viburnum opulus*, *xanthoxylum*.

In the management of every form of painful menstruation we will have to draw largely upon our rational and philosophical resources. We must never lose sight of the fact that we have to deal with diatheses, upon which are engrafted in a marked degree the hysterical and neuralgic elements, and upon inquiry we will frequently find that these patients have inherited their physical tendencies. The mother may not have displayed a neurosis of the pelvic organs, but may have been subject to violent periodical headaches instead; or, either parent may have been the victim of gout or rheumatism, which diathesis unquestionably predisposes to dysmenorrhœa. While a majority of the purely neuralgic or spasmodic cases are directly traceable to parentage, there are others of the same type, acquired through faulty mental training, or excessive cultivation of music, painting, or kindred æsthetic pursuits. Unfavorable moral influences, unrequited affection, or unfortunate marriage, all hold important positions as causative influences. While these facts will be conceded by all, they are unfortunately too often ignored. Instances are not rare where much harm has been perpetrated by the treatment of highly nervous temperaments upon the assumption that an impediment to the flow existed, when really there was no

such abnormality except in the imagination of the physician, who had been led astray by some seductive theory regarding local therapeutics. It will be understood that the plicated cervical mucosa dipping down into the grooves of the arbor-vitæ-uterinæ of a nulliparous uterus may form no inconsiderable impediment to the passage of a probe within the canal. In the hands of one not particularly expert in manipulating the sound, the point of the probe becomes entangled in the folds of the rugæ, which may result in an unfortunate diagnosis and mischievous operation. Without doubt, were these same physicians permitted to examine the uteri of multitudes of women who menstruate painlessly, they would discover a like condition of the canal.

The more urgent symptoms displayed at the menses are too apt to receive our best services, while our efforts are disposed to relax with the cessation of the active features of the complaint, whereas it is during the menstrual interim that our therapeutical measures should be assiduously prosecuted. It is from strict attention to and the fulfilment of the manifold hygienic principles that we may hope for the attainment of our object. This comprises the matter of dress, diet, exercise, mental influences, sexual relations, regularity of bowels, posture, and numerous other considerations, all of vital import, but too often lost sight of from the prevailing disposition to discover and deal with some local or constitutional predisponent. The dress should be sufficiently warm to protect the surface from sudden chills. Especial attention should be given to the protection of the feet and legs, for herein lies the source of many discomforts peculiar to women. The clothing once having been adopted for the cold or warm season should not be changed with every slight variation of temperature, or at the caprice of the wearer, this being a fruitful source of physical perturbations. The diet should be nourishing, and if not interdicted by an idiosyncrasy, should consist largely of milk or cream. Meat diet predisposes to mental and physical disquietude. Tea, coffee, and condiments should be strictly prohibited. When possible, free and well-regulated exercise in the open air and sunlight must be practised daily and faithfully, since this constitutes an essential feature in the cure of all female disorders, as the neglect of it lies at the root of much of their suffering.

Existing as there does ample authentic proof that masturbation in the female engenders uterine obliquities, ovarian irritations, vaginismus, and other pelvic neuroses, together with a train of associate mental and corporeal miseries, it is essential that we exercise a prudent vigilance for the detection of this evil, since the practice of onanism is unfortunately a vice not altogether exceptional among girls.

The misfortunes peculiar to marital life are, many of them, beyond our jurisdiction. We must not fail, however, to draw special attention to the numerous wretched devices resorted to for the frustration of nature's laws, — such as the employment of cold vaginal douches, and other baleful customs, each and all eventually entailing utter wretchedness upon the woman.

Finally, the psychical domain is, perhaps, the most interesting of all, and deserves our most thoughtful scrutiny. While we fully realize that fear, joy, grief, love, and hatred all exert their potent influence most unmistakably upon every organ and secluded cell of the organism, the field is too comprehensive for our present endeavor; nevertheless, it must receive the individual attention of every physician when dealing with a malady so manifestly subservient to mental conditions. Repeatedly we have seen the dysmenorrhœa that had exhausted all our professional skill disappear almost magically upon the dawn of more auspicious circumstances. The dominion of the mind over the body is as familiar to us as the effects of air and sunlight, and yet, like too many other potent factors, it is too often disregarded. Palpitation, enuresis, diarrhœa, cold extremities, muscular twitchings, etc., are well-known effects of fear or dread. Tears, hollow cheeks, pallid features, dyspepsia, indigestion, atrophy of the mammæ, and relaxed sexual organs are incidental to sorrow or deep grief, and a passing feeling of mortification will suffuse the skin with a tell-tale flush. If, then, we have these visible and tangible expressions of mental perturbations, we surely cannot too graphically portray the profound influence exerted by the mind over those organs so richly endowed with sympathetics that the physical condition is affected in some degree by every passing emotion. It is due to this wonderfully subtle influence that the female economy responds so happily to an agreeable change of scene or circumstances, and to the intervention of influences which divert the thoughts from her own ills. The idle, unoccupied woman, given to introspection, is laying a sure foundation for invalidism. A respectful appreciation of this subjective principle will constrain the conscientious physician from impressing the minds of these patients with the importance of local abnormalities and therapeutics, since a fixed conviction on the part of the woman that a grave organic defect exists is oftentimes more difficult to eradicate than the abnormality itself. It is utterly impossible to refer to the manifold subjective and objective features connected more or less directly with our subject. We have been compelled to limit our suggestions to some of the central principles of our theme; but we realize that, surrounding these, there is a deeply interesting border-land, from which equally valuable truths may be drawn. Much must neces-

sarily remain unwritten and left to individual discernment and fuller development. We must not fail to refer in this connection to the deplorable effects of all narcotics. We are often placed in a most perplexing position from an anxiety to relieve the sufferings we are compelled to witness, together with the entreaties of the patient and her friends for the drug that has previously deadened her sensations. It is a difficult task to convince these patients that a prominent source of the nervous derangement and inability to endure the suffering is to be found in the secondary effect of the drug to which they have become habituated.

In the following list there will be found some appropriate remedies, selected from the *materia medica*, and commended by actual experience. It is unnecessary to caution the experienced physician against relying too implicitly upon the efficacy of drugs.

The following characteristic drug symptoms will aid us in our selection of the appropriate internal remedy:—

AGNUS CASTUS.—No sexual desire; great aversion to coitus; sexual organs relaxed; slight transparent leucorrhœa; ovarian neuralgia. Mind greatly depressed, anxious; desires to be alone; dread of death. Severe pressive headaches during flow; worse while in motion. Sharp, boring pains in ovaries.

APIS MELLIFICA.—Pains like stings of bees. Enlargement of right ovary, with pain under left pectoral region. Pelvic pains are sharp and lancinating, more frequently on right side, extending down leg, which feels numb; labia œdematous. Flow scant and slimy. During flow tingling, tensive headache, with sudden stinging or shooting pains, causing the patient to cry out sharply; worse on lifting eyelids or stooping. Skin subject to eruptions (hives or erysipelas), with piercing, shooting, burning pain. Sac-like bags under eyes.

ARSENICUM ALBUM.—Great anguish; extreme restlessness; rapid and marked prostration. Face pinched, anxious, and sunken. Skin wrinkled, pale yellow, and pasty; dry, scaly, bran-like eruptions, causing severe burning itching, which becomes painful. Scratching or rubbing, followed by bleeding. Hair falls out. Eyelids inflamed, swollen, and agglutinated. Eyes sensitive to light. Ears pale and waxy; lips bloodless. Swelling of the extremities, which disappears during recumbency. Irregularity of the action of the heart; dyspnoea, with fear of suffocation on lying down. Nausea, with burning sensation in stomach; craves cold water, which either lies like a stone or is ejected. During flow, burning, throbbing, lancinating pelvic pains. Discharge scanty, light-colored, excoriating, and of cadaverous odor. The entire appearance is that of severe marasmus.

BELLADONNA is indicated with plethoric or congestive temperaments. Head hot, with burning, pressive, tearing aching. Sensation of water swashing in head when swaying it. Face hot, livid, flushed, with violent pulsations of carotids. Eyes injected, pupils dilated, sensitive to light, and objects appear double; or frightful figures and visions are seen. Mind vivacious and highly imaginative or delirious; strikes, bites, howls. Wants to escape or jump out of window. Feels chilly and desires to be warmly wrapped up. Stomach feels empty and throbs; spasmodic vomiting or hiccup. Pelvic symptoms,—throbbing, pressive, clutching pains, that come and go. Sensation of great fullness and bearing down, as though all the parts would be pushed through the vulva. Flow profuse, hot, bright red, or dark and clotted. Pains in the back as if broken. Pressing pains in rectum, with urging to stool. Bleeding, itching piles. Vesical irritation. Plethoric, lymphatic constitutions, blue eyes and usually jovial disposition.

BORAX VENETA has been found serviceable in membranous dysmenorrhœa. Patients to whom it is suitable are usually variable of mood, either indolent, peevish, and ill-tempered, or sprightly and cheerful. Subject to aphthæ of tongue

and buchal surfaces. The menses are usually too early and profuse, attended with severe persistent colicky pains and nausea. The attacks are often accompanied with tremors and great dread of a downward motion, which is characteristic.

BROMINE has been commended for painful menstruation, appearing too soon with profuse flow of bright red blood, containing shreds or patches of membrane, and accompanied with long-lasting, spasmodic pains. Left ovary painful and swollen. Peculiar sensations are, dread of approaching evil, giddiness when watching moving objects, difficulty of breathing, huskiness of voice, and emission of flatus from the vagina.

BRYONIA ALBA is sometimes indicated when there are present the characteristic stitching pains about the pelvis or thorax upon deep inspiration or moving. Suitable to rheumatic diathesis, and where the serous membranes are affected. Sequence of taking cold. Pains usually right-sided. Stiffness of muscles of neck, extending to shoulders and top of head. Stiffness and drawing, tensive pains in joints as if sprained. Constipation; stools hard, as if burnt. Nausea during menses. Vicarious menstruation.

CACTUS GRAND. is available in those cases complicated with affections of the heart, which feels as if it were clasped repeatedly by a strong hand. The menses are usually too soon, scanty, black, and pitch like, with constricting pains, as though the pelvis was too narrow for the organs. Congestive dysmenorrhœa. Sensation as of a band encircling various portions of the body. Throbbing, pulsating pains.

CALCAREA CARB. is a sovereign remedy in painful menstruation, some authors believing it to exert a marked anti-croupous effect; hence specially called for in membranous dysmenorrhœa. Suitable for fair, plump, leucolymphatic, weakly women, who are under-vitalized, subject to catarrhal affections, and take cold easily. Strumous. Rachitic. Vomiting sour, bitter slime. Pit of stomach swollen so as to resemble an inverted saucer. Menses appear too soon, last long, and are profuse. Head aches as if it would burst, driving the patient into a frenzy. Breasts swollen and tender before menses. Feet cold and moist, as though stockings were damp. Feet continually cold and damp in bed. Cannot bear tight clothing around the hypochondrium. Head sweats during sleep. Scrofulous ulcers.

CAULOPHYLLUM is appropriate for the spasmodic and congestive types of dysmenorrhœa. Seems to possess an affinity for the muscular tissues, and acts most efficiently in those cases where there is an irritable, atonic condition of the muscular system. Spasms, cramps, and colicky pains in the uterus, bowels, or stomach. Uterus tender and prolapsed. Vagina irritable, spasmodic. Menses long continued, like bloody lochia; patient greatly exhausted. Blenorrhœa. Rheumatic pains and stiffness of joints, especially the smaller, with disposition to shift rapidly from one place to another. Skin yellow, and moth patched.

CIMICIFUGA RACEMOSA.—Suitable for rheumatic patients. Mental proclivities,—sad, dejected, irritable, and desires solitude. Intense throbbing pain in the head, as if a bolt were driven through from neck to vertex, with waving sensations, causing nausea and vomiting. The pain is colicky, causing the patient to bend double. Abdominal muscles and pelvic organs tender; dreads motion and contact. Dragging, bearing-down sensation in pelvis and loins; labor-like pains. Muscles of belly feel sore and bruised. Numbness, chilliness down the back, followed by flashes of heat and sweat; especially adapted to those patients approaching the climacteric.

COCCULUS may afford happy results if the dysmenorrhœa be attended with pressive sick headache, made worse by riding in a carriage, or watching objects in motion. A painful sensation, as of opening and shutting in the back of the head, causing a seasick feeling. Menses profuse, too often, gushing in streams upon rising to the feet. A feeling as of sharp stones cutting and rubbing in the abdomen.

GELSEMIUM.—Excessive irritability. Feeling of extreme lassitude, with desire to lie still. Feet cold and head hot. Goose flesh. Languor resembling catalepsy. Dysmenorrhœa preceded by sick headache and vomiting. Ovarian irritation. Sensation as if uterus were grasped by a hand. Convulsions. Loss of voice during menses. Sensation of wave from uterus to throat.

LACHESIS is extolled by some authorities for the relief of dysmenorrhœa when there is vertigo. Nose-bleed. Labor-like pains, worse in left ovarian region. Uterus feels swollen and as if os were open. Intolerance of contact or pressure over abdomen, even of clothing, yet no tenderness. Flashes, hot vertex, fainting, etc. Hoarseness, sensitive condition of larynx, spasm of glottis. Tickling in throat as if crumb were lodged there. (Our experience with this remedy has invariably been negative.)

LILIUM TIGRINUM. — Flabby, weak, atonic, enlarged condition of uterus, with tendency to prolapse. During the menses a constant bearing-down sensation, with a desire to hold the parts up with pressure against the perineum. Burning, stinging, cutting pain in ovaries; left ovary enlarged, with feeling as if pressed in a vise, causing faintness and nausea, with trembling. Pain under left breast. Sensation of heart being pressed between two hard substances. Headache running up back of head to vertex, causing confused feeling. Listless, low-spirited. Apprehension of impending evil; fears she will become crazy; devoid of hope.

NUX VOMICA. — Patient disposed to be spiteful, irritable, easily angered, subject to dyspepsia. Constipation, hemorrhoids, hypochondria. Bad effects from studious, sedentary habits, coffee, rich food, late hours. Biliary temperaments, dark hair.

PHOSPHORUS is suitable to tall, slender, narrow-chested women; over-sensitive, whimsical, shrinking; affected to tears by music. Subject to dry, hacking cough, with tightness across chest, aggravated by changing from warm to cold air. Spitting blood during menses. Obstinate constipation; stool long, slender, dry, tough, like that of a dog, and voided with great difficulty; bleeding from anus. Hemorrhagic diathesis. Pain in left ovarian region. Fulness in pelvis, as if menses could not appear.

PULSATILLA. — Sandy-haired, blue-eyed, pale-faced women, with mild, gentle, yielding disposition, inclined to tears. Mucous surfaces generally disposed to irritation, and bland blennorrhœa. Menses delayed, scanty, and of short duration; changeable in appearance. During flow, menstrual colic, great restlessness. A tired, lame, sore, throbbing feeling in the parts, in the loins and buttocks. Wandering pains; shift rapidly from one part to another; tender or inflamed joints. Sensation as of a stone between stomach and umbilicus. All symptoms aggravated in warm room; relieved in open air.

PLATINA should certainly be a sovereign remedy in painful menstruation. Among its symptoms are painful sensitiveness, and continued pressure in region of mons veneris and genitals; prolapsus uteri. Induration of uterus, ovaritis with burning, spasmodic pains, frequent feeling as though the menses would appear. Menses too early, too profuse, and too short lasting. Flow dark, clotted, and preceded by spasms; much bearing down, with back-ache and desire for stool. During flow pains excruciating, pinching. During spasms patient screams, and begs for help. Low-spirited, everything seems horrible, and all persons are looked upon as demons. Great dread of death, but strong conviction that she shall die. Tetanic-like spasms, with wild shrieks, twitching of single muscles, trembling and shivering. Face pale, dark hair, rigid fibre.

RHUS TOX. has been recommended for the relief of painful menstruation brought on by lifting, straining, or by getting wet after over-exertion. Dr. Ludlam commends it for those cases furnishing a history of the peculiar rhus tox skin eruption. Red, measly rash or an oozing eczema, yielding thick crusts. Intolerable itching. Rubbing gives rise to burning, tingling, sore sensation.

SECALE CORNUTUM should prove an efficient remedy in painful menstruation of a spasmodic type. Flow is profuse, long lasting, thin, black, lumpy, offensive, accompanied with tearing, cutting, violent, spasmodic pains. Small pulse, cold extremities. Uterus hard, swollen, and disposed to ulceration.

SEPIA is a favorite remedy when the following characteristic symptoms are present: yellow saddle across the nose. Yellow spots on skin. Skin affections, ringworm, pustules, pemphigus, humid tetter in the flexures of different parts of the body. Uterus and vagina prolapsed. Feels that she must cross thighs to prevent

their protrusion. Uterus indurated, large, and dropsical. Jerking pains through pelvis from below upward. Sensation of lump in the rectum. Suitable to persons of dark complexion.

SENECIO is popular with some physicians. The condition which seems to call for this remedy is, a catarrhal state of the mucous membranes throughout, dependent upon a debilitated, lax state of the system. It is claimed to exert a tonic effect upon the pelvic tissues and nerves. Dose, one to five drops of the tincture three times a day during the menstrual period.

THUJA has for its keynote terrible, crampy pains in left ovary, forcing patient to lie down. Moist condylomata, or cauliflower excrescences, that bleed easily upon irritation. Syphilitic complications.

USTILAGO has been recommended for membranous dysmenorrhœa with burning distress in ovaries; between the menses a constant pain under left breast; flow dark and clotted, and a bearing-down pain referred to uterus.

VIBURNUM OPULUS is highly extolled for the relief of spasmodic, membranous dysmenorrhœa. Excruciating spasmodic pains coming on just before the flow.

XANTHOXYLUM FRAX. is worthy of trial in neuralgic dysmenorrhœa, occurring in delicate nervous women of spare habit.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE Committee on Clinical Medicine of the Massachusetts Homœopathic Medical Society have to announce that, on account of an apparent lack of interest in the subject, the especial report upon Diphtheria, which it was proposed to make at the annual meeting of the society (in April), has been abandoned.

Meanwhile, members are respectfully urged to send any contributions of clinical interest to the chairman of the committee.

H. B. CLARKE, M. D.,
New Bedford.

WESTERN MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-eighth quarterly meeting of the Western Massachusetts Homœopathic Medical Society was held at Cooley's Hotel, Springfield, Feb. 20, 1884. The meeting was called to order by the president, Dr. J. U. Woods, at 11 A. M. Dr. L. B. Parkhurst was appointed secretary *pro tem*. Drs. Alvord, Hadley, and Whitefield were elected to membership.

The Bureau of Materia Medica and Clinical Medicine reported through its chairman, Dr. W. L. Harding, the following programme, which was duly presented: Pseudo-Helminthiasis, Dr. Gibbs; Disinfectants, Dr. Warren; Graphites, Dr. Parkhurst; A Clinical Case — Abscess of the Brain, Dr. Vining.

Dr. Warren claims to have succeeded in producing, as a result of a long series of experiments with a compound of bromine, a

perfect disinfectant and deodorizer. Specimens of the compound were distributed to the members present.

After full discussion of the papers presented, the meeting adjourned to meet at the same place on the third Wednesday in May next.

L. B. PARKHURST, M. D., *Secretary pro tem.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE regular quarterly meeting of the Worcester County Homœopathic Medical Society was held in the rooms of the society, No. 13 Mechanic Street, Worcester, Wednesday, Feb. 13, 1884. In the absence of the president, Dr. Perkins, Dr. Charles L. Nichols, vice president, called the meeting to order at 10.30 A. M. The Bureau of Clinical Medicine and Materia Medica, which had this meeting in charge, reported through its chairman, Dr. E. L. Mellus, an unusually interesting list of papers for discussion. These were: A Study of Ledum; with some comparisons, Dr. L. Allen; Poisoning by Chloral; a case of Meningitis, Dr. H. R. Brown; A Case of Apoplexy, Dr. S. H. Colburn; Cerebro-Spinal Meningitis, Dr. E. A. Colby; Notes on Symptomatology and Pathology, Dr. L. B. Parkhurst; Cases from Practice, Dr. J. P. Rand; Routine; its Application to the Administration of Drugs, Dr. G. A. Slocomb.

There was a very large attendance of physicians, among whom were representatives of the Homœopathic Society of Western Massachusetts.

G. A. SLOCOMB, M. D. *Cor. Secy.*

REVIEWS AND NOTICES OF BOOKS.

THE TREATMENT OF WOUNDS. By Lewis S. Pilcher, A. M., M. D. New York: Wm. Wood & Co.

This book is a compilation of all available useful knowledge regarding wounds and their treatment. In the preparation of such a work, the difficulty in separating the "wheat from the chaff" must be obvious to any one who has kept up with the literature of the subject during the past few years. From the tone of the book, it is quite evident that the author is in favor of antiseptic methods; but, notwithstanding this, the volume is well worthy the careful perusal of those who disregard antiseptic precautions. It contains three hundred and ninety-one octavo pages, and one

hundred and sixteen wood engravings. Much of historical interest is introduced, and the various methods and appliances which are now in common use are traced back to their origin, and their successive stages of development described. The first part of the book is devoted to a general consideration of wounds, including the principles and practice of wound treatment; while part second gives directions for the treatment of special wounds. It is a work of the utmost value to the surgeon, in that it contains about all the valuable knowledge obtainable up to the present time in relation to wounds and their treatment, this knowledge being in a compact form and easy of reference. It forms a part of Wood's Library for 1883, and in regard to typography and binding, is the same as preceding volumes. —∩—

A TREATISE ON SYPHYLIS IN NEW-BORN CHILDREN AND INFANTS AT THE BREAST. By P. Diday, M. D., Ex-Surgeon to the Hospital de L'Antiquaille, Lyons, France. New York: Wm. Wood & Co. 1883. pp. 310.

This work, by the great French author, was translated into English for the New Sydenham Society by G. Whitley, M. D., in 1858, and is now published in Wood's Library for October, 1883. The American editor, F. R. Sturgis, M. D., of New York, has added such notes and material as were necessary to bring the work up to our present knowledge of the subject. This material is contained mostly in an appendix of some forty pages, in which he enlarges upon two points which were only hastily touched upon by M. Diday, viz., "the question of the viability of children born with the taint of hereditary syphilis, the mortality which occurs among them, and the causes which produce death; and secondly, the accidents known under the name of Syphilis Hereditaria Tarda, or late congenital syphilis.

The book is divided into five parts namely, the Etiology, Description, Prognosis, Medico-legal bearings, and Treatment, each of which seems to be thoroughly considered; and the whole work may safely be taken as an authority upon this subject. s.

A MANUAL OF PRACTICAL HYGIENE. By Edmund A. Parkes, M. D., F. R. S. Edited by F. S. B. François de Chaumont, M. D., F. R. S. Sixth edition, in two volumes. New York: Wm. Wood & Co. 1883.

The first volume is taken up with a consideration of water, air, ventilation, foods, and soils. Under the head of water, he considers, among other things, its composition, character and classification of drinking-waters, the modes of purification, and the effects of an insufficient or impure supply. The impurities in the air and the diseases induced by them, and the chapter on

ventilation are very interesting. Under food, the author gives us instructive chapters on the quality, choice, and cooking of food, together with beverages and the condiments best suited to help digestion. The second volume is devoted chiefly to the consideration of the health of the army and navy, although there is a long chapter on the prevention of some common diseases, and one on disinfection and deodorization.

The whole work is written from an English point of view, with the exception of an appendix of one hundred and thirty-seven pages, giving the American practice in matters relating to hygiene, prepared by and under the supervision of Frederick N. Owen. These volumes form the September and November issues of Wood's Library for 1883. s.

DISEASES AND INJURIES OF THE HORSE. By F. O. Kirby.
New York: Wm. Wood & Co.

This, the twelfth and last volume of Wood's Library for 1883, is on a subject at once interesting and important. Whether on account of his money value simply, or from motives of affection on the part of his owner, it is not necessary to inquire; but the horse is studied to-day by the anatomist, physiologist, pathologist, and therapist with a patience and thoroughness which once would have been incredible as applied to a member of the brute creation. The work before us is a compilation of facts and theories taken from standard and recent veterinary authorities, to which are added many practical ideas acquired by the author during a long experience in the ownership and care of horses. The work will be of special value to the intelligent non-professional horse-owner, because of the arrangement of the text, which gives the definition, causes, description or symptoms, and treatment of diseases in a concise and practical form.

HOMŒOPATHIC PRINCIPLES AND PRACTICE OF MEDICINE. By W. H. Dickinson, M. D. Des Moines: Mills & Co.

In his modest Preface, the author states that this book is "the outgrowth of a series of lectures given by him, during the last six years, to the students of the Homœopathic Medical Department of the State University of Iowa." It is, he says, written to furnish physicians, and more especially graduates just entering upon practice, with a manual "concisely defining and describing disease, and giving only the principal remedies which provings and clinical experience have shown to be most efficient, together with the guiding indications for their administration." It cannot be expected that a book of seven hundred and thirty pages shall be an exhaustive treatise upon the present state of medical

science; we can ask only that what it does offer us be of the latest and best. Dr. Dickinson's book, generally speaking, meets this demand satisfactorily, though with some very striking exceptions. In the divisions devoted to pathology, for instance, that important subject, the "Germ Theory," is conspicuous by its almost total absence. The author says, in the chapter on "Practice," that "the germ theory . . . has set aside many of the old-time speculations relative to the causation of disease"; but, in his description of the various diseases, the "old-time speculations" are cited as the principal or only causes. Even in the chapter on tuberculosis, nothing is said about the bacillus discovered by Koch, which is certainly remarkable in a work so recently published. True, one short chapter of nine pages treats of the animal and vegetable parasitic diseases of the skin, viz., scabies, morbus pedicularis, tinea favosa, tinea tonsuraus, tinea versicolor, sycosis, etc.; but, aside from these and the larger parasites, intestinal worms, nothing is said relative to the germ theory proper.

It is, however, the treatment of diseases that should receive particular attention, not only on account of its importance to the practitioner and patient, but because stress is laid on the fact of the treatment being homœopathic. The promise of the Preface that "only the *principal* remedies," etc., is fulfilled with excellent results. One is spared the long and confusing lists, too often seen, of twenty to forty remedies, poorly differentiated, for each malady, and the ones given are those whose usefulness has been well demonstrated in the diseases for which they are recommended. It may be thought that the author has erred in speaking of so few remedies, as, for instance, in acute peritonitis, only *aconite*, *belladonna*, *bryonia*, and *veratrum* are recommended. A list of good remedies; but it far from represents the power of homœopathy to deal with this disease.

For "potency," the author believes in using the one individual experience proves most useful. Now and then we fancy the "recent graduate" would find himself puzzled as to what is Dr. Dickinson's own opinion on the point discussed. In the chapter on "Diphtheria," for example, the section devoted to "Treatment" contains less than two pages, including remedies, adjuvants, diet, etc. Among the remedies referred to is *lycopodium*, of which the author says, "I do not consider it homœopathic to diphtheria." Immediately following is a four-page extract from a work by Dr. R. R. Gregg, of Buffalo, giving reports of four cases of diphtheria, two of which were cured by *one dose each of lycopodium* 6,000! Dr. Gregg adds his strong recommendation to the use of the single dose of the single remedy, justifying it by some rather remarkable statistics of his own success in this

mode of treatment. Now, how is the reader to know Dr. Dickinson's own opinion in this case? Why does he quote Dr. Gregg, unless he considers his suggestions valuable? And, if he has confidence in the cure of the cases by "*lycopodium* 6,000th," why retain his former sentence about the remedy not being homœopathic to diphtheria? In several places the book shows evidence such as this of being somewhat carelessly prepared; a fact much to be deplored, in view of the general excellence of Dr. Dickinson's work. Another instance of this tendency to inexact writing: Pulmonary tuberculosis is stated to be "by far the most fatal of diseases, pneumonia ranking next in order of fatality"; while, in the chapter on pneumonia, we read that "under homœopathic treatment recovery is the rule, and death the exception." In point of destruction of life, pneumonia does rank next to pulmonary tuberculosis, but it is surely a misuse of the term to speak of it as fatal in the sense in which the latter is fatal. Again, it is hardly consistent to condemn polypharmacy, and then to recommend cod-liver oil as a remedy, remarking that "an analysis reveals the fact that it contains no less than twenty different remedies"! Apropos of cod-liver oil, we find the remarkable phrase, that the remedies found in it act especially upon the "great sympathetic or *vegetable* nervous system." (The italics are ours.)

In Chapter V. the author says, "I do not know but what the psora theory of Hahnemann may be the cause of many diseases, as he asserts." Surely the most virulent "regular" has never yet asserted that Hahnemann's "psora theory" is the "cause of many diseases," and it seems hard to credit the assertion to the revered founder of homœopathy himself!

It is such thoughtless writing as in these instances, which, while it may give the physician of experience and established opinions but little trouble, makes the life of the "recent graduate," dependent on his books of reference, anything but a "happy one"! These, however, are minor blemishes, and Dr. Dickinson's work is, on the whole, so painstaking and so satisfactory that it should be accorded a very friendly welcome. Our works on homœopathic practice are not over-numerous, and this is a useful addition to them.

KEYNOTES OF MEDICAL PRACTICE. By Ch. Gatchell, M. D.
Chicago: Gross & Delbridge. 1884.

To quote from the author's Preface, "This book is intended to be a pocket companion for the busy practitioner. . . . Directions for the management of the most pressing emergencies — medical, surgical, and obstetric — are carefully given, while chronic diseases and rare cases, in the treatment of which there is always

time and necessity for consulting larger works, receive no attention."

After a careful examination of the book, we are glad to admit that the author has been unusually successful in making a work for quick reference, which, in general or emergency practice, will many times a month repay its cost. It is divided into four parts, — medical practice, obstetrics, surgery, and miscellaneous. An index enables one to refer, with but little trouble, to any desired subject. It is a matter for wonder how so many practically useful and valuable suggestions could be put into so small a book of only 172 pages. In conception and execution it is most praiseworthy. It has durable, flexible covers, is clearly printed on thin but satisfactory paper. Its size is most convenient for the pocket. Price, \$1.50. It can be obtained at any homœopathic pharmacy. It deserves a wide popularity.

COUGH AND EXPECTORATION: A Repertorial Index of their Symptoms. Edited by E. J. Lee, M. D., assisted by George H. Clark, M. D. New York: A. L. Chatterton Publishing Company. 1884.

In compiling this useful repertory, the editors have faithfully consulted all our authorities, and collected "all the valuable and reliable symptoms connected with cough and expectoration found hitherto scattered through many volumes." These symptoms are here alphabetically arranged, so that the difficulty of finding symptoms which otherwise would cost the practitioner many a needed hour is rendered slight. Moreover, the symptoms are so arranged and numbered that one can easily refer to the authority responsible for them. The value of the repertory is enhanced by treating of cough and its concomitant symptoms, and of expectoration, in separate parts. Appended to the work is a supplement containing symptoms which the editors discovered, on careful revision of the work, had been omitted, but which they wisely considered important.

The editors are to be highly commended for their patience and industry. The obligation of the profession to them is such that a loud call for a second edition should speedily be heard. Possibly as complete a symptomatology of fifty leading remedies (we doubt if three hundred and seventy-five would be preferable to fifty) would make the work more valuable to many.

THE ROLLER BANDAGE. By W. B. Hopkins, M. D. Philadelphia: J. B. Lippincott & Co. 1883.

The art of neatly and quickly applying the roller bandage is not as common as the occasions which call for its use. But this

little book of 95 pages, lately given to the profession, should go far toward remedying this defect. The book contains seventy-three illustrations, which were made in the following manner: "Each bandage was applied to a living model, and, whenever the roller pursued a course which the author has found in his association with students was the cause of any uncertainty, it was at once photographed. From these photographs accurate drawings were made by the artist, Mr. J. L. Wallace." We can speak most cordially of the execution of the work, which, to the minutest detail, seems to approach perfection.

DISEASES OF THE SKIN. By J. R. Kippax, M. D. Chicago: Duncan Bros. 1884. pp. 292. Second edition, revised, enlarged, and illustrated.

One of the best evidences of the popularity of this handbook is the fact that the first edition was exhausted soon after its appearance and a second one called for. One reason, perhaps, for its popularity is, that the treatment, although professedly homœopathic, is not confined to the internal administration of drugs, very many local applications receiving hearty recommendation: green sulphur, iodide of sulphur, and juniper tar, soaps, with several zinc and mercurial ointments and "traditional" lotions being favorably considered. Undoubtedly local applications *may* be thoroughly homœopathic, but they are apt to be only very crudely so; and their too habitual use in conjunction with internal medication has without doubt retarded the progress of medicine as an accurate science. The author's aim has been to make the book thorough, concise, and practical. We think indeed that he could have been less concise with gain to his excellent little work. The definitions, descriptions, etc., of skin diseases are useful and practical; but we hope that in the next edition (which will probably be called for before many years) the author will adhere to his original intention, and give the profession a more extended treatise, no less practical than the present for being less condensed.

We note the substitution of "calcium sulphide" for the old familiar "hepar sulphur." In the description of anthrax the author uses the word "*cores*," which might, we think, be somewhat misleading. The treatment is often summed up as follows:—

"Rhus is the principal internal remedy." "Of internal remedies, arsenicum bears the palm." "Clematis and natrum sulph. are the most important internal remedies, etc." This method might seem at first sight somewhat arbitrary; but second thought suggests that a lengthy quotation of drug-symptoms is thus avoided, and that the prescription is not based wholly on empiricism, as it might appear to be to the hasty reader. The arrange-

ment of subjects is exceedingly convenient, being in alphabetical order; and in appearance and finish the book is in every way satisfactory.

BOOKS RECEIVED.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY,—
SESSION OF 1883.

KING'S MANUAL OF OBSTETRICS. Philadelphia: H. C. Lea's Son & Co.

A YEAR BOOK OF THERAPEUTICS FOR 1883. Edited by Royal W. Amidon, M. D. New York: G. P. Putnam's Sons.

A YEAR BOOK OF SURGERY FOR 1883. Edited by Chas. H. Knight, M. D. New York: G. P. Putnam's Sons.

INFLUENCE OF THE MIND UPON THE BODY. By Daniel H. Tuke, M. D., F. R. C. P., LL. D. 2d Edition. Philadelphia: H. C. Lea's Son & Co.

LEGAL MEDICINE, Vol. III. By C. Meymott Tidy, M. B., F. C. S. January number of Wood's Library for 1884.

PATHOLOGY AND TREATMENT OF GONORRHOEA. 5th Edition. By J. L. Milton, M. D. February number of Wood's Library for 1884.

OUR MISCELLANY.

HOMŒOPATHY AMONG THE AMERICAN INDIANS.— *The Homœopathic Physician* for February gives a most striking and interesting extract from a report made by Mr. Herbert Welsh of Philadelphia of his late visit to the Santee Indians. He writes: "On the morning of Monday, June 4, I met, by appointment, some twenty-five to thirty of the Santee Indians, who desired to express their thanks for the efforts in their behalf of friends in the East during the past winter, and also to bring to my attention a matter which they were desirous of calling to the notice of the Indian Rights Association. It seems from their statement, and from that of others with whom I conversed, that the Rev. Mr. Fowler, in the course of his ministerial work among the Indians, had been in the habit of giving homœopathic medicines to such persons as requested them, and in certain cases, when called, of visiting the sick and prescribing for them. This practice was *objected to* by the *resident physician* as an interference with his prerogative and an injury to his professional success! The matter was examined by Mr. Lightner, the agent, and through his representations an order was procured from the Department prohibiting Mr. Fowler from further distribution of medicine. [Free country, eh!] Since then Mr. Fowler has strictly adhered to the order of the Department and has refused, apparently much to the regret of the Indians, any further use of his remedies among them. The Indians who held conference with me considered the prohibition tyrannical, and maintained that in depriving them of Mr. Fowler's medicines, which had been of great benefit to their wives and children, their rights were invaded and they were compelled to suffer hardship. In my reply to them on this question, I briefly stated that it was a matter of regret to me if they had been forbidden the use of such medicines as had proved beneficial to them, and that I would refer the matter to the judgment of their friends in Philadelphia. With this they were apparently satisfied, and our meeting adjourned."

A CANDID EPITAPH. — In an old English churchyard is the following epitaph: —

“I was well ;
I desired to be better ;
I took physic,
And died.”

We are afraid this is not an isolated case.

A MOST SENSIBLE RECOMMENDATION. — A death from “Soothing Syrup” having occurred in Brooklyn, the coroner’s jury have very sensibly recommended the passage of a law by the legislature forbidding the sale of such preparations, except on physician’s prescriptions. — *Homœopathic Journal of Obstetrics.*

A NEW METHOD IN ADHERENT PLACENTA. — Dr. J. Feld, of Kansas City, reports that, in six cases of adherent placenta, he has saved the woman by pumping cold water through the umbilical cord. In one case the patient was in convulsions when the after-birth came away. — *The Clinique.*

PERSONAL AND NEWS ITEMS.

MARY F. MCCRILLIS, M. D., Boston University School of Medicine, Class of '82, has located at Chillicothe, Ohio.

DR. M. L. CUMMINGS has located at 37 Charles Street, Boston.

W. K. KNOWLES, M. D., has located at 105 Hammond Street (residence of the late Wm. Gallupe, M. D.), in Bangor, Me.

H. P. BELLOWS, M. D., is in New York, making a special study of diseases of the ear.

OBITUARY.

DR. JOSEPH H. PULTE died at his residence, in Cincinnati, Ohio, early Sunday morning, Feb. 24th. He had suffered much from inability to sleep or take food, but retained consciousness until within an hour of his death, which he was calmly awaiting. He was in his seventy-third year.

Dr. Pulte was the son of a distinguished German physician, and the director of one of the government institutions for the education of midwives. Completing a classical course at the Gymnasium of Soest and a medical course at the University of Marburg, he came to this country in 1834. He was induced to visit Cherryville, Pa., where an acquaintance with Dr. Wm. Wesselhoef led to his becoming an enthusiastic student of the homœopathic system. Six years later he set out for St. Louis, but was induced to stop over for a few days in Cincinnati, and, without so intending, and before he was hardly aware of it, he was established here in the practice of his profession.

In the intervals of his work as a practitioner, Dr. Pulte wrote a work in German, entitled “Organon of the History of the World,” which was published in 1846. His purpose in this work was to develop a philosophy of history and its elevation to the rank of one of the natural sciences. The work was regarded with favor by Humboldt, Guizot, Schelling, Bryant, and others. In 1850 he published a work on “Domestic Practice,” which had a large sale in this country and was reprinted in London and translated into Spanish. He was one of the editors of the American Magazine of Homœopathy and Hydropathy during the three years it was published, and in 1853 he published the “Woman’s Medical Guide.” This work also was republished in England and translated into Spanish.

In 1852 Dr. Pulte accepted the clinical chair in the Homœopathic College in Cleveland, and he afterward filled the Chair of Obstetrics in the same institution. The homœopathic school in Cincinnati takes its name from him, and up to 1872 he was one of its lecturers. A year later a severe illness led to his withdrawal from the active practice of his profession. His remaining years were quietly passed in this city. — *Cincinnati Commercial Gazette*, Feb. 26, 1884.

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EDITORIAL.

“POSITIVE” THERAPEUTICS.

THE April number of the *Hahnemannian Monthly* contains a timely editorial on the “Influence” exercised by one school of medicine on the other. After referring to some of the changes brought about in old-school therapeutics by the advanced methods of the new school, the other side of the subject is considered. The editor says, “One of the influences of the old school upon homœopathy is annoying, and to consider this is the object of this editorial. We refer to the surrender of our laurels to the advance guard of the allopathic forces. With gracious but unnecessary condescension, we meet the liberals more than half-way, give up a part of our nomenclature, promise sooner or later to drop our sectarian name, and even go so far as to explain our cures upon extra-homœopathic principles. One author yields up Hepar for the more fashionable Calcium sulphide. Another writes of medicine as a broad art untrammelled by so belittling an adjective as ‘homœopathic.’”

After laying down the *Hahnemannian* we chanced to take up and cursorily examine a two-volume French work, entitled “*Traité Élémentaire de Matière Médicale Expérimentale et de Thérapeutique Positive*,” which had been lying on our table only a day or two.

“An Elementary Treatise on Experimental Materia Medica and Positive Therapeutics” certainly gives, as a title, no suggestion from which school of medicine the work is sent forth. But any new work on materia medica has an especial attraction for a practising physician. Referring to the title-page for the author’s name, we were much pleased to find it the well-known and

respected name of Dr. P. Jousset ; and connected with it as co-laborers we noticed the familiar names of seven of our French colleagues, who are all recognized as eminent homœopathic physicians. Somewhat puzzled at the fact of homœopathic physicians choosing so ambiguous a title for a work on materia medica, we turned to the preface for further enlightenment, and found it in the last paragraph, which, almost literally translated, reads as follows: "It is after reflection that we have replaced, in the title of this work, the expression *Homœopathic Therapeutics* by that of *Positive Therapeutics*, for indeed, there are to-day no longer either allopaths or homœopaths, but systematic (?) physicians* and others who base their therapeutics on experimentation and observation. We are of the latter class, and we give to our therapeutic system its true name, *Positive Therapeutics*. Homœopathy is a battle-cry which no longer has any *raison d'être*, since Hahnemann's reform has penetrated so deeply into general therapeutics."

We cannot consent to imagine this action of our French confrères a "sop" to the many-headed "Cerberus" of old-school antagonism and prejudice; nor yet an artifice to lead "rational" physicians to the study of materia medica from a new standpoint. We respect the character and loyalty of Dr. Jousset and his co-laborers too highly to regard any such theory as tenable. In our opinion, however, the change in adjectives is no improvement. We can only judge the matter, of course, from an American point of view. Happy France if there are to-day within her borders "neither allopaths nor homœopaths," but only scientific, truth-seeking, unprejudiced physicians! America can make no such boast. This "land of freedom" contains a sect of physicians known as homœopaths who are still bitterly opposed by those calling themselves "scientific," "traditional," "regular," "empirical," etc.

To our mind the term "positive therapeutics" conveys the idea of the opposite of experimental; of the administration of drugs with a fixed and determined purpose of obtaining definite results, which results can, to a certain extent, be anticipated and controlled. The physiological study of drugs, *i. e.*, ascertaining the

* "Mais des médecins systématiques."

effects of drugs on the healthy man or animal, is, thanks to Samuel Hahnemann, pursued by the enlightened of both old and new school physicians before the drugs are used as remedial agents. But with this knowledge as a basis, there are several methods of administering a drug to the sick. For instance, a man is in a high fever; temperature and pulse may be diminished by "physiological doses" of *Digitalis* or *Veratrum viride*, or "infinitesimal" doses of various drugs, say *Belladonna* or *Gelsemium*. Or, with a previous knowledge of the action of drugs, one may easily be selected with the positive assurance that in appropriate dose it will produce diuresis, narcosis, emesis, etc. We see no reason why these are not examples of "positive therapeutics." Yet how different they are from "homœopathic therapeutics"! The homœopath can select a drug with just as positive certainty that, properly used, it will allay a cerebral congestion, will cure a gastritis, an erysipelas, etc. Wherein then is one method "positive" and the other not? If there be any distinction, it would seem as if those who use the largest doses of drugs, — doses which produce a decided "physiological" effect, — have the right to adopt the phrase "positive therapeutics," since the small doses required to bring about a curative result seldom exhibit any direct result but the gentle restoration to health. Nitric acid, for instance, applied in strength to the body for phagedenic ulcer, produces cauterization; administered in the 3x dilution ($\frac{1}{10^3}$ full strength) it will, but perhaps less positively, cure a chronic metrorrhagia following an abortion where the flow is copious and where pain is absent, etc. The effect of large (toxic or physiological) doses is less doubtful, therefore more positive, than the effect of infinitesimal doses.

If the phrase "positive therapeutics" is to replace that of "homœopathic therapeutics," its meaning must be made clear. If it has any meaning which expresses or implies a willingness to cede the claims of homœopathy, whence its employment by homœopathic physicians? If it is merely a synonyme for homœopathy, we can see no advantage in its use. But it most certainly does not mean the same thing. There is nothing vague or ambiguous in the phrase "homœopathic therapeutics." It means first, that the effects of drugs on the healthy have been ascertained. Second, that drugs are used as remedies in diseased

conditions closely resembling the effects they produce on the healthy organism, preferably in doses too small to produce an aggravation of the existing diseased condition. In other words, remedies are used in accordance with the formula promulgated by Hahnemann, "similia similibus curantur." Therefore we see no necessity for dropping the phrase simply because it is to some a stumbling-block. The formula or rule of homœopathy is the only widely applicable one by which cures can be accomplished. As long as the method lives the phrase *cannot* die.

We do not claim, with some, that this so-called law is of universal application. Narcosis or emesis may occasionally, though seldom, be called for, and, if necessary, no one need be ashamed of using safe means of bringing either about. But as "positive therapeutics" does not and cannot express fully all that "homœopathic therapeutics" means, the weak substitute of the one for the other should nowhere be encouraged.

A "war-cry's" use is not ended until the battle is done; and our battle is not done until not only "Hahnemann's reform has penetrated deeply into general therapeutics," but Hahnemann's name is frankly alluded to by general therapeutists as that of one of the greatest contributors to medical science the world has ever seen.

THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

As will be seen by the report of the secretary offered in this issue, to which we wish to call special attention, the forty-fourth annual meeting of this society was held April 9. The full attendance, the largest in the history of the society, and the importance of the business transacted, give ample testimony to the fact that the homœopaths of Massachusetts have lost none of their vital energy, but still remain earnest and active. One feature of the meeting, which was appreciated at the time and gives pleasure in reminiscence, was the gathering of the assembly of about one hundred and fifty, after the scientific session, around bountifully spread tables, where fully two hours were spent in gastronomic and social exercises. The post-prandial portion of the exercises was as enjoyable as anything of the like sort within our memory. The idea of an annual dinner seems to us a particularly happy one, and well calculated to promote among members of the society that mutual acquaintance which is so pleasant and desirable.

DR. HUGHES'S UNIVERSITY LECTURES.

THE Faculty of Boston University School of Medicine has been fortunate in securing the services of Dr. Hughes to deliver a course of lectures during the present session. He is one of the most distinguished men in our ranks, both as a writer and lecturer. With rare attainments, broad culture, an analytic and logical mind, he has devoted these powers to the advancement of homœopathy, in which he is a firm believer. His works on pharmacodynamics and therapeutics have been widely circulated and read, and have done much to attract the attention of many who had been active opponents of this system of medicine. It will be a rare treat to listen to these lectures, which have been specially prepared for this course, and which the Faculty render accessible to the profession as well as to the students. Already we learn that tickets have been secured by physicians residing at a distance, who will come to Boston for the express purpose of attending these lectures, and undoubtedly all who can will avail themselves of this opportunity to hear Dr. Hughes. The lectures will be given in the college building, East Concord Street, Boston. They will commence on Monday evening, May 12, 1884, at 7.45 o'clock, and continue Monday, Tuesday, Thursday, and Friday evenings at the same hour. A limited number of tickets will be issued, and may be obtained of Otis Clapp & Son, 3 Beacon Street. Tickets for the course, \$10.00. The following will be the order of the lectures: 1. Monday, May 12, The Knowledge of Life. 2. Tuesday, May 13, The Knowledge of Health. 3. Thursday, May 15, The Knowledge of Disease. 4. Friday, May 16, The Knowledge of Medicines. 5. Monday, May 19, Pyrexia and the Anti-pyretics. 6. Tuesday, May 20, the same (*continued*). 7. Thursday, May 22, Rheumatism and the Anti-rheumatics. 8. Friday, May 23, the same (*continued*). 9. Monday, May 26, Cerebral Localization and Drug-action. 10. Tuesday, May 27, the same (*continued*). 11. Thursday, May 29, the same (*continued*). 12. Friday, May 30, The Future of Pharmaco-dynamics. *

FROM PROF. BILLROTH'S CLINIC IN VIENNA.

BY DR. JOHANN MIKULICZ.

[Translated for the GAZETTE by Dr. Horace Packard.]

As a supplement to my report in relation to the use of iodoform in the treatment of wounds at the last annual congress of surgeons in Berlin, five months ago, I briefly reported that in

the clinic of Prof. Billroth, since April of this year, the iodoform treatment has been tested on all fresh wounds, especially those favorable to healing by first intention. At that time, as well as in an address at the meeting of the Royal Society of Physicians in Vienna, I was enabled to say, though my statement was based on a very brief experience, that the iodoform treatment is calculated to supersede in every respect the Lister carbolic dressing, having the advantage of greater simplicity and increased security, for which reasons it must prove of the greatest value in army practice.

The following article is designed to supplement the above-mentioned reports, as well as to give a brief *résumé* of the results obtained through the use of the iodoform dressing during the past summer.

In one of my earlier reports I divided the cases treated with iodoform into three general classes:—

1. Fresh, clean wounds.
2. Septic wounds and sores.
3. Wounds and sores of specific nature (tuberculous, scrofulous, syphilitic, lupus).

The first class was subdivided into four groups:—

- (a.) Open wounds, which from loss of substance by mechanical means are not favorable to healing by first intention.
- (b.) Wounds entirely, or for the most part favorable to healing by first intention.
- (c.) Wounds involving the peritoneal cavity.
- (d.) Wounds communicating with the mucous tract.

I shall not strictly adhere to the above classification, for two reasons: firstly, because a report will be made at some future time, partly by my colleague, Dr. Woelfler and partly by myself, upon special cases, such as cancer of the tongue, total extirpation of the uterus, extirpation of the thyroid glands, and amputations; and secondly, that as later experiences have only served to corroborate former theories, I shall not speak of groups of cases previously reported, but refer the reader to the respective articles.

In my opinion, a detailed report of the *modus operandi* of iodoform on fungoid growths is here unnecessary, for, on the one hand, the already published results at the clinic are sufficient to confirm in the main the theories of Mosetig, hence additional comments by me at this time would be superfluous. On the other hand, there are still open questions to be decided upon the permanency of the healing process and the influence of iodoform upon the percentage of mortality, etc. Recent reports from various quarters have contributed to assure us that with the help of iodoform, after operations on fungoid growths of a tuberculous nature, the healing process is simpler and surer than under any

other known method. I refer to the reports from Guesenbauer, Merkel, Henry, Falkson, and Hoffman. On the utility of iodoform in lupus, G. Riehl has made a report based on the results obtained in Prof. Kaposi's clinic, confirming the reported curative action of the remedy in superficial infiltration. With all its excellent qualities, iodoform does not prevent relapses in some cases; neither does it seem to exert the widespread general anti-tuberculous influence on the system described by Mosevig; on the contrary, up to the present time all our observations tend to show that its prevailing influence is local. I scarcely need mention that there is an abundance of severe cases, which, even under the iodoform treatment, do not reach a definite cure; and, moreover, some upon which one would scarcely risk conservative treatment, as in a case of an entirely destroyed joint in a debilitated or phthisical patient, where amputation alone would give relief.

We now abstain from the use of such large quantities of iodoform as recommended by Mosevig. We are sure that just as good results are obtained with small quantities, while the matter of economy is not unworthy of consideration. Furthermore, the two fatal cases of iodoform intoxication reported by me have induced us to use greater care in its application; and this care seems more urgent now, since reports of fatal iodoform poisoning have been received from other sources. Dr. A. Henry reports two cases in the Breslau clinic resulting fatally, which are of the greatest importance to us from the fact of their being adults, while our observations were confined to weakly children. In one case, — a man fifty-seven years of age, — one hundred and fifty to two hundred grains of iodoform were used; in the other, — a woman sixty-five, — one hundred to one hundred and fifty. For these reasons, our most recent method has been to cover the wound with a thin layer of iodoform, or the iodoform gauze, or to fill the cavity with the latter. On this account, it may become necessary to change the dressing more frequently; but the danger from iodoform poisoning is reduced to the minimum. Since the adoption of this method, we have not observed the first unfavorable symptom from its use. I must here refer to another point, suggested by Gueterbock, which appears to me worthy of notice. He counsels, in a recent essay, that in extensive wounds it is not advisable to use the pulverized, but the crystalline form of iodoform, from the fact that the former is much more soluble, is more quickly taken up by the tissues, and consequently iodoform poisoning is more likely to follow.

It appears to me, from many observations, that without doubt the crystalline form produces the same medicinal effect as the pulverized; hence I would advise, when a large extent of surface is to be covered, necessitating a large quantity of iodoform, that

the crystalline form be used. With this exception, for reasons given in the before-mentioned address, the powdered form should have the preference. Gueterbock made further observation, that through compression from tight bandaging the absorption of the iodoform is favored, which in this relation must be borne in mind. The above rules and precautions relate only to wounds following operations for the removal of fungous growths, for here the iodoform has to be in contact with the whole surface of the wound for some time, often many weeks. With fresh wounds in healthy tissue the danger from iodoform poisoning is very slight, at least with the present method of dressing. Here the iodoform generally lies in contact with only a small part of the wound, or the wound itself is small; but even in a large wound presenting an extensive surface, the iodoform would have to be in contact with it only a short time, for as soon as granulation takes place the iodoform is superfluous, and can be substituted by ordinary salve dressing. In this class of wounds we have never observed symptoms of iodoform poisoning.

Since the following article is to be devoted mainly to the last-mentioned class of wounds, and especially those favorable to healing by first intention, I will at the outset make a few remarks concerning the technique of the iodoform dressing.

So long as we had open wounds to treat, we scattered some of the iodoform lightly over the surface, laid directly thereon cotton or jute, and secured the same by means of an ordinary bandage. We had every reason to be satisfied with this, for the secretion was securely protected from decomposition, the layer of cotton was in position to take up the relatively small amount of secretion, and retention of the discharge in a superficial wound was scarcely possible. But when we began to treat closed wounds, and those in which the drainage tube was used, we were soon convinced that the cotton dressing was not wholly suitable. All who have tested the salicylated cotton dressing must have observed that it has a limited absorbing power. When a large amount of secretion must be absorbed, the finest quality cotton is the least serviceable, from the fact that it acts like a filter. The corpuscular elements of the discharge are retained amongst the fine meshes, finally producing an impene.rable mass. This occurs where the greatest amount of discharge makes its exit, as at the opening of the drainage tube, etc. In consequence of this the drainage tube becomes easily obstructed and the exit of the secretion is prevented. For this reason, I believe the salicylated cotton cannot maintain its position as an occlusive dressing. The gauze dressing is free from the above-mentioned fault: the wide meshes allow all the fine corpuscular elements to pass through and spread equally through the entire bandage. It is not necessary that the

entire dressing be of gauze; it is sufficient if the several innermost layers only consist of gauze. This acts as a coarse sieve, and permits the equal distribution of the secretion through the entire dressing. It seems to me unnecessary that the gauze be hygroscopic, for its function is more to absorb the discharge and allow it to pass through than to retain it.

For these reasons, we very soon adopted the method of covering wounds favorable to healing by first intention, and later all wounds, with iodoform gauze, and this with cotton batting. The preparation of iodoform gauze is of such simplicity that every physician can easily do it for himself, no special apparatus being necessary. In our clinic it is prepared in the following manner: A piece of coarse, loosely woven, unbleached cotton is irregularly folded and laid in a basin which has been previously disinfected with a five per cent solution of carbolic acid. Strew plentifully with iodoform powder, and with disinfected hands rub it thoroughly into the cloth, washerwoman fashion. After the gauze has become thoroughly and equally impregnated, shake it over the basin, so that the excess of powder may fall out. The iodoform gauze is now ready for use, and may be folded together and put in an air-tight box for future use.

The gauze prepared in this manner contains, according to the amount of shaking it has received, from ten to twenty per cent of iodoform, and is suitable when an occlusive dressing is desired, substituting in every way the Lister carbolized gauze. For many purposes, particularly in the treatment of wounds communicating with the mucous tract, it is desirable that the gauze contain more of the iodoform, for, on account of the plentifully outpouring mucous secretion, especially in the oral cavity, the iodoform is liable to be partially or wholly washed away. For such purposes, we have from the beginning used a gauze prepared according to a method recommended by Bruns. It is first impregnated with colophonium* and glycerine (with or without carbolic acid), and then treated with iodoform powder as above described. So prepared, the iodoform adheres in larger quantity and more closely, so that but very little can be removed mechanically. For this reason, it is more suitable for wounds in mucous cavities. In localities where the dressing must be packed in the form of a tampon it is also more suitable, since so prepared it is somewhat stiff and adherent, in consequence of which the strips used in packing a wound cavity coalesce, and form a mass which is, nevertheless, permeable, but at the same time retains its position *in situ* more firmly.

We shall now devote ourselves to those wounds best treated

* The resinous matter remaining after the distillation of turpentine.

with the occlusive dressing where the iodoform gauze has so satisfactorily supplanted the Lister carbolic dressing.

I here reiterate what I reported at the surgical congress, viz., that we now, as heretofore, observe all possible antiseptic precautions. The disinfection of hands, sponges, instruments, and everything connected with the operation is done the same as before, with a three or five per cent solution of carbolic acid. For the last year and a half we have discarded the carbolic spray, and have used in its place an irrigation consisting of a one to three per cent solution of carbolic acid, which we have been accustomed to keep trickling over the wound during the entire operation, and until closed. For sutures and ligatures, silk is used which has been disinfected according to the method of Czerny. A wound favorable to healing by first intention is closed with sutures and drained in the usual manner, after which the iodoform dressing is applied as follows: First, the wound is covered with from four to eight layers of iodoform gauze, which should overlap the wound from two to four centimetres on all sides. Over this, a layer of cotton batting corresponding in size to the amount of discharge expected is applied, and the whole covered with some perfectly waterproof material (such as oiled paper, oiled silk, or mackintosh). An ordinary roller bandage is applied about the whole for the purpose of securing it firmly in place, or, if it seems necessary to give the part additional support or pressure, an organdy or elastic bandage can be adjusted. The relatively small amount of iodoform gauze is sufficient to secure a completely antiseptic course, even in copiously discharging wounds. All the discharge must pass through the sheath of iodoform gauze, and in so doing takes up enough iodoform to prevent decomposition. Iodoform being soluble only to a slight degree, and a very small amount being sufficient to prevent decomposition, the stock of iodoform contained in the gauze can hardly be exhausted. The wound is thereby provided with an antiseptic magazine which is almost inexhaustible. Since this magazine lies directly upon the wound, it consequently forms a protecting wall against infecting germs which possibly might come to the wound from without. As far as the wound is concerned, it is irrelevant whether the discharge in the outer portion of the dressing, *i. e.*, in the layer of cotton batting, decomposes or not. For this reason, it is unnecessary to so anxiously watch for the appearance of the discharge through the dressing, or so frequently change it.

That this property of the iodoform dressing eminently increases its certainty of action, I have already demonstrated. The security is by far greater than with the Lister carbolic dressing, because of the rapidity with which carbolic acid evaporates, and

the tendency of the discharge to wash it away. This total removal of the carbolic acid is exactly in that part of the dressing where the greatest quantity of discharge must pass through; therefore the part of the compress of gauze lying directly upon the wound is quickly deprived of its antiseptic qualities, and can no longer prevent the entrance of septic germs from without.

These virtues of the iodoform dressing, deduced *a priori*, have been verified in the clinic, and I believe that our experience, though limited to a few months only, is already sufficient to warrant us in giving it the preference over the Lister dressing.

I shall now give a short summary of cases treated during the past summer term.

(To be continued in next number.)

A SUCCESSFUL OVARIOTOMY.

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

THE patient, Mrs. B——, was a lady fifty-seven years of age, who had been repeatedly tapped. Was called to see her Sept. 22, 1883, in consultation with Dr. O. W. Roberts, of Ware, Mass. History, as given by the patient, is substantially as follows:—

Twelve years ago she noticed an enlargement of the abdomen, worse upon the left side, which gradually increased, but very slowly, — so slowly, indeed, that she did not consult any one for treatment for six years. At this time a lady, who was a neighbor, was to have ovariectomy performed by Dr. ——, of Boston, and it was decided by her medical attendant to have the gentleman examine this case for diagnosis, and, if thought best, for treatment. Dr. —— diagnosed an ovarian tumor; but his prognosis was, unfavorable for operation on account of age (fifty-one) and adhesions. For the next two years she remained much the same, but in 1879 she was troubled with asthmatic attacks. She had suffered a slight bronchitis for several years, but, at this time the dyspnoea becoming so severe, Dr. Roberts aspirated the tumor. This operation was repeated as often as it seemed necessary, but later it was found necessary to aspirate every six weeks, which did not relieve the severe dyspnoea as formerly. The patient was becoming more and more emaciated, the bronchitis growing worse, and the asthmatic dyspnoea constant, which necessitated the frequent burning of saltpetre paper for temporary relief. She was not able to lie in the recumbent position, and when in bed was propped nearly erect.

Auscultation revealed all sorts of sounds within the chest, the bronchial tubes being heavily loaded with tenacious mucus. Pulse 110, temperature 103° Fahr.; respirations 32 to the min-

ute. Diagnosis was ovarian tumor, with extensive adhesions; complicated with bronchitis.

The patient wished to have an operation for the removal of the cyst, provided she had an even chance of recovery. Dr. Roberts aspirated the tumor at this date, removing some twenty pints of an amber-colored fluid, in which were the granular cells of Drysdale, columnar epithelium, etc., revealed by the microscope. After aspiration, a solid substance could be easily felt, which extended from one iliac fossa to the other, firmly adherent.

Under the present condition of things, with these unfavorable chest symptoms, my decision was, unless by medicine we can improve the asthmatic bronchitis, I should hesitate to give an anæsthetic for the length of time required to remove the tumor, but if they improve, I would undertake its removal. The patient was immediately put upon "Yerbo Maltine" (Reed & Carrick), and *Euphorbia Pilulifera* 2^x, a dessertspoonful after meals of the former and a small powder every three hours of the latter. The treatment decided upon immediately relieved the severe symptoms, the bronchitis and asthma gradually improved, and in four weeks our patient was able to ride out, and go to church (a new thing for her for over a year). Oct. 31, we decided to operate, provided I thought best after examination. In these operations I use Squibbs's ether, which was provided, but, at the same time, I ordered one pint of chloroform, one quart of alcohol, and four ounces of aqua ammonia to be at hand, fearing that the ether might prove too much of a stimulant, and cause hyperæmia of the pulmonary vessels.

In the operation I was assisted by Drs. L. A. Phillips, O. J. Travers, J. K. Warren, O. W. Roberts, and G. F. A. Spencer, the last named being intrusted with the anæsthetic. He commenced with ether, and, for a short time, the dyspnœa seemed to improve; but, later, she commenced to suffocate, the face became suffused, and I immediately ordered the ether removed. I then substituted equal parts of chloroform and alcohol, to which aqua ammonia was added in the proportion of one half a drachm to a four-ounce mixture of the above. She took this more kindly, breathing as well as I ever saw a patient under anæsthesia. The operation was commenced by opening the abdominal wall nearly four inches in the median line. When the cyst was reached, a sound was passed over it, which came in contact with many parietal adhesions. The cyst was tapped, and as it was emptied traction was made; but the adhesions were so firm it could not even be moved. Two large cysts were emptied, and a number of smaller ones broken up by the hand. The abdominal wall was now opened for ten inches. With the hand the parietal adhesions were broken between the left parietal wall and cyst.

The omentum was tied in seven places by catgut ligatures, and separated. An adhesion to the spleen was tied and severed; many other small adhesions were separated carefully, when the pedicle came within reach. This, being bound firmly by adhesions, was ligated in two portions and divided, when another silk ligature was placed about the whole pedicle, and the separation of adhesions continued. The opposite broad ligament was firmly adherent to the cyst wall, and was separated from it. A broad band of organized tissue between the cyst and liver was carefully ligated and severed, when the final attachment was found to be to the right abdominal parietes. This was carefully stripped off, but it left a bleeding surface of about four inches square. Numerous bleeding capillaries were controlled by silk, used by circumclusion, the catgut having given out. A few bleeding points were arrested, the abdominal cavity carefully cleansed, and the abdominal wall closed in the usual manner. The patient was under the anæsthetic one and three fourths hours. She rallied well. Everything progressed well up to the fourth or fifth day, when the nurse noticed a wetting of the bandage where it passed over the sacrum, and an offensive odor emanating from it. Upon further examination it proved to be a bed sore some three inches in diameter. The nurse had noticed the discoloration prior to the operation, but did not mention the fact. This sloughed out, and yet our patient continued doing well. Her temperature continued from $99\frac{1}{2}^{\circ}$ Fahr. to 101° Fahr. She was under the most excellent care of Dr. Roberts until the 22d of November, when he left her in the charge of another physician while he went to New York.

I saw her again November 29, and found the following condition existing: A bed sore four inches in diameter, round, three fourths of an inch in depth, with its edge undermined for a distance of one inch all about its border; no granulations, and discharging quantities of an offensive liquid. Carbolic acid had been used, yet the offensive discharge continued. The abdominal wound had closed, but there was a swelling directly in the position where the cyst wall had adhered so closely to the parietal surface. I advised a wash of *mercurius cor.* $\frac{20}{100}$ (four grains to the pint) for the decubitus, and then to powder it with equal parts of *iodoform* and *boracic acid*, over all to place absorbent cotton, making a dry dressing; *arsenicum* 3^x internally, and opening of the abscess as soon as pus had formed. Under this treatment the bed sore soon took on healthy action, and the patient slowly but surely improved. The abscess was opened and healed, the bed sore nearly so, and at time of writing she writes that she is feeling and looking well. The bronchitis and asthma have long since become things of the past.

This case suggests afresh that even the most desperate and unfavorable cases often recover, and that it is our duty not to allow a case to die without at least trying to save the patient with the aid of the knife.

The principal features in this case were the unfavorable prognosis, six years before the operation, by a celebrated physician and surgeon. The severe complication about the chest, and the many adhesions,—as many as twenty-five ligatures being used,—the cyst adhering to everything within its reach, excepting the intestines and bladder. The cyst was multilocular, containing a great amount of solid material, and weighed, with contents, thirty-six pounds. Let me add that this patient owes her restoration to the unremitting and skilful care of Dr. Roberts, who, through this case, has shown what homœopathy can do for such extreme instances.

CASES FROM SOME OF THE LYING-IN HOSPITALS OF EUROPE.

BY G. R. SOUTHWICK, M. D., BOSTON.

A NUMBER of physicians have expressed an interest in some cases I reported to the *GAZETTE* a couple of years ago, and, thinking a few more cases might be interesting in showing the practice in the principal lying-in hospitals of Europe, I give a brief outline of a few for illustration. With the exception of two or three, they occurred in the Rotunda Hospital, Dublin, the Royal Lying-in Hospital of Saxony, and the Lying-in Hospital of Vienna. In some, I was merely a witness; in others, assisted, and in some instances the cases were in my charge, either by consultation or with the advice of the director, when in the hospital. I have made very few comments, leaving the report of them—which has been made from memory—to the reader's own judgment.

I. Fatal post-partum hemorrhage from laceration of cervix, involving the circular artery.

Mrs. B——. Primipara, aged about twenty-eight. First stage slow, with rigidity of the os, for which she was given a warm bath and hot vaginal douche. The os slowly dilated, the pains died away, her pulse and temperature began to rise, the perineum was quite firm, and it was evident that aid was necessary. The margin of the anterior lip could be still felt, the posterior had well retracted. (This is the statement of the operator, but the subsequent accident makes it probable that the os was not fully dilated.) Chloroform was administered, and immediately before the forceps were applied twenty minims of extract of ergot was

given hypodermically, as is the custom in the Rotunda Hospital.

There was nothing unusual in the application of the forceps, or the delivery of the child, and plenty of time was taken. Immediately after the extraction of the child, however, a torrent of bright blood poured forth. The placenta was at once expressed; cold, and afterwards hot, water injected into the uterus, with little effect. The characteristic sign of hemorrhage from the cervix was wanting, *i. e.*, the body of the uterus is usually contracted in such cases. Meantime, abundance of fresh air was admitted, the foot of the bed raised, etc. Half-drachm doses of ether were injected subcutaneously, on account of the collapse. After ascertaining that the pudendal vessels were not the source of the hemorrhage, perchloride of iron, four parts to twelve of water, was injected into the uterus. After this there was no further hemorrhage; but the patient was greatly collapsed. Transfusion of defibrinated blood was resorted to without effect, and the patient died an hour and a half after delivery. The necropsy showed a deep left-sided laceration, involving the circular artery.

It is easy to criticise afterwards, and hence it is easy to say now that, in such cases, the artery is to be ligated by passing a sharply curved needle beneath it, taking care not to include a ureter. It is also a warning against using the forceps, if the os is not fully dilated, or the head above the brim; in the latter case, version is always to be preferred, if it can be performed.

II. Mrs. ——. Pluripara. Hemorrhage from retention of a portion of placenta, after abortion at fourth month, from an unknown cause. Hot water was first used. I then swept my forefinger in behind the portion of placenta, separating and hooking it down. There was no further hemorrhage after its removal. Some cases of hemorrhage from an early abortion, *i. e.*, before the uterine cavity had enlarged to any marked extent, were treated by the vaginal tampon and hot-water douche. The tampon prevented hemorrhage, and the placenta loosened in a short time by fatty degeneration at the site of attachment, and came away without using any force, while the hot carbolized douche washed away the débris, and prevented septicæmia. This method of treatment was very successful.

III. While I was in the Royal Lying-in Hospital of Saxony, there was a case of hemorrhage from laceration of the pudendal vessels. Here the use of hot water and pressure were sufficient without ligation.

IV. Placenta prævia marginal; miscarriage at seven months. Mrs. E—— had a sudden attack of slight hemorrhage at night; had been washing the afternoon previous; the external os soft and relaxed, the internal closed. The vagina was plugged. The cotton, removed about ten hours afterwards, showed no signs of recent bleeding, and the plug was discontinued. Two days after there was sudden and severe hemorrhage, and I used the plug again. The cervical canal now admitted one finger easily; but it was two days before regular pains commenced. The mother made a good recovery.

V. My next case is another one of fatal post-partum hemorrhage. Similar cases have doubtless happened, but I have never read an account of one.

Mrs. D——. Pluripara; apparently in good health. The funis prolapsed, and the child was born dead. The attending physician assured me on my arrival later that the uterus contracted firmly after the birth of the child, and the placenta was expelled in about fifteen minutes. The mother seemed to be all right, and while he was applying the binder, preparatory to leaving, the husband came in drunk. He was very much excited to find the child was dead, and created a good deal of disturbance. The patient became restless; shortly afterwards the uterus relaxed entirely, and the floodgates were opened. On my arrival some few minutes later, I found the patient in collapse, the uterus distended up to the navel, and filled with blood and coagula. These were at once expressed; cold, and afterwards hot, water injected into the uterus; ergot was given hypodermically, as well as ether and whiskey; foot of the bed raised, windows opened, etc. The hemorrhage was arrested, but there was no reaction whatever, even to the injection of ether. The patient continued to sink, and died in a short time. I may say that, while the cold and hot water, etc., were used, ipecac was given, in the hope that it might arrest the flow; but no effect could be perceived. This case shows how fearful the effect of emotional influences may become, and the necessity of guarding against them.

VI. The next case is one of impacted breech. Mrs. A——. The pains were feeble; had continued for thirty-six hours, with no progress beyond slight dilatation of the os. For four hours the temperature rose steadily until it reached 104°. The child's heart-sounds were distinct, but rapid.

The patient was chloroformed, the os gradually dilated with the hand, and a foot brought down. As the cervix did not yield very readily, a stream of hot water was syringed against the os during extraction, which was very slow. The hot water was a

potent agent in promoting dilatation. The child lived, and the mother's temperature at once began to go down. Twelve hours after it was nearly normal. Both mother and child did well, and left the hospital at the usual time.

VII. It was an almost invariable rule at the Rotunda that the most severe cases of septicæmia were in unmarried women who suffered from mental disturbances. They were very restless; fearful lest others should know their secret; became sleepless, and were in a constant fever of excitement. In such cases septicæmia not infrequently developed which ended fatally.

VIII. Perhaps a brief account of a Cæsarian section I saw in Vienna may prove interesting, as it was one of the modifications of the old operation, and the modern of Porro, known as the Müller-Porro operation. It was called for on account of extensive cancerous infiltration of the cervix and surrounding tissues, making delivery impossible by any other method. It proved to be a case of twin-pregnancy. The case was kept under observation, and not operated on till labor-pains commenced. The abdomen was opened, with a very long incision in the median line, the fundus tilted out, and a piece of rubber tubing tied tightly round the cervix to limit the hemorrhage. The uterine cavity was then opened in the median line by one or two bold incisions, both children quickly extracted, and the placenta peeled out. Even with the rubber ligature on, the hemorrhage was fearful. The wound was closed with deep catgut sutures and the ligature removed, the abdomen carefully cleansed and closed, as in ovariectomy. The patient did well till the fourth day, and died suddenly from collapse. The necropsy showed that the sutures gave way, and death resulted from internal hemorrhage.

IX. I will next give an outline of a case of complicated labor, ending in the death of both mother and child.

Mrs. P——. Primipara. Occipito-posterior position. Had some inefficient pains for nearly three days. In the latter part of this time the membranes were punctured, as there was an excessive amount of amniotic fluid, not like water, but rather thick, and as if a large quantity of Indian meal had been mixed with it. The membranes were penetrated *between* the pains and above the os, so that the escape of the fluid would be gradual, and allow a bag of waters to form later. At the time this report begins, the pains had nearly ceased, the patient was exhausted, her pulse and temperature were rising, the head was above the brim, the os about three fourths dilated and yielding. External examination showed a very large abdomen, with a distinct swell-

ing in the upper portion about the size of an adult's head. The exact relation of the child to this could not be ascertained. It might be another child, a monstrosity, or a uterine tumor. Version was questionable, as it might still further complicate the case if either of the first two conjectures should prove correct: consequently the forceps were tried; they were carefully and repeatedly applied, but slipped, and it became evident they were of no use. An unsuccessful attempt at external version was then made, as the internal was not thought advisable. Matters were going from bad to worse, the patient must be delivered, and craniotomy was the only resource. It was about four hours after the attempt at version before the craniotomy. Instruments and consultation were procured. Meantime, the patient had a very severe attack of uterine hemorrhage, and was almost in a state of syncope when they arrived. She was then too weak to bear the shock of version, craniotomy was performed with difficulty; and the child finally extracted. Soon after the operation the patient complained of a pain in her heart, and died in a few minutes, not improbably from a clot of blood swept along in the circulation to the heart. The child was very large, but was not weighed at the time. The tumor which had given so much anxiety gradually disappeared as the child was extracted. It probably came from a lack of uterine contraction, — a local paralysis of that portion which allowed the wall to bulge out, and prove very misleading. Here, version should have been attempted in the beginning. The application and use of the forceps above the brim is both difficult and dangerous, and this case, as well as the following one, should be a warning against it.

X. Mrs. K——. A former child had been born dead. She is now in her second pregnancy; the os two thirds dilated; head at the brim; foetal heart-sounds loud and distinct. The patient was put in the dorsal position, and the forceps applied. They held for a while, and then slipped. It became evident that she could not be delivered by forceps in the dorsal position. The left side was then tried (in this position we can reach higher up, and to better advantage); the forceps now held, and delivery was finally accomplished by using the strength of the two physicians, who relieved each other. The child lived twenty-four hours. The mother recovered rapidly. I cannot doubt the chances for the child's life would have been better with version, instead of forceps.

XI. There is still a case of eclampsia, which may prove of interest. A stout, rugged German girl was seized with a convulsion at about the time of her expected labor. There was no

doubt about the diagnosis. She was given an enema of starch and chloral hydrate. The moment there were any signs of an approaching convulsion, as twitchings of the facial muscles, chloroform was at once administered and withdrawn as the convulsion passed away. A wooden wedge was inserted between the teeth, to prevent injury to her tongue. The attacks were very frequent and severe, but gradually the intervals between them grew longer; but she did not regain consciousness till long after the child was born alive, and without assistance, about ten hours after the first attack. The mother recovered without any more untoward symptoms. In severe cases, they wrap the patient in a cold, wet sheet, including the arms. This prevents any injury to herself, labor is unimpeded, and, perspiration being subsequently induced, lessens the blood-pressure and its consequent dangers. In regard to the induction of abortion, or premature labor in eclampsia, we should be very conservative in using harsh measures. It is remarkable how much patients will endure, and make good recoveries, although it seemed impossible at the time. Dilatation of the os with the fingers or attempts to deliver before the os is fully dilated, will only increase the frequency of the attacks.

THE TYPICAL CANCER CELL.

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

[Read before the Connecticut Hom. Med. Soc., Oct. 16, 1883.]

IN presenting this paper, I call to my aid some valuable experience of a few of the bright lights in medical literature and science. Cancer, from time immemorial, has been regarded by all classes of physicians and laymen as one of the most hideous and fatal diseases. Cancer derives its name from the Latin word *cancra*, a crab, on account of the large veins which surround it, having the appearance of crab claws. It generally consists of a scirrhous, livid tumor, and occurs mostly in the secretory glands. The pains are acute and lancinating, and usually extend to portions of the surrounding tissue. The cell which characterizes the genuine cancer is the subject of our present consideration. First, then, what do we understand by the term *cell*, and its physiological character? It was formerly described as a closed sac, within which were certain contents; and it was supposed that in its formation little particles became aggregated together to form collections, and ultimately the cell wall formed around these. The most recent definition and description of cell structure are as follows: The most common and prominent structural feature of the cell is that portion which gives to it

form and consistence, and is called the cell body; it is usually of an albuminoid material, sometimes transparent, and apparently structureless; sometimes finely or coarsely granular, and not infrequently presenting after death a reticulated appearance. It is called protoplasm in its typical active form. The cell-body presents a great variety of shapes, such as spherical, cuboidal, cylindrical, fusiform, ovoid, pear-shaped, discoidal, or scale-like, and frequently embedded in the cell-body are pigment granules, droplets of fat, and various forms of crystals. The shape of the cell-body seems to depend upon the amount of pressure which has been placed upon it by the surrounding and adjacent structures. Within the cell-body is found one or more spherical or irregularly shaped bodies called nucleus or nuclei. The nucleus may be very small comparatively or very large, being sometimes almost equal to the entire bulk of the cell. Within the nucleus are often found one or more small bodies, either oval or irregular in shape, looking like bright, shining granules, which are called nucleoli. The nucleus and its contents seem to be the most important constituent part of the cell, in fact the vital principle of reproduction.

According to the most thorough and patient investigation, it seems that there are in an animal cell four distinct structural elements, — the body, nucleus, nucleolus, and the membrane; but all these elements are only present in a few varieties, the cell-membrane being the least commonly present; and there are certain cells which consist of the cell-body alone. The physiological point of interest is that the expression of their vitality is manifested in four ways, viz., nutrition, growth, function, and reproduction. Not all of these expressions of vitality can be subjected to direct microscopical observation. Nutrition, being apparently essentially a chemical process, cannot become, to any considerable extent, the object of direct microscopical study. The growth of the cell is difficult to study also, on account of its being for the most part so gradual. The functional activity of cells can be indirectly subjected to microscopical examinations when in connection with changes in the morphological characters of the cells. As regards the reproduction of cells, in a few instances the act has been directly observed under the microscope; but in the majority of cases, our knowledge is derived from the study of consecutive stages in the process. Every new cell, during its development, is derived from a pre-existing cell; and all are derivatives of a single original cell, the ovum. The character of cell first to be considered is the pure cell of connective tissue, which is found to be a fusiform cell, with nucleus and nucleolus. The cell is at first round and small, about one two thousandth of an inch in diameter, nucleus small, and the nucleolus

a mere bright point. The cell develops into a fibre by the nucleus becoming oval, and the cell soon following its example; but in time it becomes more oval; then the nucleus and its ends lengthen, to give the whole cell a fusiform outline. The ends may extend to an indefinite length, and unite with the extremities of neighboring cells, and thus form the so-called connective tissue. The second cell character is the lymph cell. Collis understands this cell to have its origin in the same manner and from the same parentage as the cell of connective tissue, but to differ from it in one particular, viz., that, not being destined for the growth of the body, but for effecting some other process, it differs in form and power in development from the healthy cell. In appearance under the microscope, the lymph cell is different from the so-called healthy cell, by the greater darkness of all its elements, and also its somewhat greater average size. This cell is characterized by a lower organization, which interferes with perfect development, so that repaired tissue does not perfectly come up to the standard of normal tissue. Pus affords one example of the low vitality of the lymph cell. Dr. Collis gives a theory accounting for the origin of pus cells, which differs from that of two other reliable authors, viz.: Pus cells are only lymph cells which have perished, and which, in parting with most of their nitrogenous elements, exhibit a superabundance of oil granules in their interior. This, he says, is the true reading of the multiple nuclei of the pus cell. Virchow and Lionel Beale consider them a spontaneous and vital division of the nucleus preparatory to a multiplication of the cell by division. The lymph or granulation cell may multiply without any change in the material size or form, and without any attempt at development.

Dr. Beale remarks, it must not be supposed that we can form any true conception of the *power* of the different forms of bioplasm from microscopical or chemical examination: masses which could not readily be extinguished from one another manifest the most wonderful differences in *power*. He has found the bioplast, from ordinary inflammations tending to the production of the low form known as pus, to present the same form of cell as the brain cells of man in an early stage of development. By chemical analysis, every kind of bioplasm yields five products: 1st, a substance resembling *fibrin*; 2d, another allied to *albumen*; 3d, *fatty matter*; 4th *salts*; and 5th, *water*.

The next division of our subject is the change of cell in form from normal to abnormal. It is the lymph cell above described that enters into the composition of the dermoid, or, as denominated by some authors, fibro-cellular tumor. Such tumors are composed of the ordinary elements of the skin together with a large number of undeveloped cells, which are very similar to the cells of

connective tissue, in which they may be found in a normal condition. The difference to the eye is that they have a darker appearance and outline, and contain more granular matter than the common cell, which seems to be due to a greater amount of oil both in the texture of the cell wall and in the contents of the cell itself. Collis says that cancer belongs to the class of infiltrating growths, and is an interstitial deposit of certain cells of a monstrously abnormal type. In the examination of a specimen of undoubted cancer, we find it to be composed of a mass of cells filling the interstices, and disturbing the natural elements of the locality in which it is deposited. These cells present more or less resemblance to certain forms or types, which are denominated cancer cells. In different specimens, and even in any selected specimen of cancer, great variations will be observed in the size and outline of different cells; but the general aspect of the component parts of each cancerous tumor is very similar, allowance being made for the differences caused by the rate and potency of development. Considering these observations, Dr. Collis offers a formula, which seems very reasonable and satisfactory, viz., the nearer the constituent cells of a tumor approach to the healthy lymph cell in form and power of development, the more clinically benign is the tumor; the farther removed in this particular from the healthy, the more destructive and malignant the growth.

The cells of the acute or soft cancer are round or oval, of large size, with a large, oval nucleus placed generally eccentrically. The cell wall is pale, often obscured by oil globules, which seem to adhere to its inside; it is easily broken up, however, by the usual chemical reagents, such as weak acetic acid, ether, iodine, potash, etc. The nucleus is dark and well defined, with a distinct and shining nucleolus. The cells in encephaloid differ from those of scirrhus cancer; they are larger in superficial measurement, often $\frac{1}{40}$ of an inch in diameter, and polygonal, irregular, and sometimes caudate, or imperfectly fusiform; but in such instances they are more spherical, whereas the irregular cells are plainly flattened, much of the débris of broken cells being mixed with the free nuclei. The rounder and more acute cells of encephaloid go through a process of oily degeneration, the small oil bubbles gathering about and obscuring the nucleus, until the greater part of the cell is full of them; ultimately the cell wall gives way, and leaves a loosely coherent mass of oil globules and nucleus, the latter rapidly degenerating in the same way and the resulting oil globules soon dispersing. In scirrhus the nuclei are much more persistent, and are often found in great numbers. When few or no perfect cells are to be met in such cases, the nuclei are surrounded with a débris, as previously stated.

Referring to the investigation of some of the earlier authors, we find Dr. Watson saying, in one of his lectures of 1854, that the way in which cancer originates is uncertain, but the mode in which it spreads and multiplies is better understood. An individual tumor may enlarge by the progressive insinuation of the cancerous matter into the interstices of the neighboring tissues. The disease may be communicated by imbibition from one organ to another which is in mere contact with it. Now Müller has discovered, by means of the microscope, — and the discovery has been confirmed by other observers, — that the matter of which cancer is composed consists of very minute cells with nuclei attached to their walls, and of granules still more minute, which are supposed to be the rudiments of new cells. It is apparently by the amplification of these granules into cells, and by the development of the nuclei into other cells, and by the growth and evolution of young cells, which, in some instances, are included generation after generation within parent cells, that the original tumors enlarge and extend themselves. It is by the transference of certain of these cells and granules from the original tumor that a crop of secondary tumors is soon in remote parts of the body. The cell, and probably the granules also, are endowed with a power of self-increase and propagation whenever they find a fitting soil.

After due consideration of all the evidence relative to the peculiar cell-formation of cancer, I should not base my diagnosis on that alone. I should consider the locality, enlargement, and induration of the gland, tissue, or organ, and surrounding membranes, together with the hereditary constitution of the patient; and, if softening and ulceration had already occurred, I should by all means resort to the microscope, considering it one of the most important aids to diagnosis.

A little experience of my own, by way of illustration: About thirteen years ago I was called to visit an old gentleman residing in Berlin, this State, who had been feeble for several years, but at times he seemed quite well and comfortable. He was occasionally subject to sudden attacks of excessive emesis of blood and mucus, and some of the time very dark grumous substance, alternating with severe hemorrhage of bright arterial blood from the stomach. His family physician called it a dyspeptic trouble, with a little tendency to ulceration of the stomach. From the above symptoms and external epigastric appearance, I pronounced it scirrhus cancer of the stomach. His physician, upon being informed of my decision, made light of it, and remarked that it was not correct. I was, however, ultimately selected by the friends of the patient to perform an autopsy, to which I invited three of my professional brethren. We found

the pyloric orifice perfectly occluded by what had every appearance of a scirrhus cancer, and which had taken on the acute stage. I secured a minute portion of the fluid and tissue, and, under a good microscope, found the typical cancer cell, as illustrated by the most reliable authority. I speak with confidence, having made microscopy a special study during the last few years.

I have made careful examination of many cases supposed to be cancer. For example: Feb. 10, Mrs. G—— B——, of this city, a lady sixty-three years old, came to consult me about a severe and irritating, indescribable trouble in the region of the vagina and uterus, producing an excoriating and sanious discharge, which, as she said, was unbearable. Upon examination of the os uteri, I found it presenting every appearance of an acute cancer, but I told her that she had the worst form of ulceration of the cervix uteri, and that if it yielded readily to my ordinary treatment of that difficulty she would be all right in a short time. I found it, however, to be a very obstinate case. It did not yield to ordinary means of cure, and, according to Thomas, Ludlam, and Bennett, I began to think that it was a case of acute cancer. I therefore made a microscopical examination of the fluid directly from the ulcerated surface several times, but did not find the character of cell which I knew to be, and could call, the typical cancer cell, but found abundance of pus, blood, and epithelial cells. I persevered in my treatment, succeeded in curing the case, and know that it was not a cancer. No cell evidence that it was could be found.

A second case: Mrs. W—— H——, a woman about seventy-five years of age, came under my care in 1882. Upon making an examination of the vagina and uterus, I found the vaginal walls very much hypertrophied and indurated, cervix uteri eaten away, fundus immovable, a constant and sanious discharge, paralysis of the sphincter muscles of bladder, so that there was a constant dribbling of urine, excoriating the labia and adjacent parts. I found by the very first microscopical examination of the urine the typical cancer cell of scirrhus, and subsequently found an abundance of characteristic cells both from the ulcerated surface and urinary deposit, and it has proved itself to be a case of undoubted scirrhus cancer.

A third case, which presented itself to me a few months ago, was that of Mrs. B—— B——, of this city, who had an appearance of an acute cancer of the left side of the face. It was of such a character that, had I been called in consultation by a brother practitioner, I should have unhesitatingly pronounced it cancer. I gave no positive diagnosis until I had procured some of the fluid from the ulcerated surface, and made my usual micro-

scopical test. I found the finest specimen of pus corpuscle, with a mixture of blood corpuscle, but not a characteristic cell of cancer. My treatment soon produced a change for the better, and she eventually recovered; but it was the most malignant in appearance of any facial ulcer I have ever seen.

I am aware that many of my professional brethren think that there is no such thing as a typical cancer cell, and repeatedly assert that the same form of cell can be found in many varieties of tissue and ulcerated surfaces other than those of cancerous nature. It is not maintained that single or small collections of cells of very similar appearance to the genuine cancer cell cannot be found; but it is not the single or small isolated group which is to be taken as a type of the whole: a cancer always presents collections of cells of an epithelial type, in groups, in close contact with each other, and in spaces more or less defined. In cancer there is a very distinct line between the cell and stroma. The cells, although in groups, are quite independent of each other, and in some cases are separated from each other by a small quantity of fluid; such, at least, has been my experience in all undoubted cases of cancer which I have had the opportunity to examine. The majority of investigators of note agree that the size of the cells is not indicative always of the variety of the cancer; that in some scirrhus tumors the cells may be small, and in others large, and that the same variations are found in encephaloid. The distinction between scirrhus and encephaloid is not manifested by the size of their cells, but by the relative proportions of cells and stroma in the mass. The stroma of cancer, in most instances, is found to be of fibrous tissue, which presents many cells of the ordinary connective tissue type interspersed more or less through the mass. The alveolar arrangement is plainly seen in every scirrhus and encephaloid, but not quite so plainly in a case of epithelioma; still the same character is maintained, that is, the cells are arranged in groups, in contact with each other, and the groups are separated by fibrous or fibroid tissue. It is true that much diversity of opinion existed formerly, and is even at present found among physicians, as to how much real value should be attached to microscopical revelations which are so positively relied upon by many authors to determine the true nature of different species of tumors. The unaided eye of an experienced surgeon may, in many cases, be able to determine the exact character of a tumor, and the microscope may fail, in some instances, to reveal the typical evidence, and therefore fail to give any additional information; yet it cannot be denied that, in the majority of cases, it is only by this instrument that the true nature of the abnormal growth can be positively ascertained. It is, no doubt, also true that all the microscopic elements which

have been previously described may singly and separately occur in the normal tissue of the body and its secretions; but, if it be so, it does not appear that they ever are found grouped together in any tumor, except cancer, and in these it is by aggregation of such manifestations that the true character of the disease is determined.

AMERICAN INSTITUTE OF HOMŒOPATHY.

I HAVE the pleasure to announce officially that the Institute will convene in its thirty-seventh annual session at Deer Park Hotel, Md., on the Baltimore and Ohio Railroad, the third Tuesday (seventeenth day) of June next, at 10 A. M. and continue in session four days.

The President, Secretary, and the Chairman of the Committee on Railroad Fares and Hotel Rates and Accommodations met Mr. W. J. Walker in conference at Deer Park, March 8, 1884, to complete arrangements for the meeting, with the most satisfactory results. The entire hotel (which has capacity for accommodating six hundred guests), together with the extensive grounds, walks, drives, groves, etc., has been secured for the exclusive accommodation of the members of the Institute, their families and friends who may accompany them. The hotel will be in readiness to receive members of the Institute Monday, June 16th, *but will not be reopened for the general public until June 22d.* Hotel charges, \$2.50 per day, — a rebate of *fifty cents* from the regular rate. The annual banquet and music will be furnished by the hotel management. The rooms, *cuisine*, and attention to the wants and comfort of guests are guaranteed to give entire satisfaction.

The railroad fare over the great trunk or main line of the B. & O. R. R. and its branches will be full fare one way (*half* fare). Efforts are being made to secure reduced rates on other roads.

The members of the various bureaus are at work, and their respective chairmen anticipate full reports.

Sufficient information is already in the hands of the Secretary to warrant the statement that the attendance will be larger than usual, and that one of our transatlantic colleagues (Dr. Richard Hughes, of Brighton, England) and possibly others will be present.

Full particulars of the arrangements will be given in the forthcoming announcement.

Blank applications for membership may be obtained from the undersigned on application.

J. C. BURGHER, M. D.,
General Secretary.

THE twentieth annual session of the Homœopathic Medical Society of Ohio will be held in Cleveland May 13 and 14. A general invitation is extended to homœopathic physicians, as business of importance to all is to come before the meeting.

H. E. BEEBE, M. D.,
Secretary.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE forty-fourth annual meeting of the society was held at the Revere House, Boston, Wednesday, April 9, 1884.

The meeting was called to order at 10.30 A. M. by the president, H. E. Spalding, M. D., of Hingham.

Records of the last meeting and of the meetings of the Executive Committee were read by the secretary, and approved.

Edward A. Carpenter, M. D., Cambridge, was elected to membership.

On motion of E. P. Scales, M. D., Newton, the applications of Drs. Tower and Atwood were recommitted to the Board of Censors.

The treasurer, H. C. Clapp, M. D., Boston, submitted the following report:—

MASS. HOMŒOPATHIC MEDICAL SOCIETY, *in account with* H. C. CLAPP, M. D.,
Treasurer.

| <i>Cr.</i> | | |
|---|---------|------------|
| By cash on hand April 11, 1883 | \$1,048 | 18 |
| By annual assessment and interest collected in the year | 892 | 35 |
| | | \$1,940 35 |
| To cash paid for general running expenses | \$568 | 09 |
| To cash in treasury April 9, 1884 | 1,372 | 44 |
| | | \$1,940 53 |

Respectfully submitted,
H. C. CLAPP, *Treasurer.*

The report of the auditor, J. T. Harris, M. D., was read, showing that the accounts of the treasurer were correct.

The amendment reducing the annual dues from five to three dollars was carried. On motion of Dr. Scales, of Newton, the question was reconsidered. On motion of Dr. Leeds, of Chelsea, the further discussion was postponed until 12.30. C. H. Walker, M. D., Chelsea, necrologist, submitted his report, giving short sketches of the lives of Drs. Daniel Holt, De Gersdorff, L. B. Nichols, Haynes, and Bartlett. Remarks in regard to Drs. Haynes and Bartlett were made by Dr. A. M. Cushing of Boston.

Dr. H. E. Spalding, president, delivered the annual address.

COMMITTEE ON CLIMATOLOGY.

Dr. E. U. Jones, of Taunton, chairman of the committee, made some very interesting remarks on ozone in its relation to dis-

ease, and urged on the society the necessity of further investigation. On motion of Dr. Farnsworth, it was voted that a committee be appointed, to be selected by Dr. Jones, to pursue the investigations.

On motion of Dr. Krebs, the sum of \$25.00 a year was voted for the use of this committee.

The question of the amendment came up again, and after some discussion it was voted to lay it on the table until the next annual meeting.

No report from the Committee on Clinical Medicine was presented.

COMMITTEE ON DISEASES OF CHILDREN.

Paper by the chairman, Dr. H. L. Chase, on care of new-born infants.

COMMITTEE ON OBSTETRICS.

Paper by Dr. Forbes, West Brookfield, on puerperal convulsions caused by albuminuria.

Dr. Hall, of Providence, R. I., was present as a delegate from the Rhode Island Society. He extended greetings from Rhode Island to Massachusetts.

Remarks were made by Drs. Burr, of Portland, Me., Chase, of Concord, N. H., and Knight of Waterbury, Conn.

A letter from Dr. Pope, of London, England, was read by Dr. Talbot.

The following resolutions in regard to homœopathy in the army and navy were offered by Dr. Talbot, and adopted:—

Whereas, It is obviously the design and intention of the United States government to treat with equal justice and fairness all its citizens, whatever may be their opinions in matters of medicine as well as religion, and,

Whereas, The medical officers in the army and navy have taken upon themselves to proscribe certain opinions, and those physicians holding them, and have refused to examine candidates as to their education, character, or fitness for any position, if such candidates were known to believe in homœopathy, and have refused to accept certificates from or to acknowledge in any manner the services of physicians holding such opinions, and have sought in an unjust and offensive manner to limit freedom of medical opinion and action, and,

Whereas, By such action these medical officers have not only done great injury to the profession, to the men under their charge, and to their friends, but have violated the rights of every American citizen; therefore,

Resolved, That the members of this society — all legal physicians and loyal citizens of the United States — call upon the Congress of the United States assembled to take the necessary measures for removing this grievous wrong; and we earnestly request our senators and representatives to use their utmost endeavors to secure the passage of the joint resolution now before Congress on this subject.

Resolved, That a copy of these resolutions, signed by the president and secretary of this society, be sent to each senator and representative of Massachusetts in Congress.

The following resolution, offered by Dr. Talbot, was adopted:—

Voted, That the Publication Committee be requested to include in the publications of the society such interesting or important papers as have been read in any local or

county society in the State, and which the committee may think it desirable to so publish ; also reports of homœopathic institutions, and any statistical or other information specially pertaining to this State.

The following proposed amendment to by-laws was offered by Dr. N. R. Morse of Salem :—

Art. IV.—Strike out a part of the thirteenth and fourteenth lines, as follows :—
“And shall also furnish a list of two candidates for each office of the society for the ensuing year.”

A circular from A. A. Camp, M. D., of Minneapolis, Minnesota, outlining a plan for the improvement of the materia medica was read by Dr. Sutherland. On motion of Dr. Sutherland a committee of conference was appointed by the president, consisting of Drs. Sutherland, C. Wesselhoeft, and Smith.

On motion of Dr. Talbot it was

Voted, That a committee consisting of the president and two other members be appointed to confer with a committee of the Boston Society in regard to the reception of Dr. Richard Hughes of Brighton, England, on the occasion of his visit to Boston in May next.

The election of officers for the ensuing year was then held, and the result, which was announced later at the dinner, was as follows :—

President. — J. Heber Smith, M. D., Boston.

Vice-Presidents. — John L. Coffin, M. D., West Medford, Henry Ahlborn, M. D., Boston.

Corresponding Secretary. — J. Wilkinson Clapp, M. D., Boston.

Recording Secretary. — Herbert A. Chase, M. D., Cambridgeport.

Treasurer. — Herbert C. Clapp, M. D., Boston.

Librarian. — Almena J. Baker, M. D., Boston.

Censors. — Hiram L. Chase, M. D., Cambridgeport ; John T. Harris, M. D., Boston ; Edward P. Colby, M. D., Wakefield ; Henry E. Spalding, M. D., Hingham ; Walter Wesselhoeft, M. D., Cambridge.

At 3 P. M. the society adjourned for dinner. After the cravings of the inner man had been fully satisfied, the president, Dr. Spalding, rapped to order, and after a few preliminary remarks introduced as toastmaster the president elect, Dr. J. Heber Smith of Boston.

Several toasts were offered and responses were made by Prof. J. W. Dowling, M. D., of New York, Col. Charles R. Codman, Hon. Geo. A. Marden, Speaker of the House of Representatives, Hon. Chas. W. Slack, editor of the *Commonwealth*, Prof. Mary J. Safford, and Prof. I. T. Talbot.

Adjourned at 6 P. M.

HERBERT A. CHASE,

Recording Secretary.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

THE society met at the usual place Thursday evening, March 20, with the president, J. P. Sutherland, M. D., in the chair.

The records of the previous meeting were read and approved.

W. O. Faxon, M. D., Susan D. Short, M. D., and Mary L. Swain, M. D., were elected to membership.

The president, secretary, and F. B. Percy, M. D., were appointed a committee to confer with other homœopathic societies in Boston and vicinity in relation to tendering a reception to Dr. Richard Hughes, of England, who is to be in Boston in May for the purpose of delivering a course of lectures in Boston University School of Medicine.

SCIENTIFIC SESSION.

Dr. H. C. Clapp read a very able paper on "The Causation of Phthisis Pulmonalis."

Dr. Conrad Wesselhoeft exhibited some specimens of the bacillus tuberculosis under the microscope and said:—

"The conclusion is safely drawn that there is such a thing as the bacillus, and that it always produces the disease. The only question remaining to be answered is whether there are cases of consumption where the bacillus is not present.

"To make it visible under the microscope is very difficult, more difficult than to demonstrate its capability of reproducing itself, and it was in successfully meeting the former difficulty that Koch made his great reputation. The bacilli tuberculosis are extremely minute, so that an objective of best quality of 500–600 diameters is required. The method of illumination is indifferent, but should be vertical. They are made visible by staining; and the Koch Ehrlich method, which is Koch's original method little modified, is best."

Here Dr. Wesselhoeft gave the method and referred his audience to Dr. Haupt's paper in the last volume of the proceedings of the American Institute.

"The bacilli appear in chains of spores united together by a membrane. Their diameter is $\frac{1}{2000}$ millimetres and less."

In answer to questions, "Various bacilli can be destroyed by corrosive sublimate, but the quantity which would have to be taken into the system to destroy the bacilli there would needs be too large, — 1 part to 1000 of water, or the 3 x dilution."

"Carbolic acid is not so good a germicide."

"Predisposition is necessary for its development. The bacillus is found in all tissues of the body, as well as in sputa, but especially between the tubercular and sound tissues. It has been found in the blood and all parts of the body."

"By predisposition, he means that the ancestors of persons affected died of consumption, cancer, or were inebriates, etc. Their children do not always die, but often possess predisposition to tuberculosis."

Dr. Clapp:

"There is no hope of destroying the bacillus as by vaccination. Vaccination prevents small-pox. This is not the case in tuberculosis, where it predisposes to or increases the disease, as proved by experiments on animals."

Dr. Sutherland:

"The two hundredth generation is as virulent as the first, and for this reason cannot be used for purposes of vaccination until some means is found of mitigating its virulence."

Dr. Klein cited cases to show that consumption is contagious.
Dr. Talbot :

“The discussion of this subject in the medical world during the past few years has done much to encourage belief in the contagiousness of consumption; and the demonstration of the presence of the bacillus tuberculosis, so well exhibited here to-night, has added much to the confidence of the believers. Still, however contagious this disease may be, there evidently exists a resisting power, greater probably than in other contagious diseases, in the exanthems, such as small-pox, measles, etc. Were it otherwise, we should hardly any of us escape, since nearly all come in contact with consumptives; moreover there would seem to be often exhibited a special predisposition to tuberculosis, either hereditary or acquired. Now, however interesting this subject may be to physicians, there is another view of it, equally if not more, important to the patients themselves, — Is consumption preventable?

“Perhaps there is no factor more important in the prevention of tuberculosis than nutrition. When digestion and assimilation are in perfect condition, tuberculosis can make but little progress, whether such person be brought in contact with a consumptive or not. But when the system has been depressed by mental excitement, fatigue, cold, or wasting disease, when the appetite fails and digestion becomes greatly impaired, how often have we all seen consumption make a rapid entrance! How often have young mothers after frequent child-bearing fallen a prey to this disease! He thought it especially important in all such cases to give most careful attention to the diet and to nutrition. With children born of consumptive parents, such care is very important; and in many cases the disease may be not only prevented but in one or two generations the tendency to it may be apparently eradicated. He cited a case where nine out of twelve children died of consumption. One of these left three children, all delicate; but one, a little girl, early showed marked symptoms of tuberculosis; but with great care in diet and hygiene these children have grown to be healthy adults, and their children, who have been equally cared for, have been vigorous and healthy.

“He could not lay too much stress upon suitable nourishment, freedom from over-fatigue and all exhausting causes, together with proper ventilation, sleep, and exercise in all children with a tendency to consumption. He thought that the highly concentrated nutriment in cod-liver oil, and not any medicinal power it possesses, makes it effective in cases of tuberculosis.”

Dr. Hastings cited case of uncle, aunt, and three cousins, and no other cases of consumption on either sides, to show that consumption is contagious.

Dr. Cushing emphasized grief as a great factor, and asked which has the greater influence, father or mother? Dr. Clapp answered, mother.

Dr. Tompkins related a case: mother died leaving little girl one year old, the father being syphilitic; yet the little girl is healthy. Syphilis in the father was suppressed by low potencies of Iodide of Potassium and Binioidide of Merc.

Dr. Cushing asked, Do other diseases preclude consumption? Dr. Clapp answered that asthma is most especially antagonistic to consumption; yet he has had cases in which both diseases existed, showing it is not universal.

The next meeting of the Boston Society has been postponed from May 8 to Friday, May 16.

A CASE OF RENALOTOMY — Prof. J. E. James recently performed the operation of renalotomy, at the homœopathic hospital attached to Hahnemann College, Philadelphia, with most successful and satisfactory results. The patient was a boy of thirteen. The entire kidney was removed; and though the patient showed some signs of collapse while under the ether, these were fortunately controlled, and a satisfactory convalescence ended in entire recovery.

A BALLAD WITH A MORAL. — The February number of *Harper's Magazine* has a ballad whose moral reflects severely on the medical profession. A knight (says the ballad) whose lady lies ill unto death rides in search of a leech whose skill may restore her. He is furnished with a talisman by which to judge among the various healers of the city. "The talisman will show you what guests, to others invisible, linger about each doctor's door," its donor tells him. On riding from house to house of famous physicians, he is horror-stricken to find on the threshold of each a countless number of reproachful ghosts, who left this world through the ministrations of the doctor who dwells within. At last, to his joy, he finds a physician's house on whose threshold lingers but a single apparition. In haste he bids the leech mount behind him, and as they ride, the knight bethinks him to ask his companion if his practice is a large one. "Alas, no!" the man of science replies. "Since my coming to this city, I have treated but *one patient!*"

PERSONAL AND NEWS ITEMS.

DR. G. W. BOND, class of '83, H. M. C., has located at Champlain, N. Y.

DR. F. M. BENNITT has just completed his arrangements to practise at Springfield, Mass.

DR. FRANK L. VINCENT, of Troy, N. Y., will remove his office on May 1st to No. 47 Second Street.

DR. CHAS. F. GOODELL has changed his residence from Asheville, N. C., to Washington, D. C.

MESSRS. BOERICKE and Tafel have disposed of their pharmacy at New Orleans to Mr. Theodore Englebach.

DR. HOWARD P. BELLOWS sailed for Europe on the 19th inst., to continue abroad his clinical study of diseases of the ear.

DRS. PHILLIPS and Carmichael announce the dissolution of their partnership. Dr. Phillips will remain as heretofore at 165 Boylston Street. Dr. Carmichael has opened an office at 18 Bowdoin Street. Both will continue to make diseases of women a specialty.

JOHN C. BUDLONG, M. D., of Providence, formerly of Centerdale, R. I., has just been *re-elected* for a *second time without opposition* to the position of surgeon-general by the State Legislature. As the commission covers a period of five years, he will have occupied, upon its completion, this important and honorable position for a period of fifteen years.

It is with more than ordinary pleasure that we invite attention to the mention on another page of "A proper disinfectant," for the preparation there referred to has thoroughly proven its worth, and, although probably known to many of our readers, still cannot be too well known by any and may still be unknown to some. We commend the notice to your perusal and the "Chlorides" to your favor.

THE Cincinnati Homœopathic Medical Society at a recent meeting passed resolutions expressing its regret at the loss of the late Dr. Pulte, and its sympathy with his bereaved family. The resolutions refer to Dr. Pulte in terms of the most cordial respect, and make especial mention of his kindness to young practitioners who came to share with him his field of labor.

PROF. and Mrs. Wm. Tod Helmuth lately celebrated their silver wedding at their home in New York City. The evening was a most enjoyable one. The numerous and beautiful gifts bore ample testimony to the cordial interest felt in the occasion by their many friends far and near.

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EDITORIAL.

PROVINGS BUT NO PROOFS.

IN the days before exact science had given us the clinical thermometer, the sphygmograph, the stethoscope, the urinometer, it was both natural and excusable that the provers of supposed medicinal agents should, in the absence of demonstrable facts, make careful records of their "sensations," and offer these as of value to the scientific world. It is much to be deplored that through these means many pathogenetically inert and worthless substances are classified in our text-books as "remedies," and betray the confidence of young practitioners in hours of need. But it is not of these we now propose to speak. The day is not far distant (and may Science speed its coming!) when all such "remedies" must appear at the bar of exact test to prove good their claim to their titles; and from that time forth they will cumber us no more.

Our present object is to protest against the absurdity, nay, almost criminality of recognizing as a "proving" of some "new remedy," claiming a place in our materia medica, any record of mere sensations unsupported by the facts so easily obtainable and wholly indispensable to so vital a matter. We say the "absurdity" of accepting such a proving: for a sea captain would have no better right to exasperation, when, after sending a sailor to take soundings, the man returns to say he "feels as if" the water were so many fathoms deep, but has not used the lead, than has the physician when informed by a prover that he "felt as if" he were in a violent fever, but did not use the

thermometer ; or "felt as if" the pulse were irregular, or too fast, or too full, but neither counted it nor took sphygmographic tracings. We say the "almost criminality" of accepting such a proving, for every repetition, on such baseless grounds, that a certain substance is a "great heart remedy," or is "useful in renal difficulties," hastens the day when the unproved drug takes an honored place in text-book and practice, only to be banished thence with labor and wrath. A so-called remedy which is in danger of taking such a place with us to-day is *convallaria maialis*. The enthusiasm now awakened by the "sensations" it creates in imaginative provers may not abate until it takes an unwon place in our over-crowded list of remedies. "Sensations" it certainly creates in plenty ; and as extraordinary as those of Dickens's inimitable Mr. Nightingale, who "felt as if Self, a stiff bootjack, suddenly tried to be doubled up by strong person," and "as if a small train of gunpowder sprinkled from left hip to ankle were suddenly exploded by successful Guy Fawkes." But we look in vain for such facts as alone merit the name of "provings" ; record of changed pulse or temperature as evinced by scientific tests, of increased or diminished flow of urine as established by exact measurements. Without such facts let not this nor any other "new remedy" pass into our homœopathic materia medica. Let us stringently refuse to accept any new candidate for therapeutic honors which cannot answer the searching questions exact science has it in her power to-day to ask, and in so doing protect ourselves from certain failure and disappointment, and do honor to the patient founder of exact therapeutics, Samuel Hahnemann.

ETHERIZATION BY THE RECTUM.

IN these days of quick mails, the telegraph and telephone, and abundant periodical literature, any innovation in medical or surgical practice rapidly becomes common property, and its value is soon put to the practical test. One of the latest novelties in the medical world is the method, introduced to us by Dr. Mollière of Lyons, of administering ether by the rectum. Within less than two months, the production of anæsthesia by the rectal

administration of ether has been successfully attempted by many American surgeons. The method generally employed is as follows: About two ounces of sulphuric ether are put into a graduated glass bottle; a large rubber tube, with the vaginal nozzle of a Davidson syringe, or a catheter, is connected with the bottle; a vessel containing water at a temperature of 130° to 140° F. completes the apparatus. The catheter or nozzle is introduced into the rectum and the bottle into the hot water. As the ether boils, the vapor passes through the tube into the rectum and probably further into the bowel, where it is absorbed. As usual, it is well to withhold food from the patient for six or eight hours previous to the operation; and before thus administering the anæsthetic the bowels should be freely moved by an enema. The proceeding, as may be seen, is sufficiently simple and uncomplicated. It may be stated that insensibility is produced in from ten to fifteen minutes and usually continues about half an hour.

The advantages of this method were at first supposed to be marked and numerous; but observation and experience are rapidly indicating their limitations. Statistics are not yet abundant enough to warrant very positive statements. It is however generally admitted that its chief use is in operations about the face and mouth; and its most marked advantage is in the saving of ether. The dyspnœa and distress of inhalation which occur in the ordinary cone administration are avoided; but patients have complained of and seem to suffer almost as much from pain in and sense of fulness from distension of the bowels. And the new method has other drawbacks neither few nor slight. The anæsthesia may become startlingly profound, when, although the introduction of ether may be stopped, the bowels cannot be wholly emptied of the contained gas, and the absorption simply continues, thus increasing the danger. Recourse can only be had to stimulants and general measures until the effects pass away. Such cases do not rally easily.

Again, diarrhœa more or less severe has been observed in some cases, and occasionally blood has been passed in sufficient quantities to prove dangerous. This was the probable cause of death of a child anæsthetized by Dr. Weir of New York.

Nausea and vomiting have been quite as severe as when the ordinary method is used. The stage of excitement also has been so marked, and certain cases have proved so intractable, that the usual mode of inhalation has been resorted to. The amount of ether used has been small, two ounces being the quantity ordinarily needed to produce insensibility. There is a question, however, whether the amount absorbed differs greatly from the amount the patient actually absorbs in the usual mode of inhalation, the great waste of ether by the latter method being easily demonstrable.

The following rules, taken from the *Boston Medical and Surgical Journal*, admirably summarize the results of the experiments made with this method up to the present time:—

“Rectal etherization should be reserved for cases in which there is some special objection to the administration by inhalation.

“It should be made use of only with robust adults.

“In general, two ounces should be regarded as a sufficient dose; that dose should be exceeded only with great caution. When insensibility is fairly established the administration should be stopped.”

A WELCOME GUEST.

THE homœopathic physicians of Boston and vicinity are just now enjoying a very real pleasure from the presence, in their midst, of Dr. Richard Hughes, the well-known English therapist. The lectures by Dr. Hughes at the Boston University School of Medicine, referred to in our last issue, are now in process of delivery. Taking into account the wide reputation and acknowledged high standing of Dr. Hughes's published works, it is no slight praise to say that his lectures have thus far more than fulfilled the expectations of his hearers, who, we are glad to add, have been numerous and appreciative. It is needless to comment in detail at this time upon the lectures: we are promised their early publication in permanent form, when they will be accessible to such physicians as have been unfortunate enough not to hear them delivered, and be to many

others of us a valued souvenir of very pleasant evenings. The author is better than his books, as thoughts reaching us through a genial human personality must always seem more satisfying than the same thoughts transmitted only through the abstract medium of the printed page. We trust that Dr. Hughes will find his American confrères sufficiently hospitable and congenial to win an early repetition of his visit. We may say, indeed, in the words of his own poet laureate, —

“Come! Later pay one visit here,
For those are few we hold as dear;
Nay pay not one . . . but come for many,
Many and many a pleasant year.”

SOME OBSERVATIONS ON NERVOUS HEADACHE.

BY DR. A. CLAUDE, PARIS, FRANCE.

[*Written for the GAZETTE.*]

THERE are few ailments which remind us more frequently of the limits of our art than nervous headache, whose pathological nature is still unknown to us, notwithstanding the too numerous opportunities we have to study it. Is it an intra-cranial neurosis, or a neuralgia with different localizations? Does it depend on a functional ailment of the cervical portion of the great sympathetic, or on a disturbance of the fibres of the trigemini nerve returning to the dura mater? *Ad huc sub judice lis est.*

Whatever may be the opinion held on the nature of nervous headache, it is universally admitted to be an essentially polymorphous disorder. In individual cases the attacks vary but little in the symptoms presented; but if different cases are compared, the multiplicity and the diversity of the reflex manifestations which show themselves more or less strongly in various parts of the organism defy all attempts at rational classification. The kind of nervous headache varies, so to speak, with the individual, but of its protean phenomenology, a single feature, the cephalic pain, is always present.

These obscurities and these uncertainties will disperse perhaps some day, when the therapeutics of this disease shall have reached greater perfection. *Medicatio instabilis*, said Aretius in speaking of the treatment of nervous headache; and we will say that this epithet, the only one which is suitable to the treatment of nervous headache, does not seem to us a worthy criticism. We do not consider worthy of attention the scepticism of social philosophers and of unsuccessful practitioners, who infer the

uselessness of therapeutics from the multitude of the agents employed. This science, which, with our opponents, can justly be called conjectural, holds in reserve for us homœopaths fixed laws and precise rules. It teaches us that there is no such thing as a specific remedy for an affection whose symptomatology is so rich and so varied.

The rule of *individualization*, to which Hahnemann has lent the authority of his genius, can alone assist us in finding our path in this labyrinth. But a better study of *materia medica* will perhaps permit us in the future to utilize certain pathological and pathogenetic knowledge, which is too frequently ignored in our day as of no value. There are details in many pathogeneses which we find reproduced in our patients' own statements. The simple phrase "sick-headache," to which the allopath limits his diagnosis, belongs to a lower order of science than even the crude empiricism and commonplace hygienic precautions, of which alone his treatment consists. But it is by taking into account the too often neglected details which he gathers from the examination of his patients, or from his study of pathogeneses, that the homœopath will be gradually enabled to grasp the relations which exist on the one hand between certain forms of nervous headache and certain remedies, and on the other hand between these forms of nervous headache and certain fixed etiological factors. When we have reached this point we shall be able to affirm that we possess a really scientific treatment for nervous headache. But we must first summarize numerous and varied series of facts in order to clearly establish indisputable relations between certain symptoms and certain constitutions or certain etiologies. Then, as now, nervous headaches will be estimated according to their severity; but from the totality of the symptoms it will be known to what etiological factor to attribute them. The nervous headache of hemorrhoidal patients once clearly described would no longer be confounded with that of gouty or rheumatic patients; and these clearer pathological ideas would have been arrived at through the study of *materia medica*. Then many old prejudices will be done away with, and the scientific world will surely do justice to the work of homœopaths, who render more service than they themselves fully know or their adversaries admit, toward building up a trustworthy pathology, that is to say, a science which concerns itself with living beings, and not with transcendental and misty abstractions.

These considerations can be applied to other diseases than nervous headaches; but they should not blind us to our actual situation. We have not yet reached the goal toward which we strive, and we only know that each day we are drawing nearer it. The influences of dispositions, diatheses, constitutional illnesses,

occasional causes, functional troubles, of age, of sex, mental emotions, neglect of hygienic rules, etc., — we know all these, but we do not know how to determine the exact value of each as a separate factor. The intellectual process by which we formulate our treatment to-day belongs more to the domain of instinct than that of exact science. But such as it is, our therapeutics does not deserve the insult of a comparison with that of our opponents. We frequently cure where they do not know how to relieve; and our successors will surpass us in the multiplicity, the precision, and the rapidity of their treatment.

In the observations which follow, I should like to establish definitely the value of the divers influences which give rise to nervous headaches; but I regret to have to acknowledge that such a task is beyond my power, and I will limit myself to stating the reason which influenced me in choosing my remedies. The diathetic or constitutional influence is the one which seems to me of the first importance, and the first two cases which I shall quote may, I trust, serve to justify me in this preference.

OBSERVATION I.

Mrs. X——, twenty-two years old, dark, thin, and tall, her temperament quick, without, however, verging on the passionate or violent. This person has been married three years, has no children, and is of a clearly defined hemorrhoidal constitution; she suffers from obstinate constipation, digestive troubles, and morning vomiting; while at school she used and misused pills and purgative waters. Since her marriage this treatment has been resumed, and has occasioned rather violent crises. For seven or eight years, Mrs. X—— has had weekly attacks of nervous headache, which begin in the morning by compressing frontal pain.

It appears to her that little by little all her blood goes to her brain. The pain becomes more and more unbearable; the blood throbs violently in the temples; the eyeballs are affected and are the seat of blinding pain. Towards ten or eleven o'clock in the morning nausea commences, and, notwithstanding her strength of character, Mrs. X—— is obliged to return to her bed, faint and prostrated to the last degree. In the afternoon she has sour regurgitations, and towards sundown the pain disappears gradually, but entirely, so much so that the patient can get up and dine with a good appetite, as if she had not suffered during the day, although she may have been unable to take food until that moment. Noise, the slightest movement, cold, or a simple draught are so many causes of aggravation; and rest in the horizontal position alone affords very slight relief.

In examining the case I find a furred tongue, a slight disturbance of the liver of no great importance. The respiratory and circulatory organs are normal.

In point of diagnosis, the case did not present any great difficulties. The hemorrhoidal difficulty was the principal, if not the only, factor in causing all these disturbances, and immediately suggested the use of *nux vomica*, both on account of the objective and subjective symptoms, and above all on account of the localization and the periodicity of the nervous headaches. It is true that habits of sobriety and activity of life would seem to counterindicate this treatment; but on reflection, I determined to prescribe it in order to assure myself, first of all, if I must in the future take the influence of the diathesis into account. I therefore advised Mrs. X—— to take *nux vomica* 6, three times a day during the intervals of the headaches; and to increase the frequency of the doses when the headaches first appear. Another crisis came at the end of four days, but it was much less severe, that is to say, it was without vomiting and the patient was not obliged to stay in bed. At two o'clock in the afternoon the patient was able to go out and attend to her duties. Little by little the crises became less frequent, occurring only every two or three weeks, consisting only of a simple gastric uneasiness, and disappearing during the forenoon. The digestion improved meanwhile, the constipation was almost entirely cured, and at the end of four months Mrs. X—— was quite cured. It is now three years since I treated this case, and since that time Mrs. X—— has not had a single attack of nervous headache.

OBSERVATION II.

Mr. P——, dark-haired, thin, of medium height, nearly forty years old. Notwithstanding his external appearance, he is not subject to piles, and would be tolerably strong if he did not suffer from very severe nervous headaches. The attacks commence at different hours, but are always localized in the fore part of the head, and only affect one side of the head at a time. Sometimes it is the right temple with the orbital region and the eyeball of the same side which are attacked. Again it is on the left side that the pain appears, and it never passes, during the course of the same attack, from one side to the other. The pain, at first a little dull, soon assumes such an intense and violent character that Mr. P——, notwithstanding his courage, is obliged to take to his bed as quickly as possible. Whatever may be the outside temperature, he is obliged to warm himself with hot-water bottles at his feet, which have been like ice from the commencement of the attack.

Heat, rest, darkness, and quiet will ameliorate his condition, whereas a too bright light, movement, and above all, noise, will induce such aggravations as to force cries from the patient. He is indifferent to cold or hot applications upon the forehead, and to pressure upon that portion of the head. The disease is brought on by bad weather (rain or damp), or by sleeplessness, to which Mr. P—— is very subject, or by too much intellectual work. We cannot mention any other imprudence, for Mr. P—— is very temperate and very regular in his habits. The liver, however, is sometimes slightly disturbed, also the spleen; but the digestive functions are normal, the respiration and the circulation are perfect. Mr. P—— has never either suffered from muscular or articular pains. Nervous headaches are his only enemies, and they have given him no respite since he was ten years old. They appear often, after an interval of five days in the rainy season, and of ten or fifteen days in summer. The duration of an attack is very uncertain, for frequently it happens that Mr. P——, after having gone to bed and warmed himself, has gone to sleep, and awakened entirely cured at the end of two hours. Sleep alone marks the end of his suffering, which consists of throbbings and shooting pains. There is often dilatation of the pupil on the side affected, but the eyes are never injected; the tongue is always clear and the pulse normal. During the attack Mr. P—— can take nourishment, and has no vomiting.

I will not undertake to relate in detail the changes of treatment to which I subjected Mr. P——: they were too varied. *Chamomilla* and *cuprum* only gave temporary relief. *Ignatia*, *belladonna*, *glonoine*, and *bryonia* were useless. *Nux vomica* produced, in no matter what dose, a terrible aggravation. At last Mr. P—— determined to live with his enemy, and I determined to avoid all conversation with him about nervous headaches. I had not seen Mr. P—— for some months, when he asked me to come and see him. In the month of January, 1880, during the great cold which we then experienced, he was seized with a very violent sciatica in the left side, which obliged him to take to his bed.

I sent him several different remedies without success, when at the end of a fortnight the patient and I remarked that the nervous headaches had not made their appearance since the neuralgia had commenced. Had we here a diathetic indication?

I recommenced my questionings above mentioned, and I learned that Mr. P——, who, until the middle of the summer of 1879, had never dreaded draughts, who even seemed to seek them, who had the habit of sleeping with his windows open, and who wore, during the winter as during the summer, very light clothing,

had become very sensitive to cold and to atmospheric changes. A half-open door annoyed him, and for some time he had felt shifting pains in different articular portions of the body, in the great toe, and in the fingers. I noticed also that Mr. P——, who had never had a cold in his head, and who, so to speak, had never found it necessary to use a handkerchief, was seized with frequent ineffectual inclinations to sneeze on waking in the morning, — twenty to thirty times usually and sometimes forty times in an hour.

My late lamented teacher, Dr. Melcent, had pointed out to me once during his service at Saint Jacques the importance of this symptom in persons afflicted with gout, and also the importance of *colchicum* for the cure of the patients. Now, although the diathesis was obscure, still the lateral localization of the nervous headaches with their change of place should have arrested my attention.

There are some remedies which affect one side more than the other. The affinity of *thuya* for the left side, and of *sanguinaria* for the right side are well known; but few substances possess the power of *colchicum* of affecting both sides alternately. I prescribed it, therefore, in the sixth attenuation, and two days later Mr. P—— was up and about his work. The nervous headaches also did not return for some time, and Mr. P—— thought himself entirely recovered from them, when he was seized with a most violent one. *Colchicum* again was successful, and I took pains then to continue this treatment for some time.

Mr. P—— found the effect of this so excellent that every two or three months he takes this medicine for a week. The gouty pains and the nervous headaches are much rarer and less severe; and the latter do not show themselves more frequently than every two or three months, and are easily overcome by doses taken every half-hour.

It is not always advisable, however, to dwell too much upon the constitution of the patient: the nature of the pain, the circumstances in which it becomes aggravated or relieved, are useful indications, of which I shall try to point out the importance in the following observations:—

OBSERVATION III.

A young flower-maker, eighteen years old, very tall, and of a lymphatic temperament, had been subject for nearly eight months to a nervous headache, which returned every two or three days. The nervous headache made its appearance in the afternoon, — an hour after lunch. At first it was a heaviness, a weight upon

the brain, with rather a marked sensation of heat on the forehead. At first dull, and spread all over the upper portion of the head, the pain soon became localized above the forehead and then assumed a most violent character. It appeared to the patient as if some one were firing pistol-shots in the inside of the frontal region.

The exacerbations became more frequent, and at nightfall returned every five minutes, and brought on such a dizziness that the patient tottered on her chair, and let her work fall from her hands. The face was now dark purple, and again fearfully pale. Vomiting was rare; and almost always the patient was obliged to leave the work-room and go to bed. Her mistress, who took a great interest in her, had taken her to different allopathic physicians, who had prescribed for her successively, but without success, iron, quinine, purgatives, bromide of potassium, and preparations of paullinia. Notwithstanding all her kindness, her mistress, on account of the loss caused by the irregularities of her work, was on the point of dismissing her protégée when she determined to try homœopathy as the last resort. The examination of the patient taught me absolutely nothing. The monthly periods, as well as the other functions, were perfectly regular. The influence of toxic substances employed in the manufacture of artificial flowers could not be appealed to, for investigation proved to me that all precautions were taken, that the patient seldom touched the coloring matters, and was only employed in cutting out and stamping. But in questioning the mistress I learned that this very honest and very charitable woman, in order to keep her workwomen from bad companions, fed and lodged them at her house, and only let them go out on Sundays, and that as soon as their meals were finished set them to work again. The meals were taken in the workshop, where the air was seldom changed. I had, at least I hoped so, the key to all the morbid phenomena. I explained to the mistress the necessity of renewing the atmosphere of the workroom, and of permitting her workwomen to take a little exercise after each meal. *Belladonna* seemed to me to suit the congestive nature of the nervous headache, and I prescribed it, in the sixth dilution. The patient returned to see me the following week, but there was no improvement in her condition. The lymphatic constitution next led me to choose *calcareo carb.*, which was also of no use. My perplexity was great, for I was anxious to relieve this poor child, whom the continuance of her disease threatened to deprive of work. She took, moreover, her suffering very philosophically, and only asked me to prevent or diminish this horrible sensation of bursting in her brain, which crushed her and made her work fall from her hands, and that she sometimes relieved by

a very tight pressure of a handkerchief tied round her head. These two symptoms made me think of *glonoine*, and at her next visit the patient announced to me a sensible improvement. I passed successively to the twelfth and to the twenty-fourth and to the thirty-sixth dilution, and in a month and a half we had obtained a cure which has not been interrupted for five years.

QBSERVATION IV. •

This observation also is of a case in which *glonoine* acted in the happiest manner. Here its use was suggested by the history of the case.

Monsieur V——, a lawyer, thirty-four years old, thin, slight, and of a nervous temperament. He disliked exercise, and occupied himself with office work alone. In the summer of 1879 his mother died very suddenly before his eyes. Deeply affected, as may be imagined, by this unexpected event; M. V—— was very soon afterwards seized with nervous affections of the oddest sort. Without being subject to hallucinations of any kind, and with no cause which he could define or analyze, he would be seized with the maddest terror, which drove him to take refuge near his wife, and made it impossible for him to go out of the house, or even to remain alone in his office. Several allopathic physicians treated him with valerian, bromides, etc., and at their recommendation he tried journeying and hydro-pathic treatment. He came to consult me in 1881, and at the present writing he is cured, has returned to his usual occupations, and ventures out without fear. I do not propose to give the history of this case in detail. I will merely say that the principal remedies employed were *ignatia*, *aurum*, and *cocculus*, together with warm douches and out-of-door occupation. His unreasonable terrors were the chief symptom complained of by M. V——, otherwise his health was fairly good. Since his mother's tragic death, however, he had been subject to violent nervous headaches, which had no definite symptomalogy, but whose effect upon the patient was extremely prostrating. My first efforts to relieve him were ineffectual; but upon taking more particularly into account the violence of his suffering, the pallor, or rather lividity, of his face during the attacks, the psychological cause of these attacks, I made a single prescription of *glonoine* 6. The effect was most rapid; it was almost marvellous. For six months this medicine warded off from M. V—— the crises to which he had before been subject every three weeks or so. M. V—— having some difficulty with his sight, I advised him to go to Dr. Abadie, an oculist of the greatest skill, whose relations with us homœopaths have always been of the most cordial sort. In

glancing over my notes of the case, Dr. Abadie was struck with the word "glonoine," with which he was unfamiliar, and he questioned his patient on the subject. M. V——, true lawyer that he was, held forth with such eloquence in reply, that my friend the oculist sent to me requesting further information. Some little time before this he had seen a cure which I had succeeded in making in the case of a patient sent to me by the well-known Dr. T. F. Allen of New York. This patient was suffering from ulcerative keratitis, and *rhus tox.* was the remedy employed. A short time afterward Dr. Abadie made use of this case while lecturing to his pupils, and immediately *rhus tox.* was added to his therapeutic stores, its homœopathic origin being frequently and frankly alluded to. On the present occasion I lent Dr. Abadie a copy of Richard Hughes's Pharmacodynamics, and a few days afterward *glonoine* made its appearance at one of my *confrère's* clinics. With an entire and loyal honesty very pleasant to us homœopaths, Dr. Abadie never failed to state and reiterate, when using it, the homœopathic origin of *glonoine*. His clinical assistant, Dr. Parenteau, who has since joined our ranks and to whom belongs the fame of being the first homœopathic French oculist, has often heartily praised, to me, Dr. Abadie's sincerity and good faith in the two instances given above. The marked successes obtained by Dr. Abadie with *glonoine* induced him to call this medicine to the attention of Profs. Vulpian and Huchard, without, however, sparing them the details of the little history mentioned above. Dr. Huchard in his turn experimented with *glonoine*, and you are probably familiar with the remarkable work which he has since published on this remedy. I mention this not with the slightest ill-will, but only to prove afresh how great an influence our homœopathic therapeutics exercise over that of our adversaries, and to pay tribute to the honesty and loyalty of one of the opposing school.

OBSERVATION V.

The localization of the pain is often of very great importance in the choice of remedies. *Sanguinaria* has satisfied me of this several times. In one case the patient was a man about forty years old, of dark complexion, active, and leading a very busy life. He did not show any traces of a constitutional or diathetic ailment of any description. It sometimes happened, however, that after being out several hours in wet weather, he would return home with his feet wet, and would be seized in the warmth of the room with a most severe pain in the temple and in the right orbit, which, in a few minutes, exhausted his strength and obliged him to go to bed as soon as possible. Here he cov-

ered himself up completely, and commanded imperatively that no one should come and disturb his rest, on any pretext whatever. If sleep came to him, the patient awoke two or three hours afterwards completely cured, and returned to his work. If sleep was slow to come, the sharp and excruciating pain became worse every moment, and forced the patient to utter shrill cries and moans. There was, however, neither nausea, vomiting, nor fever. All the organs were healthy and acted normally, and the nerve fibres of the right side of the face did not present any morbid phenomena. No decay of the teeth. I had tried different remedies with no success, when I decided to found my treatment upon the localization of the pain. I was summoned again to him at the next attack, and I prescribed *sanguinaria* 3, to take every half-hour. At the first spoonful the pain lost its intensity, and a slight irritation alone remained, and at the second spoonful the patient felt himself so well that he rose and dressed. For two years the nervous headaches have been much less frequent, and *sanguinaria* seems in no way to have lost its efficacy.

OBSERVATION VI.

Monsieur L——, twenty-eight years old, is employed in a bank. He is of a nervous temperament, of medium height, and thin, and has never had hemorrhoids, nor any disease of the skin. His health is generally good, the functions of the body are regular. The patient complains only of a nervous headache, which, since the war, has returned regularly every week. The attack commences with a dull pain, which begins in the occiput and rises to the top of the head, and then moves down the forehead, where it assumes a violence of intolerable intensity.

The patient can no longer distinguish objects before him. He is then seized in about every third attack with bilious vomiting, which relieves the pain, but leaves him very much prostrated. The attack appears in the morning and ends about five o'clock in the afternoon, and does not prevent him from taking his mid-day meal, for the pain does not become really unbearable until about three o'clock in the afternoon. The patient adds to his testimony by saying that, if his chief intrusts him with a commission, however severe may be the headache, it disappears after being out in the open air twenty or thirty minutes. Movement is so necessary to him during the crisis that, if he is obliged to stay in his office, he walks up and down it, in frenzy, like a wild beast in its cage. Movement is the only thing that calms him, and when he is out he walks as quickly as possible. The characteristic symptom strikes me, and to meet it I prescribe *rhus tox.* 6, three doses daily, without pursuing my investiga-

tion further. During the first week of my treatment, the nervous headache returns, but in a form easily borne. *Rhus* 12, — the nervous headache does not show itself during the second week. *Rhus* 24, — third week, another attack, very slight and very short. *Rhus* 30, to be taken for a month. The nervous headache does not return at all. I leave off the treatment. Three months later another slight attack. *Rhus* 6, for a week. Six months of respite and another slight attack. *Rhus* 6, then no more medicine, and no further attack up to the present day, that is to say, for nearly an entire year.

OBSERVATION VII.

Mr. G——, an accountant, thirty-six years old, short, of sanguine temperament, has never been ill. Nine months ago he was caught in a shower and wet through. He felt no bad effects from this slight accident, no cough, no disturbance in the bowels; but a fortnight afterwards he felt himself seized every two or three afternoons with a sharp and acute pain in his left temple and in his left orbit. The attack, which continually increases, prevents his working and only ceases in the night. Mr. G—— at first pays no attention to his sufferings, but by degrees his health begins to fail, his strength diminishes, and his disposition becomes morose. He has tried purgatives and sulphate of quinine, and has put blisters behind his ears. Nothing has cured him, and he finds relief only in walking as rapidly as possible. The disease had troubled him for three months, when we met. Being a fellow countryman, he asks for a consultation with me, and tells me his story in the public street. We step into the entrance of a house, and I demonstrate very quickly the soundness of the nerve fibres and the perfect state of the teeth, for it would be easy to believe the affection a periodical neuralgia of the face. The inquiry, as can well be imagined, could not be long or detailed under the circumstances; but the cause to which alone the patient attributes his malady is the keynote which suggests my prescription of *rhus tox.* 6. The attack returns the next day very slightly, and since then the nervous headaches have entirely disappeared, as the patient himself told me only two days ago.

A GREETING FROM CALIFORNIA.

DEAR GAZETTE:— Allow me, through the medium of the GAZETTE, to shake hands with Dr. Conrad Wesselhoeft over his papers printed in your issues of February and March, 1884, and

of November, 1883. After being served to so much medical cant, and such an array of shadowy arguments and highly diluted dissertations upon various indifferent subjects,—not by the GAZETTE, of course, although I have even known the GAZETTE to print some rather long *quotations* that might possibly be included in the above category,—after all this, I say, it is decidedly refreshing to meet a man who has something to say and knows how to say it. He is evidently working the right vein; and it is a satisfaction to see one who can work so close to definite lines. Exactness, so far as is possible, is what we most need, and especially in *materia medica*. I do not complain of the work that has been done, except when it is said to be “*all very good*,” which it is not. I hope there are those now living, if not those in practice, who may live to see some thousands of the items under the head of some of our remedies wholly stricken out, leaving only what is and has been *proved* to be entirely reliable. As we now have it, one goes, for instance, to Allen’s great work and turns to sulphur, or some other prominent remedy, and there finds, I cannot tell how many thousands of alleged symptoms recorded. If the very sight of this vastness makes one feel dizzy, just take the repertory and see if there be a remedy under the head *vertigo*. Is one to be found? A few! say three hundred and ninety or four hundred and ninety, I am not sure which, as I got the hundreds a little mixed in counting; but one hundred more or less in such a case makes very little difference. But if this is tedious and tiresome, turn to *weakness*, and there, under that head, one finds four hundred and ninety-two remedies. Now is it not a great comfort, when one feels weak, to know that one has four hundred and ninety-two remedies to rely upon? I have not examined and carefully compared all these yet, but I am certain that if it were to be properly done, the right remedy might be selected for any and every weakness save one, which I need not name. I do not aim to criticise Dr. Allen, for, if courage, perseverance, and work entitle one to credit, he is entitled to it in an eminent degree. And yet, I believe the day is not far distant when his great work (a presumptuous thing to say, no doubt) will be looked upon as a monument to our credulity, and as of little value to the ordinary practitioner. Even at this time, I believe that if any physician cannot count on the fingers of his two hands all the distinctive reasons for the selection of a remedy, he can give no satisfactory one at all.

I have referred to two symptoms in the repertory only; but there are hundreds that are common to every serious disease, to a greater or less degree (though vertigo is not one of them), and when these have been checked off there remain but few really characteristic symptoms, and these few are our “keynotes,” or

guiding symptoms. These are what differentiate one remedy from another, and contain the very kernel of the nut which we common mortals often find so hard to crack.

P. K. GUILD, M. D.

SANTA BARBARA, CAL.

A SINGULAR CASE OF PULMONARY GANGRENE.

BY J. H. MOORE, M. D., HAVERHILL, MASS.

[*Read before the Essex County Homœopathic Medical Society.*]

THE writer having been called upon by a local physician of the old school to make a post-mortem examination of a patient who died of gangrene of the lungs, deems the case of sufficient interest to bring before the notice of the profession the history of the same, as learned from the attending physician, as well as from the records of the examination.

The patient, an unmarried woman of thirty-five, had been troubled for a long time with decayed teeth, which gave her so much trouble that she decided to have them removed, and, living in the country, called in her family physician to extract them.

On the 12th of March, 1884, six weeks before the patient's death, the physician removed, under ether, twenty-two decayed teeth. For a day or two after the removal of her teeth the patient was confined to her bed, partly owing to the effect of the ether, but principally from the shock to which her system had been subjected; but after that time she was able to be about and attend to her usual duties. On the fourth day after the operation the patient experienced a troublesome cough, which was very persistent, and a day or two later, five days from the removal of the teeth, she complained of severe pains in the middle portion of the lower lobe of the left lung, which seemed to run through to the back. At the same time an irregular intermittent fever lighted up, which, with the pains and cough, continued throughout her illness. On the ninth day from the time the pains were first experienced, or the fourteenth from the removal of the teeth, the patient began to expectorate, at first a rather greenish sputum, which continued for a few days, and then gradually took on a darker appearance, until it assumed a dark grumous character, and was of a very offensive odor, in fact similar in kind and smell to the gangrenous substance found in the lung after death. At the same time a similar odor was apparent in the breath of the patient. This expectoration continued until her death, four weeks later.

The duration of the patient's illness from the time of the extraction of the teeth till her death was about six weeks. During this time the cough, pains, irregular fever, and expectoration continued. In addition, there was some sympathetic heart trouble, — palpitation and the like, — together with considerable vomiting at times, from some derangement of the stomach. The bowels were costive, as a rule, throughout the whole period of sickness. During the last two weeks physical signs were discovered indicative of the formation of a cavity in the lung, but not until some time after the gangrenous expectoration had appeared, thus presenting one strong differential point in favor of gangrene rather than fetid abscess, as in the latter the signs of excavation precede the occurrence of the fetor. Together with these local symptoms, there was present marked constitutional trouble, viz., small feeble pulse, great prostration, in short the vital powers seemed to be fast giving way before the septic fever. The patient seemed at last to die from the effects of blood poisoning and inanition, or, if one prefers, septicæmia. A counsel of physicians was held during the last two weeks of the patient's illness as to the exact character as well as cause of her trouble.

One rather favored as his diagnosis, abscess of the lung, arising from the purulent infiltration of pneumonia. The case was diagnosed as pulmonary abscess, though no definite conclusion as to the cause was arrived at. As some differences of opinion had arisen, and much interest had been excited as to the cause, after the patient's death it was decided that a post-mortem should be held.

The examination was conducted Tuesday, April 22, at 10.30 A. M., twenty-four hours after death.

The examination showed the heart to be normal, with the exception of a little unnatural flabbiness, the valves and orifices normal. On introducing the hand to remove the left lung, abnormally strong adhesions were found, especially at the outer side and posterior part of the pleura, which were thought by the physicians present to be rather the result of trouble experienced some time previous to her last illness, though no information could be obtained pointing to her ever having before suffered from any pulmonary complaint.

A large opening was found in the anterior axillary region of the lung, about the middle of the lower lobe, sufficiently large to admit fingers and thumb, and it proved to be the outlet of a large sinus communicating with a cavity in the interior of the lung. Two large sinuses were also found on the posterior side leading to the same cavity. After this lung was removed there was found hardly any normal appearance throughout, — to the feel no crepitation, and to the sight one black, gangrenous mass.

On laying open the lung, the entire lower lobe and lower half of the upper lobe were found to be softened, and converted into a putrid mass saturated with a blackish fluid, the whole mass emitting a horribly fetid odor, similar to the expectoration of the patient during the last two weeks of her illness. This putrid mass did not extend to the upper half of the upper lobe, but gradually merged into hepatized tissue as the apex was reached. On more minutely dissecting the substance of the lung, fine granular masses could be felt, showing that inflammation had been present in the air cells.

While feeling for these fine granules the finger came in contact with what seemed to be rather a large granular mass, very firm to the touch; but on extirpation it proved to be a fang of a large molar tooth, of the shape and size of an adult canine tooth. This was found deep down in the substance of the left lung at the middle posterior portion of the lower lobe.

The diagnosis was now very clear. The tooth, passing through the left bronchus as far as it could wedge itself, formed a nidus, around which inflammation was set up from its irritation as a foreign body, followed by suppuration of lung tissue; and as the latter broke down, the tooth, from its own weight, was forced farther and farther down, until it lodged in its final resting-place, the middle and rather posterior portion of the substance of the lower lobe of the left lung, and, from its irritation, causing, through the steps of inflammation and prolonged unhealthy suppuration, first, circumscribed, then diffuse pulmonary, gangrene. The right lung, with the exception of the compensating emphysematous condition, was normal. Such is a brief history of the case taken at the post-mortem table. It offers another example of the great benefits to science obtained from the too-often neglected post-mortem examinations.

FROM PROF. BILLROTH'S CLINIC IN VIENNA.

BY DR. JOHANN MIKULICZ.

[*Translated for the GAZETTE by DR. HORACE PACKARD.*]

(*Continued.*)

WOUNDS in which perfect coaptation could not be secured, and those in which, from mechanical causes, healing had to take place by granulation, will not be especially dwelt upon here. The influence of iodoform on open-wound surfaces, and the perfect antiseptic course of the same, I have fully illustrated by typical examples. All cases of this nature recently treated have taken

a similar course, hence further report in this direction is unnecessary. In addition to the above class of wounds, the cases treated with the iodoform occlusive bandage during the above-mentioned term were as follows :—

1. Six large amputations and enucleations (two amputations of the thigh, three amputations of the lower leg, and one enucleation after Lisfranc's method), all healed by first intention, the dressing having been changed only two or three times.

2. Opening of the knee for movable body in the joint. It healed by first intention.

3. Nine osteotomies. All healed by first intention.

4. To the above I will add two complicated fractures from my own private practice, both of which healed without any septic complications whatever.

I shall dwell somewhat upon these two cases, since they clearly illustrate the simplicity and security of the iodoform dressing.

The first case was a complicated fracture of the femur in a man fifty-seven years of age, produced by a horse kick. The external wound, about two centimetres long, was on the outer side of the thigh, separated from the point of fracture by a large extravasation. The fragments of bone had not extruded either at the time of or after the accident. I was on hand within an hour after the accident, consequently there was no reason to infer that the deeper parts of the wound had been infected. I satisfied myself, therefore, with disinfecting the external wound and surroundings with a five-per-cent solution of carbolic acid, and removed the outer portions only of the extravasation. Then I sprinkled iodoform powder into the wound and applied the iodoform dressing. In two weeks, and with but two changes of dressing, the wound was entirely closed, and further healing proceeded without interruption.

The second case was a boy, eight years of age, who had also received a horse-kick on the anterior aspect of the left lower leg. I arrived three hours after the accident. Both bones were broken very nearly in the middle. There was a superficial wound over the anterior surface of the tibia about seven centimetres long, through which the ends of both fragments of bone, denuded of periosteum, protruded. The wound was covered with dirt and horse manure; the clothing was also torn through. It was clear that here a complete laying bare of the wound, according to the method of Volkmann, must be done. I therefore widened the external wound, laid both ends of the fragments entirely bare, removed all loose splinters, clipped off the jagged points, and cleansed the whole with a five-per-cent solution of carbolic acid. Next, the ends of the bones were adapted, the superficial wound

reduced by two stitches at each end, leaving a gap over the bone about five centimetres long and one half to one centimetre wide. This I filled completely with iodoform powder, then applied the typical iodoform dressing, and over all an organtine bandage. No drainage. The course of the wound was entirely antiseptic, and the patient free from fever. The dressing was changed only twice, viz., on the tenth and twenty-ninth days. After six weeks the patient began to be about, the leg being protected by an organtine bandage.

The above-mentioned cases amount together to eighteen large wounds, involving bones and joints, all of which healed entirely antiseptically under the iodoform treatment.

5. Five cases of extirpation of the thyroid gland. All healed. One of them was in Prof. Billroth's private practice; the others at the clinic. Four healed by first intention. The fifth case, being complicated with tracheotomy, performed during the operation, was accompanied with suppuration at the tracheotomy wound.

6. Ten cases of extirpation of mammary carcinoma. Of these, six were combined with a complete clearing out of the axilla. All healed. In eight cases the course was completely antiseptic. Of these, six healed entirely by first intention, and the other two as far as it was possible to bring the edges of the wound into apposition. The two remaining cases were accompanied with septic complications. In one, after amputating the ulcerating tumor, the wound was closed only with the greatest stretching of the surrounding tissues. Suppuration set in about all the sutures, and when, after ten days the stitches were removed, the edges of the wound separated throughout the greater part, so that healing had to take place thereafter by granulation. Evidently, in this case, the operation wound became infected through the ichorous discharge of the ulcerating carcinoma, which, together with the excessive stretching of the tissues, served to bring about the above-described result. In the other case, the healing was interrupted on the fifth day by the appearance of erysipelas. It is to be observed that this was one of the first cases of amputation of the mamma treated with iodoform, and at a time when the mode of using it was still a matter of experiment. The wound was first covered with gutta-percha paper, and over this a layer of cotton batting which had been previously treated with iodoform powder, a procedure which was later entirely discarded. Probably here also the wound was infected during the operation, and neither the iodoform dressing nor any other could have prevented the appearance of erysipelas. I shall further on speak of this case again, as well as of another similar one observed in connection with the iodoform dressing.

7. Three cases of extirpation of parotid tumors. All healed antiseptically; two by first intention, and the other as far as the edges of the wound could be approximated.

8. Two cases of castration. Both healed by first intention.

9. Eleven operations of various kinds, for the greater part, extirpation of tumors in various parts of the body. These were as follows: one carcinoma of the sub-maxillary gland, one osteoma of the frontal bone, one dermoid cyst closely adherent to the orbital ridge, one nevus pigmentosus (partial excision), two lipomata of the back, one lipoma on the lower leg, one large recurring sarcoma on the anterior aspect of the thigh, near the hip joint (exposing the large vessels and bone), one sarcoma of the lower leg.

All these cases healed antiseptically and, with the exception of the last, by first intention. In this the edges of the wound, which, in the beginning, were brought into apposition, subsequently separated, in consequence of too great tension.

10. Four extirpations of glandular tumors of the neck. All healed. I shall dwell upon these cases separately, for two reasons,—first, extensive operations on glandular tumors of the neck are often serious, because so often complicated with exposure and ligation of some of the larger vessels (in one of the cases mentioned the internal jugular was ligated); second, very often the wound is infected during the operation by the cheesy or suppurating contents of the tumor, thereby preventing healing by first intention. In the fourth case, in which cheesy glands had been extirpated, the healing was interrupted on the sixth day by the appearance of erysipelas.

Counting the hitherto described cases all together, we have fifty-three large wounds on bones and soft tissues, all of which healed under the iodoform dressing. Forty times the course of the wound was antiseptic; four times the antiseptic course was interrupted on account of the peculiar conditions surrounding the wound (ulcerating carcinoma, extirpation of strumous glands complicated with tracheotomy, etc.), twice in consequence of erysipelas.

To these cases a great number of smaller operations and injuries must be added, almost all of which healed by first intention under the iodoform dressing. These include many extirpations of fatty and glandular tumors, sebaceous and dermoid cysts, and other tumors, all treated in the daily clinic, and in addition, thirteen cases of nerve stretching.

Let us now return to the two previously mentioned cases of erysipelas. As is already known, the opinion of surgeons is divided as to whether the antiseptic wound treatment affords an altogether absolute guard against this wound disease. First of

all, every one must concede that the certainty with the antiseptic dressing is only relative, that is, it reaches only so far as is possible for human inventions and arrangements to be perfect; as it is impossible to avoid occasional accidents on the best organized railways, even so it is impossible to avoid accidental oversights in large hospitals, though having a less complicated organization. But apart from that, differences in individual clinics will be found which depend as much upon the individuality of the managing surgeon as upon existing peculiarities of the institution. In our clinic, for instance, it certainly was not a matter of indifference that in an adjoining division of the hospital a severe and tedious epidemic of erysipelas was raging, such as has periodically occurred in the past. A direct transmission of the infecting material by the attendants of the various wards who keep up an unrestricted intercourse among themselves is easily conceivable, especially as the manipulation of sponges, bandages, etc., by nurses and attendants cannot be avoided. In Prof. Billroth's clinic, sporadic cases of erysipelas have occurred from time to time under all circumstances. We had them when we used the spray as well as when we operated without the spray; we had them under the carbolized gauze treatment as well as under any experimental method of dressing. Therefore the few isolated cases of erysipelas occurring in our clinic can prove nothing against the value or method of wound treatment.

Our two cases of erysipelas give room for another reflection, viz., through the complete closure of the wound by sutures the iodoform dressing did not come in direct contact with the wound cavity; the infecting germ might have been brought to the wound during the operation and hidden there in a place quite distant from the iodoform dressing, where it could develop undisturbed and infect the entire wound. It is clear that in such cases no form of dressing could prevent the outbreak of erysipelas.

Lastly, I must add, that in no case where the iodoform came in direct contact with all parts of the wound surface have I observed the occurrence of erysipelas. (The cases observed number over two hundred.)

After these explanatory remarks, we must admit that the two cases of erysipelas observed under the iodoform treatment can prove nothing against the same, and we can therefore assert on the basis of the foregoing series of cases, that the iodoform dressing is competent to supersede in every respect the Lister method; moreover, it affords the advantage of greater simplicity and increased security.

That iodoform is also extraordinarily valuable for all wounds in which the occlusive dressing is not applicable, and that the

domain of exact antisepsis upon all fresh wounds is increased thereby, I have already in the before-mentioned article spoken in detail, and it needs only a few supplementary remarks here.

(To be concluded in our next issue.)

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

THE thirty-fourth annual meeting of the Vermont Homœopathic Medical Society will be held in Montpelier, Vt., Tuesday and Wednesday, June 3 and 4. For particulars address, CHAS. A. GALE, M. D., *Secretary*, Rutland, Vt.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE Worcester County Homœopathic Medical Society held its regular quarterly meeting yesterday, May 14, at its rooms, in Crompton's Block, Mechanic Street. The society has a membership of forty-five physicians, mostly of Worcester County, about half of whom were present. The bureaus of ophthalmology, otology, and surgery had the meeting in charge, and reported, through their chairman, Dr. J. K. Warren, an interesting list of papers for discussion. Dr. J. M. Barton read a paper on "Inflammation of the Middle Ear," which was discussed at length. It seemed to be the sense of the meeting that the public should be warned of the danger of suppurative inflammation in this locality, and many instances were cited of serious deafness resulting from delay in seeking treatment for such cases. At noon the society adjourned to the Bay State House, and showed not less interest in the discussion of one of Landlord Shepard's excellent dinners.

After dinner papers were presented by Dr. C. Otis Goodwin on "The Germ Theory of Disease" and "The Value of the Microscope as a Means of Diagnosis." It was agreed that the microscope had become an indispensable adjunct to the physician's armamentarium. Dr. J. K. Warren read a paper on "The Importance of Attention to Detail in Surgery," especially rigid cleanliness, asserting that to this alone was due the success of the modern antiseptics; and elicited from Dr. Brown, of Leominster, the suggestion that ozone as generated by the Holtz electrical machine was the readiest disinfectant known to him. Dr. G. A. Slocomb, of Millbury, reported a case of strangulated

hernia successfully operated upon by Dr. Warren. "Colles's Fracture of the Radius" was the subject of a paper by Dr. C. S. Pratt of Shrewsbury. The most approved methods of avoiding deformity were ably discussed.

G. A. SLOCOMB, M. D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

TRAITÉ ÉLÉMENTAIRE DE MATIÈRE MÉDICALE EXPÉRIMENTALE ET DE THÉRAPEUTIQUE POSITIVE. Par le Dr. P. Jousset, avec la collaboration des Drs. Bon, Claude, Gabalda, Guérin-Méneville, M. Jousset, Piedvache et J. P. Tessier. Paris: J. B. Baillière et Fils. 1884.

In these days of pathological researches, of physiological experiments, of startling surgical operations, and of scepticism regarding the efficacy of medicines, it is refreshing to have a new work on materia medica offered for our study, and refreshing to realize that there are still earnest workers in other countries as well as our own in this too frequently neglected yet all-important field. The work before us is in two volumes (paper binding), and contains over 1600 pages. As the title tells us, it is the work of eight of our French colleagues. It is a series of monographs, having the name of the author appended to each. Two hundred and eleven remedies are presented, arranged in the usual alphabetical order. The aim of the authors has been to revise and improve our materia medica in accordance with a plan adopted by them after thorough discussion some time ago. The object of this plan is to unite the good qualities of the analytical pathogenesis of Hahnemann ("not to suppress, but to abridge and to interpret") with those of the synthetical work of Richard Hughes.

The order in which the different remedies are treated of is as follows:—

First is a description of the crude drug, whether chemical, mineral, or botanical.

Second, the toxicological properties are considered and a sketch of the drug's poisonous effects is given, following as nearly as possible the nosological order of the evolution of symptoms.

Third comes a condensed table, given in the narrative style, of what the authors call the "physiological action," or provings with doses too small to produce toxic effects. It is here that the

authors meet the most difficult part of their work. The pathogenesis of nitric acid, for instance, contains 1,424 symptoms. To convert the every-day phraseology of the provers into scientific medical terms, to interpret the symptoms, to avoid useless repetition, and yet to give a precise and detailed account of the provings, — to do this is no small undertaking, and our French confrères deserve our cordial gratitude for the energy, patience, and courage they have brought to this arduous task. An example chosen at random may illustrate their method of work. The mental symptoms produced by nitric acid are given as follows: —

“The principal mental effects produced by nitric acid are sadness and anxiety, the former reaching sometimes the point of weeping, and the latter that of suicide. Both are accompanied by palpitation of the heart. We must note also the impulse toward frenzy, accompanied with trembling (hypochondria, hysteria). Hahnemann cites also a diminution of the intellectual faculties, particularly of memory; the head is confused and embarrassed; symptoms more marked in the open air and after dining.”

In this manner the entire pathogenesis of each remedy is considered. The ordinary grouping of symptoms in the usual anatomical order is observed.

Fourth comes the section headed “Therapeutics,” which varies in length with the usefulness of the remedy. It is devoted to recommendations (taken from different authors) for the clinical uses of the drug, *e. g.*, “Hahnemann and Jahr point out nitric acid as an important remedy in the treatment of deafness.”

In the Preface, the authors declare themselves partisans “*de l’omni dosi*”; their only approach to a dose rule is that given by Petroz: Change the potency but not the remedy, when the latter has once been carefully selected. This apparent liberalism, which admits “all doses,” may perhaps strike, as somewhat unscientific and unsatisfactory, those who, taking counsel from other branches of science, support as a truth the limit of the divisibility of matter.

Of the necessity to homœopathic literature of just such practical and suggestive works on materia medica as the one before us there can hardly be two opinions. So right and satisfactorily does this book in the main fulfil its purpose that we hope to see it soon offered in an adequate English translation, and cordially received by homœopathic physicians everywhere.

UTERINE THERAPEUTICS. By Henry Minton, A. M., M. D.
New York: A. S. Chatterton Publishing Co., 1884.

In the author’s Preface to this book we read, “This compilation or study of remedies was commenced in the year 1867, and

presents the results of the author's efforts during this long period of time to collect and arrange, in a systematic and convenient form for ready reference, all those symptoms of the *materia medica* that have any direct or specific bearing upon the subject of uterine disorders. It will, therefore, be seen that this is no hasty production, but rather the result of many years of patient study."

The more time one devotes to carefully looking through Dr. Minton's book, or, better still, to consulting it with a view to finding a useful prescription, the more one is convinced that the author has done his work faithfully and well. One of the most important departments of therapeutics is presented in the seven hundred pages before us; and the arrangement is such that few consultants need experience any difficulty in finding what they seek.

The work is divided into two parts. Part First is devoted to "The Remedies and their Indications." The symptomatic indications of about one hundred and seventy-five remedies are considered under the headings, Menstruation: Before, During, and After Menstruation; Amenorrhœa; Metrorrhagia; Lochia; Leucorrhœa; and Concomitants, Ameliorations, and Aggravations. The convenience of such a compilation for ready reference is evident at a glance.

Part Second is a repertory of about three hundred and fifty pages, devoted to Menstruation, Amenorrhœa, Abortion, etc., as arranged in the Symptomatology.

Few exceptions can be taken to the general excellence of the book. One of the most prominent of these, perhaps, is the almost total absence of references to the authorities from whom statements are quoted. This is a too common fault of the book makers of to-day. It is more easily understood, however, in the case of Dr. Minton: for when, years ago, he began this compilation for his own personal use, he could hardly have felt it necessary to make a note of the authority, if the statement seemed to him useful and worthy of preservation.

We greatly regret that this really valuable work should preserve, like the proverbial "fly in amber," the memory of such almost unknown and always (therapeutically speaking) valueless substances as *lac caninum*, and *lac defloratum*.

Again, under "*ERECHTHITES HIERACIFOLIUS*" (Fire-weed), we find only these words: "Menstruation, — Premature and profuse. During menstruation, profuse flow of bright-red blood. Metrorrhagia — of bright-red blood."

And under "*ARANEA DIADEMA*" (Cross-spider) only, "Menstruation, — Too early, too strong, and too copious."

And under "*VINCA MINOR*" (Wintergreen) only, "Menstruation, — Flowing like a stream; with great debility."

We hardly think such meagre lists can possess the slightest practical importance, the symptoms presented being too little differentiated from the mass of symptoms of a like sort to warrant basing a prescription upon them. However, with a few minor exceptions like these, the book is exceedingly satisfactory, and deserves a wide popularity. From the standpoint of practical utility, it commends itself to every homœopathic physician.

It is a pleasure to note the thorough way in which the publisher's part of the work has been done. Typographical errors are uncommonly rare, and the book may serve in many ways as a model to medical authors and publishers.

A TREATISE ON PHARMACY. By Edward Parish. Fifth edition, enlarged and thoroughly revised by Thos. S. Wiegand. With 256 illustrations. Philadelphia: H. C. Lea's Sons & Co. 1884. Pages 1090.

This book is designed as a text-book for the student, and as a guide for the physician and pharmacist. It contains the officinal and many unofficinal formulas (taking the last United States Pharmacopœia as its standard), besides numerous examples of extemporaneous prescriptions. In his revision of the work, the editor has conscientiously "brought it up to date"; much new matter has been introduced, obsolete material has been suppressed, and the arrangement of the subjects considered is such that repetition is avoided and references greatly facilitated. It is a noteworthy fact that no reference is made to drugs or methods as borrowed from homœopathy. It is said, for instance, "The present edition of our Pharmacopœia directs a class of preparations called triturations, which are to be prepared by the following formula: Substance ten parts; sugar of milk ninety parts. Weigh them separately; place the substance (previously reduced, if necessary, to a moderately fine powder) in a mortar, add about an equal bulk of sugar of milk, mix well by means of a spatula, and triturate them thoroughly together. Add fresh portions of the sugar of milk from time to time, until the whole is added, and continue the trituration until the substance is intimately mixed with the sugar of milk and finely comminuted."

There is something very familiar about all this. The method is purely Hahnemannian; yet its originator is ignored. The founder of homœopathy still shares the fate of an older discoverer, and the worlds of which he is the Columbus bear the names of the usurping Amerigos of later time.

We fear that the process of "bringing up to date," which is so commendably evident in the work itself, has not been extended to the "appendix." This is at times amusing reading, and suggests the "Young Physician's Counsellor" of a hundred years

ago. Directions are given for making up a patient's bed, which begin by advising that the "sacking" be "tightly corded." One is somewhat startled to find explicit advice as to the correct behavior of a physician "by the dying bed." It is a curious subject for speculation what sort of physician would be likely to profit by such advice. It is to be hoped that the appendix will never be taken seriously. It may then afford occasional innocent relaxation to the weary student of pharmaceutical processes.

Aside from this, the book is unquestionably a most excellent work on pharmacy, and well deserves to retain its reputation as a standard for pharmacists and for physicians who desire to know where their drugs are found and how prepared. The paper, illustrations, typography, and binding are admirable in all respects.

ANATOMICAL TECHNOLOGY AS APPLIED TO THE DOMESTIC CAT:
An Introduction to Human, Veterinary, and Comparative Anatomy. By Burt G. Wilder, B. S., M. D., and Simon H. Gage, B. S. A. S. Barnes & Company. pp. 575.

This work opens with a long Introduction, in which is found the authors' advocacy of some changes in "Anatomical Terminology," and to which considerable space is devoted. The objects of these changes, as set forth by the authors, are "to render the Vocabulary of Anatomy equally applicable to all Vertebrates, and equally intelligible to all Nations," following this with a brief statement of further objects and methods. We can but commend the care shown in so fully presenting these changes. Such an exchange of old terms in the human anatomies for the better ones here advocated can hardly be made *en masse*, yet at once they appeal to the student as being more consistent. Terms, such as *ventral, dorsal, proximal, distal*, derived from intrinsic relations, and equally applicable to all vertebrates, are infinitely superior to their equivalents as usually found in the anatomies; as, *in front of, behind, beneath, upper, lower, anterior, posterior*, — these latter being based upon extrinsic relations alone. More and more they are finding their way into general use, and we have no doubt that, eventually, the more exact terms will be universally employed. The latter part of the Introduction offers an explanation of the "Slip System of Notes," which cannot be too heartily recommended to the student in any scientific work and study.

The authors then give their reasons for selecting a cat, and enter at once upon the "Technology" of anatomical work. They take for granted that the student has no previous knowledge of the subject, and detail the instruments needed, their care, etc., the methods of killing animals for dissection, insist on cleanli-

ness, and give the treatment and care of dissecting wounds. This completes the first chapter. The second is occupied by a description of the skeleton and landmarks. The third contains the modes of preparing bones and soft parts; all that it is necessary to know about alcohol in anatomical work; the manner of making and using frozen sections, and the manipulation and preservation of hollow viscera. Chapter IV. is given up to the materials used and the methods employed in coarse injections. The remainder of the work is chiefly devoted to the cat, and especially to the cephalic region and abdominal viscera. Thus, a chapter is given up to osteology, one to myology, another to viscera, etc., another to the vascular system, and so on through the nervous system, encephalon, cranial nerves, and organs of sense. The whole ends with a very complete bibliography and index.

We cannot too heartily commend this book. Let every medical student follow the instructions here so clearly set forth, and, before undertaking human anatomy and dissections, by himself dissect a cat, and his human dissections can but be simplified and made more satisfactory. All medical students should be encouraged to employ their leisure in the practical work here so plainly set forth. The authors are entitled to many thanks for thus placing in so convenient a form for reference the most practical and commonly known methods of technical anatomical work. The book is essentially what it claims to be, "primarily an explanation of methods," and as such it is a decided success.

O.

BOOKS AND PAMPHLETS RECEIVED.

- TRANSACTIONS OF THE NEW YORK MEDICO-CHIRURGICAL SOCIETY FOR 1883.
- NOTES ON THE OPIUM HABIT. By A. P. Meylert, M. D. New York: G. P. Putnam's Sons.
- ELEMENTARY PRINCIPLES OF ELECTRO-THERAPEUTICS. By C. M. Haynes, M. D. Chicago: McIntosh Galvanic and Faradic Battery Company.
- TWENTY-SIXTH ANNUAL REPORT OF THE WASHINGTONIAN HOME. Waltham Street, Boston. Albert Day, M. D., Superintendent.
- DIAGNOSIS AND TREATMENT OF DISEASES OF THE HEART. By Dr. Constantin Paul. The March number of Wood's Medical Library.
- MEDICAL EDUCATION AND THE REGULATION OF THE PRACTICE OF MEDICINE IN THE UNITED STATES AND CANADA. Prepared by the Illinois State Board of Health, and published by permission of the Board. Chicago: W. T. Keener.
- CLINICAL LECTURES ON MENTAL DISEASES. By T. S. Clouston, M. D., F. R. C. P. E. To which is added an abstract of the Statutes of the United States and of the several States and Territories relating to the custody of the insane. By Chas. F. Folsom, M. D. Philadelphia: H. C. Lea's Son & Co., 1884.
- SEXUAL NEURASTHENIA. Its Hygiene, Causes, Symptoms, and Treatment, with a chapter on Diet for the Nervous. By Geo. M. Beard, A. M., M. D. (Posthumous manuscript.) Edited by A. D. Rockwell, A. M., M. D. New York: E. B. Treat, 1884. Price, \$2.00.

DETERIORATION OF THE PURITAN STOCK AND ITS CAUSES. By John Ellis, M. D. New York: Published by the author.

A MEMORIAL OF CONSTANTINE HERING. Being a biographical sketch of Dr. Constantine Hering, together with the addresses and eulogies pronounced over him, and whatsoever details of his professional life and works as might be deemed worthy of preservation. Prepared by Drs. Chas. G. Raue, Calvin B. Knerr, Chas. Mohr. Philadelphia, 1884.

DRUGS AND MEDICINES OF NORTH AMERICA. A quarterly. Devoted to the historical and scientific discussion of the botany, pharmacy, chemistry, and therapeutics of the medicinal plants of North America, their constituents, products, and sophistications. By J. U. and C. G. Lloyd. Cincinnati. Vol. I. No. 1, April, 1884.

PUR MISCELLANY.

A SPRING POEM.

Speak, O lovely Ann Eliza, with a terrible coryza,
And a wheezing respiration full of sighs and husky moans;
With a constant lachrymation and a nasal intonation,
From catarrhal inflammation o'er the turbinated bones!

Why, thou young and happy maiden, is thy conversation laden
With a copious addition of abortive b's and d's?
And from whence did you derive a red and swollen conjunctiva,
And a frequent inclination to incontinently sneeze?

Is this malady outrageous which you suffer with contagious,
Epidemic or endemic? Tell from whence the thing arose;
Where its place of incubation, what its future destination.
Spake the lovely Ann Eliza, smiling sweetly, "No one nose."

E. S. M., in April *Harper's*.

AN ANATOMICAL PUN. — The "funny bone" is said to be so called because it is at the end of the humerus. — *Medical Age*.

PROVERBS FROM THE CHINESE. — No medicine is as good as the average doctor. Medicine saves the man fated to get well.

VOLTAIRE'S DEFINITION. — Voltaire defines a physician as "an unfortunate gentleman who is expected every day to perform the miracle of reconciling health with intemperance."

A DESIRABLE AFFLICTION. — A high official of England has resigned his post for the reason that while he had always hoped to die in office, he finds his failing health forbids. Such ill-health as forbids one's dying is not so very bad after all. — *Boston Medical and Surgical Journal*.

NOT A MISNOMER. — "Quack" has so long been the medical slang word for whatever was envied or hated that its meaning has been forgotten. It is a German adjective, — quick, living, alive. The quack is the live doctor, all the rest being only dead lived. It is, therefore, common for old-school physicians to apply it as a nickname to all that have more success than themselves. Selah! — *Texas Homœopathic Pellet*.

A MISAPPREHENSION CORRECTED. — It has been mentioned that Dr. Henry O. Marcy, Boston, United States of America, and who published an article in the *New England Medical Monthly*, for June, 1883, on tendons from the tail of the kangaroo for use as ligatures or sutures to supplant catgut and silk in surgery, the impression con

veyed was that Dr. H. O. Marcy is the discoverer of this new ligature. The sole credit of this discovery is claimed by a Melbourne surgeon. The *Australian Medical Journal* for the months of December, 1877-79, mentions that Mr. T. M. Girdlestone, F. R. C. S., England, first exhibited and explained the proper use of these ligatures, and their mode of preparation. The *Medico-Chirurgical Transactions*, London, 1882, publishes Dr. Girdlestone's original paper on this subject *in extenso*, and states that some years before some tendons which he had sent home had been used and highly approved of by English surgeons. — The Melbourne *Leader*.

A LITTLE LEARNING. — The people of Tombstone, Arizona, hung a man to a telegraph pole to celebrate Washington's birthday, and the jury's verdict was "death by emphysema." This was a mighty clever dodge to head off further investigation as nobody would care to say anything about the matter lest it should come out that he did n't know what emphysema meant. — *Homœopathic Journal of Obstetrics*.

WOMEN ALLOPATHISTS SNUBBED AGAIN. — At a recent meeting of the Philadelphia County Medical Society, three reputable lady physicians applied for membership and were rejected by a vote of ninety-five to seventy, notwithstanding they were eligible under the constitution. The society is evidently too cowardly either to come into competition with women in practice, or to brave the public ridicule of an open-handed constitutional rejection of women's claims. These members are living "in advance of their time." They ought to have died of old age about the time Martin Luther was born: then the world would have had a double cause of jubilation. — *The Hahnemannian Monthly*.

CALCAREA CARB. AND GALLSTONES. — Dr. N. K. Frain, of Spencer, Iowa, relates, in *The United States Medical Investigator* for April 19, 1884, a case of gallstone colic, which he treated for twelve hours with aconite, podophyllum, chloroform, and hot water. Then morphia for eighteen hours. The pain continuing, *calcareo carb. 4th dec. trit.* was prescribed. In two hours he saw the patient again. He says, "Having but little faith in the power of *calc. carb.* over the calculi, I prepared two drachms of chloral hydrate, expecting to give her some rest for the night. What was my surprise and gratification to find her sleeping quietly. She improved from the second dose, and but six doses had been given during the two hours. The following day she passed several stones, and they continued to come for two days, but with no pain. She made a speedy recovery, and so far no return. The *calc. carb.* was continued every one, two, or three hours as needed."

STRICTURE OF THE INFANTILE URETHRA. — In all cases the inner layer of the prepuce is adherent at birth to the glans penis. The organ thus has an inelastic cap. In some cases the frænum is too short. While the penis is pendent, all is comfortable. The urine in the bladder may produce erections, which are, to a certain extent, prevented by the inelastic cap covering the glans. Should the frænum draw the organ downward, comfortable urination cannot take place, for there is a stricture. The bad effects of this condition are unnatural efforts to urinate, palsy of the legs, hernia, convulsions, fretting, and restlessness at night, etc. Now for the remedy. Have the child firmly held so that it cannot flex the thigh. Grasp the penis with the left forefinger and thumb, and an oiled probe in the right hand. Push back the prepuce and sweep off the adjacent layer from the glans. Carry the foreskin behind the corona. With oil clean off the smegma. Oil freely and bring the foreskin into the natural position. — *Boston Medical and Surgical Journal*.

PERSONAL AND NEWS ITEMS.

EMMA M. E. SANBORN, M. D., has removed from Haverhill to Andover, Mass.

KONRAD SCHAEFER, M. D., has removed from Milford, Mass., to Sioux City, Iowa.

SUE A. WHITE, M. D., has removed her office to 221 Genesee Street, Utica, N. Y.

* FLORA H. STANFORD, M. D., has removed from Bradford, Pa., to 411 H Street, N. E. Washington, D. C.

DR. ADELIN B. CHURCH, of Winchester, Mass., sailed on Saturday, May 17, for Europe for a stay of a few months in the hospitals of Vienna, where she will pay attention to gynæcological surgery.

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EDITORIAL.

THE WESTBORO' INSANE HOSPITAL.

IN April, 1881, a resolution was presented at the annual meeting of the Massachusetts Homœopathic Medical Society, declaring that the State ought to provide homœopathic treatment for such of the insane under its care as may desire it, or for whom it may be properly desired. The resolution was unanimously adopted, and probably every member felt the justice of the demand, but very few had the faith to believe that within three years the State of Massachusetts would devise a method of granting this request and would establish and put in charge of the homœopaths of this State an insane hospital with a capacity of three hundred and twenty-five beds and capable of indefinite enlargement. Yet for the benefit of faint hearts and no-courage people we can assure them that this has been fully and completely accomplished. It may not be out of place to put upon record the manner in which this has been done, without the employment in the Legislature of any lobbyist, "log rolling," or money for any purpose.

In the first place a committee was appointed with full powers to prosecute this matter. Under their direction petitions were circulated in various cities and towns in the Commonwealth asking the State to provide in some manner homœopathic treatment for the insane. These petitions, bearing the signatures of 7,000 prominent citizens of various trades and professions, were presented to the Legislature of 1882. These were referred to the Committee on Public Charitable Institutions, who held several public hearings on the subject, at which the opponents of the

measure were allowed the fullest opportunity to make known their grounds for opposition.

The committee did not feel called upon to discuss the merits of homœopathy. They preferred to rest upon the justice of their claims, and the fact that one quarter of the people — one quarter of the tax-paying citizens — preferred homœopathic treatment, and felt it to be an injustice to be compelled to submit to a method of treatment for which they often felt a deep repugnance.

Appreciating the force of this argument, the legislative committee reported unanimously in favor of the petition, and a resolve was passed in both Houses, referring the matter to the Governor and Council, with the request that they would report to the next Legislature some feasible plan by which the request could be granted. Gov. Long and his Council gave careful hearings on the subject. Members of the State Board of Health, Charity, and Lunacy, superintendents of asylums, and other physicians were summoned to present any reasons against it or in lieu thereof, to advise as to the best method of accomplishing it. The result was a report to the Legislature of 1883, recommending, 1st, that it was not practicable to introduce both systems into the same hospital; 2d, that it was not advisable to substitute homœopathic for allopathic treatment in any existing hospital; and 3d, that when in the near future the increase in the numbers of the insane should require the establishment of another hospital, that such hospital should be devoted to the homœopathic treatment. This report was referred to the Committee on Public Charitable Institutions. This committee suggested that the large and unused buildings of the Reform School at Westboro' might be adapted to the purposes of an insane hospital. This proposition was warmly approved by the friends of the measure, but the unfortunate and protracted hearing in relation to Tewksbury so engrossed the time of the committee that they could not properly complete their work, and it was referred to a joint special committee, to sit during the recess and report to the next Legislature.

Senator Loring, of Fitchburg, was chairman of this committee, and, after several hearings, the committee made a unanimous report, which was, in effect, that finally adopted by the Legislature. This report was referred to the Committee on Public Charitable Institutions of the Legislature of 1884, composed of three sen-

ators and eight representatives. Senator Onslow Gilmore was chairman. Upon the committee was Dr. Harvey, of Westboro', whose connection with the Reform School in times past has been somewhat unsavory. He deemed it necessary, for the sake of his own plums as well as to prove himself a defender of the faithful, to oppose in every manner the establishment of a homœopathic insane asylum in place of the Reform School. Accordingly, allopathic physicians were summoned from far and near in opposition. The Massachusetts Medical Society was represented by its president, Dr. Hosmer, and its ex-president, Dr. Williams. The profession at large, as well as the existing insane asylums, sent forth their champions prepared to annihilate this homœopathic enterprise. Yet these representatives of a class were obliged to acknowledge that they knew little or nothing about homœopathy, and that if any considerable number of tax-payers wanted that kind of treatment it was but just that the State should provide it.

After many hearings, eight members of the committee reported a bill for the establishment of a homœopathic insane hospital at Westboro'. The three remaining members, Dr. Harvey, of Westboro', Robert Treat Paine, Jr., of Waltham, and Roger Wolcott, of Boston, reported various adverse bills. For weeks, as such matters usually do, the reports dragged slowly along, and were referred to the Committee on Expenditures. Here the last onset was made, and the bill was violently opposed on the score of economy. But again it found friends, and with slight modifications was returned to the Senate, where the substitutes proposed were, one after another, voted down, and the bill of the majority adopted almost unanimously.

In the House action was sharp, short, and decisive. The majority of the members having already made up their minds as to the merits of the bill, it was voted to limit the discussion to one hour. Dr. Harvey was rewarded for his winter's work by the privilege of voting solitary and alone in favor of his opposing substitute bill. The substitutes of Messrs. Paine and Wolcott hardly fared better, and the majority bill was practically unanimously adopted.

On Tuesday, June 3, the signature of the governor was affixed to the bill, which for the first time established a homœopathic

institution under the support and protection of the State of Massachusetts.

This gives two hundred acres of land admirably adapted to the wants of such a hospital. The location, about two miles distant from the Westboro' station, is one of unusual attractiveness. A large and beautiful lake lies in the foreground, with an extensive range of rich and varied country in view. The buildings have been erected at various times at an expense of about three hundred thousand dollars, and though they have utterly failed of their purposes as a reform school for boys, yet by the removal of the dingy, cheerless cells and the remodelling of the buildings, they may be adapted to the needs of an insane hospital. For this purpose the committee secured plans from able architects with estimates of the cost, and the Legislature has granted the sum of \$150,000 therefor.

The next step will be the appointment by the governor, within thirty days, of a board of trustees, consisting of five men and two women, who will have the entire management of the hospital. To them will be intrusted the appointment of the superintendent and executive officers, and upon their judicious selection will depend in great measure the future success of the institution. Let us hope for our own sake as well as for that of the hospital and the community it is to benefit, that no pains will be spared to secure as superintendent the best our country affords, and let the enterprise have the sympathy and support of every member of the profession. *

EDITORIAL NOTES AND COMMENTS.

THE ELEVENTH ANNUAL COMMENCEMENT of Boston University School of Medicine was held Wednesday, June 4, in Tremont Temple, the exercises being united, as is usual of late years, with those of the other departments of the University. A class of thirty-four (seventeen men and seventeen women) was graduated, each candidate receiving the doctorate in medicine. The degree Bachelor of Surgery was conferred upon one candidate. We learn from those in authority that this class fully equals in scholastic achievements any of its predecessors; and it is satisfactory to hear that the original work done by several members of the class in the way of drug-proving and personal observation and investigation in other branches of

medical science promises to be useful beyond the limited field of undergraduate interests. The new system of dividing the school year into three terms of ten weeks each, a short recess intervening, and examinations being held at the end of each term, has proved practicable and useful in allowing thorough systematizing of lectures and other exercises, and commands the approval of teachers and students.

The GAZETTE offers the class of 1884 its best wishes and congratulations, and would remind them that a cordial welcome to its pages always awaits the records of original investigation and clinical experience. And by way of valedictory it would urge upon them the fact, that in so far as their ambitions rise above the possible profits of their chosen profession to the honors of the profession itself, their student life, so far from being closed, is only just begun.

* * *

A COMPLIMENTARY DINNER to Dr. Richard Hughes was given by the Faculty of Boston University School of Medicine on Thursday, June 5, at the Hotel Vendome, in connection with the customary reception and banquet to the recently graduated class. The Massachusetts Homœopathic Medical Society, the Boston Homœopathic Medical Society, and the Alumni Association of the school united with the Faculty in extending this courtesy to the welcome guest. Besides Dr. Hughes there were present as guests Gov. Robinson, several State officials and gentlemen well known in literary circles. At 6.30 P. M., after an hour spent in the formalities of introduction and the pleasure of meeting old friends, the doors of the spacious dining-halls were thrown open and a company of about one hundred and thirty sat down to the enjoyment of the good things bountifully provided. When justice had been done the feast and an after-dinner atmosphere of contentment and good-fellowship pervaded the rooms, the chairman of the evening, I. T. Talbot, M. D., dean of the Medical Faculty, after a few graceful allusions to the guests of the evening, presented the prizes, of which there were eight, to those graduates who by meritorious work of various kinds had commended themselves to favorable notice. Dr. Talbot then referred with cordial satisfaction to the fact that the State has generously granted the petition for the establishment of a new hospital for the insane, to be under exclusive homœopathic management. His remarks on this subject were received with marked enthusiasm, and there was evidently present, as well, a sense of the added responsibility which accompanies the new privilege. The speeches which followed by Gov. Robinson, Hon. G. A. Bruce, president of the State Senate, Ex

Collector Hon. A. W. Beard, Dr. Hughes, and the officers of the organizations participating in the festivities, were chiefly of a congratulatory character, and were interesting and to the point. Dr. Hughes in particular made a most eloquent and moving appeal to American homœopaths to make use of the large freedom and privilege which is theirs in this country to advance the principles of their noble science.

It is a matter of regret that the crowded state of our columns forbids our reproducing certain of the speeches in detail. The evening was in many ways as memorable as it was delightful. It celebrated, in a certain sense, the first public recognition by the State we so much honor, of the worth and usefulness of the labors of homœopathic physicians in her midst; and the presence and cordial words of our honored guest served to make England and America one in rejoicing over this new gain to the cause dear to the hearts of faithful workers in both countries.

* * *

In the *Boston Medical and Surgical Journal* for Thursday, June 12, we read:—

“At an adjourned business meeting on Tuesday afternoon, about a quarter of the membership being present, it was voted, by a large majority, to admit women to examination by the censors, a vote which was concurred in at the meeting of the councillors in the evening, sixty-three voting in the affirmative and forty-seven in the negative. This action we believe to have been the result of somewhat mixed motives, but whatever the motives or the method, the society has committed itself, and we have simply to chronicle the results.”

There is a certain something in the paragraph just quoted which suggests the well-known phrase about the “calmness of despair.” No such calmness, however, whether of despair or otherwise, seems to have characterized the assemblies by whose action women were admitted to the privileges of membership in the Massachusetts Medical Society, if we may judge by the accounts offered us by the daily press. We read:—

“Then a motion was made, which raised a storm of discussion between the Chair and members of the society. Dr. Henry I. Bowditch moved an amendment to the by-laws, so as to provide for the admission of women to the society. This motion the chairman immediately ruled out of order, declaring that two years ago an appeal was taken from the decision of the president, in then declaring that in altering the by-laws action by the council must precede action by the society, and that the society then sustained the president.”

After a long discussion the Fellows refused to sustain the Chair's ruling, and Dr. Bowditch's motion was passed without any discussion for or against, by a vote of 209 yeas to 122 nays.

At the meeting of the councillors referred to above, an attempt was made, after certain business had been transacted, to postpone discussion of the question by a motion to adjourn, but before it was put Dr. Bowditch obtained the floor and brought the subject

up for consideration. The discussion which followed was rich, on the side of the opposition, in those mediævalisms which seem inseparable, as yet, from the discussion of the "woman question," in any of its phases. It was said "that the trouble which would come to the society from having females in it would be augmented from the fact that being once in they could never be got out"; and the startling remark was offered that "they had enough influence already in the society, without becoming members, as was testified by three ex-presidents being now absent on account of their 'women folks' dragging them away to some other engagement."

Finally, after the long discussion was ended, the vote was put by roll call, and as a result the councillors voted to concur with the Fellows of the society in admitting women by the vote given above — 63 yeas to 47 nays.

At the annual banquet a speaker remarked that "perhaps in thirty years from to-day, instead of sitting around this table, we shall have a ball-room scene before us." If such despondent ones among our allopathic brethren will accept comfort from outcasts in Israel, we can assure them that no such frivolous transformation scene as that hinted at above (which would supply a capital *motif* for a new Gilbert and Sullivan opera, by the way!) has as yet saddened the American Institute of Homœopathy, of which women have been recognized and useful members since 1869. The Massachusetts Medical Society is to be seriously and sincerely congratulated on the step it has taken. Doubtless it will have increasing reason to congratulate itself thereupon as the years go by.

* * *

THE HOMŒOPATHIC PHYSICIANS of Texas, to the number of twenty-five, met in Austin during the month of May, and organized the Texas Homœopathic Medical Association, electing C. E. Fisher, M. D. (editor of the *Texas Homœopathic Pellet*), its president. From the journal named, we learn that the meeting

"was a grand success . . . The association starts off with a membership of thirty-five full, and several associate members. . . . The movement favoring a Southern Institute of Homœopathy received consideration, as did also the measure before Congress looking to the equalization of all medical schools in governmental medical appointments. A committee was appointed to memorialize the governor and legislature concerning the introduction of homœopathy in the insane asylums of Texas, and another one to take action toward securing to homœopathy representation in the medical department of the State University.

"To the legislative committee was intrusted the work of framing a bill for presentation to the legislature, looking to the regulation of the practice of medicine in Texas, in a manner fair to all schools of medicine. The association authorized the compilation of a missionary pamphlet upon homœopathy, to contain a directory of homœopathic physicians of Texas, and a committee was appointed for that purpose."

These few extracts show that our colleagues in the Southwest are not only alive to the interests of homœopathy, but are capable of earnest effort to advance those interests. Loyalty, unity of purpose, and enthusiastic activity will certainly accomplish worthy results. From the report of the meeting, the papers and discussions which we have read, we are justified in considering our cause in Texas to be in good hands. The homœopathic physicians of New England extend a hearty right-hand of fellowship to the Texas Homœopathic Medical Association.

TWO RARE CASES OF EXSTROPHY OF THE BLADDER.

CASE I. — *Complete exstrophy, epispadias, one ureter. Entire absence of right kidney, the left one measuring nineteen inches in its great circumference.*

CASE II. — *Complete exstrophy, epispadias, enormous inguinal herniæ, and retained testicle on the right side.*

BY WM. TOD HELMUTH, M. D.,* NEW YORK CITY.

COMPLETE absence of the urinary bladder is very rarely met with, and if such were the case, the ureters would probably be found opening somewhere on the surface of the body, — perhaps around the umbilicus, or into the rectum or vulva.

Cases have also been known of what is termed double-bladder, in the which a septum more or less perfect has been found, stretching between the walls of the viscus and dividing it into two cavities.

The variety of malformation which is most frequently seen, but which is also of rare occurrence, is that known as exstrophia, or inversion of the bladder. It appears to me that the term "inversion of the bladder" does not convey to the mind a proper idea of that arrest of development which we are about to consider. When we say inversion of any hollow body, we do not necessarily understand that its *structure is deficient*, but merely that it has been turned inside out or upside down; whereas, in the cases that I have seen, and the descriptions of all those I have read, there has always been a complete *deficiency in the anterior wall of the bladder and abdominal wall.*

In the majority of cases, the arrest of development appears to be first in the abdominal walls, then in the symphysis pubis, and finally in the structures beneath.

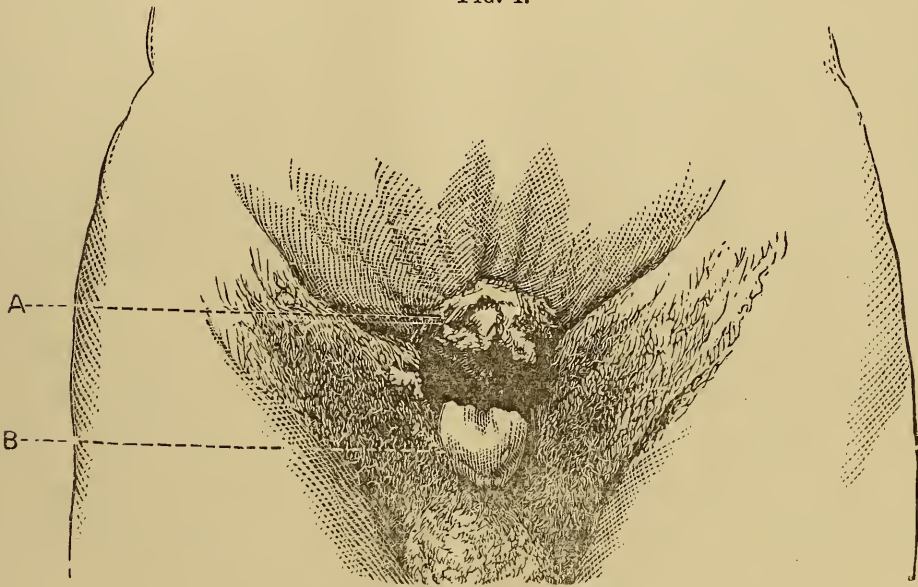
In the female, the deformity is often accompanied by an absence of the clitoris, and in the male, by a fissure of the urethra,

* Read at the meeting of the Medico Chirurgical Society of New York, March 11, 1884.

or "line epispadias." In the hypogastric region we find protruding the posterior wall of the bladder, fiery red, with here and there a rudimentary trace of the mucous coat, of a bluish color. The circumference of the organ is lost in the surrounding integument, which has the appearance of a cicatrix, and is also bluish. The orifices of the ureters are found in the lower half of the organ.

The malformation is said to occur much more frequently in males than in females; and the late Mr. Earle, of London, states that, after a careful examination, he has found sixty-eight cases upon record, of which sixty were males. Others have given the

FIG. 1.



ratio as four to one. In twenty cases by Mr. John Wood, but two cases were found in females. Agnew has collected fifty-three cases, of which but eight were females. I have had under my own care five cases of this deformity, and operated upon two; of these, four were males, the last a female.

My first case occurred to me in St. Louis, in August, 1870. The patient was twenty-four years of age, and well developed; was over five feet in height, and enjoyed moderately good health. There was a wide separation of the pubic bones (about two inches), an entire absence of the umbilicus, and the red and fiery mucous membrane of the *trigonum vesicæ* protruded through the abdominal deficiency (see Fig. 1, A). On the left side of the bladder a slight nodule marked the opening of the ureter, into which a No. 6 bougie (English) could readily be passed. The penis was a little over an inch and a half in length, and was completely epispadiac (*vide* Fig. 1, B), the urethra being split entirely open, somewhat like a trough. By raising the bladder and

depressing the urethra, the veru montanum, with the openings of the ejaculatory ducts, were distinctly visible. There was also a rudimentary prostate. The testicles were of good size, and apparently perfect; the scrotum was large and full, and as the integument extended from the bag to the groins on either side, it became so voluminous that it could readily be grasped and held by the hand. This is well represented in the cut.

Several methods of operating were considered and rejected, until finally the following one was performed on Aug. 20, 1870, at twelve m., in the presence of Drs. Franklin, Nibelung, Tirrell, Morrell, Goodman, Gundelach, Campbell, Garrett, Read, and a number of others. The lateral flaps were made of the redundant groin tissue, and drawn over the protruded viscus. The edges of these flaps were fastened in the median line, and the nodular mucous circumference was also pared. The tissue was so loose that the flaps were adjusted without any stretching. A semi-lunar flap was then dissected up from the abdomen above the bladder, turned down, and slid under the lateral flaps and there secured. The operation lasted an hour and a quarter, and there was very smart hemorrhage from both superficial epigastriacs, which were cut.

The patient came out of the ether well, but passed a bad night, the urine constantly trickling from beside the small catheter, which had been inserted into the ureter. There was also a great deal of vomiting, which *Ipecac* controlled, and some hemorrhage from left groin, which was arrested by Monsel's styptic. The wound below, in other words, where the urine constantly dribbled, did not heal; the upper portion, however, united, but on Aug. 25th (five days after the operation, the weather being also intensely hot), a profuse diarrhœa set in, which was kept in check by *Phosph. acid.* On Aug. 28th he was somewhat better, but the orifice of the ureter became clogged with blood, and upon removing the obstruction nearly a pint of urine was discharged. The quantity impressed me beyond measure, as at that time I could not form an adequate idea of the location of the receptacle which could contain so much fluid.

At this time, a severe cough with mucous râles appeared, and the nervous system of the patient suffered materially, and on Sept. 1st, he gradually sank and died without pain. The emaciation was so rapid and complete that his friends scarcely could recognize him. On carefully examining the wound, I found the flaps had partially united in the upper part of the median line, the lower portion of the wound was open, and the orifice of the ureter clogged up with calcareous matter. A very careful examination of the body was made by Dr. J. S. Read, the professor of anatomy in the St. Louis College of Homœopathic Physicians

and Surgeons, and which, with a more precise description of the case, can be found in the *Western Homœopathic Observer* for September, 1870. The most important and anomalous condition found at the necropsy was the entire absence of the right kidney, and the enormous size of the left, which Dr. Read thus describes: "Lying in the left hypochondriac region, and extending down into the left lumbar region, in immediate contact with the abdominal walls, was found the left kidney, filling the left lumbar region so completely as to leave no space for the descending colon and small intestines. The peritoneum was greatly thickened not only in the renal region but throughout the whole extent. The renal capsule was quite small, — about one half the normal size, — and of very loose texture. Tearing the kidney away from its attachments, it was measured. In the great circumference it measured NINETEEN AND THREE FOURTHS INCHES; around the lower part, TWELVE AND THREE FOURTHS INCHES; near upper end, NINE AND THREE FOURTHS INCHES. The ureter was twelve inches long, slightly saculated; towards the lower end, just as it was about to enter the vesical substance, it was greatly reduced in size; the walls of the ureter varied in thickness from one line to three lines, the thickest portion being above. This thickening extended to the pelvis of the kidney, which appeared as if it had been enlarged, the appearance being wholly due to the increase in the thickness of its walls. The pelvis of the kidney and the ureter were both filled up with a calcareous matter, about the consistency of thin mortar, the mucous membrane being finely dotted with minute calcareous particles, that were with difficulty rubbed off. The kidney of the right side was entirely absent, not a vestige was there, nothing even rudimentary."

"The ascending colon was in its proper position, but did not extend high enough; the descending colon commenced on the right side of the spine, crossed it, dipping down underneath the small intestines to join with the rectum; the ascending and descending portions were united by the transverse colon, about three inches in length, these parts forming a small arch towards the right side of the body. The mesenteric glands were enlarged; many of the small glands presented a grayish appearance. The vas deferens was the usual size; the spermatic cord was normal in every respect. When, however, the vas deferens reached the internal abdominal ring, it turned abruptly, forming a very acute angle, then proceeded in a straight line for the seminal vesicle, which was rudimentary. The vesical portion of the abdominal wall was three fourths of an inch thick, composed principally of fibrous tissue. The interval between the bones at the pubic symphysis was filled in with a dense fibro-cartilaginous growth, interspersed with cellular spaces or cavities lined with fine vas-

cular membrane. The cremaster muscle was more fully developed than I have ever seen it, its fibres being continuous with those of the internal oblique, forming a thin, flat muscular covering for the cord, before it began to break into loops, which were also fully developed and very distinct."

Dr. Gross states the disease is almost irremediable, and there can be no doubt whatever that, all things considered, there is but a poor prospect for ultimate recovery. There has been a successful operation reported by Mr. Simon, of London, who caused the ureters to open into the rectum, which was performed by introducing threads from the ureters and carrying them to the rectum, and there allowing them to remain until the passage was complete. The patient, however, most narrowly escaped with his life. Mr. Loyd's case, in which the communication was effected by a suture, died on the third day. Mr. Sidney Jones, of St. Thomas's Hospital, also attempted a similar operation, his patient perishing of fatal peritonitis, as did also the cases of Mr. Johnson and Mr. Loyd. Mr. Holmes endeavored, also, to establish a communication between the bladder and rectum by clamping up that portion of the extroverted bladder between the ureters until sloughing and ulceration of the tissues were effected.

Dr. Levis, of Philadelphia, conceived the idea of making a fistulous opening between the bladder and the perineum, first by the passage of setons, and afterwards by drawing a small bougie in the track of the silk; this was effected. A second operation for the purpose of covering the bladder wall by turning the scrotum upward and covering in the penis and fixing it under a small abdominal flap was attempted; the patient, however, died on the twelfth day.

The idea of covering up the bladder by plastic operations, that is, of taking the integument from the surrounding structure, is much more satisfactory, and has been done a number of times. It was, I believe, first suggested by Roux and Richards in 1853, and has been performed by Dr. Pancoast of the Jefferson College, Philadelphia, in 1853, and by Dr. Ayers, of Brooklyn. The latter was more successful than the former. Afterwards Holmes and Wood, of London, performed somewhat similar operations, the latter having practised it seventeen times.

Dr. Ashhurst, of Philadelphia, has made three operations, two of which were successful. Bryant, also, has been successful in covering the sensitive bladder wall by taking the flaps from the groin and the scrotum.

Maury's operation is a modification of that of Roux. He makes a large convex flap from the groin, perineum, and scrotum, cuts a small hole therein for the passage of the penis, turns this

flap upward with the cutaneous side inward. A short flap is then raised of integument on the upper and lateral portions of the exstrophy, and the first flap slid under it and secured.

The results of these autoplasmic operations are far more encouraging than those performed for diverting the course of the ureters or the establishment of fistulous openings. Dr. Ashhurst has analyzed fifty-five cases, of which forty-three recovered, four failed and eight died.

The case which I have just presented has some important peculiarities:—

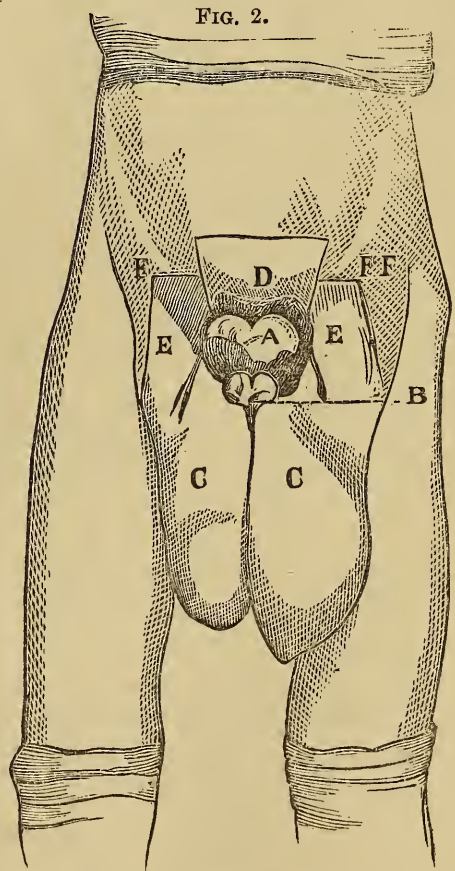
First,—Entire absence of one ureter.

Second,—Entire absence of one kidney, and the enormous size of its ureter and renal pelvis, and,

Third,—In the wide and slit-like openings of the seminal ducts.

CASE II. The second case is also quite as remarkable as that one already mentioned, being peculiar in the fact that the parents supposed their child to be a girl, and dressed "it" in that fashion, which variety of habiliment is at present adhered to.

The patient is about sixteen years of age, of light complexion and auburn hair, having that peculiar expression of distress that belongs to those suffering long. I must call her "she," for I have attended upon the case so long, and have always seen the patient attired in petticoats and frocks, and never observed anything bearing any resemblance to the male but a twisted and deformed epispadiac rudimentary penis. The umbilicus is entirely absent. The pubic bones are widely separated. The scrotum, when in the erect position, is very large, and immense inguinal herniæ are seen on either side. (C, C, Fig. 2.) The *odor urinæ* is almost intolerable, and the sensitiveness of the red and exstroverted bladder (A, Fig. 2) is only equalled by that exhibited in the rudimentary glans. The urethra is split entirely open to the base of the



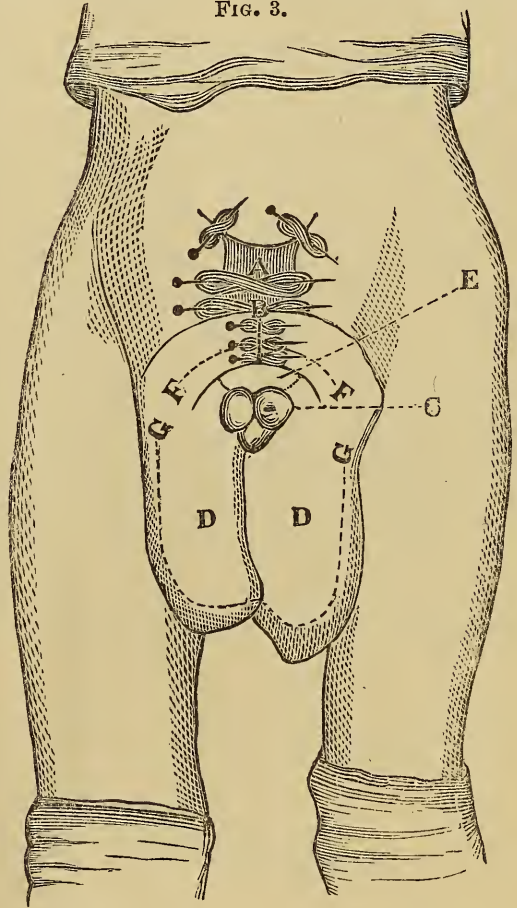
bladder, and is about an inch and a half long. The penis (B, Fig. 2) has two corpora cavernosa, and is capable of erection. I may state here a fact unknown to me before the first operation, which is, that with the arrest of development of other parts, I found entire deficiency of the recti, nothing but a moderately thick fascia, which became thinner and thinner as it approached the extroverted bladder, covered the intestines. The patient was weak and miserable, very irritable, with a pulse always at 120 to 130, and a temperature about 101°.

To relieve this deformity, I performed two operations, the first one somewhat similar to that I devised for the case already recorded and which is almost identical with that known as Woods, which has recently been practised by Ashhurst, of Philadelphia, with success. It is said that Prof. Wood, of King's College, London, has had seventeen cases of exstrophy bladder, most of which have been benefited by the operation. On Dec. 10, 1883, in the presence of a portion of the class and Dr. Minor, Dr. Bacon, Dr. Berghaus, Dr. Wilcox, Dr. Rice, Dr. Danforth, Dr. J. H. Thompson, Dr. L. Safford Gillespie, Dr. Cordelia Williams, Dr. Fanny Kellogg, and many others, I began the operation by measuring the flaps and marking them out on the abdominal wall. The first flap was taken from above the bladder, and was of sufficient size to cover that extroverted viscus as with a lid (Fig. 2. D), the cutaneous surface being approximated with the mucous coat of the bladder. It was in making this dissection that, unaware of the absence of muscular tissue beneath, I made an incision into the fascia, and a small portion of peritoneum protruded. This opening was at once brought together with carbolized gut. The side flaps were then made with their base to the scrotum (Fig. 2, E, E), to be nourished by the superficial external pudics and superficial epigastrics, and twisted over upon themselves, and united in the median line with hare-lip pins and figure-of-eight suture; by this means the angles F and F F in Fig. 2 were brought to B, as seen in Fig. 3; the angles of the raw surfaces were then approximated and the patient placed in a semi-recumbent position in bed. The wounds were dressed with calendula.

Fig. 3 represents the appearance after the first operation: A the raw surface left by superior flap, B the point of union of the lateral flaps secured with hare-lip pins, C the rudimentary penis, D D the scrotum. This first operation was successful thus far, viz., in the complete union of the flaps in the median line; but the contraction of the cicatrix above had a tendency to draw up the flaps so that the extroverted bladder was but half covered (E, Fig. 3). This operation, however, was productive of much good, inasmuch as the child could bear the weight of the dress-

ings and bedclothes upon the flap, which was almost impossible before. A great change also was noted in the disposition; from being irritable, morose, and indeed sometimes almost savage, she became so placid and cheerful that the change was noticed by every one who was in attendance upon her. Before the flap wounds had entirely healed her condition was so much improved that I concluded to try a second and more extended operation, utilizing the pendulous scrotum for flaps, castrating the patient,

FIG. 3.



and, if possible, curing the herniæ. To that effect, therefore, on Jan. 19, 1884, I removed a strip of the integument from the lower border of the new flap about three quarters of an inch in width (see dotted line F F in Fig. 3). I then reduced the hernia on the left side, and about two thirds of the gut on the right, finding it impossible on that side to restore the whole tumor. Beginning then close to the body on the left side, I split the entire scrotum up to the body, making the incision on the right side from G to G, and having pared a strip on the tegumental side (*vide* the shaded space between the dotted line and the margin of the scrotum), in order that the raw surface would come in contact with the denuded

edge of the new flap (dotted line F F) made by the previous operation, I turned the anterior half of the scrotum upwards, and fastened it with pins and sutures to the lower margin of the flap above, covering in entirely the rudimentary penis and leaving the raw surface of this scrotal flap (denuded of the tunica vaginalis) exposed. I then drew down the left testicle and cut it off, having ligated the cord with cat-gut, proposing to do the same with the right stone, but it could not be found, on account of the hernia on that side being only partially reducible. I however returned as much as I could of it into the abdominal cavity.

The next step was to make the side flaps, which I took from each groin and united to the median line over that portion of

the bladder which could be seen. I then brought the posterior half of the scrotum upward and fixed it to the remaining exposed surface of the already turned-up anterior wall.

These wounds all healed kindly but very slowly, having had to skin-graft several of the raw surfaces. Although I made an incision in the anterior scrotal wall as it was turned up, and drew the penis through it, the organ was so unmanageable that it slipped away from the opening. Knowing that Levis, of Philadelphia, had in his operations turned the penis in with the anterior scrotal flap, this did not give me much uneasiness; but I found afterwards that I should have amputated the penis, because the titillation of the skin caused erections of the organ, which, pressing upward upon the newly forming connective tissue, gradually separated a portion of the bands of adhesion and allowed a portion of the lower flap to fall downward.

I consider the operation a success. I have had a urinal made, which enables the patient to go about with comfort. Before these operations she was in constant pain, the pressure of the clothes upon the sensitive bladder causing great suffering, and frequent bleeding took place from the mucous surfaces. Now she can wear her clothes comfortably, and I think life certainly will be rendered at least endurable.

It will be seen that both these cases were of the male sex. The third case which I now have under care is a female. There is only a rudimentary vulva, no clitoris, no pubic bones, and I judge no uterus. Of this latter, however, I am not positive.

FROM PROF. BILLROTH'S CLINIC IN VIENNA.

BY DR. JOHANN MIKULICZ.

[*Translated for the GAZETTE by Dr. Horace Packard.*]

(*Concluded.*)

FIRST of all, it may be observed that recently Prof. Billroth has practised the application of iodoform to the large intra-peritoneal wound surfaces after laparotomy, and is highly pleased with the results. The iodoform is generally applied by taking small pledgets of iodoform gauze and touching the wound with them, by which means a small but sufficient quantity of iodoform remains adherent. It is evident that by this treatment the danger of the formation of suppurating pockets, which so easily takes place in the peritoneal cavity, is considerably diminished, and the development of infective material within the peritoneum prevented in the simplest and perhaps safest manner. This treatment with iodoform can also be applied to wounds

which do not communicate with the peritoneal cavity, with great advantage and without harm, because the small amount of iodoform left in the wound does not in the least interfere with healing by first intention. It is conceivable that by this means the irrigation of wounds by carbolic acid solution may be entirely replaced; but on this point we still lack experience.

In wounds which communicate with mucous tracts, iodoform proves itself an excellent antiseptic. We can enumerate a brilliant array of results which could hardly have been attained without iodoform. Concerning wounds in the oral cavity, a detailed report will be published by Dr. Wœlfler, as I remarked in the beginning. It may not be out of place merely to mention here that fifteen cases of extirpation of the tongue have been treated with iodoform, all of which healed without unfavorable complications. Among these patients was a man seventy-six years old, from whom I removed the larger part of the tongue; and another, of seventy years, from whom I extirpated the whole tongue and floor of the mouth down to the epiglottis. The same simple treatment, such as has already been described, was employed, viz., packing the wound with iodoform gauze,—no drainage nor washing-out of the oral cavity during the whole process of healing. Besides the above-mentioned operations on the tongue, eight large operations about the mouth, mostly on the maxillary bones, were treated in a similar manner and with favorable results.

In addition to these, I include a case of pharyngotomy in Prof. Billroth's private practice for extirpation of a tumor, and a case of œsophagotomy for stricture, which I performed in the clinic during the vacation. Both healed undisturbed under the iodoform treatment, which consisted simply in packing the wound with iodoform gauze, which was changed every two or three days, and was permanently removed as soon as healthy granulation was established. Here, as with all wounds of this category, the discharge was very scanty and odorless, and the wound without inflammatory reaction.

The length of time that iodoform gauze may remain packed in mucous cavities unchanged, and at the same time secure antiseptic protection, is particularly illustrated in one of the cases in which it became necessary to tampon the nasal cavity on account of profuse hemorrhage from an ulcerating sarcoma of the superior maxilla. When, in the course of a few days, we removed the first tampon, a severe hemorrhage set in accompanied with fainting, so that we were obliged to immediately renew the tampon. The same recurred twice, and the patient, through loss of blood, had become so anæmic that we dared not expose him to the danger of another hemorrhage, and there-

fore allowed the tampon, which completely filled the nasal cavity, to remain fully two weeks. In the mean time the patient had partially recovered, and when we finally removed the tampon, though saturated with blood and mucus, it was odorless. It had neither caused pain nor inflammatory reaction. No hemorrhage followed.

I will here briefly mention five cases of extirpation of the uterus per vaginam, which will be described in detail elsewhere. The after treatment was very simple, consisting of packing the wound and part of the vagina with iodoform gauze. This was left undisturbed for a week, the outermost portion of the dressing only being changed. In the first three cases, drainage tubes were used; but the last two cases were not drained at all. Both of these recovered. Of the first three, one died from septic peritonitis. It is worthy of remark here, that, of the cases which recovered, in one the bladder and another the ureter became injured during the operation. Notwithstanding these complications, the healing went on undisturbed. The wound of the bladder was closed with sutures, and so far this complication was of little importance. In the other case, the injury to the ureter was not noticed during the operation, and attention was called to it thereafter only by observing an involuntary flow of urine from the vagina. Although the urine oozed continually through the iodoform gauze, and the latter was all the time saturated with the same, as well as the secretion from the wound, yet there was no decomposition. On the fourth day the dressing was removed, and was found entirely without putrefactive odor.

The iodoform treatment of wounds complicating the urinary apparatus affords an almost absolutely antiseptic course, in evidence of which I give two cases of far-advanced carcinoma of the penis.

Though in previous milder cases Prof. Billroth has usually used the thermo-cautery alone in the amputation of this member, yet here a flap of skin was first dissected up, laying bare the corpora cavernosa nearly to the roots. After the removal of the organ with the thermo-cautery, a deep circumscribed wound cavity remained, in the midst of which lay the aperture of the urethra, surrounded by spongy cellular tissue. In both of these cases, the cavities were simply filled with iodoform gauze, which, in the second case, remained unchanged over a week.

I would add that in the first case the catheter was first introduced on the third day, and in the second not at all during the entire healing. The urine was passed naturally by the patient from the beginning, and soaked through the iodoform gauze. Here also there was perfect freedom from suppuration, odor, or inflammatory reaction. In a few days the patient was able to

leave his bed, and in two weeks the wound was covered with healthy granulations.

After operations on the rectum, we have had multifarious opportunities for testing the iodoform gauze, and are convinced that here also, under the most unfavorable circumstances, perfect antisepsis is secured. I reported these cases at the Congress in Berlin.

As to the value of iodoform in septic wounds, and the various kinds of ulcers, our most recent experience has confirmed what I have previously reported. I may add that we have also made use of iodoform with the best results in a case of anthrax of the lower lip, and in several cases of abscess. The first case, in which the infiltration had spread over the entire chin, several deep cuts were made, the incisions filled with iodoform gauze, and over all a light cotton bandage was applied. The dressing was renewed daily in this case, but only because it became soiled by food and drink. In a similar manner the incisions in several abscesses of the extremities were packed with iodoform gauze, which was allowed to remain four or five days, if the patient was free from fever. In all these cases the discharge seemed to me to be less from the very beginning than under any other dressing we have used. The pus generally changed very quickly to a more serous character, and the infiltration of the surrounding tissues disappeared more rapidly than under the carbolic-acid or acetate of alumina treatment. Moist warm compresses and elevation of the affected parts were resorted to in many cases, in addition to the iodoform dressing. We had an opportunity of testing the value of iodoform in already existing septic inflammation in a case of left-sided pyothorax following a stab wound. Prof. Billroth made a resection of the rib, as the then existing fistula furnished insufficient outlet for the extremely offensive contents of the plural cavity, washed out once only with a one half per cent solution of carbolic acid, and drained. In addition, two sticks* of iodoform, each containing ten grains, were pushed into the cavity. When, after forty-eight hours had elapsed, the dressing was removed, the discharge was found odorless, *i. e.*, it smelled only of iodoform. I followed a similar course in a case of empyema, which developed in consequence of a spontaneous pleuritis in a lad ten years old. After resection of the eighth rib, I drained and inserted a one to two grain stick of iodoform, repeating this twice weekly, even after the drainage tube was removed. In six weeks it had completely healed, the compressed lung had again expanded, the heart resumed its normal position, and the patient had gained eleven pounds in weight.

* These sticks consist of ninety per cent iodoform and five per cent each of gum arabic and glycerine.

In two cases of persistent suppurative cystitis, I have used the iodoform sticks with favorable results. Daily a stick of iodoform three centimetres long was placed in the urethra, and by the aid of a catheter was pushed into the bladder. In both cases, after three days, the ammoniacal urine had become acid, and was nearly clear.

Before closing, I must revert to the specific anti-tuberculous action of iodoform. It is applicable not only in tuberculous abscesses and ulcers, but also to infiltrations which have not reached the suppurative stage. With Prof. Billroth's consent, I have made two experiments with it in the clinic, and obtained very satisfactory results. The first experiment was in the treatment of tuberculous fungoid disease of joints by injections of the ethereal solution of iodoform. The injections were resorted to twice weekly, and for a time produced transitory exacerbations of pain and swelling. But in three cases, after the fourth injection, there was a rapid diminution of swelling and pain, the part became less sensitive, mobility of the joint gradually returned, and improvement continued as long as the cases were under observation. In my opinion, this method of treatment is applicable in recent cases of white swelling. I would not advise such treatment in cases where suppuration has already begun, with the idea of dissipating the inflammatory action and absorbing the broken-down tissue, as my experience leads me to conclude that suppuration is hastened thereby rather than retarded. Our present plan in such cases is to freely open up the part, evacuate the contents, scrape out the fungoid growths, and treat with iodoform, as in other open wounds.

The second series of experiments was upon cold abscesses. In the first case, I removed the contents of the abscess with the aspirator, and injected one hundred grammes of a solution of iodoform, glycerine, and sweet oil.*

A compress was applied, and strapped down securely with adhesive strips, and the patient allowed to attend to his usual business. He was under our observation seven weeks, and during that time the abscess cavity had diminished from the size of a child's head to that of an apple.

The second case treated was a similar one, except that the abscess was about double the size of the first.

Three injections were made, about four weeks apart, and during that time there was a steady decrease in the size of the abscess cavity. At the present time, — about four months since the last injection, — the formerly immense cavity is about the size

* Iodoform, one hundred parts, glycerine, eighty parts, sweet oil, four hundred parts.

of the fist, and the patient is able to be about and attend to light duties. I will here mention that the patient became nauseated after one of the injections, but it passed away in about an hour.

In closing, let us recapitulate : —

1. Iodoform is of the utmost value as an antiseptic in the treatment of wounds, and deserves the preference over all others.

2. The iodoform dressing is destined to supersede the Lister carbolic dressing, on account of its greater simplicity and security.

3. The iodoform treatment secures immunity from septic complications in wounds which hitherto, from their location, have resisted all such attempts.

4. In wounds and sores already infected, the iodoform acts more promptly and safely than any other antiseptic, and without irritating the tissues.

5. Iodoform has a specific action on syphilitic, tuberculous, scrofulous, and lupous infiltrations.

CHRYSOPHANIC ACID IN ECZEMA.

BY JAMES UTLEY, M. D., NEWTON, MASS.

IN this brief article it is not my purpose to enter into a detailed description of eczema, but to outline a method of treatment so that a favorable prognosis may be assured in this by far the most common of all diseases of the skin.

It will be necessary for us to understand the causes of this affliction, for these being once removed, the disease will readily yield to treatment.

These causes are: constitutional, exposure to either heat or cold, dentition, indigestion, the effect of drugs,—notably mercury and arsenic,—the contact of irritating substances, and parasites. Whatever may be the type of the disease, it is not in the least contagious.

It occurs at all seasons of the year, at all ages, affects all classes, the feeble as well as the strong, the nursing child or the one brought up by the bottle. Eczema is the least difficult to diagnose of all skin affections.

The misery endured by those afflicted with eczema can be little understood except by those who have suffered, or who have witnessed the extreme suffering of the patient thus afflicted, the itching, burning, and pain being often intense, particularly in certain forms or locations of the disease.

The treatment I advise is, first, to remove the cause, if possible; second, relieve the intense itching, pain, or burning, at the

same time giving the necessary constitutional treatment to permanently relieve the disease.

Constitutional causes, as well as the poisonous effects of drugs, must be relieved by constitutional treatment.

Indigestion may be relieved by carefully regulating the diet, exercise, and mode of living.

Irritations must be removed, and the inflamed surfaces carefully protected.

Where there is an eczema with a profuse exudation, which is often offensive, as in *crusta-lactea*, or where there is intense burning or itching, there is great temptation among physicians, nurses, and patients to frequently bathe the affected parts. Experience has taught me that water aggravates or poisons nearly all types of this disease; therefore, to as great an extent as possible, I prohibit its use. This will often be found a difficult thing to do, because of prejudice in its favor; but still it is a point which cannot be too strongly insisted upon.

A very fine cerate, containing one per cent of chrysophanic acid, which will not precipitate on melting, is prepared by Otis Clapp & Son. This cerate applied locally several times a day will materially assist in the cure, and relieve the intense itching and burning.

Internally, I give the third decimal trituration of chrysophanic acid. I give it from clinical experience only, as I have no knowledge of any proving of the drug. I have, however, repeatedly had cases which, other treatment having failed, readily yielded under local and constitutional treatment by this drug.

The other remedies I employ in the treatment of this disease are, graph., petrol., and ars., according to their provings.

These are the remedies I employ in this troublesome affection, and if they are faithfully administered, and the local treatment carefully followed, I am certain that permanent relief will be obtained.

I have to-day a patient eighty years of age, nearly every part of whose body is covered with thick scales, upon an inflamed surface. Between nearly every scale there is a fissure, with an exudation, these cracks bleeding at times. The suffering has been intense. This gentleman has been but one week under my care. The treatment has been by chrysophanic acid, given internally, and applied locally, as above described. The suffering was immediately relieved, and already the conditions are much improved under this treatment alone, and I have no doubt of a permanent cure even in this old gentleman, who presents the worst type of this disease I ever have seen.

TREATMENT OF PSORIASIS.

BY O. J. TRAVERS, M. D., NORTH BROOKFIELD, MASS.

[Extract from a Paper read before the Worcester County Homœopathic Medical Society.]

Diet and Hygiene. The diet should be a generous and nourishing one. Meat should play an important part; frequent small quantities of raw vegetables are also advised. Cod-liver oil may be found useful, especially for the young. If the patient is overworked, rest and change may be absolutely required for complete recovery.

Daily baths or spongings. Turkish baths every other day, or less frequently. Moderate exercise to those of sedentary habits. Tepid soft-water baths at night, with use of pure soap.

Local Measures. An ointment of *ammoniated mercury* (U. S. P.) I have found useful, used upon the scalp and face.

When there is considerable inflammation in the patches, a soothing treatment would be indicated. *Cosmoline* would then be all-important, and, later, could be followed by a more stimulating preparation. Tar has been used by many in the form of oil of cade, used in its pure state. I have had no experience with this remedy.

A ten per cent ointment of *calomel* in *cosmoline* will many times give satisfaction. But the best preparation of all, after the scales are removed, either by bran-bath or friction with soap, is *chrysophanic acid*, or Goa powder, used in strength from five to twenty per cent. The greatest objection to its use is the staining of the skin and clothing. In irritable cases it cannot be used. Intense itching may be relieved by a lotion of carbolic acid in glycerine, ten to fifteen per cent.

Other applications in use are inunctions with cod-liver oil, or chaulmoogra oil, especially if there is considerable attendant inflammation. Iodide of sulphur ointment, or a weak calcium sulphide lotion, may occasionally be of service. I merely mention these for completeness, not as recommendations.

For Internal Medication we are advised to commence with sulphur. It is said we find a specific in arsenic. I ordinarily prescribe iodide of ars. ; also have used ars. alb. In recent cases cures have followed the use of merc. sol. 30^x.

Many other remedies are mentioned in our materia medica which the diligent student may seek to effect a cure in some obstinate case.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THROUGH the kindness of Dr. H. L. Chase, of Cambridge, Mass., and with the assistance of reports obtained from other sources, the GAZETTE is enabled to present to its readers the following report of the meeting of the American Institute of Homœopathy, which closed on Friday, June 20:—

At last year's session of the Institute at Niagara, the Committee on Railroad Fares presented such enticing offers from the managers of the Baltimore and Ohio Railroad that it was decided to hold the forty-first annual meeting at Deer Park, Maryland. Past experience with railroad corporations has not been of such a nature as to warrant implicit faith in their promises, but, in this instance, the Baltimore and Ohio, through their agent, Mr. J. G. Pangborn, spared no pains to make this meeting of the Institute not only comfortable and satisfactory to the attending members, but such a one as will long be remembered for the pleasure connected with it.

Deer Park is situated high up in the Alleghany Mountains, in the western part of Maryland, two hundred and forty miles from Washington, and the trip thither via Harper's Ferry, — rendered historical by tragic events previous to the war, — the picturesque point of rocks, and the beautiful mountainous scenery of the Cumberland served as a delightful prelude to the meeting. A goodly number of members assembled on Saturday, June 14, prominent among whom were members of the Bureau of Materia Medica, who, with Dr. Hughes, the delegate from the British Homœopathic Society, held long and important consultations in regard to the proposed revision of the materia medica. There is no way by which the work for the session can be so well prepared as by two or three days of quiet consultation among leading members previous to the excitement and pressure of the crowded meetings. In this respect the session at Deer Park had the advantage over any of its predecessors.

On Monday evening the crowds began to pour in. The hotel, which had been rated as accommodating, in round numbers, six hundred people, found itself crowded with three hundred, and it became a difficult problem to satisfactorily settle how to dispose of the unaccommodated guests, of whom there were about one hundred. First, those who wanted two rooms must, of course, dispense with their luxury of an extra room, and single rooms were called upon to do double duty; and, in one case, we heard of six beds in a single room. Even this did not suffice. The Baltimore and Ohio taxed their resources by sending up a train of sleeping-cars for the late comers. Of course, grumblers are always to be heard on such occasions, but we have seldom seen

a more uniform exhibition of good-nature, and the disposition to make the best of discomforts. On Monday evening a reception was held, at which the guests then arrived were presented to Dr. A. C. Cowperthwaite (chairman of the Committee on Railroad Fares) and his wife, Mr. and Mrs. J. G. Pangborn, and the manager of the hotel and his wife (we regret our inability to give the name). That more marked and formal courtesies were not, on this occasion, extended to the officers of the Institute, we must regard as an error of judgment seriously to be deprecated.

According to the programme, at ten o'clock on the morning of Tuesday, June 17, the meeting of the Institute was, as usual, opened with prayer, after which the president, J. C. Sanders, M. D., of Cleveland, delivered his address, in which, after reviewing the history of homœopathy for the past year, he made certain suggestions, some of which have been offered by his predecessors in office, viz., that the vote of the Institute in regard to the president's address should be rescinded, so that a wider scope can be offered to future presidents; that there should be a rotation in the chairmanship and membership of the different bureaus, so that every member of the Institute might be heard from; that chairmen of bureaus shall be named by a committee appointed for the purpose rather than by the president; that the meetings of the Institute should now be held at the South, there being a strong feeling in favor of the formation of a Southern Institute.

The report of the Executive Committee, including the report on publications, was read and adopted.

The treasurer, E. M. Kellogg, M. D., made, for the eighteenth successive time, his annual report, showing that the Institute stands to-day in a better financial condition than at any time since its foundation, in 1844. It has issued a larger volume of *Transactions*, has had large expenses, has paid arrearages during the past year, and to-day stands entirely free from debt with a small surplus in its treasury.

A report sent by Dr. H. D. Paine, the necrologist, now absent in Europe, was read. In this report obituary notices were made, among others, of Dr. E. B. de Gersdorff, of Boston, Dr. J. H. Pulte, of Cincinnati, and Dr. H. A. Collins, of Springfield, Mass.

Dr. I. T. Talbot, chairman of the Bureau of Organization, Registration, and Statistics, presented his report. This exhibits a steady increase in various societies and institutions. A new State society has been organized in Texas, and that of Delaware, which has been dormant for some years, has been reorganized. There are now 28 State societies, 21 of which hold State charters, with about 2,400 members; 106 local or county societies and clubs reported, many of which reported great activity and growth. Twenty-six general hospitals and 35 special hos-

pitals, which have been erected at a cost of over \$4,000,000, have treated in the past year upwards of 17,000 patients. Some of these hospitals, especially in Pittsburg, New York, Boston, Philadelphia, and Washington, have largely increased their resources, and the State of Massachusetts has just made large appropriations for the establishment of a new homœopathic insane asylum. Forty-eight dispensaries report that they have treated 120,000 patients. Two new medical colleges have been started, one in San Francisco, the other in Minnesota, — the latter a department of the State University; thus making 13 homœopathic medical colleges in the United States. Two new medical journals have been started during the past year.

In the afternoon, Dr. J. Edwards Smith read a very able report of the work he and Prof. Wood had done during the past year in the examination of saccharum lactis, cones, tablets, and pellets. These had been obtained by Dr. Breyfogle, all labels and distinctive marks removed and his own marks placed instead, so that there could be no possible knowledge on the part of Dr. Smith as to the source whence the articles were obtained; the key to the marks which Dr. Breyfogle had placed on them was sent to Dr. Burgher, the secretary. The examination showed that many of the articles were largely adulterated with extraneous substances, such as albumen, starch, soapstone, some of them to such an extent as to be perfectly worthless; that the common loaf sugar, such as could be bought at the grocer's, was just as pure as that labelled "refined," "extra refined," "prepared expressly for homœopathic use," and other words of like import.

In the Bureau of Clinical Medicine, Dr. S. H. Talcott read an exceedingly interesting paper on the Effect on the Nervous System of the Abuse of Alcohol; Dr. Wm. Owens, a synopsis of his paper on its Effects on the Liver and Digestive Organs; Dr. J. S. Mitchell, its Effects on the Kidneys; Dr. J. W. Dowling, its Effects on the Circulating and Respiratory Organs; Dr. T. F. Allen, on the Abuse of Tobacco. Dr. A. S. Couch's paper on the Abuse of Drugs was exceedingly able and interesting, and contained many keen and suggestive allusions. It was listened to with great pleasure. Dr. F. H. Orme read a synopsis of his paper on The Effects of Mental Strain.

In the evening the papers of the Bureau of Obstetrics were read. The subject treated was Puerperal Eclampsia and its Connection with Albuminuria. The reading of Dr. H. E. Spalding's paper, containing the recommendation to administer large doses of chloral, provoked the inquiry from Dr. McManus as to whether this was a meeting of homœopathic physicians.

WEDNESDAY, JUNE 18.

The morning was occupied by the Bureau of Microscopy and Histology, the only paper read being one from Dr. R. R. Gregg, in which he maintained, as formerly, that there is no such thing as a "bacillus," that the appearances of decayed fibrin are identical with those of the so-called bacillus. This stand was mercilessly criticised by several of the gentlemen who took part in the discussion, Dr. Gregg standing entirely alone in his statements and conclusions.

In the afternoon an excursion to Cheat River and Buckhorn Wall was tendered the members of the Institute by the Baltimore and Ohio Railroad, which was enjoyed by many. On their return, a vote of thanks to the company and to Mr. J. G. Pangborn, the company's agent, who joined the excursion, and with much kindness and courtesy answered all questions and pointed out the places of interest, was passed.

The Committee on the President's Address made a report. Several suggestions were accepted. It was voted to amend the by-laws, Art. 3, Sect. 1, so as to read, the president shall *include* in his address an account of the progress of homœopathy, etc. It was also voted that the papers of the several bureaus shall be in the hands of the respective chairmen at the opening of the Institute; that the authors shall prepare a synopsis to be read at the meeting.

In the evening, the Bureau of Materia Medica, Dr. J. P. Dake, chairman, made its report, proposing certain rules which shall govern the revision of the materia medica. These are as follows:—

- I. Give scientific name and synonymes of each article.
- II. Give the natural order of each article.
- III. Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such considerations as completeness suggests.
- IV. Give, in presenting virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.
- V. Include, as a rule, no drug that has not shown pathogenetic power in two or more provers.
- VI. Trace back all versions and copies to their originals, and verify, correct, or reproduce therefrom.
- VII. Give the results of experiments on the lower animals, when of value, generally in abstract.
- VIII. Include in the narrative, as a rule, no symptoms reported as occurring from a drug administered to the sick.
- IX. Include no symptoms reported as occurring in the per-

sons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration.

X. Include symptoms reported as coming from attenuations above the twelfth decimal only when in accord with symptoms from attenuations below.

XI. Omit the contributions of Hahnemann and his fellow-provers to the *materia medica pura* and the *chronic diseases*, which are already accessible to the profession, and of which we do not possess the day books.

Certain recommendations also were offered, as follows : —

I. That the American Institute of Homœopathy and the British Homœopathic Society adopt the plan and rules submitted.

II. That the two societies unite in the election of Dr. Richard Hughes, of England, as editor of the proposed work.

III. That each society elect three members to constitute a joint consultation committee, the editor being chairman of the same.

IV. That each society authorize a subscription for one copy of the first year's issue for each of its members, paying therefor the actual cost.

Dr. Dake also presented the following petition : —

The Faculty and students of Boston University School of Medicine, having fully heard Dr. Hughes's proposals for a revision of the *materia medica*, are convinced of the desirableness and urgency of the undertaking, and earnestly solicit for it the co-operation of the American Institute of Homœopathy ; . . . also a like petition from the Hughes Club of Boston, . . . and a letter to the same purport from Dr. E. M. Hale, of Chicago.

Considerable discussion on the editorship of the work followed the reading of the report. The subject was referred to a committee of three, Dr. Dowling, chairman.

THURSDAY, JUNE 19.

Dr. Dowling, for the committee, proposed the name of Dr. J. P. Dake, of Nashville, Tenn., as associate editor with Dr. Richard Hughes, of England. Dr. Dake was elected to the position unanimously by the Institute. Dr. Hughes expressed his great pleasure in the election of Dr. Dake, and congratulated the Institute on its choice.

The rules and recommendations of the bureau were then adopted.

Dr. C. Wesselhoeft, of Boston, Dr. E. A. Farrington, of Philadelphia, and Dr. H. R. Arndt, of Ann Arbor, were appointed consulting editors.

Dr. I. T. Talbot then read the report of the Intercollegiate Committee as follows :—

To the Homœopathic Physicians of the United States :

By vote of the Intercollegiate Committee of the American Institute of Homœopathy, it has been decided that after the session of 1884–85, all colleges represented in that committee, and therefore in the Institute, shall require an entrance examination previous to matriculation. This examination shall include :

1. Credible certificates of good moral character.
2. A diploma, certificate, or other proof of graduation from a college, academy, or high school, or a State or county teacher's certificate, or, lacking this,
3. A thorough examination in the branches of a good English education, including elementary mathematics, English composition, and elementary physics, or natural philosophy.

Thus, while a liberal education forms the best basis for professional study, it will be seen that all the reputable homœopathic colleges in the United States unite in requiring that there shall be no serious disqualifications allowed to those entering upon the study of medicine, and they desire earnestly to impress upon preceptors before receiving students to see that they have the proper moral and literary qualifications. It is often the case that a year or more spent in an academy or high school may be necessary to meet the minimum requirements to enter upon the study of medicine, — a profession which should aim to secure in its ranks the highest grade of moral and mental attainment and culture.

If, by this step, an occasional student should be diverted from an already crowded profession, or delayed in entering it by a more thorough preparation, the whole profession would be improved and elevated thereby.

The colleges ask the assistance and co-operation of every physician in the rigid enforcement of this regulation.

On motion of Dr. R. N. Tooker, it was voted that a copy of this report be furnished all the journals as soon as possible.

The selection of the place of meeting for 1885 resulted in the choice of St. Louis, Mo.

The election of officers then followed :—

Dr. T. F. Allen, of New York, was unanimously elected president.

Dr. A. C. Cowperthwaite, of Iowa City, vice-president.

Dr. E. M. Kellogg, of New York, treasurer.

Dr. J. C. Burgher, of Pittsburg, secretary.

Dr. T. M. Strong, of New York, provisional secretary.

Board of Censors. — Dr. F. R. McManus, of Baltimore, chairman. Dr. A. R. Wright, of Buffalo; Dr. F. H. Orme, of Atlanta; Dr. R. B. Rush, of Salem, O.; Dr. D. S. Smith, of Chicago. Dr. Henry D. Paine, of New York, necrologist.

Thursday afternoon the reports of delegates from societies and institutions elicited some very interesting discussion. The Bureau of Gynæcology, as usual, presented instructive papers. Great interest centred in the Bureau of Surgery, which presented nineteen different essays on the general subject of inflammation, of which that on "Septicæmia and Pyæmia," by Prof. Helmuth, occupied the greater part of the time devoted to the bureau. The careful description of and sharp distinctions made between the different forms of blood poisoning made one of the ablest papers of the session.

In the evening, came the social festivities. The banquet, with its half-dozen speeches in response to regular toasts, and a few more of an impromptu sort, was followed by music, dancing, and social entertainment. The evening was a memorable and enjoyable one.

FRIDAY, JUNE 20.

The reports of the Bureau of Pædology and Psychological Medicine, with a memorial service in honor of deceased members, and the usual votes of thanks to officers and others, closed the forty-first anniversary of the American Institute of Homœopathy, which, in many ways, proved one of the most interesting and successful sessions ever held by that body.

One feature of interest in the meeting of the Institute is that pertaining to the "seniors," or physicians who, having retained their membership in this body for twenty-five or more consecutive years, become exempt from further dues. Upwards of one hundred members have already attained this distinction, and each year adds to their number. Most wisely the Institute has designated this body "a senate," to which are referred all questions of ethical or professional misconduct which come under the consideration of the Institute. Calmly and dispassionately this body considers and decides these matters, and its action thereon is made final by the Institute. Thus the bickerings and scandals of heated discussion on such matters are entirely excluded from the *Transactions* of the Institute as a body, and the decisions carry a greater moral force thereby. Thirty of these seniors were present at this session, and among them two, Dr. McManus, of Baltimore, and Dr. Ball, of New York, were among the original founders of the Institute in 1884.

MEDICAL SOCIETY OF NORTHERN NEW YORK.

THE summer meeting (thirty-second year) of the Medical Society of Northern New York will be held at the Town Hall, Saratoga Springs, Wednesday, Aug. 6, 1884.

H. M. PAINE, M. D., *Secretary.*

THE MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY

Held its semi-annual meeting June 11th. Nine new members were elected, including Dr. Minton, of Brooklyn, and Dr. Phil. Porter, of Detroit, as corresponding members. Uterine Displacements was the subject under consideration, and several papers of much interest and value were read, followed by an animated and instructive discussion. Porter's modification of Sim's speculum, Ludlam's uterine elevator, Dr. Stow's elevator, and also stem pessary and rectal support for retroflexed uterus were exhibited and explained.

Adjourned to second Wednesday in December.

L. A. PHILLIPS, M. D., *Secretary.*

WESTERN MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE seventh annual meeting of the Western Massachusetts Homœopathic Medical Society was held at Cooley's Hotel, Springfield, May 21, 1884. The president, Dr. J. U. Woods, called the meeting to order, and Dr. L. B. Parkhurst was appointed secretary *pro tem.*

After the reading of the records of the last meeting, the society proceeded to elect officers for the ensuing year, the result being as follows:—

President. — L. B. Parkhurst, M. D., Northampton.

Vice-President. — N. W. Rand, M. D., Monson.

Second Vice-President. — C. H. Harvey, M. D., Springfield.

Secretary and Treasurer. — G. H. Wilkins, M. D., Palmer.

Censors. — O. W. Roberts, M. D., Ware; W. F. Harding, M. D., Westfield; G. F. Forbes, M. D., West Brookfield.

Four applications for membership were referred to the censors. Interesting clinical cases were reported by Drs. Harvey, Rand, Richards, and Peck. Dr. Woods presented a very interesting paper upon "Position of Woman in Labor."

At the afternoon session, Dr. G. B. Peck, of Providence, enter-

tained the society by a very instructive paper upon Obstetrical Emergencies. This was ably discussed, and the society adjourned, to meet on the third Wednesday in August. The Bureau of Diseases of Children will report at that meeting.

G. H. WILKINS, M. D., *Secretary.*

OUR MISCELLANY.

SPLENECTOMY.—Mr. Knowsley Thornton removed a spleen, at the Samaritan Hospital, on April 22, by the median abdominal section. All its lower part was hollowed out into a multilocular cystic cavity, and it weighed two pounds. The patient, a single girl, aged nineteen, had been known to have a tumor for two years, but latterly it had grown fast, and given much pain. During the tying of the pedicle, the shock was very severe, but she revived directly the tumor was cut away and the drag taken off the pedicle. She is progressing satisfactorily. The specimen will, we understand, be shown, and further progress reported at the Pathological Society.—*Lancet*, April 26, 1884.

YELLOW FEVER VACCINATIONS.—Dr. Domingo Freire, of Rio Janeiro, the discoverer of the so-called microbe of yellow fever, writes to the *New York Evening Telegram*: “I still continue the vaccinations; four hundred and six persons have been already inoculated without the slightest disadvantage. Yellow fever is now raging here in Rio. As soon as it is over I will write, giving the results respecting those vaccinated. For the present, I can only say that the exemption is confirmed. In about two months I hope to be able to publish a full report of all my researches in regard to yellow fever.”—*Med. News*, June 21.

WE HAVE GOTTEN “ESTABLISHED.”—At the complimentary dinner lately given to Dr. Hughes, a story told in one of the after-dinner speeches was much too amusing and apposite to pass unchronicled. Hon. Geo. Bruce, president of the Senate, in referring to the recent recognition by the State of Massachusetts of the claims of homœopathy to the control of an asylum for the insane, said, “I am reminded of an anecdote which you will find related in Campbell’s *Lives of the Lord Chancellors of England*. A Baptist clergyman once went to a certain Lord Chancellor to plead for some recognition, on the part of the government, of the claims of his church to existence and toleration. ‘No, sir!’ roared the great man: ‘your church is nothing to me. I am a member of the Church of England. I support the Church of England. Why? Because it is an *established* church. Now go and get your d——d church established, and I’ll support that too!’” Mr. Bruce did not need to point the moral of his anecdote. The laughter of the audience showed that it was fully appreciated.

PERSONAL AND NEWS ITEMS.

MARIA L. DOWDELL, M. D., Class '77, Boston University School of Medicine, has removed to No. 39 Second Street, Troy, N. Y.

BENJ. A. BRADLEY, M. D., has removed from 504 West 7th to 55 Everett Street, Cincinnati, O.

WILLIS S. PUTNEY, M. D., has removed from Bethel, Conn., to Milford, Conn.

S. ADELAIDE HALL, M. D., Class '84, Boston University School of Medicine, has located at 37 Clinton Avenue, Cottage City, Martha’s Vineyard, Mass.

THE physicians of Boston take pleasure in welcoming again to their midst Dr. Alonzo Boothby, who returned June 11 from his year’s sojourn in Europe.

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EDITORIAL.

THE APPROACHING SCOURGE.

IT would seem to be not alone "the course of empire" which "westward takes its way." It is a well-established hypothesis that the terrible disease known as "Asiatic cholera," once having left its breeding-place in the East, may too possibly be counted upon to make the circuit of the inhabited world before spending its fatal force. In such case, no city or country can hope to be spared its visitation on any other grounds than the certainty of offering no soil in which the cholera germs may find lodging-place and nourishment. And since wherever carelessness or ignorance has permitted the accumulation of waste and filth the disease finds soil to its mind, what city or town may hope for entire immunity? Since after its last year's ravages in Egypt the cholera is now firmly established in France, and thence still moving westward, we can scarcely hope to see the summer pass without its appearing in our midst. This being the case, we cannot too soon take counsel together how best to meet it. That the matter is of vital interest to the public at large, the space devoted to it in every issue of the daily newspapers abundantly proves. The municipal officers everywhere who have sat down to feast, neglecting their duty of keeping cleanliness and sanitary rule in all places under their authority, to-day find themselves confronted with a terrible "writing on the wall" which it needs no Daniel to interpret. The medical and secular press should unite in urging upon these sluggards the wisdom, even at the eleventh hour, of doing what they may to avert the consequences of their unfaithfulness. Every private citizen should be urged

to do his share in preparing for the dreaded visitor. Physicians should urge upon all those under their care the necessity of a thorough inquiry into the sanitary condition of their own homes and neighborhoods. Koch's opinion that the cholera germs are largely communicable by food and water should suggest the wide dissemination of advice to abstain, the moment the disease is known to be amongst us, from eating all uncooked fruits and vegetables, and from drinking any water that has not been thoroughly boiled, the germs being destructible by heat. Regularity in eating and sleeping, such steady occupation as will preclude the brooding on possible danger, should be much dwelt upon. Such preventive measures as are believed most efficacious, including the use of proper disinfectants, should be suggested by local boards of health to every family under their jurisdiction by means of printed official circulars left at every door, and published once a week at least in the leading newspapers. By the disinfecting of the mails and the maintaining of a rigid quarantine, the danger is greatly lessened.

No private citizen should feel justified in knowing of the existence of a foul, ill-drained house without reporting it at once to the proper authorities, and not resting satisfied until a different state of things is brought about. Physicians can be of much public service in this direction, called, as they necessarily are, into the houses of tenants too poor to remedy the evils which their rapacious landlords refuse to recognize.

Homœopathic physicians, as they look forward to the coming of one of the most formidable enemies any physician can be called to meet, cannot fail to draw hopefulness and strength from remembering the success in like emergencies of the weapons in their therapeutic armory. They have not forgotten how eloquent if unintentional a tribute to that success was the omission of all homœopathic statistics from the official reports submitted to the British Parliament after the last epidemic of cholera. They cannot better employ their summer leisure than in preparing themselves for the possible contest before them by careful study of all our literature on the subject, from Hahnemann to the present day. Above all, let them remember that it may be their privilege at no remote date to add to that literature the results of their own experience; and let them

resolve that, of every case they may be called upon to treat, they will, whether its outcome be favorable or otherwise, keep most minute and exact record. Such records, carefully compared and tabulated at the close of the epidemic, would furnish data for future theory and practice of a value hardly possible to over-estimate.

CERTAIN FACTS ABOUT MILK.

THE importance of milk as an article of diet, especially for invalids and young children, fully justifies the physician in occasionally devoting a little time to a thoughtful consideration of certain facts connected with its use. The sources of our supply of milk and the manner of its distribution are not the only phases of the subject worthy of investigation. Common-sense would suggest that in any intelligent study of milk we must begin with the milk-producer, to wit, the cow. Since most of the milk in use with us is obtained from the cow, it seems clearly a matter of duty for those to whose charge the public health is intrusted to examine into the normal functions of this animal, and the effects of surroundings and of food upon those functions. The function in which we are chiefly interested is, of course, the secretion of milk; and it is this subject we now propose briefly to discuss.

It is taken for granted by many that milk is milk; but careful analysis can easily dispel illusions on this point, and convince the inquirer that there is milk and milk. The theory of giving one cow's milk to a child is based upon the supposition that there is but little liability to variation in the quality of the milk. But the fact is, there is change in the quality of milk with every change in the food of the animal. Milk partakes to a great extent of the substance on which the cow is fed. Ensilage, for instance, imparts a peculiar taste, which is not agreeable. This taste is noticeable also in butter made from such milk. The opinion is gaining ground that feeding the "sour fermented stuff" known as ensilage is unprofitable, from its deleterious effect upon the milk. Brewery grains are not unhealthy food, but the milk following such food, though abundant, is thin and white. Grass from salt marshes, rotten potatoes, and other refuse vegetables have anything but an improving effect upon the quality of the

milk. And, aside from such causes, the milk from one cow varies somewhat from day to day, and varies greatly from one part of the year to another. It is probable that the mixture of the milk of several cows will vary less than that of any one of them. This view is gaining ground, especially in Germany.

The varieties of milk may be divided into three classes : first, that from the new-milch cow ; second, that from the farrow cow, or one that has been milked for a year or more ; third, that from a springer, or one with calf. The effects of new milk are very loosening. It is well known among farmers that the first milkings given to a calf three or four weeks old will "scour" (violently purge) it to death. This milk changes as it increases in age, until, at the end of a year, the milk of the farrow cow becomes very astringent. The milk of a springer gradually changes until near calving ; it becomes more watery and has a limy taste.

The milkman and the pump are standard butts for ironical humor ; but there is less justice in this than is popularly believed. "Probably not over two per cent of farmers attempt to tamper with milk in any way," says an authority on this subject. It would be fatal to their interests if suspected or detected. The distributor is probably as free from guilt in this direction. The greatest motive for adulteration is furnished those who sell "pure milk" at four cents a quart when it actually costs from six cents (a low estimate) to 7.21 cents per quart when delivered to the consumer. Adulteration in the household is not uncommon, though frequently overlooked, the servant taking off the top and supplying the deficiency with water. This may be one reason why, instead of obtaining ten per cent of cream after setting, none at all is obtained. If milk be thoroughly cooled immediately after milking, and kept cool, it will remain pure and sweet for many days. But if, after delivery, it be allowed to stand in a hot kitchen an hour or so, the change will be as marked as it is sudden, and the milkman may be again unjustly accused.

It was thought that many of these difficulties had been overcome when condensed milk became popular ; but condensed milk contains a great deal too much sugar to be a fit food for babies or invalids. (See Dr. Forbes's paper in current number.)

Some of the above facts, and many others of moment to those interested in this very important subject, may be found admirably

presented in the *Boston Medical and Surgical Journal* for April 3 and 10. The current number of the GAZETTE reprints portions of a paper read before the Suffolk District Medical Society, and afterward published in the issues referred to. We invite special attention to this article, as likely to solve many of the present difficulties connected with the use of milk as a food, especially for infants and invalids.

A SUCCESSFUL EXPERIMENT.

THE office of "coroner," owing to abuse of power by individuals holding that position, was abolished by law in the State of Massachusetts seven years ago. At that time a "Board of Medical Examiners" was formed to replace the deposed officials, and, under somewhat new conditions, to perform their duties. The seven years for which the Medical Examiners were appointed expired in June just past. It is very satisfactory evidence of the success of this experiment that no alterations in the laws framed seven years ago have been found necessary or advisable; and the gentlemen then appointed as examiners have, with few exceptions, been reappointed to their positions. In all but one case, where a change has been made, reappointment was not desired. In the exceptional case, we are informed that "geographical considerations" dictated the change.

We are glad to learn that Rhode Island has lately, in this matter, followed the example set by our own State. Recent laws passed in her Legislature authorize the appointment of "medical examiners" to investigate cases of violent death, accidental or otherwise. The office of "coroner" has, however, been retained in a greatly modified form, an officer bearing that title being triennially elected by the council of each town or city, and expected to hold an inquest, equivalent to the "preliminary examination" of criminal procedure, in every case where, in the medical examiner's opinion, suspicious circumstances would seem to implicate one or more persons in the death under consideration.

Of the twenty-four medical examiners appointed to serve in Rhode Island, four, we note with pleasure, are homœopathic physicians in "good standing." These representatives of homœopathy are Dr. C. A. Barnard, of Centerdale; Dr. C. H. Hadley,

of Block Island ; Dr. T. H. Shipman, of Bristol ; and Dr. G. D. Wilcox, of Providence.

In regard to the representation of homœopathy in State offices, Rhode Island is no little in advance of Massachusetts. Dr. Shipman is a member of the Board of Health, several brigade-surgeons are homœopaths, and Dr. J. C. Budlong is now serving his third term of five years as surgeon-general. But in such a case anything like sectional jealousy is impossible, and any recognition of the claims of homœopathy is matter for far wider than local rejoicing.

GUACO.

(*Mikania Guaco.*)

BY I. T. TALBOT, M. D., OF BOSTON.

[*Read before the Boston Homœopathic Medical Society.*]

THIS drug, about which very little has been published, has held a somewhat undefined and doubtful position in the materia medica for the past three or four decades. This position has been given to it partly by tradition and partly by empiricism. It has never been made the subject of the careful study and systematic proving to which I believe it to be entitled. There are certain reasons which give guaco a special claim upon the attention of this society. Thirty-one years ago, in 1853, a somewhat general attempt was made by the State society — at that time little more than a Boston society — to secure a careful proving of guaco, and though the result was far from satisfactory, and no account of this effort was ever published to the profession, yet the symptoms then obtained and the results *ex usu in morbis* secured a certain use for the drug by the physicians of our school which has not entirely ceased, although it cannot be justified on any well-established grounds. In this paper I purpose mainly to call attention to this drug, to mention some sources of information in regard to it, and to give some of the symptoms which it has seemed to relieve.

Dunghlison briefly mentions guaco. The last edition of the United States Dispensatory gives a more extended notice of it. Dr. Hughes in the Supplementary of the fourth edition of his "Pharmacodynamics" gives a digest of what has been published concerning it. Dr. Carroll Dunham in the *American Homœopathic Review*, Vol. III. p. 423, gives some account of its use in the bites of venomous serpents ; and Hale, in the fourth edition of his "New Remedies," has, with the aid of Dr.

Dunham, collected most of the available facts concerning this drug, including the provings and observations made by the late Dr. Elb, of Dresden, and published in the "Algemeine Homœopathische Zeitung," 61, 23, and 72.

This plant grows in the valleys of the Madalena, Rio Cauca, etc., in South America. It is one of the "lianas" or climbing perennials, of which there are many varieties more or less closely allied, and of which condurango was at one time a noteworthy example in this country.

The *mikania guaco* was first described by Humboldt and Bonpland (Pl. *Æq.*, II. 84). It is closely allied to the eupatoria, has twining stems with round, sulcate, and hairy branches; ovate, subacuminate, remotely dentate leaves, somewhat narrowed at the base, rough above and hairy beneath, and flowers in opposite axillary corymbs. It has been introduced and cultivated in the West Indies. The leaves are the part used. The tincture should be made from the fresh leaves, which have a bitter taste and a strong, disagreeable odor. They lose their qualities by drying.

It has an extensive reputation among the natives of South America for the cure of snake-bites, the expressed juice being poured into the opened wound, the bruised leaves covering the wound and surrounding parts, and the tincture being taken internally. It has been recommended also for the stings and the bites of insects, for bruises, sprains, chronic rheumatism, and for atonic deafness, and in 1849 attracted considerable attention for its supposed effect as a prophylactic in cholera and chronic diarrhœa. But Guibourt investigated the subject, and found that the plants used in France were of three or four different varieties, and mostly of the *aristolochiæ*. It is not strange that guaco, with such an origin, should acquire an alexipharmic reputation, and be used for cancer, syphilis, chancres, obstinate ulcers, scrofula, etc.

The provings and observations of Dr. Elb indicated the importance of guaco in spinal diseases, spinal irritation, partial paralysis, and especially in the paretic condition following apoplexia. He found it "almost 'specifically' helpful in robust, not anæmic, ruddy persons, inclined to congestions, excitable, especially in males, when the spinal disease has not been caused by the loss of fluids or depressing causes, in persons disposed to hæmorrhoids, when the pains, with only a slight feeling of weakness in the lumbo-sacral region, are mostly in the upper part of the vertebral column, mostly aching, drawing, or sticking in character, very severe, with at the same time only pains in the extremities, but no paretic conditions, and the parts affected are extremely sensitive to pressure."

In May, 1853, the Massachusetts Homœopathic Medical Society selected guaco for provings by members of the society. A quantity of the freshly prepared tincture was obtained and distributed among the members, with printed rules for making provings. Several negative provings were reported to the society, and a few well-marked symptoms were obtained, discussed at the society meetings, but, so far as I know, were never published. A few brief notes taken at the time are all I have on the subject, save such facts as still remain in my memory. Dr. W. F. Jackson, after taking at various times one hundred and twenty drops, had "unusual flow of urine, which was cloudy, with excess of phosphates, sp. gr. 1024. He had pain over region of bladder and feeling of weight and weariness through hips and lumbar region. Rheumatic pains, to which he was subject, seemed to be increased while taking the drug, but he was unusually free from them for some months after the proving."

Dr. T. B. Wales "had some pain and rumbling of bowels, followed by thin, watery discharges."

The writer took two drops at a time every four hours, from 8 A. M. to 8 P. M., and again on retiring, about 11 P. M., for three days.

On the morning of the fourth day, he was awakened at 4 A. M. with pain and sudden call to stool of dark-brown fæcal matter, thin and watery. Slept till 6 A. M., when he had another stool, sudden, forcible, profuse, but with the appearance of rice water; had some pain in the sacrum and back afterwards, with feeling of weakness and fatigue. The tongue was not coated nor the appetite impaired; no marked change in urine. The symptoms disappeared gradually in two or three days.

Dr. Gregg obtained no symptoms from thirty drops of the tincture, taken at different times. He had, however, prescribed it with good results in the diarrhœa of children, and especially in a form known as choleric diarrhœa, which prevailed extensively in the summer of 1854.

I have found this remedy very serviceable in thin, watery diarrhœa, especially of teething children; also in the continuous and exhaustive diarrhœa of children, with indications of cerebral effusion; likewise in dysentery with pain in back and lumbar region, accompanied by fatigue, weakness, and exhaustion.

In persons of hæmorrhoidal tendency, it has proved very efficient in arresting a bloody, mucous, or frothy diarrhœa, accompanied by burning pain rather than tenesmus. It is a remedy which, for thirty years, I have constantly carried in my pocket-case, and I have come to use it in cases of diarrhœa and dysentery more frequently than any other single remedy.

In several cases of paralysis following apoplexy, it has seemed

to exert a most marked and speedy influence in restoring the power of motion.

Though not prepared to assert or deny its alexipharmic properties, yet I have sometimes thought it unusually effective in persons with scrofulous or cancerous cachexia.

Altogether I would commend guaco as a drug well worthy of careful consideration and study.

SUMMER COMPLAINT.

BY GEORGE F. FORBES, M. D., WEST BROOKFIELD, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

SUMMER complaint is the most common disease, as well as one of the most fatal, that affects childhood. "Duncan and others think a very large majority of the deaths accredited to cholera infantum belong to this disorder." Children fed wholly on artificial diet from birth rarely escape attacks of this disease, which, in many, prove fatal. The great weight of the authorities consulted, as well as my own experience, shows the principal cause of summer complaint to be the elements of starch in infantile artificial foods.

Dr. Woodward's work on camp diseases (diarrhœa and dysentery) shows the perverted nutrition and essential lesions to be very much like the disorder we are describing, and some claim a most striking analogy between the two as to causes, symptoms, anatomical lesions, pathology, and the results of treatment.

Certainly the main causes are the same in this and in camp diseases,—improper diet, elevated temperature, over-crowding, with foul air in camp and cities. The symptoms are very much alike: a most obstinate diarrhœa, with great constitutional suffering and emaciation. In both, diet is found to be fully as important as drugs; and in the armies removal north, and in children removal from crowded cities and low, hot regions of the country to more elevated and cooler tracts, are found necessary. I think common observation will show us that the *heat* of summer, with the coolness of the nights, is one of the commonest predisposing causes of summer complaint. The malady is vastly more common in July and August than at any other season. Unwholesome food, *i. e.*, food incompetent to furnish the body what it needs for the purposes of nutrition, as farinaceous food or unhealthy milk, is sure to produce summer complaint, no matter how favorable in all other respects may be the circumstances in which the child is placed. So, also, the best natural food that can be obtained, even from its mother, or the most correct arti-

ficial diet in the world, will not save a child from this disorder who is located in an ill-ventilated or filthy quarter of a city or large town during hot weather. The stomach cannot change the originally improper character of the food into wholesome material; nor can that organ when enfeebled or diseased have the power to digest even proper food.

I need not go into a minute description of symptoms, as we are only too familiar with them. The most prominent among them are vomiting, colic, fever, and diarrhœa. In consultation with an old physician some twenty-five years ago, he laid it down as a maxim, that when he found the diarrhœa precede the vomiting or nausea, and the inflammation afterwards extend upwards, invading the stomach, prognosis was considered comparatively favorable. But if the stomach first received the impression, and nausea and vomiting were followed by colic and diarrhœa, the case he considered very doubtful, and his prognosis was *unfavorable*, even under the most favorable circumstances. The doctor dwelt so strongly upon this point that I have hardly had a case of summer complaint or cholera infantum since without seeking to verify or contradict this maxim. The result has been an almost entire confirmation of his statement. The fact may be explained thus: If the stomach, which is the most important of all the digestive organs, becomes deranged, broken down, or diseased, the food, of course, passes through and into the intestines partly or wholly undigested, very soon causing disease of the bowels. Whereas, if the stomach remains longest in a healthy condition, or only receives the diseased impression sympathetically from the mucous membrane of the intestines, the food is fully and properly digested and prepared for the weakened bowels, which, though diseased, are able, through their absorbents, to appropriate some nourishment at least to support the weakening system. If this physiological deduction is deemed incorrect, any one has the opportunity to combat the *theory*; but, in my observation, the *fact* remains as stated. In this disease the number of stools per day is exceedingly variable, depending in a great measure upon the violence of the case; while in those cases in which inflammation occupies a small extent of surface, the stools seldom amount to more than six or eight per day; in severer cases, where there is evidence of more extensive inflammation, there will be fifteen to twenty-five operations a day. According to Meigs and Pepper, "the stools are usually at first fæcal, then green, then watery with green and white lumps, then brownish; finally, may be slimy, and, last of all, bloody, and, before death, arrested entirely." After the diarrhœa is fairly established, the younger infants are usually irritable, peevish, and restless, or weak and languid; their slumber is short and dis-

turbed, and they sleep much less in the twenty-four hours than when in health. Older children are less sleepless or irritable. The tongue is generally normal, though sometimes, in acute cases, red on the edges. It is seldom dry, except during the fever. Appetite is almost always lost, and thirst is generally increased, especially where the stomach is involved. All authorities agree in one thing, that is, in avoiding all starch or starchy foods, as bread, rice, crackers, and arrowroot, which are *only* digested by the action of the salivary glands and the pancreas. These glands being entirely undeveloped in the infant, such varieties of food should be strictly avoided, as they only irritate the digestive canal and increase the diarrhœa. Several years ago I called Dr. Chamberlain to see a child who was sinking rapidly with summer complaint. I believe he did not recommend any material change in medication, but he insisted on the child's being taken out of doors — either carried or driven, not jolted in a baby-carriage — *every* pleasant day. It proved so beneficial in this case, I now, and ever since then, have prescribed such exercise as regularly as the giving of medicine, and I think if we prescribe this regular daily exercise in the open air it will prove of great value to the infant, and do as well perhaps as to advise a change of climate, or removal to the country or seashore, which is in many cases wholly impracticable. These so-called minor points are oftentimes of vastly more value in the saving of the patient than the best-selected remedy.

As in the adult so in the child, the greater part of all diseased conditions is catarrh of mucous membranes, or, at least, is complicated with it. On a summer evening a slight chill, scarcely noticeable, is felt by the teething infant, and in two days we have acute catarrh of the mucous membrane of the stomach and bowels, with vomiting or diarrhœa, or both. Next morning the doctor is called in haste, and is expected to cure the case in one or two days at most. This is a common case; we meet such in our daily practice during the hot weather.

Last year, in 1882, we had in this region a mild and curable variety of summer complaint, the disease beginning to manifest itself about the first of July, and continuing through August and well into September with little or no abatement. But the cases almost universally began with diarrhœa from insufficient or improper food, and not from a chill. Scarcely any of them began with nausea or vomiting. There were no cold nights in the summer months of 1882, but a steady hot and dry temperature through the season, and, though I can report over sixty cases treated, there were no deaths from summer complaint or cholera infantum, — a very unusual circumstance. So far this year we have had many cool nights and sudden atmospheric changes, and

there have been many cases of summer complaint, — sometimes of dysentery, — induced by these changes of temperature. These cases have manifested a disposition to begin with gastric derangement, followed by gastro-enteritis.

Numerous are the varieties of artificial food for infants. The most common, and perhaps generally the best artificial food, is cow's or goat's milk, more or less diluted, or Mellin's or Horlick's Food. I happen to live in a town where condensed cow's milk is manufactured, and have made special and repeated investigations in regard to its preparation and claimed superiority as a diet for young children.

In the first place, the milk is brought from one to six miles in tin cans holding about two and one half gallons each, — the morning's milk being mixed with that of the preceding night. When it is ready for condensing, the milk of from two hundred to five hundred different cows (good, bad, and indifferent) is mixed together, — though here each can is tested as well as tasted, to see if anything objectionable is found. But it is claimed that, by the process of condensing, the impurities in the milk, if there are any, are either taken away or neutralized.

The milk from all the cows is poured together into a large copper kettle, and boiled by the addition of steam, — *live* steam they call it, — and when boiling at a temperature of 212° there is added two hundred and eighty pounds of granulated sugar to each one thousand quarts of milk. It is thence conveyed to a steam vacuum of twelve to fourteen pounds' pressure and boiled again, and when cold it is canned for use. There are several gallons prepared daily and sent to Boston without the addition of sugar; but this will only keep from two to four weeks on ice, and it is used on shipboard. Who knows but the adding of the new preparation — the "Rex Magnus" — might not preserve even condensed milk without the objectionable presence of so much sugar?

Where good milk from one cow can be had, I prescribe that in preference to that from the condensing factory. I am satisfied that milk from one cow will agree with most artificially fed babies and nourish them well. Of late I rely more upon diet for young infants than on medicines. Without proper food one cannot bring a teething child afflicted with summer complaint or cholera infantum through the second summer, no matter how skilful the medical treatment employed.

We all know that the medicines which act well with the majority of children during one epidemic or during one summer will very possibly not be serviceable the following year, however well they may be selected. Thus we find that whereas last year we gave such remedies as cham., borax, chi., merc., and rhus., this year,

for summer complaints, we have better success with such remedies as ac., arsen., bry., carbo veg., ip., verat., and dulc. I have given only a few of the common remedies, and need not weary you with the characteristic indication for each remedy; though for the past few days I have had ten or twelve cases under treatment which seem to have taken on the dysenteric form, and I find that aco. and merc. relieve the symptoms, and are indicated especially by the high temperature and rapid pulse in the beginning of the attack, followed by cutting colic and griping during and after stools, which are mucous and streaked with blood.

A STUDY OF LEDUM, WITH SOME COMPARISONS.

BY L. ALLEN, M. D., SOUTHBRIDGE, MASS.

[*Extract from a Paper read before the Worcester County Homœopathic Medical Society.*]

THIS drug was brought to my notice prominently while seeking a remedy for an obscure and tedious case. The following study of it revealed many points of interest to myself, and, with the hope that it may be of use and interest to others, I herewith offer it to their consideration:—

First. We will compare ledum in a general way with the other drugs of the same botanical family.

Second. We will mention the most prominent symptoms of the drug.

Third. Its clinical uses.

Ledum belongs to the erica, or heath family. Its botanical relatives of which we make medicinal use are kalmia, rhododendron, chimaphila, and uva ursi. But we must not expect necessarily to find therapeutic likenesses in drugs that are botanically related: the botanical relation is in their external appearance; the therapeutic, in their pathogenetic qualities.

The principal sphere of action of ledum is upon the serous, fibrous, and mucous tissues, upon the periosteum and skin, producing inflammatory symptoms of an arthritic or rheumatoid character, increasing and thickening secretions, and causing a deposit of solid earthy masses in the tissues. The principal characteristic of ledum is coldness and deficiency of animal heat.

Kalmia acts on the muscular system, producing rheumatic pains, but prominently upon the heart, diminishing the force and frequency of its action.

Rhododendron acts upon the muscular and fibrous tissues, producing arthritic and rheumatic conditions, and upon the testes

and epididymis, producing inflammation, swelling, and induration. Its chief characteristic is aggravation of all symptoms in cold, stormy weather, and before and during a thunder-storm.

Chimaphila has had no proving, and all we know of it is its action on the mucous membrane of the urinary passages. It is reputed to be excellent in suspected gravel troubles.

Uva ursi acts very similarly to chimaphila; but of this drug, also, we have no proving. Dr. Richard Hughes thinks "it acts more on the kidneys than on the bladder, and is most useful in vesical complaints when these are symptomatic of renal disease. It has cured renal hæmaturia and pyelitis, and has much repute in the West Indian chyluria." The *American Homœopath* for October, 1883, quotes from the *American Medical Journal*, in which Dr. Jewell Davis mentions his method of using a strong tea of the leaves, giving it freely for tardy labor from inertia, as well as in hemorrhage of the womb, with much better success than with ergot.

Some of the prominent symptoms of ledum are determination of blood to the head and chest, causing a sort of intoxication in the former, and cough, with bright, sanguineous expectoration in the latter; pain and swelling in the joints, including especially that of the great toe, and boring pains in the bones. These pains are most severe in the evening, but are modified while the patient is in bed. They shift about much. The articular pains are relieved by movement.

In his preface to its pathogenesis, Hahnemann says that ledum will prove suitable only in chronic maladies, characterized by coldness and deficiency of animal heat. Its chief use has been in non-inflammatory affections, and in hæmoptysis; and Dr. Drysdale has recorded a case in which a nocturnal itching of the feet was immediately removed by it. (*Brit. Jour. Hom.*, Vol. XXIX. p. 166.) M. Teste thinks it acts specially on the parts of the body where the cellular tissue is wanting, as the fingers and toes, and hence affects the small joints as well as the large. He recommends it, therefore, for traumatic whitlow, and for true gout of a subacute nature, seated in the hands or feet, and causing little swelling.

In wounds, ledum supplies an important place. Arnica for contused, calendula for incised, hypericum for lacerated, and ledum for punctured wounds. It gives almost immediate relief to the itching caused by mosquito-bites, even when only given internally. Less prompt is its action on the results of stings from bees and wasps.

A Belgian physician has recorded a case in which daily epileptiform attacks occurred in a child after a wound in the head from scissors, which almost immediately yielded to the remedy.

On the skin, M. Teste says, "Ledum causes an eczematous eruption, with a tingling itching, that spreads over the whole body, penetrating into the mouth, probably also into the air-passages, and occasioning a spasmodic cough which is sometimes very violent." A similar condition is sometimes met with idiosyncratically in gouty subjects.

REFLEX NERVE ACTION.

WE often hear the remark that the proportion of diseases of the nervous system is greater than formerly. While this is true in a sense, it is also true that we are awakening to the fact that all normal, sympathetic, and morbid manifestation of life is upon and through the medium of the nerve centres, trunks, and filaments. The extreme of physiological research is limited by what can be known of the action of the nervous system. It is upon this neural matter that the life principle impinges; and the intelligent practitioner recognizes the fact that the normal, sympathetic, and morbid actions of the nervous system constitute what we call health and disease. Nerve influence is felt upon the organic functions and the contractile tissues when either the centrifugal nerve fibres or centres, or the centripetal or sensitive nerve fibres are irritated. These effects may be a contraction of muscles or contractile tissue, a secretion, or a change in the nutrition of a part. The first and second of these effects are governed by similar laws. The peripheral ramifications of centripetal nerves are more sensitive than their trunks. There are centripetal nerves which normally can produce certain secretions by a reflex action, while others cannot. But a morbid condition of a nerve, or of the nerve centre, may render almost any nerve capable of producing any secretion; and certain kinds of irritation produce reflex secretions which other kinds cannot produce, except in morbid states.*

Among the most readily recognized reflex effects may be mentioned the easy production of sneezing from irritation of the lining membrane of the nose with its nerve filaments; tears from same cause; muscular starting from sudden, sharp sound; the various secretions of different portions of the digestive system almost simultaneously from many kinds of irritation. Saliva follows irritation of the nerves of the stomach.

* *Brown-Séguard*: Lectures on the central nervous system, delivered before the Royal College of Surgeons of England in 1858. Many of the illustrations given above are derived from the experiments of the same writer and his co-workers.

Dr. Gairdiner gives the case of a patient whose œsophagus was divided by accident who had an enormous secretion of saliva, amounting to six or eight ounces, upon a quantity of broth being injected into the stomach.

Gastric juice is secreted in the stomach of a dog when an injection of warm water is thrown into the rectum. The presence of acrid matter in the stomach is often followed by both emesis and catharsis.

Digestion may be quite interrupted by alteration of the character of the gastric juice, consequent upon irritation of the nerves of the rectum.

Dyspepsia is sometimes due to the presence of piles, and cured by their excision.

In a case of my own, a severe neuralgia of the knees, lasting more than a week, was suddenly and thoroughly relieved by vomiting of very acid secretions.

Ptyalism has been observed in a considerable number of cases of trifacial neuralgia. Secretion of tears from neuralgia of the trifacial is common, but in such cases does not depend upon irritation of the optic nerve, but the supra orbital will be found involved.

Changes in nutrition of parts from reflex action are among the frequent causes of disease: an irritable part of a nerve sends its influence to the nerve centres, and, being reflected to a more or less distant part of the body, produces a contraction of blood-vessels, or acts directly upon the tissues, producing an alteration of the exchange between them and the blood.

The sympathy of the double organs is thus explained: "when the supra-orbital nerve had been crushed or injured in such a way that it remained irritated, an inflammation or some other affection of the corresponding eye supervenes, which is cured either by the means that diminish the irritation of the injured nerve or by its section between the nerve centre and the injured part, so as to prevent reflex effect."

Sudden death from a blow upon the abdomen, or perforation of the stomach or intestine, seems to be due to stopping the action of the heart. So it is in cases of death from chloroform suddenly taken into the lungs, paralyzing the pneumogastric.

Sudden excitation of the abdominal sympathetic sometimes kills by reflex action. The excitation goes up the spinal cord, chiefly along the splanchnic nerve, to the origin of the par vagum, and through this pair to the heart.

This was proved in dogs by section of the par vagum, when the effect did not follow. Same effect from galvanism.

The effects of burns have been carefully observed and classified by *Mr. Long*, of Liverpool. He states that death is caused

in many cases by inflammation of viscera, and arranges these effects under the following heads:—

1st. Upon the abdomen. 2d. The chest. 3d. The head. The lesions of different tissues contained in the abdomen are in the following order:—

Mucous membranes, serous membranes, paranchymatous tissues. In the chest, the exact reverse is the case. In the head, membranes, then the brain. The seat of the inflammation corresponds sufficiently often with the external position of the injury; but in precisely an equal number of cases there is no such correspondence. *Mr. Curling* relates ten cases of inflammation of the duodenum as the result of this powerful irritation of the skin.

Mr. Erichsen gives results of his observation of many cases of burns:—

Cerebral organs were diseased, thirty-three out of thirty-seven.

Thoracic viscera were diseased, thirty out of forty.

Abdominal viscera were diseased, thirty-one out of forty-two.

Certainly a large proportion of reflex effects.

A very curious instance of the power of this violent irritant occurs to the writer, related by Esquirol as happening during his government at the Hospital Salpêtrière near Paris. A poor old patient, who had been many years in the hospital and was considered hopelessly insane, accidentally fell upon a hot stove, an article of the *box* pattern. He was dreadfully burned across the abdomen, but he recovered from it and from his insanity at the same time.

Brown-Séquard gives an interesting account of the result of overusing the microscope, developing an inflammation of the eye not so used, followed by ulceration and opacity of the cornea, and a degree of atrophy and anæsthesia of that side of the face. It is thought the communication must have taken place through the encephalon by reflex action.

Cases of atrophy by reflex action are by no means very rare. I remember such a case in my early practice where the muscles of the leg suffered this result in prolonged sciatica.

Brown-Séquard records a case where pain, starting from a cicatrix of a wound in the left arm, produced atrophy of both arms. That such instances are not the result of paralysis is proved by their existence in cases where there is no paralysis.

Diseases of the genito-urinary system are sometimes the cause of paralysis; and some cases of paraplegia are known to have arisen from diseases of the bladder, prostate gland or kidneys, without any affection whatever of the spine.

There is good authority for believing that paralysees of children are almost always due to irritation of dental nerves or of the bowels. The latter cause has often produced paralysis in

adults; so also have irritations of the lungs and pleura. The same has occurred in diseases of the liver.

Irritations of some nerve centres produce most extraordinary effects. Irritation of a portion of the floor of the fourth ventricle is believed to produce glycosuria; of another portion, albuminuria; and recent observation proves that relation exists between certain neural lesions and degenerative changes in some of the ganglia of the abdominal sympathetic.

I have here given but comparatively few of the many instances of reflex nerve action producing disease of distant parts of the system. It is a deeply interesting subject, and there is no doubt that the proportion of diseases arising from reflex nerve action is altogether greater than is ordinarily recognized.

The first step in the direction of a rational treatment is, of course, to remove the cause of irritation if practicable, and to subdue the disturbance already produced. In our endeavor to accomplish this, let us not be afraid of names. We do not sacrifice our consistency as homœopathists if we resort to galvanism to diminish congestion of relaxed capillaries, or the wet sheet to soothe local and general irritation through the medium of centripetal nerve filaments in the skin. Our ordinary homœopathic remedies remain to us to choose from intelligently and conscientiously. We cannot have too much light from improved pathology, nor too great modesty about assuming to know already all there is to be known.

FREDERIC N. PALMER, M. D.

THE BENEFIT TO BE DERIVED FROM THE SPAYING OF COWS.

BY MR. LLOYD F. ABBOTT.

[*Read before the Suffolk District Medical Society. Reprinted from the "Boston Medical and Surgical Journal," Vol. CX., Nos. 14 and 15.*]

I PROPOSE as a means of improving the quality of the milk, and at the same time reducing the cost of production, the spaying of cows for milk, an operation but little known even among veterinary surgeons. After two years' experience and inquiry, I have been unable to find any one in Boston familiar with the operation. It consists of removing the ovaries from a new-milch cow, which takes away all desire or ability for reproduction, and makes of her a constant milker ever after. These are some of the advantages gained by the operation: first, an increase in the quantity of milk, as the animal has nothing else to do but give milk or grow fat, and by giving milk-producing food the

quantity may be increased a third. Secondly, the certainty of having a constant supply of milk of the same quality. Thirdly, producing a richer milk and of even quality, as the animal is always in the same condition, all causes of change having been removed; this alone is inestimable in its advantages to the sick, or delicate children. Without this operation, milk obtained from a new-milch cow under the most favorable circumstances will vary much; once in three weeks there will be a time, often affecting three milkings, that the milk is at fever heat, and will not keep as long by one third as when the animal is in the ordinary condition. It is not an uncommon occurrence for a person in delicate health, or a child fed on a milk diet, although the milk be from one cow, and the greatest possible care taken of it, to have a bad day or a feverish night, for which no reason can be assigned, but which may be traced to such a cause as this. Fourthly, decrease in the cost of keeping, for by the operation causes are removed which produce waste of material that now goes to milk. Fifthly, by this operation cows may be kept for years, giving the same quantity of milk, thus avoiding the loss sustained while the cow is dry and the liability to accidents during calving. Sixthly, the spayed cow fattens more easily, its flesh is better than that of the ox, more tender and more juicy; indeed, no one is ignorant of the fact that all domestic animals, female as well as male, deprived of their procreative organs, fatten more quickly than those that retain them, and the flesh of the spayed female is more tender and juicy than that of the male. By this means the farmer will realize a better price for his cows when they have passed their days of usefulness as milkers, and the public will be protected from a practice often resorted to by farmers to obtain the best possible price for old cows, that is, to bring them to the bull, intending that gestation should give them more suitable plumpness, so that they may be disposed of to better advantage to the butcher. The result of this is mere bloated, flabby flesh, which easily taints; broth made from it is not rich, and is without flavor.

I first became interested in this operation early in 1880, through information obtained from a work translated from the French. I afterwards obtained other treatises on this subject, and soon became convinced of the advantages to be obtained by it. I made inquiries among veterinary surgeons, but could find none familiar with the operation. While making inquiries upon this subject, I learned that Hon. Josiah Quincy had had the operation performed at his farm in Quincy nearly twenty years ago. I was told that it was a failure. To ascertain the facts in the case, I called on him at his home. He told me that spaying was performed under the direction of his foreman, and that, although

he lost a number of cows by the operation, he considered it a success, and of great benefit to both the producer and the consumer of the milk; that the cows continued to give a large quantity of milk for a number of years, and that the milk was of a superior quality. It is by his permission that I refer to this. He also informed me that at one time he thought of publishing an article calling the attention of the public to the advantages of this method of producing milk.

My experience teaches me that it will increase the flow of milk and also improve the quality, and that, although there will be a slight decrease at the end of a year, the daily average will be equal to that given at the time of the operation. I have one cow that was spayed in November, 1880, was then giving ten and one half quarts per day, and now, after nineteen months of constant milking, nine and a half quarts; and she now comes to the barn every night with milk flowing from her bag. To make a comparison: I have talked with those who have had a longer experience in keeping cows than I have. They all agree that this is a liberal estimate: a cow giving fourteen quarts of milk when she comes in is an extra good one; that at the end of ten months (she coming in once a year) she would not be giving more than three or four quarts, and that not suitable for use, at which time she should be dried off and not milked the other two months; or that an average of nine quarts a day for ten months and none the other two months is all that could be expected, and that this result can be obtained only under the most favorable circumstances. This would give 2,736 quarts. Now I claim that, under this operation, a cow giving fourteen quarts may be made to average that for three hundred and sixty-five days in the year, as she would increase enough after the operation to make up for any slight shrinkage at the end of the year, making 5,110 quarts against 2,736, and also better milk.

I do not wish to lead any one to think that this operation is without risk; but after two years of practical experience, I am convinced that the risk, when the operation is properly performed, is less than in ordinary cases of calving.

As regards the spaying of cows, there is little danger if properly done, and the mortality should not exceed one per cent.

Operation. — An incision is made in the flank of the cow, — left side preferred, as being handier for the operator, — about four inches long, through the skin; then the muscles and fascia are cut, and the peritonæum divided, using the finger as a director. The hand is then introduced and carried upwards and backwards until the uterus is reached, when, by following the horn outwards, we find the ovary, and remove it with the thumb-nail or *ecraseur*; this can be held by the two last fingers of the

hand, and search made for the other ovary, and when found, removed in the same manner, when the arm and hand are withdrawn and the wound stitched by the interrupted suture passing through all the tissue except the peritonæum. During the whole operation a twenty per cent solution of carbolic acid is used with the steam atomizer, the hands, and side of the animal being thoroughly washed in the same solution. The hair should be clipped from the flank before incision. The pain from the operation is slight, the cow struggling only during the cutting of the skin, which does not take more than two or three seconds, and again during the sewing at the end of the operation. The latter is the most difficult part of the whole operation, as cowhide in its undressed condition is very tough. While the arm and hand are within the belly of the cow, the animal really seems to enjoy it, acting as a dog does when one rubs his head.

Among the advantages from this operation are, first, the quantity at a milking is increased, and a great increase takes place in the yearly yield of a cow. As to the milk itself, its quality is improved, the fat and sugar are increased, and, although I did not keep a record of the examination of specimens of milk from these spayed cows before and after the operations (examining only for my own information, not expecting to have occasion to refer to figures again), I think that, judging from the large number of milk analyses that have been made, I would be supported in claiming that where fat and sugar are increased casein is decreased. Now this milk will be of the same quality day after day, unless the cow has some acute disease, provided she is properly fed and attended to. If over-fed, she is apt to fatten, and fall off in the quantity of milk, as a spayed cow, like any animal deprived of the reproductive organs, is quite easy to fatten, thus adding to her value as beef. By this operation, all the danger of abortion, post-partum hemorrhage, accidents during heat while with the bull, and calving are eliminated. The bad-breeding and small cows may be made good milk-producers, and easily fattened for market. But I suppose the greatest advantage of all is the escape of the periodical change occurring in the milk of the unspayed cow every three or four weeks, and lasting a day or two.

Cows are extensively spayed in Texas when young, simply for the purpose of making good beef cattle, the butchers at Brighton abattoir being well aware of this fact. Before operating, I visited the abattoir several times for the purpose of becoming acquainted with the anatomy of the cow, and on inquiry at the various slaughter houses "if they were going to kill a cow," would receive the answer "yes." On the cow being opened, I would find only a rudimentary uterus and no

ovaries. After examining several, I asked the butcher "where the ovaries were." He informed me that they had been removed when the animal was young, and showed me the scar in the hide. The way he had of finding it was that the tissues were all fused together, it requiring care to separate the hide, and the use of the knife, while only his hand was necessary in other parts. It seems to me that this is proof that the operation is a safe one, for the stock-raiser would not run the risk of losing young cattle just for the sake of increasing the weight of a few.

There are two facts which are of interest to the physician, namely, first, for two or three days after the operation the flow of milk is reduced to almost nothing. I suppose this is due to the congestion of the broad ligament and tubes. Second, in one case operated on, miscarriage followed ten days after the operation, the calf being macerated so that the hair and skin readily peeled off.

I was present at the spaying of five cows by a veterinary surgeon, in which the operation was done through an incision in the posterior and lateral side of the vagina, the surgeon using a speculum to fix the uterus and distend the vagina, then cutting and introducing the hand with an *écraseur*, and having engaged the ovary, removing it and the other through the same opening, the result being left to nature. From the slight observation I have had as yet, I would favor the flank operation.

No dressing other than some substance to protect from flies, etc., is necessary, and the wound is entirely healed by first intention in about a week. The animal should be kept on low diet for a day or two, but in three or four days is allowed to run in the pasture as usual.

MAINE HOMŒOPATHIC MEDICAL SOCIETY.

THE eighteenth annual meeting of the Maine Homœopathic Medical Society was held in the Common Council chamber, Portland, Tuesday, June 3, Dr. W. M. Haines, of Ellsworth, presiding.

Rev. T. A. King, of the New Jerusalem church, offered prayer.

A goody number were in attendance.

Memorials by Dr. C. H. Burr, of Portland, on Dr. Eliphalet Clark, who died June 8, 1883, and by Dr. S. E. Sylvester, of Portland, on Dr. James M. Cummings, of Portland, who died July 20, 1883, were presented.

The sense of the discussion on Bureau of Legislation was that proper legislation is desirable concerning the registration laws, and that members do what is feasible to further such legislation consistently with the best interests of homœopathy.

AFTERNOON SESSION.

The afternoon session was opened with reports of the different bureaus as follows :

The Bureau of Clinical Medicine, through its chairman, A. I. Harvey, M. D., a case of chronic pneumonia by the chairman, showing serious danger of tuberculous infiltration ; cured by lachesis.

A paper on pneumonia, by Dr. W. S. Howe, of Pittsfield.

Discussion ensued by members on the use of stimulants in such cases, and on the duration of the disease.

M. S. Briry, of Bath, read a very carefully prepared paper on tubercular consumption, its causation, etc.

Dr. J. T. G. Emery reported a case of diabetes, with request for advice on treatment.

Dr. W. F. Shepard presented a paper on the myro-petroleum remedies.

The Bureau of Surgery, through its chairman, Dr. M. C. Pingree, reported papers on epithelioma, by Dr. M. C. Pingree.

A case of scirrhus of the mammary gland was reported by Dr. E. F. Vose. This case was operated upon thirty-two years ago with cure and returned thirty years after, with removal and recovery. Dr. Vose also gave a verbal report on the use of antiseptics as a spray.

Dr. S. E. Sylvester read report of cases of fracture by Dr. D. E. Seymour, who was not able to attend.

A paper by Dr. S. E. Sylvester was read upon burns and scalds, and a case of severe scald was given, which was successfully treated by external use of cosmoline. Other cases were cited by the members showing excellent results from the use of cosmoline.

The following names were reported from the Board of Censors and, on their complying with requirements of the by-laws, were elected to membership :

Lyman Chase, Kennebunkport ; George P. Wesselhoeft, Portland ; Miss Gertrude E. Heath, Gardiner ; Charles E. Morrison, Bar Harbor.

EVENING SESSION.

At the evening session the Committee on Nomination of Officers presented the following to serve as officers for the ensuing year :—

President. — A. F. Piper, Thomaston.

Vice-Presidents. — M. C. Pingree, Portland ; A. I. Harvey, Newport.

Corresponding Secretary. — W. K. Knowles, Bangor.

Recording Secretary. — W. F. Shepard, Bangor.

Treasurer. — Will S. Thompson, Augusta.

Censors. — M. S. Briry, Bath; J. H. Knox, Orono; W. L. Thompson, Augusta; W. S. Howe, Pittsfield; G. P. Jeffords, Bangor.

After the election of officers for the ensuing year the president, W. M. Haines, M. D., of Ellsworth, delivered an address. It was full of suggestions and observations concerning the work of the members, and remarks upon the now prevalent thought of the scientific minds of the world, upon pathology, hystology, etc.; upon some of the prevalent evils of the day; upon hygiene, ventilation, adulteration of articles of food, patent medicines, advocating the strong and earnest opposition to such articles as tend only to harm those using them.

The address closed with an earnest word to physicians to take for their own and patients' good some extended rest each year.

Votes of thanks were passed to Rev. T. A. King, for his services as chaplain, to the city government of Portland, for the use of the Council Chamber for holding this meeting, to committee of arrangements, to the president, for his able address.

It was voted to hold the next annual meeting in Portland the first Tuesday in June, 1885.

W. F. SHEPARD, M. D., *Recording Secretary.*

REVIEWS AND NOTICES OF BOOKS.

BRIGHT'S DISEASE. By Henry B. Millard, M. D., A. M. New York: Wm. Wood & Co.

Although this popular title has been given to the work before us, the author himself does not consider it an exact or scientific one. Throughout the book, the term "nephritis" is usually employed. By way of explanation, the author says, "as I have shown in the context, the term 'Bright's disease,' as understood by Bright himself, does not comprise every condition of nephritis; but, as most of the conditions I have described are generally understood as belonging to Bright's disease, I have given my work this title" The author's special work in this field has taken form hitherto in the publication in various medical journals of papers relating to diseases of the kidneys. Though the substance of several chapters has already been made public, the

work appears for the first time as a whole ; and, taking into account the author's careful personal researches in the laboratory, and his extensive clinical experience, it merits thoughtful consideration. The scope of the book may be outlined as follows : Several chapters are devoted to the general and minute (histological) anatomy of the kidney ; then the physiology of the organ is considered. Following this are chapters on albumin, the significance of its existence and the conditions of its occurrence ; the importance and formation of casts ; tests for albumin, and other directions for urinalysis, for detection of casts, etc. Next in order is the pathology (ætiology, symptoms, diagnosis, macroscopical and microscopical pathology, and prognosis) of the various forms of nephritis, the treatment being reserved for the last five chapters, which cover about seventy-five pages. Carefully selected illustrative clinical cases form an instructive and not unduly prominent feature. Evidences of original investigations appear, among other forms, in the presentation of many (over twenty) new illustrations, the great majority of which were drawn by the author. The treatment of the different forms of nephritis, as is due a subject of such essentially practical importance to the general practitioner, receives special attention. It is considered fully and from the broadest standpoint. The author discusses from the so-called "rational" basis the general management of the patient ; the diet ; the importance of diaphoresis, and the means of producing it ; the occasional necessity of diuresis, and the most useful diuretics, and other remedial measures. The author's references to homœopathy, though not infrequent, are, we regret to observe, of a somewhat depreciatory character. Yet it is noticeable that a series of seven clinical cases of croupous nephritis is given, in all of which corrosive sublimate was used, and in many cases with curative results, the author remarking that corrosive sublimate may produce changes in the healthy organism very similar to, if not identical with, those of croupous nephritis. He recommends this drug in doses of eight to ten grains of "a preparation of one part of the crude drug to 10,000 parts of sugar of milk." In apparent apology for the use of such small doses, he says :—

"I know that the possible effect of such small doses will be regarded by many with incredulity, but their value has been demonstrated too frequently for it to be doubtful, and the recognition of the efficacy of these doses is inevitable, as it is a matter of simple and assured truth. The experience of medical men of acknowledged experience and ability is rapidly tending to show that very minute doses of medicine accomplish, in numerous conditions, more than ponderous or even moderate doses. Particularly is this shown in those cases in which the dual action of drugs is manifest, as in the action of corrosive sublimate upon the kidneys in health and in disease."

He further says :—

“It is a matter of no slight interest to consider that while corrosive sublimate, alone or in conjunction with other remedies, will often correct pathological conditions characterized by the secretion of albumin, bloody urine, or suppression of urine, the same remedy taken in health, in toxic doses, often produces these very conditions. I do not propose to descant upon the merits of any theory, still less to support any supposed law of cure, but simply to present facts.”

The instances of recoveries (cures) effected by preparations of mercury being among the “facts” presented, we find it difficult to see on what worthy grounds the author should so visibly shrink from acknowledging these cases as corroborative of the therapeutic rule of similars.

There is great temptation to refer at greater length to a few of the noteworthy points in the book, both in the way of commendation and criticism; but space permits us to say only, that, as a whole, it is a meritorious and suggestive work. It is a short treatise of only about two hundred and fifty pages, and is abundantly worthy to take its place in the library, and to be consulted as an authority upon a most important subject.

THE FIELD OF DISEASE: A BOOK OF PREVENTIVE MEDICINE.

By Benj. W. Richardson, M. D., LL. D., F. R. S. Philadelphia: H. C. Lea's Son & Co. 737 pages.

The author, in his Preface, says that he has written this work for those members of the intelligent reading public who wish to know the leading facts about the diseases of the human family, their causes and prevention. Therefore any one opening the book with the expectation of finding in it receipts, specifics, and nostrums will be disappointed. The book opens with a short introductory chapter on “The Preventive Scheme of Medicine,” in which the author briefly traces the growth of the idea that diseases, once thought to be removable only by conjuration or divination, can, to a great extent, not only be cured but can be prevented, — an idea which practically belongs, he says, “to the latter two thirds of the present century.” The author considers the grand work of this era to be “to systematize the preventive part of medical science so far as that is now known; to bring the preventive part into entire accord with the remedial; to let the world at large understand the interrelationships which exist between the two parts; and, by a sympathy of action, based on knowledge, to enable every man and woman to assist in that part which tends towards prevention.”

At the first glance, one is impressed with the idea that the work is too comprehensive, too technical for the general reader. But more careful inspection leads to the conclusion that it is a most wise and well-considered attempt to properly educate the thoughtful layman in these very vital subjects. It is impossible

to give in a few words the scope of the work. It deals with the general and local diseases of mankind, and the diseases from natural accident; with the acquired diseases, from organic and inorganic poisons, from physical agencies, mechanical and general, from mental agencies, moral, emotional, and habitual; the last division being "a practical summary of the origins, causes, and preventions of diseases." We read with great pleasure what the author has to say concerning vaccination. To give an idea of his concise and pleasant style as well as of his opinions on this subject we quote the following: "For my own part, with all the facts that are in my possession before me; with a knowledge that without protection the susceptibility to small-pox is as distinct as ever; with a knowledge that the virus of small-pox is still present in many thousands of centres; with a knowledge that amongst an unprotected community small-pox might easily ravage the whole of a nation; with a knowledge that vaccination, notwithstanding all its drawbacks, is a protective without being an infective disease; and, with a knowledge that sanitary measures are not sufficiently advanced to admit of the withdrawal of the protection of vaccination, it is, I feel, out of reason to request the government to break up the great organization for vaccination which it has established. I have been vaccinated myself three times, and have had those who have been under my control vaccinated and revaccinated, — a practice which is, I believe, all but universal amongst the members of the profession to which I belong, a profession which ought to be best acquainted with its own interests if with none other. It rests with politicians rather than with men of science to determine whether it is good practice to make vaccination compulsory, and, speaking on the political side, I do not think it is," etc.

The book, though designed for the public at large, contains much that recommends it also to the profession. Its subject is one which, at the present time, is attracting much attention. The practitioner of medicine to-day cannot forget that he has other responsibilities than merely the giving of medicine; and some of these, with wise suggestions of how to meet them, he will here find clearly set forth. The publishers have, as usual, done their work very acceptably.

DISEASES OF THE RECTUM. By Mortimer Ayres, M. D. Chicago: Duncan Bros.

In his modest Preface, the author of the little work before us lays no claim to have written an exhaustive treatise, but only to offer "a few ideas on some of the more common diseases of the rectum, and their medical and surgical treatment." The result is an unpretentious volume, affording but little space to theories,

and devoting its pages to the discussion of practical matters. Twenty-four reports of clinical cases, illustrative of the subject under consideration, are given. The author has a well-established faith in the efficacy of homœopathic treatment in diseases of the rectum, which seems to have its foundation in a successful practice. Yet he acknowledges the limitations of medicinal and general treatment, and urges the employment of surgical measures under proper conditions. A little more care and painstaking would have secured for the work an improved literary style. Its present diction abounds in crudities, and the work as a whole offers many examples of the hasty preparation too common in American medical literature. The subject matter, which is exceedingly good and suggestive, is worthy a more satisfactory presentation.

AN OBSTETRIC MENTOR. By C. M. Conant, M. D. New York : A. L. Chatterton Publishing Company.

This is a handbook of the homœopathic treatment which may be required during pregnancy, parturition, and the puerperal season. It is a book of over two hundred pages, of convenient size for the coat pocket, comprising eleven chapters which deal with all the various alterations of the functions and structures of the female economy during the season of pregnancy, etc. The author's aim has been to present "the cream of our therapeutics divested of all other matter, and culled from every available source, in so small a compass as to be pocketable." To those who understand the use and value of a repertory, this book, we are sure, will prove a welcome and helpful companion. Those who have not yet learned the wise policy of regarding a good repertory as a familiar and trusted friend would do well to inaugurate such a policy with the frequent use of this pocket volume.

OPERA MINORA. By Edward C. Seguin, M. D. New York : G. P. Putnam's Sons.

This is an octavo volume of 687 pages, uncut, with plain, substantial binding. It contains a collection of eighty-three essays, articles, lectures, and addresses, printed or delivered from 1866 to 1882 inclusive. Dr. Seguin's first plan was to reprint these various medical contributions for private circulation, but yielding to the persuasions of friends, he consented to the issue of a larger edition for regular sale. The collection is reprinted from various foreign and domestic publications under the editorship of Dr. R. W. Amidon. The work is encyclopedic in character, from the great variety of subjects presented ; yet the majority have

reference to the author's specialty, — diseases of the mind and nervous system. The innumerable facts, the clinical cases and observations so faithfully recorded, and the personal experiences of a distinguished and successful physician, which are presented in this volume, make it a work of great value, and the profession at large is to be congratulated that it is thus made generally accessible, rather than printed merely for private circulation.

A MANUAL OF OBSTETRICS. By A. F. A. King, M. D. Philadelphia: H. C. Lea's Son & Co.

Less than two years ago the first edition of this manual was presented to the profession. The favorable reception then accorded it by physicians and the medical press, and the rapid sale of the edition, proved sufficient inducements to the author to present a second edition, making in it only such corrections and additions as were deemed necessary to bring it fully up to date. The present volume therefore differs but little from its predecessor. It is in great part a compilation from the treatises of Leishman, Playfair, and Lusk, though other authorities have been utilized in its construction. The work contains over three hundred pages, with fifty-nine illustrations; and the fact that the first edition was so soon exhausted bears ample and well-merited testimony to the appreciation by the profession of its usefulness and value.

A YEAR BOOK OF SURGERY FOR 1883. Edited by Chas. H. Knight, M. D. 197 pages.

A YEAR BOOK OF THERAPEUTICS FOR 1883. Edited by Royal W. Amidon, M. D. 250 pages. New York: G. P. Putnam's Sons.

A praiseworthy and successful attempt has been made by the editors of these volumes to give condensed abstracts of some of the more important contributions to surgery and therapeutics found in the current literature of the year 1883. The busy practitioner constantly realizes his inability to keep well informed in the voluminous medical literature of his day; yet the desirability of being abreast of the times and acquainted with all innovations and discoveries in medicine is unquestioned. The editors and publishers of these works have rendered a valuable service to the profession, which it should not be slow to appreciate and substantially acknowledge. The volumes are of particularly neat and attractive appearance, and will be invaluable for reference and "odd-minute" perusal. The price per volume is \$1.50.

ESSAYS ON THE TREATMENT OF DIARRHŒA AND DYSENTERY,
WITH A REPERTORY.

This is a pocket brochure of sixty-eight pages. The essays are from the pen of Dr. P. P. Wells, their purpose being "to illustrate the method of homœopathic prescribing." The repertory is a compilation by Dr. E. J. Lee. Published by *The Homœopathic Physician*.

DIRECTIONS FOR THE ANTISEPTIC TREATMENT OF WOUNDS, as employed at Prof Billroth's Clinic. Arranged for Students and Physicians, by Dr. Victor R. V. Hacker. Translated by F. W. Taylor, A. B., M. D. Boston: Cupples, Upham & Co.

A pamphlet of forty-one pages, giving very concisely a full description of the use of antiseptics. The title gives a sufficiently clear idea of the character of the work. Price, 50 cents.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. Vol. IV.
Edited by John Ashhurst, Jr., M. D. New York: William Wood & Co.

This volume, published several months ago, fully equals its predecessors, which is certainly no small praise. It contains nearly 1000 pages, and about 250 illustrations, five of these being chromo-lithographs. The subjects treated are:—

"Fractures and other Injuries of Bones," by John H. Packard, M. D.; "Diseases of the Joints," by Richard Barwell, F. R. C. S.; "Excisions and Resections," by John Ashhurst, Jr., M. D.; "Excision of the Knee Joint," by Geo. E. Fenwick, M. D., C. M.; "Tumors," by Henry Trentham Butlin, F. R. C. S.; "Injuries to the Back, including those of the Spinal Column, Spinal Membranes, and Spinal Cord," by John A. Lidell, A. M., M. D.; and "Malformations and Diseases of the Spine," by Frederick Treves, F. R. C. S.

The recognized ability of these authors is sufficient guaranty of the practical value of the volume. The anticipations awakened by the announcement of the work are thus far more than justified. We feel assured that the six volumes, when finished, will not only reflect honor on the energy of the originators and the ability of the contributors, but will form a work wholly indispensable to the practical surgeon.

THE AMERICAN JOURNAL OF OPHTHALMOLOGY.

The only monthly publication in the United States devoted exclusively to ophthalmology. A journal of thirty-two pages, edited by Adolf Alt, M. D., of St. Louis, in conjunction with a corps of nineteen specialists, practising in various parts of the

country, from Boston to San Francisco. Yearly subscription, \$2.50. Published by J. H. Chambers & Co., St. Louis. We are sure that the large and increasing class of specialists in this important branch of medical science will accord welcome and support to this excellent publication, exclusively devoted to their interests; and the general practitioner, consulting its pages, will certainly find much of use and interest to him also.

BOOKS AND PAMPHLETS RECEIVED.

PRACTICAL MANUAL OF OBSTETRICS. By Dr. E. Verrier. Edited by Edward L. Partridge, M. D. New York: Wm. Wood & Co.

HOOPER'S PHYSICIAN'S VADE MECUM. Revised by W. A. Guy, M. B. Cantab, F. R. S., and John Harley, M. D., Lond., F. L. S. Two volumes. New York: Wm. Wood & Co.

AUSCULTATION, PERCUSSION, AND URINALYSIS. By C. H. Leonard, A. M., M. D. Detroit: The Illustrated Medical Journal Co.

VACCINOSIS AND ITS CURE BY THUJA; WITH REMARKS ON HOMŒOPROPHYLAXIS. By J. Compton Burnett, M. D. London: The Homœopathic Publishing Co. New York and Philadelphia: F. E. Boericke.

THE THERAPEUTICS OF INTERMITTENT FEVER. By H. C. Allen, M. D. Philadelphia: F. E. Boericke.

TWENTIETH ANNUAL REPORT OF THE OVERSEERS OF THE POOR OF THE CITY OF BOSTON FOR THE FINANCIAL YEAR 1883-4.

HYGIENIC INSTITUTES: THE UTILITY OF THEIR WORK OF INVESTIGATION, AND THE NEED OF IT IN THIS COUNTRY. By Prof. Geo. A. Smyth, Ph. D., Burlington, Vt. From the Proceedings of the Connecticut State Board of Health.

OUR MISCELLANY.

A JOHNSONIAN EPIGRAM. — "The giving of medicine is only the pouring by physicians of bodies of which they know little, into bodies of which they know less."

THE contagiousness of consumption has gained substantial recognition in New York, if we may judge from the announcement that certain wards in Charity Hospital are to be set apart for the isolation of consumptives. — *N. Y. Med. Journal*.

AN inopportune dislocation of the jaw is one of the topics dealt with by a *feuilletoniste* writing in a recent issue of the *Union Médicale*. It seems that during the performance of a wedding ceremony, the bride sneezed so violently as to dislocate her jaw at the critical moment when she should have pronounced the solemn "oui." As she was unable to articulate the word, it was found necessary for the whole party to repair to a surgeon before the ceremony could be completed. — *N. Y. Med. Journal*.

ROYAL EPIGRAMS. — The following sayings are quoted in the current *Century* from "Pensées d'une Reine" by Elizabeth, Queen of Roumania. It is much to be regretted that in translation they necessarily lose much of the incisive and epigrammatic force of the original: "The children born of love are said to be beautiful and clever. What an ironical reflection this on the average modern household!" "Sleep is after all a generous thief. What he takes from us in hours, he gives back again in vigor." "A physician is a much more profitable father-confessor than a priest. One says to a priest, 'I hate mankind,' and he responds, 'You are no longer a Christian!' The physician replies by giving one a dose of rhubarb, and in a day or two one loves one's fellow-creatures as well as ever. One says to a priest, 'I am weary of life!' and he points out the criminality of suicide. The physician prescribes a tonic, and one finds life amusing again in twenty-four hours."

A "WEGG"-IAN TRANSLATION.—A medical student lately rendered "De mortuis nil nisi bonum," "From the dead nothing but bones."—*Ex.*

IS INDIA THE HOME OF CHOLERA?—A writer in *The Calcutta Journal of Medicine* for October, 1883, says: "So far as we have been able to lay our hands on the medical writings of India that have come down to us, we have seen that cholera, in its present form, cannot be proved to have existed in this country down to A. D. 1200. Whether the disease did exist in India in olden times to the end of the twelfth century of the Christian era, but somehow or other escaped the observation of the most observant physicians that ever flourished in the world, is a problem which cannot be solved by the aid of available data; and therefore we must say, that those who look upon India as the home of cholera must admit that the assertion must be considered as unproven down to the end of A. D. 1200."

A DEFENCE OF THE SAUSAGE.—Dr. R. M. Hodges, in a recent article on "Dietetic Delusions, their Deleterious Effects and their Rectification," thus offers a good word for a much-maligned article of diet: "In spite of the somewhat flippant assertion of a justly distinguished medical writer 'that there is a growing incapacity to digest fat which is truly alarming,' I do not hesitate to assert that of all the modes in which minced meat may be presented, the calumniated and much-labelled sausage is, in winter time, one of the most useful and successful articles for frequent feeding. Lean and fat meats, more digestible together than separately, are indiscriminately mixed in the compact and appetizing form of this ubiquitous and popular comestible, the sole secret of whose easy digestion is that it should not be eaten except when it has become thoroughly cold after cooking. Bread and butter can be tolerated with complete immunity when hot buttered toast would provoke exasperating dyspepsia; and it is exactly thus that sausage, cold, stands in relation to that which is served hot. Presenting the albuminates and fat in an economical, savory form, easily obtained and made ready for consumption, sausage, in some countries, might almost be said to have become a national food, and it offers to the fastidious or indifferent eater an article of diet from which great benefit may be derived. A trial of this stigmatized edible will be followed by a ready recognition of its alimentary value . . ." in the under-fed and over-worked.

PERSONAL AND NEWS ITEMS.

LORA C. JACKSON, M. D., CLASS 1880, B. U. S. of M., has located at 1526 Arch Street, Philadelphia.

L. P. CAUSEY, M. D., CLASS 1884, B. U. S. of M., has located at North Grosvenor Dale, Conn.

A. M. CUSHING, M. D., has removed to No. 605 Tremont Street, Boston, second door below Dartmouth.

GEO. HUNT, M. D., has located at East Bridgewater, Mass.

DR. MALCOLM B. TULLER has removed from Millville, N. J., to Woodbury, N. J., and associated himself with Dr. Wallace McGeorge.

DR. MCGEORGE has opened an office at 1921 Chestnut Street, Philadelphia.

EDWARD E. BRIRY, M. D., CLASS 1884, B. U. S. of M., received the degree of A. M. at the commencement exercises of Bowdoin College, July 10.

SAWYER HASBROOK, M. D., has located at 305 Westminster Street, Providence, R. I., when he will devote himself exclusively to treatment of the eye and ear.

THE A. L. CHATTERTON PUBLISHING CO. will publish Aug. 1, "Cholera: its Prevention and Treatment," by D. H. Ray, M. D., Calcutta, with introductory by T. F. Allen, M. D., New York. Cloth, \$1.00.

THE
NEW ENGLAND MEDICAL GAZETTE.

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EDITORIAL.

THE REVISION OF THE MATERIA MEDICA.

IN every human undertaking — one may almost say in every human life — there must come times devoted to what, in commercial phrase, is called “taking account of stock.” At such times the life or the undertaking finds itself almost, as it would seem, involuntarily at pause, and, like the mercantile world, it closes its doors for a longer or shorter period to outside interests, and reviews its past failures and successes, settles their causes to its own satisfaction, and, casting aside impediments proved to be useless, prepares itself for a new and wiser start in its chosen direction. Such a time as this seems just at present to have come to homœopathy. It is nearing the end of the first century of its existence. It has, so to say, firmly established its credit with the world, whose ills it claims to alleviate; it has made good the claim made for it by its honored founder of being the safest, speediest, and most permanent method of healing the sick at present known to medical science. It justly realizes that in the time to come it has little to fear from the envy and prejudice which were once such formidable enemies; its own weaknesses, if such be allowed to exist, can alone threaten its overthrow; its foes will be those of its own household. It is wise and fitting that now, by way of preparing for its first centennial, it should call a council of its wisest to examine into its strength and weakness, and upbuild the one by eliminating as far as possible the other. Such a council is the committee lately chosen by the American Institute of Homœopathy and its sister society of Great Britain to superintend the revision of the

materia medica. These gentlemen, as it is already known, are Dr. Richard Hughes of England, and Dr. J. P. Dake of America, editors-in-chief; their co-workers being, in England, Drs. R. E. Dudgeon, J. Drysdale, and A. C. Pope; in America, Drs. Conrad Wesselhoeft, E. A. Farrington, and H. R. Arndt.

Such names speak for themselves, and need no commendatory comment. Under such wise direction, and governed by the excellent "rules" quoted in the July issue of the GAZETTE, we may safely anticipate a triumphant conclusion for the great work just begun. Some of its results will doubtless seem iconoclastic to some of us who find that many a favorite symptom has vanished in this trial by fire. But that which survives the trial will have for us a double value; our faith in it will have the strong foundation of scientific certainty. Nothing human is perfect, and the revised materia medica will doubtless not be without its flaws; but we are sure the process of revision will rid our future text-books of much ill-considered and deceptive matter that has burdened those of the past, which single result would justify the undertaking.

It is to be hoped that the concise and sensible "rules," to which allusion has already been made, will not be laid aside with the completion of the work for whose purposes they were framed. They should stand for all future time at the gate through which so-called "new remedies" would pass to public favor and professional confidence, and not until their searching questions are satisfactorily answered should the therapeutic candidate find place in the materia medica. Such precautions carefully observed would render a second "revision" a necessity only of the very dim future.

THE DANGERS OF CMS.

THE days of miracles are verily not over, while in cultivated BOSTON there exists a prosperous class of "healers" who cure all manner of disease by simply convincing their patients that disease does not exist; and, while we find seriously and minutely reported in a medical journal the account of a cure brought about by holding in the hand a vial containing pellets of Phos. Cm. Whether in the above cases the miracle consists in the cures

accomplished or in the credulity which can place faith in them, the GAZETTE declines to commit itself.

The latter case above alluded to, in which, as we are told, the cure was accomplished by "induction," is really too interesting and remarkable to pass without comment. It carries with it, moreover, an obvious and exceedingly pointed moral. The case is to be found in the August issue of *The Homœopathic Physician*, and is translated from the German of Dr. Buchmann by Dr. Fincke of Brooklyn. We exceedingly regret that space will not permit us to give the paper in full; but it may be summarized as follows:—

Mrs. F. B——, aged fifty-four, had lost three sons by tuberculosis. Grief produced obstinate constipation. After every death she complained for a considerable time of loss of appetite and sleep. She lost flesh and her hair turned gray, and began to fall. The molar teeth on the left side became loose, so that she could not chew on that side; the gums would bleed easily, and suppurated now and then. Finally amblyopia of a severe type was developed, which was greatly aggravated by grief at the marriage of a daughter, from whom she was separated by this event. The amblyopia became so distressing that she consulted Dr. Buchmann. Guided by the symptoms, the doctor gave her (Nov. 27, 1883) "*Phos. Cm* (Fincke) three pellets on the tongue, and allowed the vial to act by induction for ten minutes in her right hand." The vial contained, we are told "more than 8,000 pellets."

"*After three minutes' induction.*— Yawning; collection of water in the mouth, and contraction of the jaws, hindering the opening of the mouth; drawing pains from the lower angle of the shoulder-blades, down as far as the renal region, where the pain is worst and lasts longest; frequent eructations."

"*After five minutes' induction.*— Rumbling in the bowels and urging to stool."

"*After ten minutes' induction.*— Stool easily moved; the rumbling in the bowels continues for fifteen minutes, and the urging to stool for one hour; the sensation of weakness in the legs is relieved, and she can see without the sensation of a black veil before the eyes."

After about three hours, induction was again resorted to, with

results quite similar to those above noted. Symptoms were produced from day to day, until we read, "Dec. 1st. — In the morning, at short intervals, two pappy stools. At noon a snow squall, after several clear days." (We confess our inability to see the relevance of the foregoing statement, unless we are to regard the squall as among the results of the induction.) "At noon again urging to stool, with wound-like pains in the anus, rendering walking difficult that afternoon."

"Dec. 2. — In the morning at six o'clock, pappy evacuation and rumbling; the aversion to meat is gone; she took at noon with the greatest relish roast goose; and in the evening calf's liver."

Eventually it was deemed necessary to give further treatment, and on Dec. 3, another dose of *Phos.* 45 M (Fincke) was given. In a few days the unfavorable symptoms disappeared. The anniversary of the death of her sons brought some return of the disorders. The vial of *Phos.* 45 M (Fincke) was allowed to act by induction for ten minutes in her *left* hand. Many and surprising symptoms followed. Without any further medication, the patient was soon after discharged cured.

In a very learned though very much involved argument, Dr. Buchmann endeavors to show that, "although at first sight it appears incomprehensible that a high potency should unfold its pathopœtic and therapeutic action more rapidly and vigorously through the walls of the vial and the skin than through the stomach," yet . . . when one looks at the matter through the right sort of eyes it is perfectly simple and clear! What the right sort of eyes may be one cannot fancy, unless, like those of the seers of old, they be opened to the beholding of ghosts and visions!

In the presence of a phenomenon like this, science can only stand amazedly silent, its first natural questions dying upon the tongue. It may, however, permit itself a few confused reflections. The *Phos. Cm* and 45 M taken by the mouth does not seem to enter into the consideration of the case at all. Indeed, when one thinks of it, why should it? And the silicates of the glass vial too — did the patient receive none of them by "induction," or did they fail of effect, because in too crude a condition, — not sufficiently "spiritualized"? It is reassuring to reflect on this matter of the inertness of crude substances and their inability to affect

by induction the unlucky beings who are called upon to handle them, else what terrible provings of ferrum we should have in our friends the blacksmiths; and how often the guests at a dinner-party would suffer from the effects of argentum, received by induction from the forks and spoons they have recklessly grasped for hours at a time! In reflecting on beautiful compensations like this, science almost recovers her lost equilibrium.

As we said in our opening paragraph, there is an obvious and pointed moral in all this. Since Cms (Fincke) alone in nature possess the direful power of affecting by "induction," they are to be labelled "dangerous," and strictly avoided by the cautious and the wise. A word to the wise is sufficient.

MEDICAL EDUCATION.

DURING the present month (August), a circular has been received from the general secretary of the American Institute of Homœopathy containing the report of the Intercollegiate Committee, which was submitted to the Institute and adopted at its last meeting, in June. This report was published in full in the July issue of the GAZETTE (*vide* p. 221); it is therefore unnecessary to reproduce it here. We desire, however, to congratulate the members of the Institute — and thus the majority of the homœopathic physicians of the United States — on the step taken to secure a certain reasonable standard of qualification in all matriculates in our medical colleges. All such steps are certainly in the right direction, and lead us to hopefully anticipate other much-needed reforms in the methods of medical teaching.

The veteran homœopath, Dr. P. P. Wells, has an article in the *Homœopathic Journal of Obstetrics*, etc. (reprinted in the August number of *The Homœopathic Physician*), dealing with this subject of reform in medical education. He suggests that "the beginning of 'reform' must be with the *teacher* and not with the *pupil*." He protests that in many of our colleges too much attention is paid to the "aids" to the great end of medical science, the art of healing. While acknowledging that "anatomy, physiology, pathology, pathological anatomy, histology, etiology, semeiology, diagnosis, prognosis, chemistry, and physics" are "valu-

able as constituents of necessary knowledge to the healer," he thinks that too little attention is paid to materia medica and homœopathic therapeutics, citing his own acquaintance with students who have never heard the *Organon* mentioned from the beginning to the end of their lecture terms. In his opinion, the lengthening of the course of instruction to three years seems unnecessary, since, under the present régime, *repetition* rather than fresh information is secured by additional lectures. Preliminary examinations he does not particularly object to; but dwells much on the necessity of reform among teachers.

There is no lack of justice in certain of these strictures, but their general tone, however, would seem to suggest that the author's ideas of the methods of college-teaching, in these days, are founded rather on a study of the various "Annual Announcements" than on practical personal observations. If all students were well founded in the accessory branches of medical science before entering our colleges, two years might suffice to introduce them to our materia medica and therapeutic principles. But when so much must be taught, and the first year devoted to anatomy, physiology, and chemistry only, there is no danger of much "repetition" in the short two years remaining. If in two terms of seven months each there is any danger of repetition in lectures on materia medica or homœopathic theory and practice, the materia medica must lately have been condensed beyond the wildest dreams of "revising" editors. The probability is that the average medical student gets, in the present order of things, quite as much materia medica as he can well digest, and rather more symptomatology than he can easily make available at short notice.

There is much in the way of educational improvements on which we may safely congratulate ourselves; but the ideal college does not, as yet, exist outside of Utopia. To the systems of teaching now in use, we agree with Dr. Wells that the pruning-knife may be applied with profit here and there; but we should certainly withhold it from the too short hours given to preparation for the most arduous of life-work, and use it rather on the too imaginative theories and ill-supported facts to which the students of to-day are sometimes called to credulously listen.

NOTES ON A CASE OF POISONING BY NITRIC ACID.

BY J. HEBER SMITH, M. D., OF BOSTON.

[*Read before the Boston Homœopathic Medical Society.*]

MR. F. E. DAVIS, a young man upwards of twenty, in sound health, and a trained athlete, was in the employ of the firm of C. H. Codman & Co., at 34 Bromfield Street, in this city, on Monday, the 17th of last September, when, by accident, a carboy of nitric acid was broken by a porter, and its contents poured upon the store floor. After the spilling of the acid, Mr. Davis, together with Mr. Codman (who died in a few hours from the effects of inhaling the acid fumes) and a young man named Swan tried to sweep the terrible fluid into the street with brooms. Mr. Codman fell, burning himself to some extent, and Mr. Davis assisted him in removing his clothing, after which he again took to sweeping the acid, until he suddenly felt exhausted, as he expressed himself, and pressed for breath, and, scarcely able to stand, he at last fell, and began spitting green slimy matter, having at the same time pricking pains, as if he were being "prodded with some sharp instrument, in the head, face, and body." After going home he sought relief in large draughts of cold milk, the only thing he could keep on his stomach, and the following morning he went back to the store, thinking himself relieved. Soon, however, he was there attacked by violent vomiting, accompanied by pricking pains in the head, face, lips, gums, and sharp aching in the jaws. These pains grew more severe by night, becoming almost insupportable, and were only partially relieved by binding the head tightly with a cold compress. He quit work in a little while, hurried back to his home, and went to bed, thinking himself dying, more especially on account of a sense of horrible constriction across the lower part of the chest, accompanied by dyspnoea and incessant cough, with raising of greenish, slimy sputa; terrible nausea, with unquenchable thirst, drinking causing increase of pricking pains in the stomach, and vomiting; sensitiveness to slight noises, they causing shocks in the head; swelling of the lips, with burning pain; dull pain in the bones of the head; pricking, sharp pains through the forehead, temples, and malar bones, and also in the gums and teeth; painful, raised papillæ on the tongue; aching in the limbs; delirium, fancying himself suddenly rich, etc.; ugly, raving.

On the third day, the patient was beside himself with pains, and angry at his attendants, slightly delirious, with the following special symptoms: constant spitting of green mucus, and about once in fifteen minutes vomiting of the same, followed by neuralgic pains

in the gums, teeth and jaws, and throat, lasting about fifteen minutes; throat raw, with smarting sensation down the œsophagus; burning in the chest, and sense of severe constriction; catching of the breath at every attempt at a full inspiration; muscular soreness through the intercostal spaces; severe pain in the hypochondria in the morning, passing up the walls of the thorax, coming together at the upper third of the sternum, causing a terrible fit of coughing, after about twenty minutes, lasting some ten minutes, with bursting headache, and pricking pains in the face and temples, etc.; sharp cutting pains all through the abdomen, centring at the stomach-pit; about once an hour terrible cramps in the abdomen, not relieved by stools of black fluid, which occurred about every fifteen minutes.

I was called to the patient on the evening of this, the third day, and finding the vomiting and purging to be accompanied by feeble and irregular pulse, cold, moist surface, and symptoms of œdema of the lungs, I gave *Veratrum viride*, in the 1x dilution, in water, a teaspoonful every half-hour, except when sleeping, throughout the night. Sept. 19, which was the fourth day after the accident, I found my patient's diarrhœa controlled when I called in the morning, and by noon the vomiting had ceased, he continuing the *Veratrum viride* as before.

At this time he presented several objective symptoms of interest: the lips swollen to twice their natural size; blisters and swollen papillæ on the dry, brownish-hued tongue; pallid, bluish-colored face, which was pinched, and the eyes wild and staring, with dilated pupils; great restlessness, the patient tossing and rolling about in the bed, and frequently getting out of bed to sit or walk the floor; gait weak and staggering. There was ringing in the ears, with stopped-up feeling, and for a few moments, after trying to sing, marked deafness; after the cessation of the vomiting at noon of this, the fourth day, belching of great quantities of gas, accompanied by aggravation of the sharp, pricking pains in the stomach; constant sour taste in the mouth; violent pains in the face, pricking on lying down, better on rising; drawing pains under both scapulæ, with constriction of the chest as by a rope drawn tightly around the lower part of it; coughing violent, spasmodic, ineffectual, ending in gagging; great weakness and languor; first appearance of pain in the lumbar region; the urine like brandy, but not strong in odor; later, and after several days more, it became somewhat more abundant than normal, and straw-colored, with only occasionally an hippuric odor, scarcely noticeable; the specific gravity was not taken; ravenous hunger, dissatisfied with milk and gruels; horrible thirst.

Sept. 20, — fifth day. Unconquerable drowsiness all day, waking with canine hunger; thinks he is going to die; fright-

ened feeling; lips somewhat swollen still; some epistaxis; eyes smart; severe lachrymation; small ecchymoses and papulæ appear here and there and disappear again; crawling sensation all over the body, with sticking pains.

Sept. 21, — sixth day. Symptoms of convulsions, such as subsultus, twitching of the facial muscles, with distortion of the visage; slight wandering of the mind; tossing about in the bed; insatiable thirst; bursting headache, with soreness of the scalp, as from ulceration; relief of the head symptoms by tying the head up tightly; constipation, with pricking, cutting pains at the anus during stool, which was hard and dry. On this and the two preceding days the patient received *Bryonia* 3x in water every hour.

Sept. 22, — seventh day. General improvement in all of the symptoms except those of the lungs. Great distress for breath, and some dulness on percussion over the lower parts of the chest, back and front, with dulness of respiratory murmur; considerable raising of frothy mucus, with rawness of the chest, on coughing.

Sept. 23, — eighth day. Raised about an ounce of bright blood this afternoon while coughing, after which he breathed with more ease. Thirst nearly gone; appetite more normal; flatulence gone; less pain about the head and body.

Sept. 24, — ninth day. No especial change, except a gradual subsidence of his symptoms on *Bryonia* 3x.

Sept. 26, — eleventh day. Patient rapidly improving; went out to walk this afternoon; raised about an ounce of blood while coughing; soreness of the chest declining, and the cough loose and easier.

Sept. 30, — fifteenth day. The patient called at the office, and, seeming to feel relieved in all respects, he was discharged from treatment, with *Bryonia* for a few more days, and general advice as to exposure, etc.

There was at no time any icterus. But his employer, Mr. Codman, who died in a few hours after exposure to the fumes of the acid, grew yellow in less than three hours. He complained of general malaise, oppression of the chest, drowsiness, and, after eating a little fruit for his noon lunch, gradually sank, and died with his lungs filled with frothy mucus, as shown by the necropsy.

In the case of my patient, the symptoms were met, after the *Veratrum viride*, prescribed the first time I called, by *Byronia* as the remedy that promised the best results, especially for the chest symptoms, which I deemed the most imminent.

I believe this case offers many interesting confirmations of our previous knowledge of nitric acid, and my notes of its progress,

taken from day to day, have served to confirm my own views of this potent agent as a therapeutic resource.

Our esteemed colleague from England, Dr. Richard Hughes, will especially appreciate this addition to the knowledge of nitric acid, since he has written of this agent the following true words: "Our only pathogenesis of nitric acid was first published in the second edition of the *Chronic Diseases*. It contains 1,426 symptoms, of which about one hundred and thirty were supplied by fellow-provers, and thirty taken from authors, the remaining 1,260 being Hahnemann's own. Dr. Allen's additions are chiefly toxicological."

The reasons, he proceeds to say, "I have alleged for ignoring the pathogeneses of the *Chronic Diseases* press with double force in the case of nitric acid. Hahnemann's age and practice at the time make it certain that his symptoms — six sevenths of the whole — were observed on patients; and his globules of the thirtieth have but a doubtful relation to nitric acid, as alcohol was used to make the dilutions from the second upwards. His cited symptoms, moreover, are rarely pure, being too often observed upon syphilitic subjects. An exception to this statement is formed by the symptoms ascribed to Scott, which, as they constitute almost our only genuine proving of the medicine, I will give in some detail from the original."

A CASE OF NEPHRECTOMY FOR PAINFUL MOVABLE
KIDNEY.

BY ALONZO BOOTHBY, M. D., BOSTON, MASS.

MRS. C——, aged twenty-seven; married; no children; was admitted by Dr. Sutherland to the Massachusetts Homœopathic Hospital, Jan. 19, 1883.

Six months before, she received an injury of the left side by being thrown from a horse. She felt that she had strained her side in trying to save herself. After the accident she began to fail in health and soon became unable to walk or bear any weight on her left foot. Movement or the least jar was excessively painful. Gradually a beating, throbbing pain developed in the left gluteal region which was so severe as to confine her to the bed. The lower portion of the left side, extending to the spine behind, and the whole of the posterior portion of the thigh, were sensitive to pressure. The pain and tenderness were more marked along the course of the sciatic nerve.

At time of admission to the hospital the thigh was nearly fixed in a partially flexed position, and she had to move the leg with the

hands. Body was emaciated ; she slept poorly ; bowels were constipated.

About a week after her admission Dr. Sutherland discovered a movable smooth tumor in and above the left inguinal region. There was a perceptible depression in the small of the back. Under moderate pressure the tumor would nearly disappear in the left hypochondrium, to return again as soon as the pressure was removed.

Having diagnosed the tumor to be a displaced kidney, efforts were made to hold it in its proper position by means of pads and bandages, but to no purpose. *Nux vomica*, *bryonia*, *arsenicum*, and *ignatia* gave only slight relief.

March 1 the patient was transferred to the surgical department and came under my charge. After careful examination the diagnosis of painful movable kidney was confirmed.

I was of the opinion that the pressure of the kidney upon the lumbar nerves, together with the drawing upon the renal nerves and blood-vessels, was the cause of the pain and disability from which the patient was suffering.

As the tumor was slowly but surely increasing in size and weight, dragging more and more upon the renal nerve and vessels, and pressing upon the other parts, and all efforts to hold it in place had failed, the patient had rather a gloomy outlook.

She could not stand or even move herself from the bed to a chair, and could only lie upon her right side. Every effort to move her produced excruciating pain.

After consultation with the surgical staff of the hospital, I decided to operate by removal of the left kidney.

The dangers of the operation were fully explained to the patient, despite which she not only gave her consent but was anxious to have it done.

About this time, however, the patient had a slight hemorrhage from the lungs during a painful menstruation. I also learned that the month before she had a similar attack, the effects of which soon passed off. At this time the patient grew weak, and coughed considerably.

Dr. H. C. Clapp was consulted. He made a careful examination of her lungs and found indications of incipient tubercular involvement of the left side.

Under such unfavorable conditions I decided to postpone the operation, and informed the patient that nothing further would be done unless her general health improved; prescribed *sanguinarin* *ix*.

She soon began to gain, and continued to do so, with no hemorrhage from the lungs at the next menstrual period.

The urine was examined repeatedly, but no albumen or casts

were found. The average daily amount passed was twenty-seven and one tenth ounces.

It was with some hesitancy, on account of the lung trouble, that an operation was finally decided upon. The date fixed was April 27, 1883. The patient was given one eighth grain of morphine a half-hour before the anæsthetic was administered.

She was etherized by Dr. Lord. Careful antiseptic precautions were observed throughout. I was assisted by Drs. Talbot, Bell, Sutherland, and Packard. The operation was performed as follows :—

An incision about four inches long was made at the outer border of the rectus muscle. Before opening the peritoneum the hemorrhage from the small vessels of the abdominal wall was controlled by ligature. This part of the operation was made more difficult by the excessive motion of the abdomen in breathing. This membrane was incised in the usual way, exposing the descending colon covered by the great omentum. These were drawn inward, and protected by soft carbolized flannels wrung out of hot water. The tumor covered by the posterior layer of peritoneum could now be seen. An incision about four inches long was made through this membrane, and the left kidney found lying with its convex border looking downwards, forwards and inwards.

It could be readily restored to its normal position. Cautious dissection with the fingers soon enucleated the organ, exposing the ureter and blood-vessels. These, four in number, were tied separately with number No. 3 catgut ligatures. The ureter was cut with the knife, care being used not to allow a particle of urine to escape into the wound. The blood-vessels were then severed by the thermo-cautery and the cavity cleansed. A drainage tube was introduced from behind, through an opening made for that purpose, and the abdominal wound closed by silver sutures. After the first one had been inserted the patient had an almost complete collapse. The pulse and breathing stopped. Brandy was immediately injected hypodermically ; cloths wrung out of hot water were applied over the heart ; the tongue was drawn forward and artificial respiration made by the Sylvester method. Under this treatment the patient at last rallied, — though not until hope of her recovery had been almost abandoned, — the wound was closed, a modified Lister dressing applied, and the patient put to bed.

The time occupied in the operation from the first administration of the ether was a little over two hours. A considerable time was taken in controlling the external hemorrhage, — much more than is necessary in such cases ; there was also some delay on account of the collapse of the patient near the completion of the operation.

She came out well from the ether, but had considerable nausea, which was quite troublesome for three days.

Hypericum was given, followed by *chamomilla*. On the second day gave one quarter grain *morphine* hypodermically.

On the third day the dressings were removed. The external abdominal wound was united along its whole length and covered by a dry crust.

From the drainage tube there had been a slight discharge of the dark-brownish fluid which usually follows the use of carbolic acid, but that had entirely ceased. On the fourth day the deep stitches were loosened, and on the tenth day they were removed. The drainage tube was not removed till the twelfth day, on account of its being fixed so firmly in the wound. At this time it had loosened, and was removed, without difficulty. There never was a drop of pus about the wound, and the temperature never rose above $100\frac{6}{10}$ F., and was at that point only for a short time on the third day.

The patient improved steadily, and in four weeks was able to sit up. She could lie upon her back with her legs extended, and also upon her left side.

She remained in the hospital about two months after the operation, when she was discharged well. During the past year she has done her own work and walked about as usual.

PRESSED SPONGE-CYLINDERS IN THE TREATMENT OF PLACENTA PRÆVIA.*

BY DR. HERMANN JUNGBLUTH.

[Translated for the GAZETTE by G. R. Southwick, M. D., Boston.]

. . . SOME fine-meshed sponges (*Spongia marina sen officinalis* (Linné) of different sizes are dried, and thoroughly beaten with a mallet till no chalky concretions can be felt. They are then washed out and treated with a two-per-cent solution of permanganate of potash for eight to ten minutes. The sponges, which are tinged a dark brownish-red by this process, are again kneaded and washed in a two-per-cent solution of binoxalate of potassium till they are of a yellowish-white color and leave no sediment in the solution. Finally, they are wrung out of distilled water till lime-water shows no oxalic-acid reaction.

The sponges bleached in this manner are kept and repeatedly kneaded in a five-per-cent solution of the purest carbolic acid for two full days.

* See Sammlung Klinische Vorträge No. 235.

The carbolized sponges are now separately squeezed two or three times out of a ten-per-cent solution of the whitest gum-arabic, and pierced as nearly as possible through the centre with a tinned darning needle, besides being firmly compressed in their long diameter. They are wound cylindrically with carbolized silk without twisting the sponge itself. The smaller sponges become conical. The wire is at once removed.

They are now dried between sheets of blotting paper in a moderately warm place. When they are thoroughly dried, which will require three to four days for the largest sponges, the silk is unwound. Projections and rough places are smoothed down with an iron file, kept for this special purpose. This, however, must be carefully done, as, in the first place, the sponge absorbs best on its intact surface; and in the second place, perfect smoothness is a waste of material. Only the smaller, conical, pressed sponges need a very smooth surface.

The sponge-cylinders are finished by providing them with a carbolized silk loop. They are then wrapped in gutta-percha paper and kept in tin boxes. The size of these sponge-cylinders varies, the largest being three fourths of an inch thick and three or four inches long.

The *technique* has now been described. Proof must be given next that this tent is perfectly aseptic.

(a) Thin microtome sections of the pressed sponge are put in boiled urine and sealed in test tubes, which have been previously heated red hot. After eight or even fourteen days, the urine is still clear, and shows no formation of mould or fungus under the microscope.

(b) Pieces of twenty small sponges were introduced into the peritoneal cavity of a rabbit through a dry trocar. The rabbit recovered perfectly in nine days. It is well known that the peritoneum of the rabbit is particularly sensitive to the least septic infection.

(c) Again, a pressed sponge which has been retained in the uterus eight to twelve hours still has the pure odor of a weak, lukewarm solution of carbolic acid, while a tampon of ten-per-cent salicylic cotton smells badly in a few hours.

These tents are to be used in the following manner:—

When the time has arrived which does not admit of further delay, either on account of increased bleeding or distinct symptoms of the beginning of labor, all soiled clothing is to be removed and any other form of tampon strictly avoided.

The external genitals of the lying-in woman, especially the vulva and the introitus vaginæ, are first cleansed with soap and water and again washed with a two-per-cent lukewarm solution of carbolic acid. Clean, dry linen is placed under the patient.

(It is perfectly self-evident that before every obstetrical examination the hands and forearms, and especially the finger-nails, of the physician should be thoroughly cleansed with the brush and disinfected. A similar cleansing of the genitals of the lying-in woman is recommended.) The direction and dilatation of the cervical canal is then ascertained, as well as the direct distance of the external os from the presenting placental tissue. According to the examination, a pressed sponge is selected which will readily pass through the opening. In order to obtain a surface that will swell symmetrically, the sponge is cut squarely off perpendicular to its axis with a strong knife, so that its length will exceed the distance measured by about two centimetres ($\frac{4}{5}$ inch). The cylinder is then placed in a strong pair of fenestrated dressing forceps corresponding to the direction of the cervix, and the cut end dipped for a moment one centimetre ($\frac{2}{5}$ inch) deep in hot water and quickly squeezed out. The blood-clots imbedded in the cavity of the lower segment of the uterus are removed with the index and middle fingers of the right hand, which have been smeared on their dorsal surface only with pure vaseline. The pressed sponge is then passed through the os over the dry palmar surface of the fingers without the least rotation. The forceps are removed, while the finger in the vagina presses the sponge gently and uniformly against the placental surface. The left hand, which is now free, presses upon the fundus uteri from above. Ten to fifteen minutes are sufficient to completely tampon the inferior segment of the uterus. The pressed sponge expands in its upper part, projects from the cervix with a nearly dry stump, and usually remains fixed for six or eight hours. Sometimes, a single thick cylinder will be sufficient. In other cases, three or four smaller sponge-cylinders will fit the space better. If there are spaces after the introduction of several sponges, or from a previous laceration of the cervix, they are to be filled with smaller sponges smeared with vaseline. A sponge which has fully entered the uterus remains there. Any vaginal or vulvo-vaginal tampon is to be condemned.

After the sponges are inserted, the external genitals are again cleansed, and covered with a compress well wrung out of a lukewarm solution of carbolic acid. Hemorrhage cannot take place if the sponges are properly inserted; so that, if it follows, they must be all rearranged. After about an hour, an examination is made to ascertain if the sponges are secure, and the patient is left to the care of the nurse for three to eight hours. Further examination is forbidden.

Meantime, considerable pains have commenced. The stump of the pressed sponge projecting from the cervix into the vagina is moistened through, and, if the examining finger can pass by it up to the internal os, the time has come to renew the tampon.

The patient is placed across the bed and the vagina syringed out with a lukewarm one and one half or two per cent solution of carbolic acid. The sponge is seized with fenestrated forceps and carefully removed. There is very little if any circumscribed bloody discoloration and a pure odor of a weak solution of carbolic acid.

The finger in the vagina at once ascertains the condition of the inferior uterine segment. If one sponge-cylinder was used previously, three or four will be required now. They are loosely wound together, cut off, dipped, and introduced as before. If necessary, another may be inserted. These also require ten to fifteen minutes to become fixed, and are retained for four to eight hours.

So far, the second tampon has been sufficient in every case, and in one the object was accomplished with the first; in every case labor was completed in twelve to eighteen hours. It is unquestionably better to use a third tampon than to complete labor before the uterus and vagina form one canal, or before one pain follows the other with increasing severity and duration.

Rupture of the uterus in placenta prævia need not be feared while the membranes are intact.

If the abnormality present is finally compensated, so far as possible, without further loss of blood, or of the patient's strength, the external genitals and vagina are again cleansed. The hand corresponding to the position of the child follows the withdrawal of the sponge, loosens the adhesions of the placenta on one side, enters up to the feet, ruptures the membranes at this place, turns and extracts the child through an os, which is now well prepared. After tying the cord, the separation of the placenta is completed.

The child does not suffer as in *accouchement forcé*; it is easily delivered, and with far less danger than that which threatened it in the beginning.

Firm clots form in the uterine sinuses on account of the hygroscopic and compressing peculiarity of the pressed sponge. If, however, there is post-partum hemorrhage,—which will only occur in consequence of premature removal of the sponges,—and if this is not soon arrested by the usual measures, aseptic pressed sponges still remain the best means for arresting the hemorrhage. Three or at most four uncut sponge-cylinders completely tampon the entire uterine cavity. These remain six to eight hours, and after a vaginal douche are carefully removed, one after the other.

NOTE BY THE TRANSLATOR.—The method deserves careful consideration as well as a trial. In seven successive cases (three central or complete placenta prævia, four lateral, or partial placenta prævia) the mothers were all saved and all the children born alive. I have prepared some sponges, and will be pleased to show them to any one who wishes to see them.

LETTER FROM VIENNA.

VIENNA, July 14, 1884.

MR. EDITOR, — I hope the trim little craft under your command is floating on summer seas with plenty of wind to fill its sails ; but if, perchance, there should come a calm, you may be willing for me to “ dip in my *ohr*.”

Do not expect anything profound, but only a few rambling notes from the Vienna clinic for summer reading. The sky to-day is cloudless and of the so-called Italian blue ; from the street comes a blinding glare of light, and the mercury in the thermometer has almost gone up out of sight ; under these circumstances, who can write profoundly? It is only within a few days, however, that there has been any such condition of affairs. For weeks previously we have had a succession of cold, windy, and rainy days, so that even winter clothing has been a necessity.

Though disagreeable and unseasonable, this has been conducive to work, and the clinics have thus far kept up remarkably well. The opportunities here are certainly unsurpassed. The General Hospital accommodates over three thousand patients, and to the Polyclinic, near by, hundreds of cases come daily for treatment. In these two institutions alone one finds such abundance of material conjoined with such practical methods of instruction and facilities for manual exercise, that there is no surprise when one meets fellow-workers who have come from the world over. Especially Americans seem to appreciate these opportunities, and are always here in large number.

Sometimes the best idea of the advantages of a place can be gained by knowing what is done in comparatively small departments. For instance, one can receive here, if desired, twenty-four hours of clinical instruction per week in diseases of the ear alone. Five courses are given by different men, — four at the General Hospital and one at the Polyclinic ; and the hours are so arranged that they do not conflict. So in other branches of study the arrangements are such that a greater amount of work can be done with less loss of time than in any other place in the world. Of course it is the immense amount of material at hand which makes this possible ; and, second to this, the manner in which the material is utilized. One may safely say, without meaning to convey any evil impression, that in the treatment of patients the purpose of instruction is rarely lost sight of. These two reasons, combined with the system of short practical courses, have made this centre of medical education preëminent. From my own experience I must add, however, that New York, with her polyclinic

and post-graduate school, added to the advantages previously existing there, is destined in the near future to tread very hard upon the heels of Vienna.

The latest items of news from here are sad. A week ago Saturday, the death of Prof. Jaeger was announced, at the age of sixty-seven. When Prof. Arlt was retired from the chair of ophthalmology last fall, his place was taken by Prof. Jaeger, and now it must be again filled. Rumor says that the choice will fall upon Prof. Mauthner; but it is too early, of course, for anything positive. The other chair in this department is still held by Prof. Steilwag.

On Monday last, the very day of Prof. Jaeger's funeral, the black flag appeared over the main entrance of the hospital in consequence of the death of one of its prominent residents, Dr. Eugen Kolisko. Although privatdocent by title, he was one of the foremost men here, his department being diseases of the chest. His death was comparatively sudden, at the age of seventy-three years.

There are two or three professional novelties here which may interest some of your readers. One is a little instrument, recently devised by Prof. Politzer, to aid the hearing. It was exhibited to the class a few weeks ago and brought to the notice of the profession at large by a description, illustrated with cuts, in the *Wiener Medizinische Wochenschrift* of May 31. Its working was demonstrated upon a patient before us so successfully that the hearing distance was increased from three to fifteen feet for the ordinary conversational tone of voice. In other cases, however, it failed to produce any marked result, as will all similar devices. It is doubtful if it comes into any general use in its present form, but it is interesting and suggestive nevertheless. Since the cuts in the *Wochenschrift* appeared, it has been again modified, and I will describe it in its latest form. Upon one side of a circular disk of thin caoutchouc, from one to one and a quarter centimeters in diameter, a thin metallic band about two millimeters broad is securely fastened, passing across the centre from one border to the other. This band is then bent towards the opposite side of the disk from that to which it is attached through nearly a quarter of a circle, the centre of the curve being the centre of the disk. The disk is thus made to present a smooth, concave inner surface, while the band extends around upon the outer convex surface, which is colored a dark red to make the instrument less noticeable when in use. To the ends of the metallic band, at either border of the disk, pieces of fine flexible wire are soldered, that upon one side being one half a centimeter in length and upon the other side two centimeters. Over these wires are slipped pieces of delicate red rubber tubing

two millimeters in diameter, in the one case one centimeter in length and in the other three and a half centimeters, thus projecting beyond the wire in each instance. The shorter tube is cut across at right angles, the longer is cut diagonally at the end, like a quill toothpick, leaving a delicate, flexible point nearly a centimeter in length. Thus the instrument comes prepared from the makers and is ready for adjustment to suit the case at hand. The principle upon which it is based is, chiefly, the transmission of vibrations of the auricle to the tympanic membrane, re-enforced, at the same time, by vibrations of the caoutchouc disk which it derives directly from the air or reflected from the hollow surface of the concha. In addition, it is believed that many sound-waves are reflected from the concha into the meatus, which would be lost without the interposition of the disk. In accordance with this principle in applying the instrument, the long end is carried into the meatus until the tapering point lies along the tympanic membrane in direct contact, its presence being tolerated by the altered condition of sensibility of the parts in such cases as it is likely to aid. The shorter end is then carried backward and upward into the hollow of the concha, which, of course, causes the disk to lie within the concha with its concavity directly opposite to that of the concha. Either end may be clipped a little to make the adjustment more perfect, and the patient himself can afterwards easily place the instrument in position.

This is the simple form of the device, and exhibits its principle entirely. A more complicated form consists of a silver ring, within which a diaphragm of goldbeater's skin is stretched, and is kept tense by a delicate spring. A silver tube fits into the meatus, and through the central axis of this passes the wire and the small rubber tube, thus conveying the vibrations of the auricle and of this diaphragm directly to the tympanic membrane without at any point coming in contact with the walls of the meatus.

But I have taken too much space for the description of this little instrument, and my letter is becoming very prosy. The class of cases in which it is likely to be of service (the instrument, not the letter) will readily occur to anybody who cares to give further thought to the subject.

Let me more briefly allude to two other novelties. One is the use, by Prof. Gruber, of a very neat gelatine preparation in the treatment of all cases of otitis externa. The gelatine is moulded into the shape of an elongated egg of three different sizes, averaging that of a small bean, and with each is incorporated one centigramme of fluid extract of opium. One of these is simply carried into the meatus by the forceps, and the ear

plugged with cotton. The gelatine, of course, melts quickly, and the application is renewed according to circumstances, as with any other preparation of opium.

The other novelty to which I referred is the use, by Dr. Urbantschitsch, of a new substance for Eustachian bougies. This is none other than celluloid, but made inexplosive by some admixture in the process of manufacture. They are very delicate and flexible, and seem to possess a decided advantage in many respects over those previously in use. By the way, it is reported that, in this ensuing year, Dr. Urbantschitsch is to be advanced to a professorship, his title heretofore having been privatdocent.

I must not forget to allude to a very good joke, which has not gone very far yet. At the clinics here one finds patients from many of the Austrian provinces, and consequently hears all sorts of languages and dialects. One day, not long since, one of my friends, an American whose "*sprache*" is very fluent, but no doubt questionable, was rattling away glibly at a patient when she remarked quietly, in perfect good faith, "You need n't take the trouble to speak *Bohemian* to me: I speak German."

Of the graduates of our school, I can report five, I believe, on this side the water. Drs. Church and Dorsey are here in Vienna, working industriously; Dr. Dean is in Zürich, Dr. Payne in Paris, and Dr. Leslie in Dresden. Mrs. Payne and Mrs. Leslie accompany their husbands.

But I must have mercy upon you, and stop short of the back cover of the GAZETTE. If this letter reaches you upon such another day as this upon which it is written, I know you will exclaim with me, "It is enough!" So I remain,

Yours very truly,

H. P. B.

AMERICAN INSTITUTE OF HOMŒOPATHY.

DIRECTORS OF PROVINGS.

To the Homœopathic Physicians of America:

AT the regular meeting of the American Institute of Homœopathy, held at Deer Park, Md., in June, 1884, upon motion of Dr. Lewis Sherman, of Wisconsin, the following resolution was adopted:—

"The president shall appoint a committee of seven members, to be entitled the 'Directors of Provings,' whose duty it shall be to formulate and to publish rules for the conducting of drug-proving, and to pass judgment upon such unpublished provings as shall be submitted to them with reference to their reliability and fitness for publication."

As the result of this motion and of the instructions of the American Institute of Homœopathy, the Board of Directors of Provings, fully aware that the success of their work depends upon the hearty co-operation of the members of the profession and upon their willingness to perform a portion of a work which is alike important to the sick and to medical science, feel justified in directly appealing to the zeal and loyalty of American homœopathic physicians to take an active part in the prosecution of the work now proposed by the national organization.

At a special session of the Board of Directors, held Aug. 6, 1884, at the Grand Pacific Hotel, Chicago, a majority of the board being present, it was decided to arrange the work of the board as follows:—

I. To institute experiments which shall demonstrate the *consecutive* action of *single, attenuated* doses, showing the consecutive development of the symptoms of the drug-disease produced by the single dose.

II. To institute experiments with *single medicinal* or *material* doses of drugs to ascertain the consecutive development of drug-symptoms produced, with particular reference to a clear definition between primary and secondary symptoms.

III. To institute provings to obtain the fullest possible general history of the pathogenetic effects of drugs, so as to give to the profession reliable provings of the newer remedies, and to increase the value of the provings of old remedies by supplementary work. In conducting provings of this class, it is deemed indispensable to employ repeated and full medicinal doses of drugs, and to embrace in the experiments made tests and examinations, chemical and otherwise, had at regular intervals, to establish the action of the drug proved upon the various organs and structures of the body.

In order to make provings of the greatest possible value, it is expected that provers will make repeated examinations, at regular intervals, of the secretions and excretions of the body; they will also utilize, more especially in making provings of the third class, the various modern means of physical diagnosis, such as the ophthalmoscope, sphygmograph, spirometer, microscope, etc. The systematic employment of these helps in the making of provings is deemed by this board of the greatest importance.

This board, taking it for granted that the members of the profession are conscious of the importance of systematic drug-experimentation, and willing to aid in making the work a success, heartily recommend as follows:—

a. The making of provings by individual physicians either upon themselves or upon other persons who are willing to make experiments, and *who, by temperament, state of health, sound-*

ness of judgment, and intellectual fitness, are QUALIFIED for this work.

b. The instituting of provings by medical students, both men and women, under the direction of their preceptor, or at college, of their teacher in materia medica.

c. The formation in large cities of provers' unions and of materia-medica clubs, which shall embrace in their membership, so far as circumstances permit, persons of both sexes, and persons thoroughly familiar with the modern means of physical diagnosis.

d. The active co-operation of the bureaus of materia medica of the different State societies in devoting a portion of their time and of their annual work to the instituting of drug-provings as outlined by this board.

This board will cheerfully aid in every possible way each effort to prove remedies, and will DIRECT provings upon the following basis:--

To insure reliability of the symptoms obtained, drug-experiments *made under the direction of this board* will be made with drugs furnished gratuitously by the board through its secretary, Dr. A. W. Woodward, 130 South Ashland Avenue, Chicago, Ill. The provers will *not* be informed of the name of the remedy sent them, or of the attenuations sent. All remedies will be numbered, and application for a supply will be understood by the board to be equivalent to a pledge on the part of the prover to faithfully carry out the spirit and letter of the directions accompanying the drug.

Experiments under the direction of this board will be made with a large range of attenuations, embracing both high and low. No experiments will be made which will prove injurious to the health of the prover or impose upon him more than very temporary inconvenience. When provings of the third class are to be made, consisting of experiments with full medicinal doses, and involving possible inconvenience to the prover, the name of the remedy to be taken, with its known broad physiological effects, will be furnished upon application, and the extent of the proving shall depend upon the pleasure of the prover.

To stimulate proper drug-experimentation, and to reimburse, in part, provers for the inconvenience incurred by them, the board hereby offer one prize of one hundred dollars cash, one prize of fifty dollars cash, and one prize of twenty-five dollars cash, for the three best provings submitted to them no less than thirty days before the next meeting (1885) of the American Institute of Homœopathy. *Competitors must, of course, comply in every respect with the "rules for proving" which this board have formulated, and which the secretary of the board will fur-*

nish, upon application, to ALL persons contemplating the making of provings. Competitors for the first prize must make provings in all the classes specified, embracing, also, experiments with the drug upon the lower animals.

Fully aware of the importance of the work undertaken, this board enter upon the discharge of a duty, the performance of which demands the sacrifice of much time and effort, with the strong hope that they will receive the hearty support and co-operation of the workers of the homœopathic profession of America.

J. D. M'GUIRE, *President.*
 A. W. WOODWARD, *Secretary.*
 E. M. HALE.
 LEWIS SHERMAN.
 E. A. FARRINGTON.
 C. WESSELHOEFT.
 H. R. ARNDT.

CHICAGO, ILL., Aug. 6, 1884.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE regular quarterly meeting of this society was held at its rooms, 13 Mechanic Street, Worcester, on Wednesday, Aug. 13, 1884.

The morning session opened at 10.30 with Dr. C. L. Nichols, of Worcester, president of the society, in the chair. The Bureau of Pediatrics and Dermatology had the meeting in charge, and reported, through their chairman, Dr. Nichols, a long list of interesting subjects for discussion. While the subject of Dr. Pratt's paper, Entero-Colitis, was being discussed, the society adjourned for dinner at the Bay State House. The attendance of Worcester County physicians was large.

The afternoon session was one of profit to its members. The following physicians presented papers: Dr. Chamberlain, on "The Care and Feeding of Children," Dr. G. A. Slocomb, on "Cholera Infantum," Dr. Spencer, on "Cholera." Much interest was excited in the various discussions. The dietetic management of children aroused especial attention, it seeming to be the unanimous opinion that therapeutics are of little avail, unless the care and feeding be up to the best understanding of the day.

G. A. SLOCOMB, M. D.,
Cor. Sec'y.

THE MEDICAL SOCIETY OF NORTHERN NEW YORK

HELD its summer meeting (thirty-second year), Wednesday, Aug. 6, 1884, at Saratoga, in the parlors of the Arlington Hotel.

The president, Dr. C. M. Mosher, being absent, Dr. Billings, of Cohoes, presided.

Dr. J. C. Miner, of New York, recited at length his experience regarding the origin and progress of scirrhus of the breast; also showed, by statistics from his own experience and that of a number of authors, that a proportion, at least one fifth, is cured by an operation, provided surgical measures are resorted to early.

A very interesting lecture, an hour in length, was delivered by Prof. J. W. Dowling of New York. The lecturer described cases in which conditions simulating heart disease were minutely delineated, their causes were pointed out, and a minute analysis of the various diagnostic evidences of real or functional disturbances was described with characteristic lucidity, and constituted a most instructive and practically useful address.

An elaborately prepared paper on "Trichinosis," with special references to the cases which recently occurred at Arietta, Hamilton County, as reported to the State Board of Health by Dr. Delavan of Albany, was presented and read. The paper points out the extreme danger from eating uncooked ham or bacon.

A paper by Dr. H. M. Paine, of Albany, was read setting forth the causes, prevention, and treatment of cholera; also describing at length the sanitary measures to be resorted to in order to stay its progress and prevent its advent into any locality.

Dr. S. H. Talcott, of Middletown, communicated a paper giving at length the history and treatment of a case of insanity.

Dr. G. E. Gorham, of Albany, read a paper in which he gave the results of the successful treatment of croup with bromine by inhalation.

The physical examination of a case of heart disease, conducted by Prof. Dowling, was introduced by Dr. O. H. Mott. The examination was thorough and exhaustive, and was illustrated step by step by explanatory and descriptive statements, and resulted in showing that the patient was suffering from functional disease, excited by stomach and liver disturbance.

Dr. Howland, of Poughkeepsie, communicated a brief record of the history and treatment of a case of chronic inflammation and ulceration of the bowels.

Dr. E. T. Starr, of Philadelphia, exhibited an electric lamp constructed with a mirror attachment, thereby forming a perfect laryngoscope. The superior qualities of the instrument were

practically illustrated by various processes and manipulations on the human subject.

Dr. J. S. Delavan, of Albany, presented a well-written paper on the "Hygiene and Therapeutics of Gynæcological Cases."

Papers on various medical subjects were also read by several of the members, and the time of both morning and afternoon sessions was fully occupied in discussions full of sound and practical suggestions.

Dr. J. C. Miner, of New York, was elected to active membership; and Drs. W. H. Watson, of Utica, and E. Guernsey, of New York, were elected honorary members.

The annual meeting will be held in the City Hall at Albany, on the first Wednesday in October.

REVIEWS AND NOTICES OF BOOKS.

THE KNOWLEDGE OF THE PHYSICIAN. By Richard Hughes, M. D. Boston: Otis Clapp & Son.

No moment is pleasanter, perhaps, to the critic, than the moment when he feels himself at liberty to lay aside his critical spectacles and gaze with eyes of natural enjoyment at something so admirable as to be beyond his censure. Such a moment, to the critic of the drama, is the fortunate one in which he settles himself to enjoy Salvini's *Othello* or the Lyceum Company in *Much Ado*. Such a moment comes to the reviewer of medical literature when he finds on his desk the little book whose title heads this notice. Not, to be sure, that one looks upon Dr. Hughes as infallible or his work as flawless: such an assumption would be but a poor compliment to one who is pre-eminently the friend of progress, and whose ambition is to move from good to best. But a reviewer, in taking up a work bearing this author's name upon the title-page, may at least be certain that he will here meet few of the defects which call for criticism in the pages of the average medical book of to-day; none of the credulously repeated hearsay, the undigested, ill-proven facts, above all, none of the crudities of hasty composition from which the average medical work is rarely free. The work of Dr. Hughes is the work of a ripe scholar, a logical thinker, a master of pure, clear, and graceful English speech.

The lectures comprised in the volume before us were delivered by Dr. Hughes at Boston University School of Medicine in May last. They were nominally addressed to the students; but they were listened to by a large number of the Faculty of

the School, and of the homœopathic physicians of Boston and its neighborhood. We are sure that those who had the pleasure of hearing the lectures delivered by their author will need nothing more than the simple announcement that they are now to be had in permanent form to persuade them to an early purchase of the book. Such will find some compensation for the loss of the personal charm of Dr. Hughes' voice and manner in the fact that the printed page will allow them to linger and assimilate at their leisure his wise and suggestive words, without fearing to be losers by their delay.

To those as yet unfamiliar with the lectures, it is hopeless to give in the narrow limits of a review more than the barest suggestions of their purpose and their worth. As their title implies, they aim to set forth the kinds and amount of knowledge necessary to him who would call himself a physician, more especially a homœopathic physician, since such a one should possess not only as much knowledge as those of other medical views, but more; being master of much that is ignored by those who ignore homœopathy. A great subject, and, we cannot hesitate to add, greatly handled. The author leads those who are capable of following him into the vast fields of physiology and pathology and so-called novel scientific discovery and speculation; yet he dwells longest and most earnestly, as is fitting, on what must always be the supreme hope and ambition of the healer,—the relief of suffering, the cure of disease. It is needless to say that his discipleship towards Samuel Hahnemann is most frankly and constantly avowed; yet he is far from deifying the great master of therapeutics, or dogmatically asserting his infallibility. He pays him the honor "of the wise to the wise, and the strong to the strong"; and when, now and again, he assails a position or a theory of Hahnemann's, as, for instance, the "vital-force" theory and its relations to physiology and pathology, or the habit of incorporating symptoms observed upon the sick into the pathogenetic records of certain drugs, Dr. Hughes' objections are expressed with such entire courtesy and respect that only the wildest of fetich-worshippers could take offence at them.

It is as true of the book under consideration as it is of most works not of a superficial sort, that it is impossible to judge it by isolated paragraphs or pages; it is only by the study of it as a whole that one can arrive at a just understanding of the author's opinions. In Chapter III., for example, the author impresses upon us that the "totality of the symptoms should be made the basis of the prescription; constitutional general symptoms being often more conclusive in deciding the proper treatment than the more obvious local symptoms." Ætiology and pathology, the ability to make a correct diagnosis and to classify diseases,—

he acknowledges the importance of all these, and yet insists that, after all, for the therapist the totality of the symptoms must be looked upon as the disease. Theories may change, but the clinical features, *i. e.*, the *symptoms* of disease, remain unalterable. The hasty reader, taking this chapter by itself, might easily classify Dr. Hughes as belonging to mere "symptom-coverers," so called. But if he should read on to Chapter VII., he would soon be disabused of any such idea. In this chapter, referring to *lactic acid*, the author says that though its pathogenesis is very similar to rheumatism, yet professional experience shows its inability to cure rheumatism. Pathology explains this inability, and we are thus furnished with an example of the "impossibility of working with symptomatic resemblances only, and ignoring pathology." It is in the light of pathology that we are shown examples of how to study *materia medica*, Dr. Hughes selecting fever and rheumatism as the "two pegs on which to hang his bunches of remedies." Four chapters are devoted to the consideration of these diseases and their treatment. An idea of the author's method may be gathered from the following quotation: "I propose to study certain groups of medicines, — groups formed naturally out of relationships to morbid states or actions on the same parts of the body, and to institute such comparisons between the several members of the groups as shall bring out their individualities, and thus insure their accurate adaptation to the disorders they have to remedy." In this manner, fifteen anti-pyretics are studied, and twenty-two anti-rheumatics. The method, as will of course be seen, combines the advantages of generalization and individualization, — not a new method, since it originated with Hahnemann long ago, — but in Dr. Hughes' hands having all the charm of novelty, so forcibly and so gracefully is it employed. But we find originality of matter added to charm of style when the author sets himself to show us (Chapters IX., X., and XI.) "how the finer pathological study of the present day can be utilized in our practice by associating therewith the knowledge we possess of the physiological action of drugs." Here follows a masterly summary of the present physiological knowledge in regard to the functions of the brain and the nervous system; and this knowledge is used as the key to unlock the mysteries of the abnormal conditions induced either by disease or drug-action. The relation between certain morbid states of the nervous system and certain drugs is then clearly defined, examples being furnished by migraine, the various forms of neuralgia, etc.

The concluding chapter discusses the great question of the medical world of to-day, — "The Future of Pharmacodynamics." What Dr. Hughes has to say on this point, — to whose considera-

tion, indeed, the whole book is but a sort of introduction,—we can only counsel our readers to see for themselves. They can hardly fail to admire the equipoise with which the golden mean between extreme conservatism and radicalism is preserved throughout the discussion. One can afford to differ with the book on more than one minor point, and yet extend the most cordial of welcomes to this latest work of the author who stands *facile princeps* among contributors to homœopathic literature. It gives us ground for fresh self congratulation that Dr. Hughes is so largely to direct the revision of the *materia medica*.

“The Knowledge of the Physician” cannot fail to stand among the classics of homœopathy. Friends of homœopathy may be well content to point to it as a representative interpreter of the faith that is in them; even as his co-laborers, the world over might be well content, in some millennial world’s congress of the various medical beliefs, to point to Dr. Hughes as a representative homœopathic physician.

VACCINOSIS AND HOMŒOPROPHYLAXIS. By J. Compton Burnett, M. D. London: The Homœopathic Publishing Co., 12 Warwick Lane, E. C. New York and Philadelphia: F. E. Boericke.

The term “vaccinosis” is used by the author of this little book to express the diseased state engendered by vaccination, which condition, he thinks, is not generally or fully enough realized. The author believes, with many others, that vaccination, even with *pure lymph*, has “ill-effects beyond those commonly epitomized under the name *vaccinia*”; that oftentimes, even when the vaccination does not *take*, a train of troublesome symptoms is set up which deserves a special designation. It would, perhaps, hardly be reasonable to question this assertion, especially in the face of the twenty observations presented by Dr. Burnett. The important point in this connection is that *thuya* is the remedy represented as capable of curing the condition described. The twenty cases given were all *cured* by *thuya* in the 3x to 100c attenuation, the 30 being the favorite prescription.

Strong as is the evidence presented, we find ourselves wondering if *thuya* was ever given in similar cases, when it did not cure. The only guiding symptom or indication seems to be the fact of the patient’s having been vaccinated and a set of symptoms thenceforth distressing him, and refusing to depart under ordinary treatment, or even good homœopathic treatment. It may be that the *oiseau bleu* of medical science, a true *specific* for some one thing, has at last been discovered, though we must confess to a lingering doubt on the subject. The matter is, however,

certainly worthy investigation, and we hope to hear more concerning it in the not distant future.

We commend the division on homœoprophylaxis to those who claim vaccination and its analogous inoculation as practised by Pasteur to be homœopathic processes.

Dr. Burnett certainly has the knack, so enthusiastically commended by the elder Mr. Weller, of making his treatise so short and so entertaining that the reader lays it down with the "vish there vos more."

A TREATISE ON UTERINE DISPLACEMENTS. By S. J. Donaldson, M. D. Second Edition revised. Boston: Otis Clapp & Son.

Two years ago Dr. Donaldson published a little book, called "Contributions to Practical Gynecology," containing two essays,—one on Uterine Displacements; the other on Dysmenorrhœa. In the revision which he has since made of the work, the part on dysmenorrhœa has been omitted.

The second edition gives us a book of eighty-three octavo pages. The text is divided into four chapters, giving the etiology, pathology, and treatment of uterine displacements. The author shows no little originality in his manner of treating this important subject. His views on anteflexions are thoroughly sound, and should be read and indorsed by all physicians. His stringent criticisms of the ordinary text-book diagrams which aim to represent the female pelvis are retained in all their force in the present edition, as also are the imperfections of his own ideal diagram, to which we referred at length in our review of the first edition.

Dr. Donaldson apparently has lost none of his confidence in the stem-pessary when properly used. He is still an ardent advocate of its employment. The author's style is, upon the whole, easy, pleasant, and forcible. There are probably few physicians who could not read the book without getting from it some new and helpful ideas. The paper and printing of the work are excellent.

MEDICAL EDUCATION AND THE REGULATION OF THE PRACTICE OF MEDICINE IN THE UNITED STATES AND CANADA. Chicago: W. T. Keener.

Together with other valuable information may be found in this volume the laws regulating the practice of medicine in the different sections of the United States and of Canada, a list of the medical colleges, the course of instruction pursued in them, the requirements for admission and graduation, fees, etc. The

work was prepared by the Illinois State Board of Health, and published by its permission. It is a revised and corrected edition of a section of the Fifth Annual Report of the Board, and is published separately for the reason that the edition of the entire report is wholly inadequate to supply the great demand for these particular chapters. It is of great and especial value to those interested in medical education. We have heretofore had occasion to refer to the Illinois State Board of Health as a model for all like bodies in energy, intelligence, and effectiveness. This book tends only to confirm us in our opinion. It is certain to be widely known and appreciated.

A PLEA FOR THE CURE OF RUPTURE. By Joseph H. Warren, A. M., M. D. Boston: J. R. Osgood & Co.

Hernia is known to be a common affliction of mankind. The opinion that it is incurable is even yet current among certain practitioners of medicine, who promptly send their unhappy patients suffering from this malady to an instrument-maker to be fitted with a truss, which from that time must be a constant companion. That the great majority of cases of hernia can be permanently cured seems to be a fact as well demonstrated as the efforts and successes of one man can demonstrate anything. The author's experience has admirably fitted him to speak on this subject with the voice of authority. His loyalty to the cause of science and his interest in the relief of suffering humanity are clearly proven by the unselfish manner in which he here offers to the profession at large a minute description of his operation for the cure of hernia by subcutaneous injections. His small book of about one hundred and twenty pages gives the pathology of hernia and its treatment by subcutaneous injections, a history of the author's connection with the operation, and a plea for operative measures for the relief and cure of this difficulty. The author corrects erroneous impressions concerning his favorite operation, and by his frank, logical, and intelligent discussion of the question in all its relations inspires the reader with no small measure of his own enthusiasm. It is a book to be widely read and heartily recommended. Price in cloth, \$1.25.

PRINCIPLES OF THEORETICAL CHEMISTRY, WITH SPECIAL REFERENCE TO THE CONSTITUTION OF CHEMICAL COMPOUNDS. By Ira Remsen, Professor of Chemistry in the Johns Hopkins University. Philadelphia: H. C. Lea's Son & Co.

The work before us is a second edition, thoroughly revised and enlarged. In it the author discusses, as objectively as possible, the principal hypotheses which at present play important parts in

the science of chemistry. His object has been to point out simply and clearly the exact connection between facts known to us and the hypotheses suggested by them. He tells us that many years' experience with students of chemistry has led him to the conclusion that formulas are generally used unintelligently and without sufficient understanding of their true meaning; and it is his earnest desire to do something towards correcting this regrettable condition of things. His book contains two hundred and forty pages of reading, which, thoughtfully studied, cannot fail to prove of great service to students of chemistry.

BOOKS AND PAMPHLETS RECEIVED.

THE REVELATIONS OF FIBRIN. By R. R. Gregg, M. D.

MALARIA AND MALARIAL DISEASES. By G. M. Sternberg, M. D., F. R. M. S. New York: Wm. Wood & Co.

PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M. D., London. Philadelphia: Henry C. Lea's Son & Co.

MATERIA MEDICA AND THERAPEUTICS. By J. Mitchell Bruce, M. D., London. Philadelphia: Henry C. Lea's Son & Co.

MEMOIR ON THE NATURE OF DIPHTHERIA. By Drs. H. C. Wood and H. F. Formad, of Philadelphia. Appendix A, Report of the National Board of Health for 1882, pp. 133.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1884, containing a large collection of papers, the records of the thirty-second semi-annual and thirty-third annual meetings of the society, the constitution and by-laws, list of members, etc. Over three hundred pages.

OUR MISCELLANY.

GUESS WHY?—Which of the United States is in the worst health? Why the one that is "Ill." of course. — *Ex.*

A WISE COMMENT. — Idols and dogmas in place of character; pills and theories in place of wholesome living: see the histories of theology and medicine *passim*.

O. W. HOLMES.

SCIENTIFIC REASONING. — A Parisian doctor prescribed for a lady who had objections against growing stout: "Take exercise, my dear lady. Consider the trees of the field; they never take exercise, and as a consequence they go on growing bigger and bigger every year." — *Ex.*

WORTH TRYING. — Some one has recommended flour as an antidote for ivy poison. The remedy is glycerine, which kills it at once. If the blisters are too deep to bear rubbing with it, dilute with an equal quantity of water, and dip cloths in the solution and lay on, keeping them wet. It is astonishing to see the result, as I know from grievous experience. — E. B. H., *Boston Transcript*.

IN ADVANCE OF HIS TIME. — Dr. Dudgeon, the famous homœopathic physician of London, recalls the fact — apropos of Koch's investigation, into the nature of the cholera germ — that Hahnemann in 1831 suggested that the contagious matter of cholera consisted of "excessively minute invisible living creatures," and accordingly advised the free use of camphor, which he held to be a potent cholera bacillicide; to the efficacy of which treatment, adds Dr. Dudgeon, the statistics of every epidemic in Europe testify. — *Ex.*

DISINTERESTED. — A public-spirited doctor in Cincinnati distributes instructions as to what should be done in cases of poisoning, and after naming the antidotes adds: "But lose no time in sending for a competent physician, to No. ——— St."

A BRILLIANT REPLY.— Professor to a class in surgery: The right leg of the patient, as you see, is shorter than the left, in consequence of which he limps. Now, what would you do in a case of this kind? — Bright student: "Limp too." — *Ex.*

BATH-BEDS. — The Vienna correspondent of the *British Medical Journal* says: "In Prof. Kaposi's ward the permanent bath-beds are in constant use. Burns, ulcers, and obstinate syphilides are here treated; in the latter cases, weak solutions of perchloride of mercury may be used with advantage. In the case of burns, the patients express themselves as being most comfortable; after being in the 'bed' a few moments, all pain is lost, and there is no dread of change of dressings, for none are used. Not only does the slough separate and the wound clean, but cicatrization progresses, it is said, more rapidly in the water than under any other treatment." — *Louisville Medical News.*

PERSONAL AND NEWS ITEMS.

J. C. SHAW, M. D., has removed from Wareham to New Bedford, Mass.

L. B. HOLBROOK, M. D., Class '84, B. U. S. of M., has located at Clinton, Mass.

H. E. RUSSEGUE, M. D., has removed from South Framingham to Hartford, Conn.

CHAS. F. GOODELL, M. D., has removed from No. 945 C Street to 225 13th Street, S. W., Washington, D. C.

F. C. RICHARDSON, M. D., has removed to No. 28 Saratoga Street, East Boston. Office hours: 2 to 3, and 7 to 8 P. M.

G. J. WALKER, M. D., Class '82, B. U. S. of M., has removed to South Framingham, Mass., as successor to Dr. H. E. Russegue.

A HOMŒOPATHIC PHYSICIAN wanted at Bristol, Vt., a thriving town of 1509 inhabitants. For further information, address W. S. HOWDEN, Bristol, Vt.

DR. H. B. EATON, of Rockport, Me., who has served in the Maine State Legislature for the years 1881, 1882, 1883, 1884, has received and accepted the nomination of the Greenback Labor Party, for Governor of the State.

OBITUARY.

FREDERICK DANIEL TRIPP, M. D., Class '81, B. U. S. of M., died at his residence, in Taunton, Mass., Aug. 14, 1884.

The *Monthly Homœopathic Review* for August announces the death, on the 7th of July, of Mr. JAMES LEATH, the senior partner of the firm of Leath & Ross, the well-known chemists and publishers, of St. Paul's Churchyard, London. In addition to his book business, Mr. Leath, for a period of about 40 years, was a dealer in homœopathic medicines, although for 30 years his partner has superintended all the pharmaceutical operations. Under Mr. Leath's superintendence, various books and pamphlets which have had a powerful influence upon the practice of homœopathy have been ushered into the world, including Dr. Richard Hughes' works on *Pharmacodynamics and Therapeutics*. While actively engaged in publishing homœopathic literature, his efforts to spread a knowledge of homœopathy were not limited to business, but, whenever the opportunity presented itself, let it come in what shape it might, he was ever ready to press forward a sense of its value and a knowledge of its principles. Mr. Leath was in his usual health until within a fortnight before his death, when what he regarded as a boil appeared on the nape of the neck; it rapidly developed into a carbuncle and the result was fatal.

THE
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EDITORIAL.

AN APPEAL FOR AID.

THE following communication, received a few days ago, will, we are sure, speak for itself. We gladly give it place in our editorial columns, and would, with all earnestness, urge upon every homœopathic physician the duty of a prompt response to the appeal it contains. The great work which we are called upon to aid, each in his own degree, will be, when finished, of benefit impossible to overestimate to the profession at large. No individual member of the profession can fail to share this benefit, and no individual member, therefore, should fail of conscientious personal effort to render some service, however slight, to the great work. To such effort the example of the editors of the revision, — paying cheerfully, with no hope of material reward, the immense tax on time and thought levied by such a colossal undertaking, — furnishes the best of inspirations.

“The editors of the ‘Cyclopædia of Drug Pathogenesy,’ authorized by the American Institute of Homœopathy and the British Homœopathic Society, in writing up the narratives of symptoms, as furnished in cases of drug proving and drug poisoning, desire the help of the profession.

“In order to bring out a reliable work, one that will compare favorably with the repositories of facts in other departments of science, one that will prove satisfactory to the painstaking practitioners of medicine, it is necessary to gather all the good and to avoid all the spurious in reported drug effects.

“*To do this, the editors must have the day-books, or original records of provers and observers, with such further information*

as may enable them to judge of the reliability of what has been recorded.

“In the name of the two great national societies, and in the interest of certitude in materia medica, all medical men are called on to forward their provings and notes of poisonings, with all needed explanatory remarks, to the editors, Dr. Richard Hughes, Brighton, England, or Dr. J. P. Dake, Nashville, Tenn.

“For such aid compensation cannot be offered, except in hearty thanks, inasmuch as the editors themselves will receive no pay for time and labor bestowed.

“Taking remedies in alphabetical order, part first will come down to Agaricus, embracing all the acids.

“Any information throwing light on what has been recorded, and any criticism, in the interest of truth, will be gratefully received.”

A WELL-EARNED SUCCESS.

IN the *Bulletin de la Société Médicale Homœopathique de France* for July, 1884, we find a most interesting report of the opening of the new Hospital Saint-Jacques, on the ruelle Volontaire, Paris. This pleasant event took place on the 2d of June last, in the presence of a large and sympathetic concourse of the friends and practitioners of homœopathy. We are sure our readers cannot fail to read with interest some brief account of the work on whose successful completion our French confrères are now so justly congratulating themselves.

For many years, so Dr. Crélin tells us in his admirable opening address, it was the dream of the homœopathic physicians of France to possess, in their great metropolis, a hospital in which they should be free to practise medicine after their own methods, and prove, by indisputable statistics, the power of homœopathy to deal successfully with all manner of disease. In 1846, this dream seemed about to be realized. The famous Dr. Petroz, having, by his skilful treatment of dangerous illness in her family, won the enthusiastic gratitude of an English lady, was, by her, offered 400,000 francs for the foundation of his much-desired homœopathic hospital. Overjoyed, he at once applied to the government for the necessary charter. To the sorrow and indignation of Dr. Petroz and his co-laborers, this charter was

unconditionally refused by the ministry then in power, on the ground that "they could not afford to strengthen the already powerful opposition party by the addition of the twenty thousand regular physicians of France." The 400,000 francs were then, perforce, declined, — with what bitterness of disappointment may be well imagined. But the pluck and patience of the homœopathic physicians were by no means crushed; and in 1867 (during which twenty years homœopathy in their hands had won honorable recognition) we find them, with the small sum of 580 francs only, as a "nest-egg," once more appearing before the profession to urge subscriptions toward the work. When, from members of the profession only, the sum of 2,280 francs annually was secured, public subscription lists were opened for the first time, and in 1870, the annual subscription was so far increased as to justify the hiring of the building 282 rue Saint-Jacques, which was opened simply as a "*maison de santé*," lack of government recognition forbidding a more dignified title. Immediately on this followed the misery and disaster of the war, during which money came in but too slowly, and the *maison de santé* was, we are told, little more than a "fixed ambulance."

In October, 1871, it was opened for the first time for regular clinical service. From that date the work so commended itself, by its usefulness and success, to the favor of the public at large, that, in 1878, after nearly thirty years of struggle, the government granted the long-withheld charter, and the *maison de santé* became the Hospital Saint-Jacques. A Ladies' Aid Society was formed, public and private subscriptions flowed generously in; the *Société anonyme des Hôpitaux Homœopathiques* expressed its willingness to purchase land for the erection of new and suitable buildings, and the result is the present Hospital Saint-Jacques.

The new building is in every way well adapted to its noble purpose; its methods of heating, lighting, and ventilation are all of the latest and best; the arched ceilings give an effect of great height and airiness to the wards. There are forty free beds and several private wards. It is estimated that at least 60,000 francs annually will be required to meet the running expenses, and for this sum Dr. Crélin, in his opening address above referred to, made a most eloquent and touching appeal. We are tempted to

quote a few words, which might well be addressed to the friends of our own well-beloved Massachusetts hospital:—

. . . “For what circumstance of your lives should not, from some point of view, move you to generosity and charity? When your hearts are full of sacred joy at the coming of a little child into your happy home . . . when you pledge yourselves to God in the first communion taken before His altar . . . think of the poor, in giving to whom you give to Him, and be charitable toward this hospital, whose mission it is to minister to them. Has one of your dear ones passed from you through the shadow of death? Think tenderly of the poor over whom that shadow is also hanging, made darker by the grim shades of poverty; and for your grief’s sake be charitable to the hospital whose mission it is to lighten the griefs of others. . . . We are not asking now for posthumous gifts; may the day be far distant when for any such sad cause we shall receive money from friends as generous as you! Yet we trust we shall not even then be wholly forgotten. We remember even now the amazement with which we learned that the English lady who once offered Dr. Petroz 400,000 francs for a hospital, remarking at the time that the Bible and homœopathy were the two objects of her devoutest faith, at her death left 300,000 francs to the allopathic hospital, already immensely rich, of her own city! Let us trust that no such record will ever be written of any friend of homœopathy now present.”

We extend our heartfelt good wishes for the continued prosperity of this good work, now, after so many struggles, so successfully inaugurated. It may be that the homœopathic physicians of the United States can render material aid to this prosperity. Out of their many patients who go abroad from year to year, no small number make their home, for a longer or shorter time, with the “American colony” at Paris; and no such patients should leave America without a knowledge of the situation and purposes of the Hospital Saint-Jacques, and an earnest suggestion to manifest, during their holiday, some practical interest in this wise and worthy charity. The proverbial American generosity would hardly fail to respond substantially to some such timely suggestion and appeal.

THE NATIONAL HOMŒOPATHIC HOSPITAL.

WE reprint elsewhere, in full, the report lately received from the committee of the National Homœopathic Hospital, of their recent attempt to unite this institution with the Garfield Memorial Hospital on terms just to the representatives of both schools of medicine. This report strikes us as very interesting and suggestive reading, and we would commend the facts therein related to those optimists who claim that the time is come to drop all distinctive medical titles and fuse the claims and teachings of homœopathy into the school of "scientific medicine." Whenever this millennial idea comes under consideration, one is tempted to quote in a spirit of prophecy the saying of the cynical Scotch divine, that in the time to come the lion and the lamb may indeed lie down together, but the lamb will probably be inside the lion. Some such terms as these, metaphorically speaking, seem to have been proposed by the committee of the Garfield Memorial Hospital as the sole conditions of "fusing" that institution with the National Homœopathic Hospital.

To our mind, the representatives of homœopathy have acted wisely in thus refusing to accept for it the rôle of silent partner in an enterprise in which homœopaths, perhaps somewhat prematurely, have already invested so considerable a capital of money and influence. We trust that the National Homœopathic Hospital will soon be an established fact, as it is now a wise ambition. To raise funds toward this end, it is proposed to hold a national fair at Washington about the middle of next December. Every State of the Union is earnestly requested to contribute thereto by furnishing at least one table. We are sure that Massachusetts, for one, will respond efficiently and generously to this appeal. The plan suggested — that delegates from the various societies in each State form a State committee to superintend all arrangements relating to the State table — is an excellent one, and our societies cannot too early take steps toward putting it in execution.

THE SOUTHERN HOMŒOPATHIC PELLET. — We welcome to our table our friend, the *Texas Homœopathic Pellet*, which now, in the first issue of its third volume, presents itself in a fine new dress, with thirty-two instead of its wonted twenty-four pages, and under its new title of the *Southern Homœopathic Pellet*. "A rose by any other name," etc., is a trite quotation; so instead of finishing it, we wish our esteemed and energetic Southern contemporary all success in its new departure.

ACONITE IN ACUTE SCIATICA.

BY THOMAS NICHOL, M. D., LL. D., B. C. L., MONTREAL, CANADA.

ON May 10, 1884, I was called to J. R. D——, Notre Dame Street, who, two days before, had been attacked with sciatica. When I saw him his state was as follows: the neuralgia affected the sciatic nerve of the left side between the great trochanter and the ischium, extending down the limb to the ankle. It commenced as a dull and painful dragging over the hip, soon succeeded by very acute pains, tearing and lancinating, darting like lightning along the entire track of the nerve. The pain, which was accompanied by numbness and tingling, passed from above downwards, and at times it was very deep-seated, apparently in the bones. Remissions were rare and incomplete; in fact, the pain was never entirely absent. It was so excruciating that the patient could neither move the affected nor the non-affected limb, and the slightest touch produced an almost insupportable aggravation. The feet were cold, with occasional cold sweat, and the toes were the seat of sharp, shooting pains, alternating with numbness and tingling. A grain of *aconitum napellus*, 3d decimal trituration (Otis Clapp & Son), was dissolved in six teaspoonfuls of water, a teaspoonful every hour.

Next day, May 11, there was a very slight amelioration of the pain. The patient could move the affected limb a little, and could bear to be touched. Continued *acon.*³ as before.

On May 12, the patient was so much improved that he was able to sit up. Continued *acon.*³.

When I entered the bedroom on the morning of May 13th, — the fourth day of my attendance, — I found that the patient was absent. In a few minutes he entered, walking rapidly and firmly, with a very little help from a cane. The formerly excruciating pain was now represented by an occasional twinge, which did not interfere with sleep or locomotion, and, after a few more visits to guard against a relapse, the patient was dismissed cured.

Many of the leading therapeutists of the homœopathic school, Bæhr, Lilienthal, Raue, Marcy, and Hunt, make no mention of *aconite* as a remedy for this most painful complaint. Even Charles Julius Hempel, the most enthusiastic devotee of *aconite* that ever lived, is silent as to its victories over this disease. — On the other hand, Laurie observes that "*Aconitum* is required when considerable constitutional disturbance attended with fear is present"; and Dr. Richard Hughes, our best living writer on homœopathic therapeutics, remarks, "When the affection is recent, it yields readily to *aconite*, which I have always given here in the 1st decimal dilution." Ruddock, however, gives us the chief

indication in few words: "*recent inflammatory excitement in the nerve sheath*"; to which Constantine Hering adds the additional indication, "when there is a numbness in the limbs or the toes."

I feel certain that *aconite* in material doses is the leading remedy in acute sciatica, for I have cured many cases during the last thirty years with this remedy alone.

HOW FAR ARE LOCAL APPLICATIONS NECESSARY IN
THE TREATMENT OF SKIN DISEASES.*

BY J. GALLEY BLACKLEY, M. B.

Gentlemen, — As diseases of the skin form a by no means inconsiderable part of the round of cases we are called upon to treat in general practice, the question of the necessity of local applications in addition to internal treatment must have presented itself very frequently to all treating cases homœopathically; and as the tendency of modern dermatology, headed by Hebra and the men of his school, is rather towards topical applications and to the neglect of the internal medication formerly thought necessary, it must naturally occur to every one of us as being in the highest degree desirable to determine how far external applications should be allowed to supplement or even take the place of internal remedies.

In the few remarks I am about to make I have avoided even the semblance of a deliberate essay upon the subject, for I came amongst you this evening to learn, and in the hope merely that a few somewhat disjointed thoughts upon the subject may be at least provocative of discussion.

On looking through the earlier volumes of the various homœopathic journals, it will be at once perceived that the majority of the cures recorded were accomplished either with internal remedies alone, or with the assistance of the simplest possible forms of local dressings, the majority of the latter being confessedly used merely to allay local irritation. As these latter are manifestly only palliatives, we may perhaps leave them out of our discussion, for their name is legion, and it by no means follows that an application which entirely relieves smarting or itching may have any perceptible effect upon the progress or duration of a case of psoriasis, for instance.

Speaking for myself, I must confess that my success in the treatment of chronic skin affections, on the lines laid down by Rutherford Russell and the few of our earlier homœopaths who

* Reprinted from the *Annals of the British Homœopathic Society, and of the London Homœopathic Hospital*, No. LIX., August, 1884.

have written upon skin diseases, has been far from encouraging, and I find myself constantly confronted with the question of external treatment, what to use and when to use it. It may seem paradoxical at first sight that an affection, like eczema for instance, which is so obviously dependent in the majority of cases upon a general dyscrasia, should be materially influenced by attack from without, but that it is so influenced there can be very little doubt, for, besides our own experience, we have before us the considerable proportion of really brilliant cures accomplished nowadays by men of the old school by means of external remedies alone. It being granted that such cases are genuine, let us endeavor to decide the reason of the beneficial results of purely local treatment. Let us take the commonest of skin diseases, eczema, for purposes of illustration.

In cases of acute eczema, one of the chief indications is to remove the waste products as simply and expeditiously as possible. In *E. rubrum*, and other cases of less severity, the serous exudation of itself possesses highly irritating properties and inevitably causes spreading of the affection if allowed to flow over the sound skin; a simple wash of lime-water and glycerine, with oxide or carbonate of zinc in suspension, applied on linen rags, will neutralize the irritating properties of this serous effusion, and the case cures itself. A simple bread-poultice used persistently, as to eczema of the scalp, will occasionally cure this obstinate affection without internal treatment of any kind.

In a large number of cases much good is accomplished by mere protection of the diseased surface from the air and from water (*i. e.*, the hard water supplied to most large towns), and in my hands the india-rubber glove and india-rubber bandage have seen the beginning of steady improvement in cases where internal remedies alone have been powerless.

The latest development of what may be called the protective treatment of diseases consists in the application to the skin of films of gelatine or gutta-percha, either medicated or plain, and, although the method may be said to be still on its trial, it seems to promise well. The case of artificial eczema exhibited at the last meeting of the society has been much benefited by having the hands and arms painted with a varnish of gutta-percha in chloroform, medicated with *Salicylic acid*.

Much good may be accomplished at times by the external use of drugs which have a tendency when used continuously to aggravate the disease. To this class belongs *Chrysophanic acid*, now so largely used in psoriasis and other chronic skin diseases. I have seen several most successful cases which have yielded to *Chrysophanic acid* ointment after defying all other treatment. It has been said with reason that *Chrysophanic acid* acts not

merely by its local action, but specifically on the disease by reason of its absorption through the skin into the system, and Prof. Charteris, of Glasgow, cured psoriasis of one leg by applying the ointment of *Chrysophanic acid* to the opposite limb. The same result has been obtained more slowly by internal administration of the drug. I have had one most successful case of over thirty years' standing, where comparative cure has followed the internal administration of *Ac. chryso-ph.* 3x trit., the treatment being spread over many months.

Granting that a certain amount of absorption may take place through the skin, the point which manifestly concerns us most as homœopaths is as to whether it is not feasible to supplement internal treatment by the outward application of the same or similar drugs. This is a question which I have set myself to elucidate if possible in the skin department of this hospital, and I hope at an early date to be able to lay before you some of the results, good, bad, or indifferent, as the case may be, of this method of treatment. It is not by any means new, for it has been recommended by Drysdale in the case of *Kali bichromicum* in the treatment of lupus and chronic eczema, and by Wielobycki in the treatment of phlegmonous erysipelas by means of *Arsenic*. The simultaneous internal and external use of *Thuja* in condylomata is well known to all. I am in the habit of treating the eczema impetiginodes capitis of children (usually commencing as seborrhœa) by means of *Sulphur* internally and a mild ointment of *Sulphur* (3j to ʒj) applied locally, the crusts having been first removed with a bread poultice.

A small class of cases, known under the name of eczema marginatum, intertrigo marginatum, etc., consisting of a fungoid growth propagated in a previously tender skin, may generally be cured completely by appropriate local applications; in the case of *E. marginatum* a lotion of *Corrosive sublimate* (1 to 500), dissolved either in water or glycerine, is usually all that is required.

In parasitic diseases proper, itch, tinea, etc., the necessity of external remedies in the form of parasiticides is so obvious that I think we need hardly lose time by discussing the matter, although I have met with here and there an enthusiastic high dilutionist who has cured ringworm by internal administration of *Sep.* 30, and itch by pilules of *Sulph.* 200. All I can say is that his success has been much greater than mine in the very few cases I have seen treated by means of internal remedies alone.

In acute skin affections, then, I would suggest that external remedies are either not demanded at all, or, if required, should be of the simplest possible kind, having for their object merely the relief of irritation or removal of irritating secretions.

In subacute or chronic cases, on the contrary, I would urge

the more frequent use of external remedies, either of external remedies properly so called, *i. e.*, medicated applications, or of applications having a protective action, forming in fact for the time being an artificial cuticle. Perhaps the most hopeful development of cutaneous therapeutics lies in the combination of the two methods, *i. e.*, in the use of medicated films, either of gelatine, gutta-percha, or even of plain vaseline, whilst we are using the same remedy internally.

DISCUSSION UPON DR. J. GALLEY BLACKLEY'S PAPER.

Dr. Dudgeon said he had seen severe eczema previously treated by internal remedies completely cured by Turkish baths. A lady with acne was cured by *Sulphur* externally after trying internal remedies in vain. Hahnemann wrote a paper upon *crusta lactea*, in which he recommended *Hepar Sulphuris* applied locally, he being of opinion that it depended upon a parasite.

Dr. Dyce Brown reminded the meeting that he had read a paper at one of the congresses upon the homœopathicity of certain external remedies. Dr. Brown related a case of impetigo of the scalp where rapid cure was followed by convulsions. In chronic cases, he (Dr. Brown) was of opinion that small patches, if not indicative of constitutional disturbance, might be got rid of quickly. In a case of ringworm treated by powerful caustics for two years, where all external treatment was left off, cure resulted under *Sepia* 12 and *Sulph.* 3.

Dr. Roth had always been an advocate of baths in skin diseases, but objected to the use of external applications without simultaneous internal treatment.

Mr. Butcher thought all had seen cases where the use of external remedies alone had had ill influence. The application of drugs should always be upon the same grounds, whether internally or externally. He (Mr. Butcher) constantly used the third dilution applied locally in addition to internal treatment. The old method of using *Hepar Sulph.* in a stocking was philosophical. Mr. Butcher had seen acne of the face relieved after painting a similar rash on the back with *Iodine*. He also thought it unadvisable to cure spots of ringworm upon the body from the fear of an outbreak upon the scalp. *Hepar Sulph.* he thought one of the best applications in boils and tinea.

Dr. Buck agreed with the essayist in thinking that all applications in acute skin diseases should be of the simplest possible character. In chronic cases the Turkish bath frequently proved of service.

Dr. Goldsbrough, after a considerable experience of eczema of the scalp, had decided to forbid all local applications until internal remedies had been used. He had seen an ointment of *Graphites* very useful in the treatment of psoriasis palmaris and cases of ringworm cured by *Thymol*. He had also seen psoriasis break out again after apparent cure by *Chrysophanic acid*.

Dr. Galley Blackley, in reply, after regretting that he had inadvertently omitted to mention Dr. Dyce Brown's valuable paper, mentioned several cases where the rapid cure of skin diseases had been followed by the development of other ailments, notably of asthma. He had never seen any ill effect follow the rapid cure of tinea either upon the scalp or body, and considered that the indications for treatment were rather the reverse of those suggested by Mr. Butcher. *Thymol*, mentioned by Dr. Goldsbrough, had not succeeded so well in his hands as *Chrysophanic acid* or *Oleate of Mercury*.

DETACHMENT OF THE RETINÆ.

BY W. H. WINSLOW, M. D., OPHTHALMIC AND AURAL SURGEON TO THE
PITTSBURG HOMŒOPATHIC HOSPITAL, PITTSBURG, PA.

MR. J. Q——, a strong, healthy looking man, aged forty-one, served in the army from 1862 to 1865, and received an injury while attending to official duties which seriously injured his sight. He was helping to erect the frame of a commissary tent, and fell from the ridgepole, a distance of about seven feet, striking upon his shoulders and the back of his head. His head and neck were bent violently forwards upon his chest, and there was such a wrenching and crackling of the spinal column that he thought his neck was broken. He was taken up insensible and remained so for some time; then he suffered from severe pain in his eyes, head, neck, and shoulders, with partial loss of vision, retention of urine, and hæmaturia. After a week's confinement in the hospital, he was able to do duty in the construction corps, though the sight of his right eye was almost lost and the left was a little affected. The only treatment he had for the eyes was a liniment rubbed upon the temples. Vision in the left eye had gradually failed.

The eyes appeared healthy externally. The pupils were slightly dilated, the irides of normal color and responsive to light, and the aqueous humor and lenses clear and healthy. Vision in the right eye was $\frac{1}{c}$ Sn.; in the left $\frac{2}{c}$ Sn. ($\frac{1}{400}$); the fields were defective above, and movements of the eyes upwards and downwards destroyed perception of forms. When the eyes were held steady for a few minutes, the lower field was fairly outlined, but objects over it were cloudy.

An ophthalmoscopic examination showed in the right eye detachment of the lower half of the retina, with haziness of the effused subretinal fluid, the débris of a degenerated blood-clot, and fluidity of the vitreous. The upper retina was healthy, the vessels somewhat enlarged, the optic disk in a state of chronic congestion.

The left eye had all of the retina except the upper third detached, the effused fluid muddy and full of floating granules and pigment, the vitreous degenerated, and presenting a beautiful example of synchysis scintillans. The attached portion of the retina appeared healthy, the vessels were enlarged, and the disk congested.

The patient was ever conscious of a veil before his eyes, spotted, netted, sparkling, and flashing, as the intraocular bodies moved with the varying positions of his eyes and his head. There

was no pain, no hope of amelioration, no prospect of ever seeing the world again as others see it, and little to be done by our art, and, as I could not *promise* decided improvement, and the man had been five months under treatment in Nill's Hospital after the war, I dismissed him with admonitions.

There is not the least doubt that the shock of the fall caused hemorrhage and detachment of the lower half of the right retina, and a slight detachment in the lower part of the left. The latter had increased, owing to imprudence and lack of early treatment, until it had even surpassed the right. Contrary to expectation, there was no myopia, a condition liable to favor retinal detachment. All the cases of separation I have ever seen were myopic, and myopic patients ought to be extremely careful of strains and shocks,—the greater the myopia the greater the danger. When I was serving in Nill's Hospital, Philadelphia, in 1871 and 1872, I saw a lad with myopia of $\frac{1}{16}$, who had complete detachment of both retinæ from jumping off a six-foot fence. Many Bostonians are myopic, but fortunately they are also of sedentary habits.

RETENTION OF URINE FROM ENLARGED PROSTATE.

BY HORACE PACKARD, M. D., BOSTON, MASS.

IN answer to a query as to the function of the prostate gland, an eminent professor of physiology humorously answered, "that its chief mission seems to be to trouble old men."

That the chief perversion of its function is to produce retention of urine by senile hypertrophy is attested by a glance at the literature of diseases of the prostate, or a review of current surgical literature.

This trouble is rarely met in men under fifty years of age. Sixty-five to seventy is the time of its most frequent occurrence.

A study of the pathological phases of the gland gives valuable hints as to the course to pursue in catheterizing a patient suffering from the effects of enlargement thereof. The whole gland may become hypertrophied, or one or more of the three lobes may undergo enlargement. In case of the former, there is encroachment upon the urethral canal equally from all adjacent parts of the gland; in the latter, the encroachment may be from one side only (hypertrophy of one lateral lobe), or it may come from hypertrophy of the middle lobe. In one case, there is deviation of the course of the urethral canal toward the sound side; in the other, there is an obstruction in the median line; while on either side the canal may still be permeable.

Bearing these facts in mind, the surgeon is, in many instances, enabled to successfully and safely "pass the catheter," by guid-

ing the point of the instrument to the right or to the left as it enters the prostatic portion of the urethra.

Failing in these manœuvres, three resources are still left to choose from, viz., the trochar, the aspirator, and forcible catheterization.

The bladder may be punctured with the curved trochar, either per rectum or through the abdominal wall, in the median line, just above the pubes. Both modes of operating are attended with danger; but of the two the latter is preferable, as the instrument can remain in for a few days, until a permanent fistula is established, and then a soft catheter of exactly the same diameter introduced, to remain permanently, or until a new one is required.

The important points to bear in mind in this operation are to make the puncture exactly in the median line, and not too near the symphysis pubis. The former precaution is to avoid wounding the recti muscles, which lie close on either side, and the second, to make sure of puncturing the bladder, as, with the curved trochar, and the over-distended bladder rising high in the abdomen, it is very possible to run the instrument down anterior to the bladder and so fail to penetrate its cavity.

The aspirator furnishes a valuable means for evacuating the over-distended bladder safely and without delay, and thus gives the surgeon opportunity to leisurely decide on subsequent measures for permanent relief. The daily use of the aspirator in permanent occlusion of the urethra is hardly practicable or admissible. To give anything like comfort to the patient, the bladder must be evacuated at least twice daily, and such frequent puncture of the abdominal and vesical walls, necessarily within a small space, is productive, sooner or later of inflammatory action (peritonitis, cystitis).

Forcible catheterization, *i. e.*, the forcing of the catheter by or through any obstacle which the enlarged prostate may present, is not deemed a wise procedure. It involves laceration of the tissue of the prostate gland and may result in inflammatory reaction, and complicate matters by the formation of a prostatic abscess.

A CASE OF ENLARGED PROSTATE WITH RETENTION.

BY J. P. RAND, M. D., MONSON, MASS.

(*Read before the Worcester County Homœopathic Medical Society.*)

I HAVE at present a single case, to which I wish to call your attention, — not because of skilful treatment or a brilliant result, but rather to show under what unfavorable circumstances and abnormal conditions life may be prolonged.

Upon the 23d of last September I was called to the Monson poorhouse to attend upon a blind pauper by the name of Rodolphus Hyde. Patient was sixty-eight years old, had been totally blind for forty years, and a public charge for more than half a century. He was suffering from complete retention of urine, which I relieved by passing a medium-sized gum catheter.

Not finding it practicable, as I lived at a considerable distance, to repeat the operation myself as often as it would be necessary, I left the catheter and instructed him in its use, and for the next four days he passed it upon himself.

At the end of that time he was unable to do so, as also was the keeper of the farm, who had often performed the operation upon afflicted paupers. I was sent for in the evening, and, after a two hours' trial, found I could succeed just as well as they had done, and no better. I could not enter the bladder with a hard or soft instrument, and went home troubled and perplexed.

The next morning, accompanied by Dr. Wilkins of Palmer, I again made the attempt. We went through our available stock of catheters, and again we were doomed to disappointment.

Something must be done, and we decided to take the shortest road to the desired end. The aspirator was our reliance. With confidence, we inserted the needle in the median line, about one inch above the symphysis pubis. We felt quite sure of success; but when we turned the stop-cock nothing whatever followed.

We looked at each other and at the patient. It was perhaps fortunate that his blindness forbade his seeing our expression. Neither of us had ever operated before, and neither, at this moment, was over-anxious to do so again. However, we withdrew the needle, and inserted it well up towards the umbilicus, and immediately had the great satisfaction of withdrawing about three pints of urine from the much-distended bladder.

We then and there agreed that an enlarged prostate had been the cause of our failure to pass the catheter and our failure to pass the needle. But where is there a case on record of a bladder lying so high (an inch above the pubes) that a needle introduced at that point would not touch it? By the rectum this gland felt larger than a hen's egg. This, we concluded, had pushed the bladder up into an abnormal position, rendering our topographical anatomy worthless.

Without theorizing further, I will say that, from that date until Nov. 7th, I withdrew the contents of the bladder through the abdominal wall once a day by the aspirator. I did not neglect, at various times, to bring and retry my catheters, — English gum, French olive-pointed gum, soft rubber, Mercier's elbowed prostatic catheter, and the hard instruments of our cases. At times, I injected the urethra with oil and followed with a catheter, but was

never able to introduce one. The patient did not seem to suffer from the operation, save from a left-sided orchitis, which later went on to suppuration, and discharged some pus. There was also an abscess beside the anus, which resulted in fistula.

From Nov. 7th until Dec. 7th, he so far recovered, that, by micturating twenty or thirty times a day, he kept his bladder so far relieved that he preferred not to be operated upon.

On Dec. 7th, the former difficulty returned, if possible in a more aggravated form. I gave my round of catheters another faithful trial, and gave them up in despair. Resorting to the aspirator, I drew off the urine in the old way. Even now he did not seem much changed, save that, instead of dribbling small quantities of urine, as he had done in October, he positively could not pass a drop.

I continued to see him at night and aspirate the bladder. Sometimes I took off over a quart, which must have been far in excess of all the liquid taken by him, as he drank but very little. His appetite remained good, and he moved about the house, and even did some work. One day he worked in the cellar cutting turnips. From that time, according to my best recollection, he began to fail. He did not care to eat, and would get lost in his wanderings around the house. His mouth became parched, his pulse accelerated, and temperature increased.

About Jan. 7th, he did not wish to be dressed. He ate nothing; the bowels became very tender; he lay with his limbs drawn up. In a few days he became stupid, would not answer questions, nor take notice unless he was touched in the bowels. The breath became offensive, the urine smelled badly and contained a trace of albumen. Several discolored spots appeared upon his body that looked like severe bruises; but some were in localities impossible to be injured.

Sunday night, Jan. 13th, I aspirated him. Monday night, I thought him moribund, and did not operate. Tuesday morning at one o'clock, he died.

His medicinal treatment was slight, as there was no one to give him medicine,—and a man old and blind could hardly take it without assistance. Nevertheless, at times I gave him *Aconite*, *Apis*, *Puls.*, *Nux*, and such remedies as seemed indicated for his concurrent troubles. For the last few days he took opium enough to quiet the pain.

Wednesday, Jan. 15th, assisted by Dr. Rogers of Wareham, Mass., I made a post-mortem examination. We found the thoracic organs in good condition. The liver was adherent to the diaphragm and somewhat inflamed. The intestines were adherent in places and discolored. The kidneys seemed hard, darker than usual, and about the normal size. The bladder lay distended,

like a small balloon, and well up toward the umbilicus. It was not adherent to the abdominal wall, save in the median line, where he had so often been punctured. The walls were perhaps an eighth of an inch thick. The internal surface seemed netted over with a ramification of vessels, like the veins of a leaf. The urethral opening was surrounded by a conical growth, which, when depressed by pressure from above, closed it completely, acting like a valve. As I dissected it out posteriorly, an abscess was opened, which contained a drachm or two of pus.

The urethral canal, through the gland, was pervious to a small wire. A catheter might have been passed through it after it had been removed from the body. This gland, which in health is about the size of a horse-chestnut, and weighs three quarters of an ounce, I found enlarged so as to weigh seven ounces, or about nine and one third times larger than it should be. Had I weighed the pus contained, it would have been heavier still. To this enlargement and consequent deformity of the urethra I attribute my inability to pass the catheter, rather than to my inexperience and lack of skill, as I had feared at the time.

I am aware that his treatment is open to criticism in many particulars. His urine should have been drawn oftener; but distance rendered that impossible, and, as far as could be ascertained, he suffered but little pain from delay. He should have had a nurse to administer his medicine and give him constant attention. But that too was impossible, he being, unhappily, a pauper. But, in spite of all defects of treatment and most unfortunate circumstances of life, we find that the life of a man sixty-eight years of age was apparently prolonged one hundred and fourteen days by the use of the aspirator; that he endured seventy-nine operations before inflammation was created sufficient to produce death; that, in spite of a suppurating prostate and impervious urethra, the man did not die of retention of urine, but of another cause. If a result like this could be obtained in pauperdom, what might not have been expected if competent medical skill could have been supplemented by the possibilities of wealth and by the faithful ministries of loving hands?

BURNS.

BY S. E. SYLVESTER, M. D., PORTLAND, ME.

(*Read before the Maine Homœopathic Medical Society.*)

I DESIRE to call your attention for a few moments to a subject which has not of late claimed the attention of the bureau of surgery. I allude to the subject of *burns and scalds*. The importance of a thorough and practical knowledge of the management

of these accidents must be evident to every one, when one takes into consideration their frequency, so much greater in our day than formerly, owing to the use of so much machinery, and the use of coal oil and other inflammable substances for heating and illuminating purposes.

As the general results of burns and scalds are the same, though their causes slightly differ, they may be conveniently described under one head, viz., burns.

Various classifications have been adopted by different authors for convenience of description in treating the subject of burns. I have adopted the one by Dupuytren, wherein the lines are, perhaps, more finely drawn than in any other I have seen. He divides them into six classes or degrees, as follows:—

First, where a small quantity of caloric has been applied for a short space of time, producing a greater or less degree of inflammation of the skin, resembling simple erysipelas.

Second, where there is not only cutaneous irritation, but there is also vesication or the formation of “bladders,” more or less considerable, which resemble strikingly the blisters of very acute vesicular erysipelas.

Third is characterized by disorganization of the dermoid tissue, and its conversion into a hard, black, and dry slough.

Fourth, both the dermoid and subcutaneous tissues are completely disorganized.

Fifth comprises those only in which there is disorganization of the skin and all the subjacent tissues except the osseous.

Sixth, there is carbonization of the osseous as well as the surrounding soft parts.

PROGNOSIS.—The danger from accidents of this kind is in proportion to the extent of the cutaneous surface involved, even though the inflammation may be light, recovery rarely taking place, according to some authorities, when over *one third* of the cutaneous surface has been burned.

Danger may also be apprehended from the supervention of inflammatory fever, which may arise during the first twenty-four hours, and which has a tendency to attack those organs which suffer during the period of shock from congestion. Statistics show that over fifty per cent of the deaths which occur take place during the first twenty-four hours.

Among those secondary affections which may also arise, and to which the patient will be very likely to succumb, may be mentioned bronchitis, pneumonia, peritonitis, gastro-enteritis, and arachnitis. Young persons may be attacked by tetanus. Ulceration of Brunner's glands and consequent perforation of the duodenum is another and most fatal accident, the patient dying from peritonitis or hemorrhage. Ulceration is said to occur in one

out of every four to five fatal cases of burns. There has been much speculation concerning the pathology of this form of ulceration. Why it should attack those particular glands or that portion of the intestinal canal, no satisfactory explanation has to my knowledge been given.

TREATMENT.

The treatment will vary according to the length of time which elapses after the accident before the surgeon is called; but the general indications are, to relieve shock, to alleviate pain, to prevent secondary inflammations of internal organs, to favor the separation of sloughs, to support the system and prevent deformity.

If the patient, seen shortly after the accident, is suffering from shock, *opium*, *camphor*, *arsenicum*, or *veratrum* may be given according to circumstances. It is well during this period, when there is more or less insensibility, to remove the charred, burned, and soiled clothing, which should be carefully cut away, care being taken not to tear away any of the adhering flesh or elevated epidermis. This being done, the parts may be washed with a weak solution of *urtica urens*, spirits of turpentine, or a solution composed of brandy and *urtica urens*, or creosote and water, ʒ i. to Oj. Any vesicles which appear should be pricked by a needle and the water let out. This being accomplished, the next indication is to apply some substance which will absolutely exclude the air. For this purpose a great many substances have been recommended. For superficial burns, cotton has been found an excellent application, more especially in scalds. Carron oil, — named not only for its disagreeable odor, but for the Carron Iron Works of Scotland, — composed of equal parts of linseed oil and lime-water, is a remedy of much repute. I have used it in many severe as well as slight cases, and can testify to its worth. It should be applied freely to the surface, and covered lightly with cotton. Some steamboat companies are required to keep a large supply on hand for use in cases of accident. The disgusting odor of this remedy is with many a great objection. *Emplastrum saponis* has been used by some surgeons with good results. Also equal parts of white of egg and olive oil. Carbolic acid dissolved in glycerine and afterwards in olive oil is recommended by some. Loose bran has been found to be a serviceable remedy, from its property of excluding the air; also fine earth. Either of these could be easily replaced when any happened to drop off. I have, in a very severe case which I shall presently report, used plain cosmoline, thickly spread upon cotton or cotton cloth, and confined by means of a roller. I have also used it in light cases, and always with the happiest results. It is not only very emollient but it is impervious to the air.

When the pain is very severe, Dr. Helmuth, of New York, recommends the following:—

| | |
|----------------|--------|
| ℞ Iodoformi, | 3ii |
| Ungt. Cetacei, | ʒi |
| Ext. Conii, | ʒss |
| Acid. Carbol., | Gtt xx |

Apply over inflamed surface and cover with oiled silk. Should there be indications of convulsions, in cases of children, *opium* may be given. *Arnica* is also a good remedy where there is extreme irritability.

If suppuration is so great as to threaten prostration of the patient, *hepar sulph.* should be given and supportive measures employed.

ILLUSTRATIVE CASE.

Age, twenty years. A moulder and machinist by trade. While engaged in carrying a large retort containing molten brass, suddenly slipped, and fell upon his back, the contents of the retort being thrown upon the anterior portions of his body. The molten mass quickly burned through the clothing, consisting of flannel undervest, thin overshirt, trousers, and drawers. The hands, arms, portions of the chest, abdomen, genital organs, thighs, and legs were burned as the liquid flowed over them. The legs were more severely burned than any other portion of the body, in consequence of the trousers and drawers being tucked into the stockings, thereby retaining the hot material. The upper extremities and trunk were burned from the first to the third degree of Dupuytren. That portion injured to the third degree was found in patches, in themselves not covering any great extent of surface; but the most extensive surface burned was in the second degree. As one would naturally expect, these degrees were not closely marked or defined, but, as in any extensive burn, nearly all were represented. The calves of the legs, where the hot material was confined, were burned to the fourth degree. The genital organs were fortunately only burned to the second degree.

I saw the patient in little less than an hour after the accident, and found that his parents had removed nearly all of his clothing, and were busily engaged in grating potatoes, with which they were covering him, while he was suffering intense pain. I at once directed the grated potatoes to be removed, and, as soon as the parts were thoroughly cleansed, applied a thick coating of *plain cosmoline*, spread upon cotton cloth, confined by means of a roller, lightly applied about the limbs.

It was found necessary to resort to *opium* to alleviate the pain, although the cosmoline gave a great degree of comfort

This dressing was renewed every morning and night, the parts being bathed with a solution of *calendula*.

The shock, which was lighter than one would expect in such a case, was relieved by *opium*. There were no indications of any of the internal organs becoming affected in any manner, and the sloughs upon the legs were removed in the course of three or four days, the cosmoline acting as a most satisfactory emollient. No other local application was required during the whole treatment of the case. The patient recovered at the end of two months. As might be expected, our greatest apprehension was in regard to the legs, fearing lest we might have the much-dreaded contraction of the cicatrix; but such was not the case. The granulations were healthy, and the cicatrices, though large, did not contract.

I have recently seen a case reported in the *New York Medical Record* where no other application than cosmoline was used in a very severe case of burn, and the results were satisfactory.

*REPORT OF THE COMMITTEE OF THE NATIONAL
HOMŒOPATHIC HOSPITAL.*

INTRODUCTION.

As some explanation may be necessary to a thorough understanding of the following report, the Committee on Organization begs leave to state that the Garfield Memorial Hospital was organized under the auspices of homœopathic as well as allopathic adherents, who, in the erection of said hospital, desired to see a fitting tribute to the memory of the martyr President, whose life had been a practical illustration of freedom from the prejudices of ignorance and from the consequential intolerance of pretentious schools. Recognized as a homœopathist in his use of medicine, and as the simplest worshipper in his religious practice, a humane institution of that character, vouchsafed by the declaration in the charter that the object was "to establish and maintain a General Hospital, to be located in the District of Columbia, for the gratuitous medical and surgical treatment of all persons, without distinction of race, sex, or creed," seemed to be a proper one for the homœopathists to join, and thus, in company with other spirited and patriotic citizens, honor the great magistrate who had fallen by the hand of the assassin. The homœopathists, therefore, with a full expectation of fair representation in the administration of said hospital, contributed largely to the fund necessary for the accomplishment of the worthy object, and added their moral influence to secure its success. Imagine their surprise when they found that in

the Act of Incorporation the thirty-seven incorporators are almost exclusively allopathic, seven of whom the most bigoted and intolerant allopathic physicians (not a single homœopathic one being named) with a life tenure of office, and "all vacancies occurring among said incorporators, whether caused by death, resignation, or otherwise, to be filled by the remaining incorporators," and that a board of directors of fifteen, who "shall have the charge, control, management, and custody of the property, funds, and affairs of the corporation, etc., to be appointed annually by said incorporators."

Thus fortified, the allopaths bought property and erected the Garfield Memorial Hospital, the funds for which were gathered, under the false pretence of making no distinctions on account of *creed*, from the homœopaths as well as the allopaths. The National Homœopathic Hospital Association, and particularly those of its members who had largely contributed from their purse, felt aggrieved at such treatment, and resolved to make a union of the two hospitals, or protest with all their power against this act of piracy. For that purpose they requested the incorporators of the Garfield Memorial Hospital to appoint a committee to confer with a like committee of the National Homœopathic Hospital, with a view to bring about a union of the two hospitals under such guarantees as may be acceptable to both associations. The two committees were appointed and met, with the result that the following report will demonstrate.

T. S. VERDI, M. D.,

LEWIS CLEPHANE,

G. E. HAMILTON,

Committee on Organization.

REPORT.

To the Board of Trustees of the National Homœopathic Hospital:

The undersigned, a committee appointed by the National Homœopathic Association in April, 1884, and subsequently by the board of trustees of said hospital, to take all proper and necessary steps to bring about a union between the National Homœopathic and the Garfield Memorial Hospitals, beg leave to submit the following as a report of their action in the premises:—

Immediately after its appointment, as aforesaid, your committee addressed a communication to the board of directors of the Garfield Memorial Hospital upon the subject of a union of the two hospitals, urging its advisability and advantages, and asking the appointment of a committee by said board to confer with the undersigned as to the proposed union and the steps necessary to accomplish the same.

That communication was favorably considered by the Garfield board, and Mrs. Senator Blair, Mrs. Lander, and Messrs. H. A. Willard and B. G. Lovejoy were designated by said board a committee of the Garfield Memorial Hospital to meet and confer with the undersigned upon the questions under consideration.

By appointment the two committees met at the residence of Mrs. Charles Nordhoff, and the undersigned, on behalf of the Homœopathic Hospital, presented the following as a fair and reasonable basis of union:—

Proposed Basis of Union of the National Homœopathic Hospital and the Garfield Memorial Hospital.

That the by-laws shall be amended so as to provide as follows:—

First. All vacancies on the board of incorporators, however caused, shall be filled from among homœopaths or persons favorable to homœopathy until both schools of medicine are equally represented on said board.

Second. There shall be a board of directors of members chosen equally from both schools, or persons favorable to both schools, all of them to be laymen of known integrity and business qualifications.

Third. All vacancies occurring among directors by death, resignation, or otherwise shall be filled by said directors, and the persons so appointed shall be chosen from the same school of medicine as his predecessor. The persons so appointed shall hold their office until the next election of directors by the incorporators.

Fourth. That the hospital shall be divided into two departments, to be called Allopathic and Homœopathic Departments.

Fifth. That the medical government of each department shall be conducted by a staff of competent physicians of the school to which the department belongs.

Sixth. That each staff shall appoint medical officers to serve for a definite period in their respective departments.

Seventh. That the matron or person in charge of the institution shall receive and assign the applicants to the departments in the following manner:—

1. Each applicant shall be assigned to the Allopathic or Homœopathic Department according to his or her expressed preference. In the case of children, as the parents or guardians shall prefer.

2. Applicants expressing no preference shall be assigned alternately to each department.

3. A book shall be kept by said matron, or person in charge, so arranged as to show those who expressed preference and

those who did not, and how assigned, such book to be open to the public.

Eighth. Each department shall have a visiting committee of its own school.

Ninth. All funds to be collected indiscriminately by both schools of practice, and distributed by the directors according to the requisitions made by each staff or resident physician on the board of directors.

Tenth. All standing committees shall be composed equally of members of both schools of medicine.

The committee of the Garfield Hospital asked that it should be permitted to take the basis proposed under consideration, and, at the suggestion of said committee, was adjourned for one week.

At the appointed time the committees again assembled at the residence of Mrs. Nordhoff, and Mrs. Lander, on behalf of the Garfield committee, presented a paper styled a report, which was, we were informed, said committee's reply to the propositions of union submitted by the National Homœopathic Hospital Committee.

That report is as follows :—

“This committee recognizes the fact that the Garfield Memorial Hospital was not in its incorporation identified with any school of medicine, and that the board of directors is untrammelled by any restrictions, being only obligated to pursue such a course as shall tend to the establishment and maintenance of a hospital for the relief of all sufferers.

“The committee of the Garfield Memorial Hospital have respectfully and earnestly considered and discussed the propositions submitted by the National Homœopathic Hospital.

“They do not deem it necessary to enter, at this time, into the details submitted, but confine themselves to the main proposition, namely, the provision for the accommodation of homœopathic patients.

“In reference to this they state that they shall take pleasure in reporting to the board of directors of the Garfield Memorial Hospital the following recommendations :—

“That a part of the Garfield Memorial Hospital shall consist of a wing to be dedicated to the reception of homœopathic patients under the charge of a homœopathic medical staff, matron, and nurses, together with a diet kitchen.

(Signed)

“B. G. LOVEJOY,

“*Sec. Com. of Garfield Memorial Hospital.*”

To this report, which the Garfield Committee declined to discuss or consider in conference, your committee made the following reply :—

WASHINGTON, D. C., May 3, 1884.

To Mrs. H. W. BLAIR, Mrs. J. M. LANDER, B. G. LOVEJOY, Esq., and
H. A. WILLARD, Esq.,*Committee of the Garfield Memorial Hospital :*

The undersigned are unable to find in the "recommendation" submitted by your committee at the conference of May 2 a fair or even practical substitute for the "basis of union" heretofore offered by us on behalf of the National Homœopathic Hospital.

We cannot, therefore, give to the provision of said recommendation our approval, and decline to adopt the same as a conference report.

We respectfully ask that your committee, in reporting to the board of directors of the Garfield Memorial Hospital will lay before said board the "basis of union" heretofore offered by us, together with a request that a representation of our committee may appear at the meeting of said board wherein that basis is considered, in order to make such explanations as may be pertinent and proper.

Very respectfully,

MRS. LEDA NORDHOFF,
MRS. REBECCA SPRINGER,
LEWIS CLEPHANE,
G. E. HAMILTON,

Committee.

The above communication of May 3 was not answered or noticed in any way until May 31, when the following note was received :—

GARFIELD MEMORIAL HOSPITAL, NO. 1732 G STREET, N. W.,

CITY OF WASHINGTON, May 31, 1884.

To Mrs. LEDA NORDHOFF, Mrs. REBECCA R. SPRINGER, Mr. LEWIS
CLEPHANE, and Mr. G. E. HAMILTON,*Committee of the National Homœopathic Hospital :*

I am instructed to respectfully inform your committee that the board of directors of this hospital referred the communications and report in the premises to the board of incorporators, and that the last-named body adopted the following by-law :—

"The executive committee shall provide that homœopathic treatment shall be furnished to those patients who desire it, provided the physician selected for such purpose shall render his services upon the same terms as the medical staff of the hospital."

Trusting that this provision may meet with your approval, and that of your board, I am, very respectfully,

B. G. LOVEJOY.

To this note your committee addressed the following reply :—

WASHINGTON, D. C., June 13, 1884.

B. G. LOVEJOY, Esq., *Sec., etc. :*

My dear Sir,—Your favor of May 31 was duly received, and the absence of several members of our committee prevented an earlier acknowledgment.

It is needless for us to say that the by-law referred to in your communication as having been adopted by the board of directors of the Garfield Memorial Hospital does not in any wise meet the wishes of the National Homœopathic Hospital, expressed in the proposition submitted by us to your committee, and cannot therefore be accepted as a reasonable basis of union.

To our request for a hearing before the board of directors at the meeting when our proposition for union should be considered, we were not accorded the courtesy of a reply.

Respectfully,

G. E. HAMILTON,

Sec'y of Com.

It is respectfully submitted that from the foregoing it will appear, —

First. That your committee have used all proper efforts to bring about the union of the two hospitals upon a basis reasonable in its terms and just and equal to both.

Second. That such a union is not desired by the Garfield Memorial Hospital, and that the offers made on behalf of the said hospital are unreasonable and illiberal, and made with the knowledge that they could not be entertained or accepted by us.

Third. That the failure to unite said hospitals must needs rest upon the directors of the Garfield Memorial Hospital, and upon them alone.

Respectfully submitted,

G. E. HAMILTON,

Sec. Com.

REVIEWS AND NOTICES OF BOOKS.

PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M. D. Fifth American from the Sixth English Edition. Philadelphia: Henry C. Lea's Son & Co. 1884. 481 pages.

This edition of a work which has deservedly had an enormous sale, a work which the London *Lancet* calls the best in the English language on the subject, contains one hundred and thirty-four pages more than its predecessor. Of these, almost sixty are devoted to an entirely new and interesting chapter on "Vegetable Parasites and the Germ Theory of Disease," by Stanley Boyd, the author's surgical colleague, who has also rewritten the old chapters on "Septicæmia and Pyæmia," on "Tumors" and on "Regeneration." Besides these, the changes in other portions of the work are not of very great importance, except on the subject of *Tubercle* and *Phthisis*, in which such great developments have been made within a few years. Here we are pleased to see that the author expresses substantially the same views which Coats, in his recent able work on pathology, expressed, and which are held by Prof. Austin Flint, and in fact by the majority of scientific physicians of the present day, — views which met with almost unanimous acceptance at the recent World's Congress of allopathic physicians at Copenhagen, — recognizing Koch's *bacillus tuberculosis* as the *cause* of phthisis and of all tuberculous processes, giving credit also to the other equally necessary factor, — the predisposition of the patient, his susceptibility, inherited or acquired, the peculiar fitness of the

soil to receive and propagate the bacillus. The author's views on the relation of scrofula to tubercle are very sensible. The whole work, which is very inexpensive, may be read with profit by physicians and students generally.

H. C. C.

A MATERIA MEDICA OF DIFFERENTIAL POTENCY. By B. F. Underwood, Ph. D., M. D. New York: A. L. Chatterton Publishing Company. 1884. 215 pages.

This book is introduced to us as "a contribution to the vexed question of the dose." In it the author gives the conclusions at which, after an exhaustive and analytical study of existing medical literature, he has arrived in regard to the potency of the homœopathic remedy which is of most service in different diseased conditions. As is just, his studies on this subject have not been confined to any one shade of opinion or practice. The book is divided into two parts, Part I. being a short introduction comprising theories, explanations, and an expression of the author's opinions concerning drug action; Part II. is a presentation of seventy of our principal remedies in a condensed schematic arrangement; the schema giving the "specific indications" is preceded by the "general indications" briefly given. The symptoms calling for a low potency of the drug are marked by an asterisk; those in which the higher attenuations are more efficacious are unmarked.

Although in actual number of pages this is a small book, it represents a vast amount of labor and research, and its author is to be congratulated on the patience and energy he has brought to the task. We regret exceedingly, as we too often have occasion to do in similar works, that authorities are not named in connection with statements made; for instance, one reads:—

"**BRYONIA ALBA.** In the low attenuation, Bryonia acts favorably in gout, pericarditis, gastrodynia, inflammation of serous membranes with exudation, rheumatism with deposit, bilious headache, dyspepsia from affection of the liver, bilious vomiting, and liver affections.

"In the higher attenuation, it is adapted to diarrhœa, vomiting, cholera symptoms, constipation, rheumatism, myalgia, pneumonia, bronchitis, mastitis, dysmenorrhœa, nervous or myalgic headache, and neuralgia."

"**KALI BICHROMICUM.** The curative action of this remedy is best shown in the medium and higher attenuation and depends upon its secondary or vital action. The lower or antipathic effects have not been developed. In the cases reported as cured, the attenuations from the 3x to the 6c have acted favorably."

"**RHUS TOXICODENDRON.** The lower attenuations of Rhus will be found to be indicated in rheumatism, paralysis, diseases of the eyes.

"In the higher potencies it is adapted to eruptions and diseases of the skin, diarrhœa, dysentery."

These and the "specific indications" which follow are presumably, for the most part, quotations; but, as no references are given, one is unable to go to the originals for purpose of verifying anything that may seem to him questionable. Not that we

desire to challenge Dr. Underwood's accuracy, but *humanum est errare*; and in scientific matters, mere statements are of no great weight apart from the foundations on which they are based or the records of the original experiments supporting them.

The author, as far as we can discover, nowhere defines what he considers a "low" or "high attenuation." That he has faith in the curative action of "high potencies" cannot be doubted; yet it is seldom that anything more positive than this vague term "high attenuation" is used by him. Whether there is any difference between the action of the 30 and that of the 5,000 that would give grounds for preference of the one over the other is a point left to the reader's judgment, unhelpt by any suggestion from Dr. Underwood.

The "vexed question of the dose" will remain a "vexed question" indeed, so long as there is any shrinking from the use of exact figures; and if order is ever to be brought into the present chaos, it must be by the employment of no such indefinite terms as "high" or "low" or "medium" potencies.

At the risk of becoming tedious, we must enter, in this connection, yet one more protest against regarding the "clinical test" as in the least decisive or "crucial," unless such tests be employed on a most extensive scale and a sound scientific basis.

In spite of what we must consider its drawbacks, Dr. Underwood's work merits very serious consideration, and the author deserves not only the substantial thanks of the profession for his book, but the hearty co-operation of his colleagues in verifying and correcting the indications therein contained.

CHOLERA AND ITS PREVENTIVE AND CURATIVE TREATMENT.

By Dwarkâ Nâth Rây, M. D., L. S. A., with an Introduction by T. F. Allen, A. M., M. D. New York: A. L. Chatterton Publishing Company. 1884. 128 pages.

This little book gives the history, the different theories concerning the ætiology, the symptoms, sequelæ, morbid anatomy, and treatment of cholera. The latter portion (treatment) is full and exact. Both allopathic and homœopathic treatments are given, the latter being dwelt upon with satisfactory minuteness even to the mention of the potency considered most desirable. The work has a special value in view of the fact that an epidemic of this dreaded disease threatens to invade our country at no distant date. The author's nationality makes it especially appropriate for him to deal with this subject. The book is pleasantly written, and is likely to be of great practical service.

THE THERAPEUTICS OF INTERMITTENT FEVER. By H. C. Allen, M. D. Philadelphia: F. E. Boericke, 1884. 340 pages. Second edition.

This second edition of Dr. Allen's work is enlarged, and, to a

great extent, rewritten and rearranged. It opens with a short introduction of about twenty pages, in which the author refers to the examination of the patient, the selection of the remedy, the potency, and how to administer it. In discussing the cause of intermittent fever, Dr. Allen says he "has no theory to advance, and none to disprove, except such as interfere with the successful homœopathic treatment of this *bête noir* of our profession. As yet we are unable to offer an intelligent explanation of the *cause* of sporadic or epidemic intermittent fever that will bear the test of scientific investigation. . . . For me and my patient, this simple fact is all-sufficient, . . . that the objective and subjective symptoms of which he complains are in every respect similar to those produced on the healthy subject by —" a certain drug. The important thing, therefore, for the therapist to do is to select the simillimum; and to assist him in doing this the author devotes the second part of his book, about two hundred and thirty pages, to giving the symptomatology relating to intermittent fever, of one hundred and forty-seven remedies, illustrative clinical cases and remarks being freely interspersed.

Then follows a carefully prepared repertory, without which the therapeutic indications would be of but little service. The usefulness of the book is self-evident, for intermittent fever is well named by our author the *bête noir* of the medical profession, especially perhaps of those members of it whose field of work lies in the West and South. Dr. Allen's work will be a welcome friend to puzzled practitioners in many a hurried and anxious hour.

In type and general appearance, the work may safely challenge criticism.

REVUE BIBLIOGRAPHIQUE UNIVERSELLE DES SCIENCES MÉDICALES, publiée par fascicules mensuels, grand in-8°, par le Dr C^e Meyners d'Estrey. Chroniques mensuelles, comptes rendus, résumés analytiques, traductions, analectes, librairie médicale. presse médicale, travaux on langues étrangères, mémoires, variétés, notes de thérapeutique, informations, communications.

INDEX ALPHABÉTIQUE ANNUEL DE LA PRESSE ET DE LA LIBRAIRIE MÉDICALES, volume supplémentaire de la *Revue bibliographique universelle des sciences médicales*, formant un répertoire général des travaux de l'année précédente.

Abonnements : *Revue et Index*, un an 30 francs. *Revue seule*, 15 fr. ; *Index seul*, 20 fr. Un numéro de la *Revue*, 1 fr. 50. Administration et Rédaction, 6, place Saint Michel, Paris. Vente au numéro à la librairie Berthier, 104, boulevard Saint-Germain. Paris.

For several months we have taken much pleasure in welcoming to our table this visitor from over the sea, but space and time have been lacking, until the present moment, to extend to

it a formal greeting and commend it in detail, as we have greatly desired to do, to the acquaintance and favor of the medical profession at large. As its title indicates, this periodical is a sort of monthly index of articles of general interest on both medical and surgical subjects which appear in medical journals the world over. Not only journals in French, English, and German are consulted, indexed, and reviewed, but also the less accessible but not necessarily less valuable publications in the Scandinavian and Russian, Spanish and Italian languages. In connection with this invaluable index, the *Revue* offers us complete lists of the books issued from month to month by the medical publishers of all countries; also abstracts of the most remarkable chapters or articles indexed, with editorial comments, and occasionally a paper published in full.

The task thus accomplished by the *Revue* from one month to another is an immense tax on patience, accuracy, and good judgment, but we have no hesitation in saying that it is admirably performed. The value of the publication is evident at sight. Not only is it invaluable to an overworked editor, showing him what his contemporaries, known and unknown, are saying to the world; it is of immense use also to would-be authors, giving them information as to where they may find the latest and wisest words on the subject they propose to treat; to theorists, pointing out to them the whereabouts of clinical cases which may strikingly illustrate their point; to specialists, keeping them constantly *au courant* of the new methods of treatment which may help them toward fame and success. To all such we heartily commend it; and also to scholarly physicians everywhere, who will find it a sort of professional telephone, bringing across the world helpful messages which else would most probably be lost to them.

The establishment of the *Revue* is a great and worthy enterprise, likely to be of lasting benefit to those whom its purpose is to serve. But the success of the enterprise lies in great measure, outside its editors and publishers, with the profession at large. Should it fail for lack of support by the profession, it would be a matter for lasting regret.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY. By R. A. Witthaus, A. M., M. D. New York: Wm. Wood & Co. 370 pages.

No better idea of the purposes of this book can be given than the one suggested in the following words of the Preface: "In the preparation of this Manual the author has striven to produce a work which should contain as much as possible of those portions of special chemistry which are of direct interest to the medical

practitioner, and at the same time to exclude, so far as possible, without detriment to a proper understanding of the subject, those portions which are of purely technological interest. The descriptions of processes of manufacture are therefore made very brief, while chemical physiology and the chemistry of hygiene, therapeutics and toxicology have been dwelt upon." The author's knowledge of the needs of medical students in this branch of science, acquired by personal experience as a student and a teacher, and his acknowledged ability as a chemist, render it unnecessary to multiply words in praise of a work which at present stands unsurpassed in its special field.

MATERIA MEDICA AND THERAPEUTICS. By J. Mitchell Bruce, M. D. Philadelphia: Henry C. Lea's Son & Co. 1884. 547 pages.

This is another of the series of "Manuals for Students of Medicine," published by this enterprising house. It will naturally be of less practical use to the student of homœopathic materia medica and therapeutics than its predecessors in the series. The division on materia medica seems to be but little more than an abridged pharmacopœia, giving the names, "sources," "characters," "composition," "action and uses," and "dose" of the drugs and remedies condensed into as few brief words as possible. The division on therapeutics expounds the doctrines and theories held by the "regular" school of to-day. The uses of the manual, upon the whole, are, for the homœopathist, very limited.

EPITOME OF SKIN DISEASES. By T. Colcott Fox, B. A., M. B. Philadelphia: H. C. Lea's Son & Co. 240 pages.

This is the third American edition of a well-known and useful book. Besides its usefulness to the student in his early study of dermatology, this edition has the additional value of being a manual to be used for ready reference by the practitioner; there being added at the end of the volume one hundred and fifty numbered formulæ, reference to which is made when discussing the treatment of the diseases considered. The descriptions of the diseases are arranged in alphabetical order, and the entire work is a model of conciseness and convenience.

BOOKS AND PAMPHLETS RECEIVED.

THE CARE AND FEEDING OF INFANTS. By Doliber, Goodale & Co., Boston, Mass., being a pamphlet giving analyses and testimonials to the value of Mellin's Food, with directions how to use it. A copy of the book will be sent free to any address.

PUBLIC HEALTH LAWS OF ILLINOIS and Sanitary Memoranda for the Information and Use of Local Health Authorities and Others. Illinois State Board of Health. 1884.

TWENTIETH REPORT OF THE TRUSTEES OF THE CITY HOSPITAL, BOSTON, with Reports of the Superintendent and Professional Staff, Rules for Admissions and Discharges, Prospectus of Training School for Nurses, etc. 1884.

STUDENT'S MANUAL OF ELECTRO-THERAPEUTICS. By R. W. Amidon, A. M., M. D. New York : G. P. Putnam's Sons. 1884. 93 pages.

AMERICAN MEDICINAL PLANTS: an Illustrative and Descriptive Guide to the American Plants used as Homœopathic Remedies; their History, Preparation, Chemistry, and Pysiological Effects. By C. F. Millspaugh, M. D. New York and Philadelphia : Boericke & Tafel. 1884. Nos. 1 to 5.

OUR MISCELLANY.

WORTHY OF THE "AUTOCRAT."—The *Medical Record* is responsible for the following: "Small fevers thankfully received," is a motto suggested to a young physician by Dr. Holmes.

GEOGRAPHICAL REASONS.—"Well, doctor, you see that cholera is abating everywhere. Now, do you think it was the real, genuine Asiatic cholera, from Asia?" "Certainly, my friend, certainly; only it was from Asia Minor, and that accounts for the epidemic being such a little one." "Oh, I see!"—*French Paper*.

HARD ON THE DOCTOR.—A late issue of the *Fliegende-Blätter* has a funny picture of a pompous physician standing by the bedside of a patient who is wildly delirious. "Why," he demands loftily of the patient's wife, "did you delay sending for me until he was out of his mind?" "Ach! Herr doctor!" she cries, "do you suppose while he was in his right mind he would ever have sent for you?"

NOT A NOVELTY.—A correspondent of the *Medical News*, signing himself "Æ," says, "It has amused more than it has surprised me to find etherization by the rectum spoken of in many medical journals as a novelty. . . . A description of it appeared in each of the four editions of "Stillé's Therapeutics," from 1860 to 1874. The description is there quoted in full, and corresponds in all essential particulars to the method in use to-day.

PROVED TO BE PRACTICABLE.—Sir Spencer Wells has written to a medical journal concerning the important matter of operating upon or removing diseased lungs or portions of them. He believes that surgeons should prepare to meet these operations by practice upon the cadaver, and, if need be, upon living animals. In speaking of the remarkable experiments in lung extirpation by Dr. Biondi of Naples, Sir Spencer says, "Of sixty-six operations on sixty-three animals, thirty-six were followed by recovery; of fifty-seven where one entire lung was removed, thirty recovered, and in the six cases where the apices or only one lobe was removed, all recovered."—*Ex*.

NEEDED A BATH.—Dr. Spencer Free, in the *Maryland Medical Journal*, reports a somewhat extraordinary case, where, through the carelessness of parents, filth was allowed to accumulate in a child's ear so as to afford a fitting breeding-place for larvæ. Being applied to for the cure of earache in the child, Dr. Free removed from the ear no less than twenty maggots, varying in length from three sixteenths to five sixteenths of an inch. The doctor's method of removing them was to fill the bowl of a clay pipe with cotton saturated with chloroform, place the mouth of the pipe in the boy's ear, and blow. The maggots, once anæsthetized, were easily removed by the aid of forceps and syringe.

CELESTIAL CUSTOMS.—The *Popular Science Monthly* has a translation from the *Revue Scientifique* of a curious article on legal medicine in China. We learn that "dissection not being allowed, the inquests in cases of poison are, of course, very incomplete. The most usual test is to introduce into the mouth a silver needle that has been dipped in a decoction of *Gleditschia sinensis*. If after a certain time the needle receives a blackish tint that resists washing, poisoning is concluded to have been the cause of death. Sometimes a handful of rice is put into the mouth of the deceased and then given to a fowl; and the effect upon the bird of eating it is noticed."

ULCERATION OF THE TRACHEA AND OPENING OF THE INNOMINATE BY A TRACHEAL CANULA. — At the meeting of the Société Médicale des Hôpitaux, on April 11, M. D. Heilly presented the specimens from this case. Tracheotomy had been performed during an attack of croup. The case went on well, with the exception of slight fetor of the wound. After the second day, the canula was removed for several hours every day, and on the sixth day was removed altogether. On the eighth day the child was apparently well. On the twelfth day pro'use hæmoptysis set in, and death soon followed. At the autopsy, it was found that the anterior wall of the trachea had been ulcerated by the stylet of the canula; this also involved the innominate. Deep ulcerations of the trachea after tracheotomy are very rare. Cases of ulceration of the œsophagus have been reported, but opening of the innominate seems to have been observed only twice by Howse. — *Medical News.*

PERSONAL AND NEWS ITEMS.

C. S. SARGENT, M. D., formerly of North Grosvenor Dale, Conn., has sailed for Europe.

J. S. SHAW, M. D., has removed to No. 370 Columbus Avenue, Boston.

O. B. SANDERS, M. D., has removed to No. 376 Columbus Avenue, Boston.

MRS. W. H. H. MURRAY, M. D., has located in New Haven, Conn.

J. DOBSON, M. D., has removed from Fairfield, Conn., to Bristol, Conn.

PROF. A. C. COWPERTHWAITTE, of Iowa, has been appointed to the chair of *Materia Medica, Pharmacology and Clinical Medicine* in the University of Michigan.

J. H. CARMICHAEL, M. D., has removed from Boston to 41 Maple Street, Springfield, Mass., having purchased the practice of the late Dr. Collins. (See notice in our advertising columns.)

OBITUARY.

FREDERICK DANIEL TRIPP, M. D., one of the most promising physicians of Taunton, died at his residence Aug. 14, in the 26th year of his age. He was son of Frances P. and the late Capt. Daniel Tripp of Taunton, Mass. He received his education at Taunton High School and Boston University, where he graduated with honor in the class of 1881. He was a worker in college as well as in his profession. Soon after graduation, he located at his home in Taunton, but, receiving an appointment on the staff of Ward's Island Hospital, he accepted, and served with honor for eighteen months. He resumed his practice in 1882, and from that date he seemed to be uncommonly favored with success. He very soon was appointed city physician of Taunton, and also physician for the town of Raynham. His private practice increased in proportion. His burdens were no doubt too heavy, and overwork had much to do with his early departure. His health began to fail in the spring of 1884, and, thinking rest and a change might be beneficial, he spent a short time at Bermuda. On his return, feeling somewhat improved, he again resumed practice. His first warning of the terrible enemy lurking in the system was a slight hemorrhage of the lungs, brought on undoubtedly by his attempt to save the life of a patient. This warning was not enough: he loved his profession too well to stop here, and, as all who knew him can testify, he was happiest while assisting others. In July, he had several severe hemorrhages during one day, from the effects of which he never fully rallied, but seemed to gradually decline until the morning of Aug. 14, when he happily gave up all his cherished hopes of this world, and resigned himself to the will of Almighty God, whom he had learned to love and trust. He was a pleasant companion, a genial room-mate, and a kind friend. His character was above reproach. He left many to mourn his early death not only in the community where he lived, but among his classmates and the profession at large.

P. F. W.

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EDITORIAL.

PUBLIC SENTIMENT WITH REGARD TO CHASTITY.

CONNECTED with the present Presidential campaign there are certain matters — entirely apart from political issues and the rival demerits of the candidates — which are of very great interest to the physician. Not least among these is the very rare opportunity now offered to grasp and analyze popular sentiment on a subject concerning which the *vox populi* is usually silent, or its utterances evasive and reticent to the last degree. We refer to the subject of personal chastity; its importance to the individual and to the community, and how far its absence must be regarded as an active injury to either.

On most questions of hygiene, popular sentiment is easily enough gotten at, reticence, indeed, seeming to exist in inverse proportion to ignorance; but on questions relating to what may be called the hygiene of sexual relations, public opinion is notably difficult to grasp. Anything like open discussion on these points is tacitly and persistently avoided, nominally through Podsnappian reluctance to “bring a blush to the cheek of the Young Person,” really, we suspect, because of the aversion to the light, of those whose deeds are evil. Many a physician finds himself hampered in his efforts to give practical advice on sexual matters by sheer ignorance of the standpoint from which his interlocutor may regard them. Fortunately, perhaps, the opinion of the “average man” on the question of chastity is no longer far to seek, since the columns of the daily press teem with expressions of it. It may be profitable for us to consider for a

moment what use this newly acquired knowledge may be made to serve in the hands of so-called teachers of men.

It is for our brethren of the pulpit and the theological press to enlighten and cleanse public opinion on the moral aspects of the question of chastity; and Hercules on the threshold of the Augean stables never faced a more apparently discouraging or unsavory task. Physicians, however, may be of very great practical service in correcting certain misapprehensions on the physical side of the question which late discussions have brought to light. "A word in season" is proverbially useful; and such a word, spoken naturally and good-humoredly in the course of ordinary conversation, — as physicians to-day have an unprecedented opportunity of speaking it, — is vastly more effective than when embodied in a professional "preachment." Physicians will have very great reason to be ashamed of themselves if, at the close of the present campaign, some at least of those within their immediate influence have not enlightened ideas on sexual relationships.

It is at once grotesque and disheartening to see how absolutely the physical aspects of unchastity are ignored in discussing the matter. The youth of America — whose opinions and convictions are being formed to an incalculable extent by what they are now reading and hearing — are, on the one hand, solemnly warned of the moral consequences of unchastity, and on the other assured that it is not "incompatible with the noblest virtues that dignify mankind." It is quite time that the youth of America were distinctly taught that, whatever the moral results of unchastity may be, its physical results admit of no question, and must be taken very seriously into consideration. Habitual libertinism may or may not be consistent with courage, honor, and ability for affairs; but it is most certainly not consistent with a clear brain and that physical self-command without which a man's finest qualities are as useless as soldiers in mutiny. A man's soul may (?) be built, as some seem to claim just now, on the plan of an ocean steamer, with "water-tight compartments," so that one part of its being may be flooded with ruin, but by the intact safety of other parts the whole be kept successfully afloat. But his body is certainly not so constructed. There, no function can be diseased or abused and the system remain in health. No

exacting, strenuous, and worthy work is compatible with the existence of a morbid, pampered, and filthy appetite. It is time to uproot the idea — which is as the upas-tree of social science — that sexual indulgence is necessary to the health of any male adult. Since absolute continence is made the condition of perfect strength and self-command, — as in the case of athletes, — no one need fear hurtful consequences from its observance ; but every indulgence of lustful appetite unfits a man, in greater or less degree, for doing a man's work. While young men are beckoned corruptionward by the seductive examples just now held up before them of men who, notoriously unchaste, have seemed to keep their splendid powers unimpaired, it is for the guardians of health to point out that for every Henry IV. history shows us a hundred Herods ; and though individuals, here and there, may seem to escape the physical consequences of unchastity, the rule holds inflexibly good for a man or for a nation that habitual licentiousness means decay of all manly possibilities, rottenness and death.

Let physicians see to it not only in the interest of the health of to-day, but that of the coming generations, near and remote, that popular sentiment shall no longer dare to teach, as it teaches to-day, the harmlessness of unchastity, else may we look to see the youth of America, learning all too willingly the lesson set before them by short-sighted and reckless partisanship, turn aside into the paths whose certain end is national decay.

THE CLINICAL TEST.

THERE is a single question whose definite solution would go far, if not toward reconciling the warring factions of the medical world, at least toward silencing their noisy wranglings by showing them the folly and purposelessness of argument, where the disputants have neither premises nor principles in common. This question is, What do we mean by the often-appealed-to "clinical test" ?

To this question, the unthinking zealot may return a prompt, glib, and positive answer. The conscientious scientist will reply only after very serious deliberation. *Post hoc, propter hoc* is a

convincing argument to the minds of children and savages only. It is the simplest truism of science that because events follow in sequence they do not necessarily stand to one another in the relation of cause and effect. That the uneducated and thoughtless are so ready to see and be deceived by coincidences is only an added reason for caution on the part of those better taught.

During an eclipse of the sun, the medicine-man of a savage tribe makes energetic use of his tom-tom, and a few hours later, his followers point to the unshadowed sun in triumphant proof of the efficacy of the tom-tom and the supernatural abilities of the medicine-man. Not many degrees removed from this, in the way of scientific argument, is the claim that, in some isolated case of disease, medicine being given and the patient recovering, the physician has accomplished a cure. The absurdity of such a claim is its best refutation to those capable of realizing how potent factors in the recovery from every disease are hygiene and diet, the patient's own will, and his faith in his physician, and, above all, that occult, undetermined force we call the *vis medicatrix nature*. This absurd claim becomes, however, serious, when we find it clamorously advanced and timidly admitted in support of theories which, in their extreme application, would do away with all scientific investigation.

Are we to regard an isolated coincidence as a "clinical test"? Then, in the name of logic, what wildest vagary of the human imagination can be looked upon as unproved? Say this coincidence has occurred in scores, nay thousands, of cases of whose collateral circumstances we are wholly ignorant, are we called upon to stand mute before the "clinical test"? Then must we also admit the miraculous healing power of the Bambino, to whose shrine thousands of Roman peasants yearly betake themselves, to return later with recovered health, bringing their grateful offerings. We must read with entire credulity the records of multitudes instantly cured of scrofula by the king's touch.

Are success and riches convincing evidence that a practitioner's cures may be quoted as "clinical tests"? Then let Medicine lay her highest honors at the feet of the vulgar quacks and the manufacturers of patent medicines whose palatial houses rise to-day in solid testimonial to their owners' success.

If these definitions of the "clinical test" prove anything, they

prove everything, among the rest proving their supporters to be "foemen *un*-worthy of the steel" of any scientific thinker.

Is there, then, no such thing as the clinical test? Assuredly there is, and assuredly it is the crucial test of every scientific theory. What then *is* the clinical test? We repeat that this is a question not lightly to be answered. What it is *not* is easily specified; what it is, science is only now slowly spelling out to us letter by letter. Until the message is complete, the phrase should be employed but cautiously and with very serious qualifications. Thus much at least we know: any clinical test worthy the name requires for its perfection, length of time, knowledge of every factor in the cases under consideration, and frank estimate of its worth, comparison with like cases in which recovery took place without medicine, and like cases in which, the medicine being given, recovery did *not* take place, and constant and patient repetitions of such comparisons, until we are in possession of such statistics as would easily refute any theory of coincidence. Until such tests can be submitted, let us rejoice in each recovery for its own good sake, and be modestly content to let our own share as physicians in the welcome result remain an open question.

THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

THE homœopaths of New England may just now congratulate themselves on what our theological friends might call a "revival." The opening of the new and fine addition to the Massachusetts Homœopathic Hospital, and the labors and festivities incident thereon, seem the signal for a very warm and spontaneous expression, on the part both of physicians and laity, of their affection for homœopathy and their willingness to labor in its service; all of which is certainly matter for rejoicing to good friends of the cause everywhere.

A munificent response to a late appeal for aid has enabled the trustees of the hospital, during the summer just past, to materially enlarge and improve the building by the erection of a large wing, a boiler-house and laundry, and a cottage ward for cases requiring isolation. The additions are now nearly complete, with the best results both from a sanitary and an architectural point of view.

In all matters of this kind, we know that every completion is also a beginning, and new possibilities mean new responsibilities

and necessities. The noble new hospital now appeals to the friends of homœopathy and of wise charity for assistance in carrying on its work, additional funds being yearly needed to meet the greatly increased annual expenses. Various ways are at present open for friends to combine service to homœopathy with pleasure for themselves. As is generally known, a "House Warming," to be held at the hospital, has been arranged for the evening of Monday, Nov. 17, to continue for several days thereafter. This will take the form of a bazaar, where useful and fancy articles will be on sale. Contributions will be gratefully received by the committee. We trust that the physicians of New England will not neglect the opportunity thus offered for interesting their patients in the hospital; and securing not only their generous co-operation in supplying and beautifying the tables of the bazaar, but their presence at the house warming. The present time has been wisely chosen to carry into effect a long-cherished project of forming local "Homœopathic Aid Associations," to render permanent and valuable assistance to the hospital and all similar institutions. We quote in full the proposed "Constitution" for such organizations, feeling sure of its ability not only to explain but commend itself to all. Several such associations are already successfully inaugurated. All good fortune attend them, and the noble cause they will help to promote!

HOMŒOPATHIC AID ASSOCIATION.

CONSTITUTION.

NAME.

ART. I. This Association shall be called the.....Homœopathic Aid Association.

OBJECT.

ART. II. Its object shall be to assist the Massachusetts Homœopathic Hospital, or any other homœopathic institution, when so decided by a majority of the members at a regular meeting of the Association.

It may, by annual dues, subscriptions, entertainments, or such other means as may be determined, secure the use of a bed in the Massachusetts Homœopathic Hospital, for worthy and needy patients, in accordance with the rules of the Hospital.

MEMBERS.

ART. III. Any person may become a member for one year by paying ONE DOLLAR, or a life member by paying TEN DOLLARS at one time therefor, to the Treasurer.

OFFICERS.

ART. IV. The officers shall be a President, two Vice-Presidents, a Secretary, and a Treasurer, who shall form an Executive Committee. They shall be elected (after the present year) at the Annual Meeting of the Association, on the first Wednesday of October, for the term of one year, or until others are chosen. They shall perform the duties usually pertaining to their several offices.

EXECUTIVE COMMITTEE.

ART. V. The Executive Committee shall act for the Association when it is not in session. It shall carry out any votes passed by the Association, and shall determine, by the written consent of at least three of its members, whether any person is suitable to be recommended for a place in the Association's bed, and shall make due application for the same to the authorities of the Hospital.

ANNUAL REPORT.

ART. VI. The Annual Report of this Association shall be sent to the Secretary of the Massachusetts Homœopathic Hospital on or before the first of November of each year.

A LAYMAN'S VIEW OF THE POTENCY QUESTION.

BY A. H. TOMPKINS, M. D., JAMAICA PLAIN, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

SCENE. — *A suburban horse-car.*

CHARACTERS. — *A layman who knows more about high potencies than a bona fide inquirer should, and a physician who has no excess of knowledge in this direction. He practises homœopathy and defends it, but, up to this time, is on the fence as regards high potencies.*

LAYMAN. How is it, doctor? They say you, homœopathists, use medicine so dilute that there is really no medicine in it at all?

DOCTOR. Who says so?

L. Oh, I saw a paragraph in some paper the other day saying that molecular science had demonstrated the impossibility of there being any medicine left in the so-called high potencies.

DR. Well, supposing it is so. Our school is far from being a school of high potencists. Those who are anything like exclusively such are in a very small minority.

L. It must make this minority feel rather cheap to know that they have been relying on medicine which was no medicine at all.

DR. They do not admit it.

L. Why, I certainly read it was by their own admission.

DR. It is admitted by the exclusively *low* potencists. But the high potencists say, that, though they will not attempt to point out wherein molecular science is at fault, the high potencies do certainly cure their patients.

L. Well, the law should prevent such men from offering their services to the public as physicians. Pray, in what sort of estimation are these men held by the more rational portion of your

school? What of their honesty, intelligence, and medical education?

DR. Oh, in these respects they are all right; and, in fact, as regards their outward success, their clientages, their official positions as professors in our medical colleges, and as authors of text-books, and contributors to our current literature, truth compels me to say that the believers in high potencies have among them a rather large share of the eminent men of our school.

L. Indeed, that is certainly surprising. Have they always been high potencists, or has their lunacy come upon them gradually?

DR. Very many of them claim a more or less prolonged experience with low potencies in the earlier years of their practice.

L. What reason do they give for their choice of the high potencies?

DR. They say that the high potencies yield better results; that disease is more surely and more permanently cured by them.

L. And you believe they honestly think so?

DR. Why, yes; in most cases they give every indication of sincerity.

L. Well, doctor, homœopathy must be a wonderfully efficient system of medicine, when disciples whom you acknowledge as among the most eminent can go from the practice of it at its best, namely, with low potencies, to the practice of giving absolutely no medicine at all, and then honestly believe they have made a change for the better.

DR. (*On whose face an expression suggesting distress had been gathering.*) But, my dear sir, it is not so easy a matter as you may think to discover just how much medicine does toward the restoration of the sick, and, therefore, not so strange as it may appear to you that a minority of our school may honestly mistake recoveries for cures, and so fall into the error of supposing that their prescriptions have wrought the change. Besides the medicine we give, there are a thousand and one influences to which the sick are subject, and which have more or less to do with their recovery. And as many of these influences also emanate from the physician, it should not excite wonder that both patient and physician often give to the drug a credit which belongs elsewhere. Again, it is very difficult to keep sufficiently in mind, and allow sufficiently for that great factor in the problem, the natural tendency of the sick body to return to its normal state, the *vis medicatrix naturæ*.

L. But are not these opportunities for error equally open to both of your sects? How about the cures of the low potencists?

You say it is difficult to tell how much or how little medicine may have had to do in the restoration of a patient to health; it is, perhaps, not so hard to discover what medicine has *not* accomplished in a case of *non*-restoration to health, or of death?

DR. No; but, as all men are born "once to die," and many are as bad as dead before treatment is begun, there is a difficulty even here in drawing the line and saying where failure to restore was the medicine's fault.

L. Your high potentist is also capable of noting such failures, I suppose?

DR. Of course.

L. And if they should occur more often under his administration of high potencies than when he dispensed low potencies, he would be capable, according to his general intelligence (*which you say averages well with the rest of your school*), of profiting by such experience.

DR. Capable, perhaps; but, have you not observed that where a man has a hobby to ride he prefers to ride it, even where he might go faster on foot? And of two ways of doing a good thing, that many men instinctively choose the more wonderful?

L. I presume it often happens that high and low potentists compete in the same community?

DR. They *practise* in the vicinity of each other often. Competition is hardly the word to be used in connection with the medical profession.

L. And they have the same bread-and-butter incentive to distinguish themselves in the eyes of their patients by practical service to them?

DR. Except in your choice of language, you are, no doubt, correct.

L. Now, this being the case, doctor, and if there really were any considerable difference in value to the sick between low and high potencies, that is, between your little medicine and none, do you wish me to believe that you have a class of eminent practitioners who would be blinded to that difference by the pleasure of recounting wonderful things at your medical meetings or in your journals? who would, throughout an entire professional lifetime, sacrifice their pecuniary interests by overlooking the evidence in favor of low potencies? Molecular science shows that high potencies can contain no medicine at all; hence those who use them can do the sick no good at all, so far as good depends on medicine. But, from your showing, the low potentists can do no better or so little better that neither patient nor physician can discover any advantage lost when they are abandoned for the high. (*The doctor here gave unmistakable signs of discomfort. His eye traversed the aisle of the car. It was clear that any*

lady or old gentleman who might have been standing at that particular moment would have had an excellent chance to occupy his seat. The doctor's manners would surely have served him a good turn. After waiting unavailingly for some response.) In what way, doctor, was Hahnemann a notable man except as the discoverer, or, if you please, the developer, of the so-called homœopathic law?

DR. (*Brightening perceptibly.*) Hahnemann's intellect was of very nearly the first order, and it was thoroughly trained by education. A teacher of several languages before he began the study of medicine, he graduated with honors from a university of very "regular" medicine, and was soon thereafter engaged in the translation of foreign medical works for the press. As a physician, he was an accurate observer and a conscientious recorder of phenomena connected with disease, whether produced by artificial (*drug provings*) or natural agencies, and, by universal admission among his disciples, he was a man of extraordinary skill in the cure of disease. His was a mind constantly alert against error and self-deception, knowing well how mistaken facts and false premises vitiate all reasoning and inference based upon them. He was a close and cogent reasoner, and knew well how to use his native tongue for setting forth his observations and deductions.

L. Was he, indeed, a man of such attainments? What a pity it is that this vagary of the high potencists did not appear in his day, and receive its *quietus* from his master mind! What a point it would have been in favor of homœopathy to have had the exact place where medicinal substance disappears in the process of dilution determined by failure at that point to produce the usual curative results! Think of it! Experiments at the bedside, involving the truth or falsity of homœopathy itself, made to anticipate the later exact researches with the microscope and the splendid reasoning of molecular science.

DR. (*Whose color had been visibly augmenting during the layman's latter remarks.*) I suspect, sir, that you have already learned of Hahnemann's failure to make this discovery. But this is to be said in explanation: Hahnemann had become well advanced in years before his arrival at the extreme limit of dilution which drug substance can endure.

L. May I interrupt you, doctor, to inquire where this limit is now believed to be reached?

DR. Certainly. In triturations at the sixth centesimal attenuation; in dilutions at the twelfth.

L. You think Hahnemann reached his dotage and this limit of attenuation at about the same time then, doctor?

DR. Yes.

L. At what age?

DR. We cannot fix that exactly. It is said that he "went up step by step to the thirtieth attenuation" in his practice, and continued to use the latter potency until quite shortly before his decease.

L. You wish me to understand, then, that these events of reaching his dotage and the last atom of medicine were exactly coincident, without assigning the date precisely, the disappearance of medicine alone dating the dotage, and then, in turn, his dotage explaining his apparent satisfaction with no medicine?

DR. Nothing of the kind, sir. He was probably in the vicinity of sixty-five, possibly seventy, years old when he had reached the twelfth attenuation.

L. At what age did he retire from practice?

DR. Oh, he practised as long as he lived.

L. How long was that?

DR. Till he was eighty-eight.

L. Say eighteen years of dotage and medical practice then?

DR. You may do as you please about calling it dotage. No one can deny that his powers must have been declining after seventy years.

L. But, doctor, you know we must not infer too much from years alone. It would hardly answer, for instance, to predicate very great mental feebleness of Gladstone, though he now stands at the threshold of his fifth score. However, let that pass. Then Hahnemann practised eighteen years at least, you suspect, after he was unable to judge whether he affected the course of diseases by his prescriptions or not.

DR. (*In tones of professional dignity.*) Sir, till we know which are cures and which only spontaneous recoveries, the wisest heads may well be deceived. And yet, as I have already explained, this knowledge is most difficult to arrive at.

L. I can easily believe it, doctor, where so absurdly little medicine is given at the best. Seriously, now, do you not think that such as get well at all under purely homœopathic treatment may every one of them be cases of spontaneous recovery? I should, indeed, be loath to suppose that such extreme difficulty is experienced among physicians who give a reasonable amount of medicine; for, in that case, I do not see what could remain upon which to base a science of therapeutics, or even to mark any chance improvement in results. Without a practical belief in the ability of men to note when medicine has changed or arrested the course of disease, pray tell me what *is* the art, I will not say again the science, of medicine.

DR. (*Who has been exhibiting signs of great weariness*) Of course we expect to profit by our experience at the bedside when

obtained under proper conditions and well confirmed by other observers.

L. Which amounts, doctor, to saying that private practice should never warrant the practitioner in drawing conclusions strictly therefrom as to whether he does or does not do his patients any good; for, if the influence of his medicines is so difficult to mark, no less so must be the good of those numerous other influences which you say flow from the physician to the patient. Well, then, if the school of private experience, which is thought to be so rich in its lessons to men in general, is to the medical man so barren, surely it is not so with the hospital; and your school has had some little experience in that field, has it not?

DR. Yes.

L. Any comparative experiments with potencies above and below the twelfth centesimal?

DR. (*With clouded brow.*) Yes.

L. Where were they instituted?

DR. At the Leopoldstadt Hospital, in Vienna.

L. Did they extend over any considerable time?

DR. Ten successive years, — from 1850 to 1859 inclusive.

L. Were a great variety of diseases treated?

DR. Only pneumonia.

L. What potencies were used?

DR. The thirtieth decimal, equivalent to the fifteenth centesimal, the sixth and the fifteenth decimals.

L. How did they manage it?

DR. The ten years were divided into periods of three years each, except the last, which included four years. During the first period the highest potency was used, in the next the lowest, and in the last four years the middle potency.

L. How many cases were treated in each way?

DR. Fifty-five with the thirtieth potency, thirty-one with the sixth, and fifty-four cases with the fifteenth decimal potency.

L. I am lost in wonder that men with any claim to intelligence could deliberately engage in playing with such a disease as pneumonia; but what was the result?

DR. (*With an air as if he believed he had, for once at least, led his interlocutor a wild-goose chase.*) I have never seen, sir, an account of the respective mortalities of these periods.

L. That is certainly peculiar, in view of the fulness of your data in other respects; but a relative census of the dead is surely not the only means of comparison in such a case. Were no records kept of the average length of sickness for the several periods?

DR. (*Again lifting his eyes to discover if there were no one*

standing to whom he could yield his seat.) Yes, there were some such records kept, I think.

L. Do you recall their import?

DR. (*Resignedly.*) Well, there was not so great a difference between the periods as one might have expected.

L. Why, doctor, I should not have expected any difference at all! But how was it? Which class was kept in hospital the shortest time on an average?

DR. Those treated by the highest potency by a few days.

L. Ha, ha! That's it, doctor, no matter which way you take it; private practice or hospital practice, everywhere equally is it a tremendously up-hill task to show that no medicine at all will not do as well as so little, and here it seems to have served even better. Just how long, on an average, did the several classes remain in hospital?

DR. Those treated by the thirtieth decimal potency 11.3 days, those who received the fifteenth potency 14.6 days, those under the sixth potency 19.5 days.

L. That is a difference of about thirty per cent in favor of the highest potency as compared with the next lower, and seventy per cent as compared with the lowest potency. On the whole, doctor, were I compelled to repair to a homœopathic hospital for treatment, I should certainly ask for the highest potencies which they dared administer, for, if these statistics show anything whatever, they certainly show that potencies above the twelfth cure more quickly than those below. And as regards the deaths, the respective numbers of which you cannot tell me, except for a chance variation in the numbers of moribund cases admitted to the several classes, they would be likely to be fewest in that class in which the duration in hospital for those who lived was most reduced. However, these statistics hold only for those who admit the possibility of medical virtue in any of the homœopathic potencies. As for myself, I can give this data no significance whatever. I presume these experiments were not sufficiently extensive to overcome an accidental variation of the several classes.

DR. My friend, I think it will be hardly worth while to prolong this discussion. I am afraid you will not be able to increase your information by anything further which I can say.

L. There you are wrong again, doctor. Let us return to Hahnemann, — you were telling me about him; he was in his dotage, — no, “declining powers,” — he had some immediate disciples, I suppose?

DR. Certainly.

L. Not all so advanced in years as their master?

DR. No.

L. Not suffering a decline of powers, then ?

DR. Probably not.

L. Did they try the high potencies ?

DR. Some of them did.

L. And espouse the use of them ?

DR. Some did and others did not.

L. Ah, a few, then, believed they had discovered the point beyond which dilutions were worthless.

DR. If they did, they made no declaration to that effect that I am aware of.

L. Do you know for what reason then some did not follow the master into this thin air ?

DR. They were not fitted by nature to credit the efficacy of so little medicine.

L. Well indeed for them. Yet, had nature done still better by them, they would doubtless have never left the solid ground of quite undiluted medicine.

DR. You must allow me to differ with you in that regard.

L. Oh, certainly! Now, doctor, will you tell me who have been some of the eminent men in your school within the last half-century? Mention, if you please, the first dozen names which occur to you, of men who have occupied high positions by reason of authorship or as professors in your schools.

DR. We have had Jahr, Hering, Hull, Hempel, Baehr, Guernsey, Lippe, Dunham, Lilienthal, C. Wesselhoeft, Hughes, and Hale.

L. Will you tell me how many of these have signified their belief that potencies above the twelfth centesimal have cured disease ?

DR. Oh, at one time or another, they have all done so !

L. Do you mean it, doctor ? What ! not a single saving exception in this jury of your most prominent men ? Is it not pitiable indeed ? Not one to recognize when he came to the abyss where medicine ended and void began !

DR. Are n't you rather harping on that idea, my friend ? As for these men, I would not have you understand that they were all at any time what could justly be called "high-potency" men. On the contrary, several of them, in their practice and in their contributions to our literature, have decidedly favored potencies far below the twelfth, and one of them is now laboring strenuously for a standard limit of attenuations below that potency.

L. I should hope there might be at least one to devote himself to such a reform, now that the end of drug divisibility is known to be reached at that point. But, tell me, does he claim to have arrived at his knowledge of the limit in advance of the microscope and the molecular theory ? Was he one at least out

of his school who was keen enough to observe that the ills of flesh no longer fled before the thirteenth potency? Do not tell me that no one from Hahnemann's day to this has even thought he detected the point where medicine vanished. (*The doctor appeared to be so intently examining the architecture of an exceedingly plain stone gateway which they were passing at this moment as not to be aware that the layman had paused for a response.*) Perhaps you did not understand my query, doctor.

DR. Yes; I think I did. The microscope was anticipated by no one, to my knowledge, and it has been in the hands of the physician to whom I have referred that its revelations have largely been made.

L. It may surprise you, but I have my reasons for wishing I knew exactly what had been this practitioner's course with reference to the potencies prior to his investigations with the microscope.

DR. I can gratify you, sir. He has published just that *data* in this pamphlet (*taking one from his pocket and reading*): "During the first two years, he used the tenth centesimal dilution, which, as fast as time would permit, was carried up to the thirtieth centesimal as the standard, and maintained at that figure for six years, always under the observance of that wise rule of Hahnemann, — that each physician should prepare his own medicines. During seven following years, the two hundredth having been praised by 'high authorities' as the true standard in these parts, the writer concluded to adhere to these almost exclusively, as various published cases testify."

L. I thought so. I happened upon a copy of that pamphlet a short time ago. Now, doctor, what better evidence can you wish that homœopathy is indeed what a medical dictionary has defined it, the art of amusing the patient while nature cures the disease? But, in the name of Heaven, what kind of an ideal of what medicine ought to accomplish could a man have who could spend thirteen years of his life in the "almost exclusive" use of preparations which he now sees could have contained no medicine whatever? Who, after this, will claim for homœopathy that it has any substantial succor to offer in humanity's hours of dire suffering? Two years spent with potencies containing still a vestige of medicine applied for the relief of pneumonias, pleurisies, asthmas, croups, diphtherias, spasms, hemorrhages, headaches, diarrhœas, dysenteries, and colics; then thirteen years of treating these disorders with potencies containing nothing of curative virtue, yet applied, doubtless, in many cases only after profound brain-racking, that there might be no mistake in the choice; at the end of this time returning again to drug-containing potencies simply as the result of microscopic investiga-

tion of certain potencies and mathematical calculation based thereon, and not, so far as the world or his professional brethren have been informed, because during those thirteen years he was slowly coming to the conclusion that he was doing nothing medically for those who applied to him for treatment. I have but a word more to offer, doctor, and pardon my presumption if I make that a word of advice. If, henceforth, you can bring yourself to defend homœopathy at all, by all means, and that you may avoid an utter absurdity, go the whole figure, defend it through thick and thin, large and small, low potency and high potency. I get off here. Good day; trust we may meet again.

(The doctor, inclining his head, but evidently without enthusiasm about meeting the layman again, pulled himself together and took a deep breath.)

The preceding colloquy has been written to illustrate how poorly defended our school would be against one who should occupy the vantage-ground of an acknowledged worthlessness of high potencies from which to rake our entire claim to the respectful consideration of the world.

As we have seen, the value of potencies above the twelfth centesimal rests upon the same evidence as that which sustains the rest of the homœopathic structure. Were it, therefore, within the power of any man to remove the pillars supporting the one, he would also be potent enough to bring down the whole temple, like Samson of old.

We cannot in one breath proclaim homœopathy an inestimable boon to suffering man, and in the next admit that our ablest practitioners find thirteen years none too long a time in which to discover whether they are using "almost exclusively" some medicine or none whatever. What circumstance has made it possible for us to entertain this question whether, after all, we may not have been mistaken in thinking a single cure was ever wrought by a potency above the twelfth centesimal?

Is not the mischief here? Have we not caught a scepticism from those who have more cause for it; from a school who prove medicines upon the sick, and who, therefore, in advance of the first clinical use, have no reason for supposing they will or will not cure, and after such use have only the numerical method by which to guess whether they will be useful in the future?

Let us not surrender to the doubters our belief in the reliability and worth of *individual* observation, when such observation records the *fulfilment of a prediction*, the *verification of a law*.

A recent clinical contributor of our society admitted he believed *glonoine* helped the cases reported; but he would not *affirm* it. Could an affirmation have added any force to the

simple statement of his belief, accompanied, as it was, by his thorough exhibition of the facts in the case? Why, then, should he affirm it, or think it necessary to state his inability to do so?

A clinical report which bears internal evidence of accuracy in observation, conscientiousness in recital, singleness of the medicinal force exhibited, intimate similarity in the drug chosen, prompt and substantial relief to the patient, especially in those particulars which most strongly marked the similarity, — does not such a report come as near establishing its fact as the nature of our art admits of? With something short of a Euclidian demonstration we must needs be content. I omitted one element, if the case is to be offered as a model. There must, by all means, be freedom from coincident changes in the patient's habits, unless shown to be of the most trivial nature.

Such reports as these sway us in our practice with all the force of indubitable fact. Let us not abandon the avowal of their right to do so, whether the experience were obtained with low or high potencies, making broad, at the same time, the distinction between this and the mire of indiscriminating credence of clinical reports. We shall not then find ourselves returning from a sick-bed where a well-indicated remedy, even in the two-hundredth potency, has so quickly turned the tide from ebb to flow that no earthly evidence could strengthen our conviction that it was the work of the medicine, to sit down in our study and write, "If we should have to recognize as cures only those following the use of, at most, the sixth trituration or tenth dilution we should not hesitate to do so," — a practical denial that individual observation, however carefully and intelligently made, is competent to determine a clinical fact.

Let us now suppose Hahnemann himself such a sceptic. Would he not have begun by so distrusting those scattered clinical data, from the perusal of which he caught the first glimpse of a law, that he would never have taken the trouble to build even a surmise upon them? Or, having permitted himself the folly of giving some credence to these, would he not have thought it fatuity to attempt alone the verification of suspected law by experiments at the bedside? I need not wait your answer. The matter would have vanished from his mind, a mere conceit, as it had done from some earlier minds.

But have we not from the earliest time asserted that honest experiment was all that homœopathy required at the hands of its worst deriding scoffers? To what avail should we persuade them to clinical experiment were they to prove as able as ourselves to ignore the evidence of their senses, or evade its bearing under the plea of the exceeding deceptiveness of appearances? And what of strength remains to our medical position when we,

whose doses at the largest are far too small to carry a presumption of adequacy, no longer dare claim that the intelligent and careful experimenter would find the clinical results unequivocal?

We ought not to place ourselves in the anomalous position of insisting that certain evidence shall be sufficient to establish a low-potency cure but quite insufficient for the certifying of a high-potency cure.

We have never practised the aggregation of reports of low-potency results in order to know whether any of such results were cures, though we have done so for the ascertainment of the relative efficacy of high and low potencies, some efficacy being admitted for both. Shall we now say that nothing less than the exhaustion of clinical records for positive and negative results of the use of high potencies can establish a single high-potency cure? No; our strongest advocate of the abandonment of potencies above the tenth or eleventh does not claim this. On the contrary, you will observe, on pages 10 and 11 of his "Plea for a Standard Limit of Attenuated Doses," that he makes a suggestion for such wholesale ransacking of clinical records, not for this purpose, but to determine which are *more* efficient, those above or those below the aforementioned limits, or says that nothing short of this thoroughness of comparison could decide "so subtle a question."

Bethink you now on what attitude of ours it could better please our foes to turn the public gaze than on this of laboriously poring over musty records to discover, if haply any difference existed, which had cured the larger percentage of cases, homœopathic medicine or no medicine; for into such a search does this resolve itself if an utter lack of medical virtue in potencies above the twelfth is to be postulated. Subtle question indeed!

That which can be differentiated from nothing only with great difficulty can, it is evident, have no considerable dimensions. What shall we teach the world are the dimensions of homœopathy in its value to the sick? Let him answer who believes that therapeutic virtue ends with the twelfth centesimal potency. That molecular science has added a specific obstacle in the way of understanding *how* remedial power can outlast this attenuation, it would be useless to deny. But let us not forget that we have *never* been able to address a proposition to the *reason* in favor of our dosage or our law. The objection of evident inadequacy has always held against us not only as to potencies above the twelfth centesimal, but also as to those far below that point. We perceive, then, that molecular science has but added difficulties to those which were already insuperable in a *rational* explanation of our belief that remedial virtue survives in high potencies. The necessity of an appeal to experiment was absolute before: it can be no more than that now.

For myself, the experiment has been made. On the one hand, the higher potencies have been judged by my ideal of what medicine ought to accomplish; on the other, by what very low potencies have accomplished in a daily use of both during the last eight years. That virtue does survive in them is, to me, an unquestionable fact of my experience, and one which, even where disease and pain make the most urgent demand for relief, I still implicitly trust.

As broad, as high, and as profound as is my belief in the homœopathic principle itself, just so broad, just so high, and so profound is my belief that potencies beyond the ken of anything but the clinical test do yet bring healing to the ill of men.

HOMŒOPATHY A SCIENCE, NOT A CREED.

BY C. WESSELHOEFT, M. D.

THE foregoing paper, by Dr. Tompkins, is of interest not only in a literary sense, but also because it touches upon some of the gravest questions of practical medicine; but it is to be regretted that the form and style of putting questions and answers in the place of direct assertions is not conducive to a clear understanding of views. We propose very briefly to dissect some of the points of the above-mentioned paper, as far as we are able to abstract them clearly from the somewhat ambiguous phraseology of the dialogue. The essayist defends, and, we think, justly, Hahnemann's intellectual ability at an advanced age to judge of the relative value of potencies used by him; and we agree with him that the use of higher potencies is not necessarily the result of dotage, because — a great many young men use them. Hahnemann, from his own point of view, was perfectly consistent. He maintained the use of the thirtieth potency or dilution; but quite reluctantly, and always with the proviso amounting almost to a protest, admitted the possible effect of higher potencies (XX., L., C.). All speculations as to what he would have done or said concerning the modern hundred thousandths and millionths are of no consequence whatever. It is enough for us that he was not responsible for these extravagancies. It is a modern subversion of the history of homœopathy to claim that the supporters of such latter-day exaggerations are the truer imitators of Hahnemann.

The essayist, through one of his imaginary personages, exclaims: "But, in the name of Heaven, what kind of an idea of what medicine ought to accomplish could a man have who could spend thirteen years of his life in the almost exclusive use of

preparations which he now sees contained no medicine whatever?" This sentence is intended to apply to the author of "A Plea for a Standard Limit of Attenuated Doses"; and here is that author's answer. His was a troubled life of critical examination and trial, not of belief and abject subjection to the dogmatic lash of the "great men" among whom he unexpectedly finds himself enumerated by the essayist. As to the number of years spent in settling upon a definite principle, the writer hopes that this is not held up against him as a fault. A conscientious and independently thinking physician cannot in a day reform his errors of practice. In this not only Hahnemann but every distinguished reformer or inventor should serve as a guide. Traditions which have been drilled into a man from childhood cannot be broken within a day. "The kind of an idea of what medicine ought to accomplish" which he entertained was that medicine, even in the hands of those great men, did *not* accomplished half as much as they complacently imagined or would have others believe, and that their actual success was not one iota greater, if as great, as that of average practitioners of less exalted opinion about their results. Furthermore, "the kind of idea" the man had, ripened into the conviction that actual success should be much greater than younger men, — some twenty-five years ago, as well as at present, — were led to believe by the publication of isolated and selected cases of cures.

Now, the point which the author of the "Plea" had the temerity to raise was this: We have used no medicine in many cases in which we thought we were using medicine. We were in error, and must throw out those cases from our records.

It will be found, however, that homœopathy was built upon a majority of cures with lower potencies, those of the higher being decidedly in the minority. That many, perhaps most, physicians, allopaths or homœopaths, who have ever published cases treated with potencies above the tenth centesimal will resist this blunt statement with all kinds of argument, is natural enough. But they must furnish the proof that their treatment with high *undemonstrable* potencies was better than where the presence of medicine *is demonstrable*. But do they know what that involves? It means that not only the author in question, but that each one of at least a hundred other physicians of twenty years of experience should publish carefully compiled and elaborated statistical tables of their entire practices, giving names, age, sex, and condition, etc., etc., of each patient, each case in full, as well as its treatment, and a tabulated list of results; that is, not only cures selected from a physician's most striking and fortunate cases (for they are *his* cures, and none shall dispute them), but uncertain results as well as *failures* and *mor-*

tality. Nothing should be accepted but tables which bear "*internal evidence*" of the most careful and conscientious statistical compilation. The examination and comparison of such tables would show whose methods are the best. Until such tables of positive and negative results from private practice and hospitals are available, the publication of isolated and selected clinical cases is useless, wrong, and misleading, and without the slightest weight as evidence. And such is the case not in homœopathic practice alone, but in the whole course of medicine. It is not *difference* of practice but the *absence of statistics* which causes dissension among different schools.

Till such statistics are at command for comparison, neither the author of the "Plea" nor any other physician can be called upon to avow superiority of his medicines or his therapeutic method. Till then all strife between "high" and "low," between old school and new school, between regulars and irregulars, between allopathy and homœopathy, should cease among peaceably disposed and truth-loving men. Without statistical evidence, disputes about "high" and "low," between allopathy and homœopathy, will go on to the end of time. All that the author in question can do is to be sure that his medicines *are* medicines, that there is at least a mathematical if not physical proof of the presence of medicine in his preparations.

A careful examination of the Leopoldstadt statistics will show them to be without any other evidence, except that homœopathic treatment is far superior to the allopathic. While the difference of mortality, owing to epidemic causes prevailing during different periods of observation, is not taken into account, those statistics throw no reliable light on the relative value of various homœopathic potencies.

The essayist spurns the idea of a "wholesale ransacking of clinical records" and the "poring over musty records" to see whether high or low potencies have been most efficacious in homœopathic practice. Until the wholesale ransacking and poring over musty records is done, the essayist's strong convictions of his proofs, derived from his own clinical evidence, are without force. Neither would any cures the author of the "Plea" might publish be of value, except that, in the latter case, evidence *is* furnished that medicine was used; while the same evidence shows that in the essayist's cures *none* was used. Here we must pause, or ransack our records. The author of the "Plea" is ready!

These brief observations could have been condensed into a few lines, in view of the essayist's "*belief* that remedial virtue survives in high potencies"; that is, it goes on being diluted (or what?) after the material substratum is gone.

That this substratum vanishes after having reached its limit, was freely admitted by the essayist, in the discussion following the reading of his paper;* and likewise, that he accepted fully every conclusion to which the author of the "Plea" had arrived in his investigations, and that he did not see how matter could be further divided and diluted than the limits determined by science allowed. But he pointed to his clinical experience as proving the existence of a finer essence or some indefinable thing than the reason of ordinary scientists could grasp. He may not in that discussion have made use of the word "spiritual," but he might as well have done so, thus placing himself squarely on the meaning of his essay.

Clinical experience thus being superior to science, is not science, according to this essayist's reasoning. Homœopathy has always claimed to be a part of pure medical *science*. If it is to be identified with a mere belief or faith pertaining to matters outside of *pure science*, those who are gravitating toward, and proselyting, and working for such faith, should not carry with them the name of homœopathy, which relates to the testing, preparing, and administering of drug substances according to a *scientific method*. They may carry with them, if they can, the "spirit" of medicines; *but with the substantial substratum, they must also leave homœopathy behind them*. On this understanding we can agree, and live peaceably.

THREE SPINAL CASES.

BY ARTHUR DE VOE, M. D., INDIANA, PA.

CASE I. *Spinal Caries*. — Mrs. A. V. C., aged thirty-five years, winter of 1878-9, was bedfast for several months, from angular curvature of the spine, — Pott's disease. As the affection progressed, the spinous process of the third lumbar vertebra began to project, and show the exact locality of the carious action. Her allopathic attendant had blistered the skin around this offending protuberance thirteen consecutive times, and for the deeper pains, which were evidently beyond the reach of plasters, he had prescribed opiates liberally and frequently.

March 14, 1879, I found Mrs. C. suffering much pain in lower part of spine and through the hips; face, pale, anxious, thin; pulse one hundred and twenty in the minute. She could, with difficulty, raise herself to a peculiar half-upright sitting posture on the bed. Could put her feet to the floor, but could bear no weight upon them without extreme pain. I at once prescribed

* Read before the Boston Homœopathic Medical Society, February, 1884.

for her *Phos. acid* 3x every three hours through the day and *Silicea* 3x night and morning. Pain was greatly relieved in twelve hours' time, improvement in nutrition soon became manifest, and complete recovery ensued. This patient retains a considerable degree of the characteristic deformity of angular curvature of the spine in the lumbar region; but since her recovery she has done much of her housework, and has been successfully delivered of a living child.

CASE II. *Spinal Abscess*. — Mrs. H. C., aged fifty-five years, was confined all winter of 1880–81 by lingering, wasting, and painful disease. I first saw her late in March, 1881. She was in an extremely hectic and emaciated condition. There was a small, soft, fluctuating tumor presenting near the surface of the back at the outer margin of the right kidney. This I punctured at once with an ordinary trochar, and witnessed the discharge of about a pint of greenish, moderately thin pus. Flow of pus continued, growing gradually less in quantity, and thicker, and more laudable in quality, for two weeks, soon after which it ceased wholly. Chief internal remedies in this case were *Silicea* and *Phos. acid*. Recovery was ultimately complete, and patient had gained over forty pounds in weight at the end of six months from the time the abscess was opened.

CASE III. *Spinal Abscess*. — Mr. R. A., aged forty-five years. First seen by me April 28, 1883. On May 17, a fluctuating tumor became patent on the back, between the tenth and eleventh ribs, right side, where an outlet was secured. Discharge of pus continued altogether for a period of about ten months. *Silicea* and *Phos. acid* formed the basis of treatment of this case from the time the abscess was opened till patient was discharged.

REMARKS.

These three cases comprise my experience to date in the treatment of wasting and suppurative spinal diseases. Remedies were prescribed upon definite pathological assumptions only attained at a somewhat advanced stage in the several cases. In Case I., which I saw early in its development, and preceding any visible deformity, symptomatic indications did not direct me aright, and my patient passed into the care of an old-school practitioner. He, in the more advanced stage of the disease, made the correct diagnosis, but failed to meet the therapeutic indications. He practically relinquished treatment of the case at the height of the disease, recommending patient to get up, exercise, and get well.

Probably no fact in homœopathic therapeutics is more distinctively and well established than that of the value of *Silicea* in cer-

tain forms of perverted nutrition, especially in those accompanied by carious disease or suppuration. Yet the passing symptoms of a case may often be so imperfectly understood that the remedy will not be selected until pathological changes have so far progressed as to distinctly localize and give character to the affection. Concerning the pathology and prognosis of these cases of psoas, lumbar, or spinal abscess, Dr. S. D. Gross says: "Dissection shows that this form of abscess almost invariably takes its rise in strumous disease of the bodies of the vertebræ. . . . Very few, if any, ever make a good, permanent recovery, most patients perishing from its effects in from twelve to eighteen months."

WESTERN NORTH CAROLINA AS A HEALTH RESORT.

BY EDWIN A. GATCHELL, M. D., ASHEVILLE, N. C.

COMPARATIVELY few physicians are aware of the value and importance of this region as a resort for the cure of pulmonary affections. This mountain region, known as Western North Carolina, comprises an area nearly as great in extent as that of Massachusetts, and for beauty of scenery and healthfulness is unsurpassed.

Consumptives are constantly being sent from New England, and the North generally, to Texas, Florida, Colorado, and California, when there is a region much nearer than any of those mentioned, and equally if not more efficacious in curing their disease.

My father, Prof. H. P. Gatchell, M. D., as long ago as 1857, came to the conclusion that this was one of the most desirable regions in the country; and he has since seen much to confirm him in the opinion then formed.

Asheville, Buncombe County, is the metropolis, railroad centre, and general distributing point for this region; and it is also a great winter and summer health resort.

My friend, Judge Aston, mayor of the city, who has lived here for a quarter of a century, says, in a published letter: "The climate is equable; neither the heat of summer nor the cold of winter is extreme, owing to our high altitude in a low latitude. The winters are short, and only the nights are cold. The rainy months are generally during the growth of the crops and when the nights are warm. Our greatest rainfalls are in the months of February, May, June, July, and August. No malarial diseases ever exist among us; and the national statistics show that, in point of salubrity and healthfulness of climate, we stand in the foremost rank with the most favored localities."

I cannot do better in giving the reader a correct idea of the climate of this region than by quoting from my father's pamphlet:—

“The mercury rises to one hundred degrees and upwards at St. Paul and Quebec, and the orange-trees of Louisiana and Florida occasionally perish with cold. We must not look anywhere on this broad area for an equable climate, such as characterizes the coast of California or that of Western Europe. We can only expect a climate relatively mild; and that Western North Carolina offers.

“While Asheville has a mean summer temperature but one degree higher than that of St. Paul, its maximum is from twelve to fifteen degrees less. Its winter mean is about twenty-two degrees, and its extremes are from thirty to forty degrees, above those of St. Paul. Asheville has nearly the summer mean of St. Paul, with the winter mean of Fayetteville, in Northwestern Arkansas, these places differing nine degrees in latitude. Those who have summered on Lake Superior are impressed with the similarity of the summer atmosphere of this mountain region.

“To aid the reader to judge of the merits of the climate of Asheville, I append the following table, comparing it with that of Geneva in Switzerland, Turin and Milan in Italy, and Vienna in the valley of the Rhone, East France. Turin and Vienna are situated in famous wine districts, and all of them are noted for pleasantness of climate.

| | Spring. | Summer. | Autumn. | Winter. | Year. |
|-----------------|---------|---------|---------|---------|-------|
| Geneva | 52.2 | 70.3 | 54.2 | 34.0 | 52.7 |
| Turin | 53.7 | 71.5 | 53.8 | 33.5 | 53.1 |
| Asheville . . . | 54.3 | 71.3 | 55.3 | 37.8 | 55.3 |
| Vienna | 56.2 | 71.8 | 54.6 | 38.7 | 55.3 |
| Milan | 54.9 | 72.8 | 55.9 | 36.1 | 54.9 |

“But it is in regard to pulmonary diseases that Western North Carolina affords the greatest immunity. While out of every thousand deaths, nearly two hundred and fifty in the northern New England States, one hundred and fifty in Minnesota and California, nearly one hundred in Kentucky and Tennessee, and fifty in Florida and Louisiana, only about thirty in the thousand are from that cause in Western North Carolina and the neighboring portions of South Carolina and Georgia.

“A moderately cool and highly invigorating atmosphere has been found to be by far the most favorable.

“Altitude has come to be recognized as indispensable to any considerable proportion of recoveries. It is, perhaps, as important as any other consideration; nor is dryness much if at all less necessary. An altitude of much less than two thousand

feet in our latitudes is of little service; and as we approach the equator, a still greater one is required.

“These conditions meet more fully in the section specified than in any other part of the United States.

“As a consequence of its combination of advantages, Asheville has long been famous as a resort for those suffering from pulmonary diseases. Dr. Cain, formerly of Charleston, South Carolina, says that not one of the many consumptives, in different stages of the disease, whom he has sent to Asheville has failed to improve; and he regards it as the most healthful country in the world.

“This opinion is corroborated by that of the distinguished Prof. Dickson, of Jefferson Medical College, Philadelphia, who states that ‘the health of himself and family has nowhere improved so much as in Asheville.’ He is ‘not aware of any other spot in Europe or America so full of all that is desirable’ as the country around Asheville.”

Regarding the scenery, he writes: “This is varied and grand beyond that of any other region east of the Rocky Mountains; indeed, it is rarely equalled in picturesqueness in Europe or America. On the west, the Alleghanies send up numerous peaks from five thousand to six thousand feet high; on the east, the Blue Ridge rises in grand but less lofty eminences; while near the centre of the region, the Black Mountain range towers nearly seven thousand feet above tide-water. Various other traverse ranges send up peaks from five thousand to six thousand or more feet in height. The short Black Mountain range pierces the air with thirteen peaks above the altitude of Mt. Washington.

“From heights clad with verdure to their summits, numberless perennial springs send their clear, cool waters down the steps to join others in the valley below, whence they go on their way to swell the great flood pouring along the Mississippi valley, to lose themselves in the waters of the Gulf, there to contribute to that mighty ocean-river which, sweeping across the Atlantic, bears tropic warmth to mitigate the rigor of British and Norwegian winters.

“Everywhere, mountains and waterfalls, cliffs and valleys, gaps and glens, lend variety to the scene and inspire delight in the lover of the beautiful and sublime. While health is borne upon the breeze, beauty and grandeur fill the eye and soul. It is the region to rear children in health, plenty, and peace.”

I have spent the summer here, and I have not seen or heard of a case which has not improved. Even last winter, the coldest one for many years, the patients who were here gained steadily and rapidly. Indeed, it is a most desirable climate, winter or summer, for invalids suffering from pulmonary diseases.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

HORACE PACKARD, M. D., SECRETARY.

THE October meeting of the society was held at the college building, East Concord Street, Thursday evening, the 16th inst.

Dr. Liberty D. Packard was elected president *pro tem*.

The records were read and approved.

The election of candidates proposed at a previous meeting was postponed on account of the absence of the board of censors.

The secretary called the attention of the society to a communication he had received from the officers of the "National Homœopathic Hospital" in Washington, soliciting aid in a fair to be held in December. The matter was intrusted to a committee consisting of J. Heber Smith, M. D., Herbert A. Chase, M. D., and I. T. Talbot, M. D., with full powers to act for the society.

The scientific session was devoted to papers and reports upon

GYNÆCOLOGICAL PRACTICE.

A paper on "Uterine Displacements" was read by Thomas M. Dillingham, M. D., and one on "How we may decrease Gynæcological Diseases" by L. A. Phillips, M. D.

DISCUSSION.

Dr. F. H. Sherman reported the case of a girl in her first menstrual period, who, in total ignorance of the nature of the hemorrhage which had suddenly made its appearance, and with a desire to stop it quickly, removed all her clothing and jumped into a tub of cold water. This was followed, of course, by most direful results, for which the mother alone was responsible, from allowing her daughter to enter womanhood ignorant of the physiological functions connected therewith.

The dress of girls, especially of young girls in the developmental period, is a matter requiring most careful attention. No skirts should be hung about the loins, but should be suspended from the shoulders. He doubts not many cases of displacements of the pelvic organs originate from the pressure of heavy garments hung about the loins.

Dr. M. P. Wheeler said he had found the greatest difficulty in instructing girls and women how to suspend the stockings. Some suspend them from a band about the loins, which is objectionable; others suspend from the shoulders, but complain that so long a suspensory strap is uncomfortable. He has found one mode only perfectly satisfactory, and that is a well-fitting waist and the stocking straps attached to the lower border of that.

Dr. Alonzo Boothby believes stockings should not be supported from the shoulders. In slender and rapidly growing girls, already inclined to stoop, such an arrangement only tends to pull them over more. He does not object to the well-fitting corset, with bones, and thinks such a garment, fitting accurately about the hips, should serve as support for the skirts.

Dr. Lucy S. Carr had found, in care of her daughter, that stocking supporters with cross-straps front and back, extending from the shoulders down, the lower portion elastic, had proved satisfactory in every way. •

Dr. Cynthia N. Nordstrom said that, in her opinion, nothing can surpass the well-fitting waist with two buttons on either side six or eight inches apart near the lower border, for the attachment of elastic stocking supporters. The waist also furnishes support to the skirts by attaching buttons in a similar manner at intervals about the lower part. Such an arrangement affords perfect freedom and ease in movement. If corsets are used, they should be laced with elastic cord.

Dr. A. A. Klein said, in his opinion, corsets are an invention of the Devil. To him, the idea of putting corsets on a young and growing girl is barbarous. Give them gymnastics instead, and seek to develop the important muscles in the loins rather than make them weaker by furnishing artificial support. He disagrees with the ideas put forth by *Dr. Dillingham's* paper, that specialties are incompatible with the practice of homœopathy. We want specialists in the homœopathic school, and we want provings made by them with careful observations of the changes produced in special organs. Search *Hering's "Materia Medica"* through and you cannot find provings of the action of drugs on the fundus of the eye. We need women specialists in gynæcology who will make faithful provings.

Dr. Thomas M. Dillingham said he would have it understood that he would make examinations in gynæcological cases when necessary, but he believes it not necessary to examine in such routine manner as is practised by many specialists.

Dr. Boothby said no one claims, and he believes no specialist of respectability practises, examination of every patient who presents herself for treatment. Circumstances may or may not indicate the advisability of examination. Local treatment fails many times because of lack of skill in its use. He urges the examination of patients after confinement. Many cases of rupture of the vagina, perineum, or os uteri escape unnoticed at the time of delivery simply from neglect to examine carefully; trouble arises afterwards, and then, too late to repair the injury easily, the true condition is discovered.

Dr. Phillips said, *Dr. Dillingham* admits in his paper "that

the practice of homœopathy is difficult, even with the knowledge gained through physical examinations." Then it certainly must be more difficult without. Again, he says, "Seek and ye shall find." One thing is certain: if you don't seek, you won't find. No one physician cures every case; but know that the combination of local applications with homœopathic treatment cures twice the number of cases. A patient comes to a specialist who has been treated for months and years by a general practitioner without examination. In such a case, it is the duty of the specialist in gynæcology to make a thorough examination, such as would be expected from a specialist in ophthalmology, otology, or diseases of the chest.

Dr. Dillingham said that he recognizes but two specialties, homœopathy and surgery. When he has cases of the latter, he sends them to a competent surgeon. The human body is a unit, and when one part suffers all parts suffer, and the sufferings or symptoms of all parts must be taken into consideration in prescribing, hence there can be no specializing. In the early days of homœopathy, its practitioners made immense inroads in old-school practice, — and there were no specialists then. He believes that classification of diseases is not compatible with homœopathic treatment.

Adjourned to Thursday evening, Nov. 13.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

SEMI-ANNUAL MEETING.

THE semi-annual meeting of the society was held in the Boston University School of Medicine, Wednesday, Oct. 8, 1884.

Called to order at 10.40, A. M., by the president, J. Heber Smith, M. D., Boston.

The records of the annual meeting and of the meetings of the Executive Committee were read and approved.

Drs. Tower, of Watertown, and Southgate, of Rockland, were elected to membership. Dr. L. B. Atwood, of Watertown, was rejected.

Committee on Zymotic Diseases: paper by Dr. E. H. Packer, of Lowell, was read by the secretary. Committee on Pharmacy made no report. Committee on Surgery: papers by Drs. Utley, Warren, Packard, and Richardson were presented and freely discussed.

Dr. J. T. Harris presented a paper on the Duties of the Executive and Publication Committees.

At 1 P. M. the society adjourned for lunch.

AFTERNOON SESSION.

Called to order at 2.15. Committee on Ophthalmology and Otology: paper by Dr. J. H. Payne, describing a new operation for strabismus.

Committee on Gynæcology: paper by Dr. Boothby, describing the operation of laparotomy as performed by Dr. Martin, of Berlin, Germany, giving details of several cases.

Committee on Materia Medica: no report, owing to the fact that certain provings, which are essential, were not completed. On motion of Dr. Talbot, the time of the committee was extended to the annual meeting, April, 1885.

The president spoke of Dr. Verdi's efforts to establish a hospital in Washington, and suggested the appointment of a committee to co-operate with the Washington physicians.

On motion of Dr. Talbot, the following committee was appointed for this purpose: Drs. J. Heber Smith, J. W. Clapp and H. L. Chase.

Committee on Insane Hospital, through the chairman, Dr. Talbot, made a final report, and were discharged with a vote of thanks.

Dr. H. L. Chase called attention to the death of Dr. Luther Clark, one of the earliest members of the society, and moved that a memorial page be set apart in the records. Voted.

On motion, it was voted that Dr. Chase prepare for publication a biographical sketch of Dr. Clark.

Adjourned at 3.40 P. M.

HERBERT A. CHASE,
Recording Secretary.

REVIEWS AND NOTICES OF BOOKS.

ON THE PATHOLOGY AND TREATMENT OF GONORRHŒA. By J. L. Milton, senior surgeon to St. John's Hospital for Diseases of the Skin, London. Fifth Edition. New York: Wm. Wood & Co., pp. 306.

In the book before us we find a short but masterly review of the history, and forty pages devoted to a consideration of the pathology, of this disease. The greater part of the work (250 pages) is devoted to a discussion of the treatment of gonorrhœa, the author endeavoring to separate the "chaff" of this subject from the "wheat." That the task is no easy one is made evident by the opening sentence in the section devoted to treatment,

which we quote: "Gonorrhœa has been successfully treated, with purgatives and diuretics, corroboratives, astringents and laxatives, demulcents and alexipharmics, mercury and iodine, acids and alkalies, anæsthetics, tonics, specifics, and treatment on general principles: so that the puzzle must be not to find out what will cure it, but what there is in the wide domain of therapeutics that does not possess this power." Although the author has devoted so much time and space to the important subject of treatment, to our mind, he has been successful rather in giving an interesting history of the methods once in vogue than in furnishing new and practical suggestions as to how best to meet cases submitted to us for treatment to-day.

The book was revised only a year ago, but the changes made in it do not bring it fully up to date. The author does not mention many remedies now freely recommended by liberal writers in the old school, such as aconite, cantharis, cannabis sativa, pulsatilla, etc., for the disease itself and some of its sequelæ and complications. This may be accounted for by the fact that these remedies are unquestionably borrowed from homœopathy, of which school of treatment Dr. Milton says: "Of that singular compromise with expectant treatment called homœopathy, I have no personal experience to record beyond what I have learned from patients, and their report is to the effect that the action of the remedies is so slight as to elude the closest observation. I fancy, too, that even the supporters of homœopathy would be puzzled to bring forward a series of cases showing that gonorrhœa was cured more quickly by infinitesimal doses than by active allopathic treatment. Till that is done, or at any rate attempted, it will be unnecessary to pursue the subject farther."

The book forms the February number of Wood's Library for 1884.

BOOKS AND PAMPHLETS RECEIVED.

- TREATMENT OF CHOLERA. By C. H. Gatchell. Chicago: Gross & Delbridge.
- DISEASES IN CHILDREN. By Eustace Smith, M. D. New York: Wm. Wood & Co.
- MANUAL OF OBSTETRICS. By Edw. L. Partridge, M. D. New York: Wm. Wood & Co.
- TEXT-BOOK OF PATHOLOGICAL ANATOMY. By Ernst Ziegler, M. D. Vol. II. New York: Wm. Wood & Co.
- MANUAL OF DISEASES OF THE THROAT AND NOSE. By Morell MacKenzie, M. D. New York: Wm. Wood & Co.
- PROCEEDINGS OF THE TWENTIETH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO.

A GOOD SHOWING FOR THE UNITED STATES.—The death rate of the United States is estimated at 18.2 per thousand of the population per annum, while that of England is 20.5, and Scotland 21.3.—*Southern Practitioner*.

OBITUARY.

Whereas: In the mysterious Providence of God we are called to mourn the death of our esteemed friend and classmate, NATHAN HENRY WALKER, therefore;—

Resolved, That we, his classmates, have lost a true friend, a worthy, devoted member of our class, and that we cherish his memory as that of one whose life, though short in years, was full in accomplishment of duty.

Resolved, That we extend our sympathy to his afflicted family in this sudden and great bereavement, which has removed from their circle an affectionate son and brother.

Resolved, That we forward a copy of these resolutions to the family of the deceased, and also that a copy be inserted in the NEW ENGLAND MEDICAL GAZETTE.

OSMON ROYAL,
SARAH S. WINDSOR, } Committee.
WM. A. SEIBERT,

Class of '85, Boston University School of Medicine.

PERSONAL AND NEWS ITEMS.

E. A. BUTLER, M. D., Class of '79, B. U. S. of M., is located at Carson City, Col.

F. M. W. JACKSON, M. D., Class of '83, B. U. S. of M., is located at Emporia, Kansas.

E. JEANNETTE GOODING, M. D., has removed from 205 to 223 West Springfield St., Boston.

E. G. SMITH, M. D., Class of '84, B. U. S. of M., is located at 508 Broadway, South Boston.

CHARLES HAYES, M. D., has removed from 243 Hight St., to 3 Tobey St., Providence, R. I.

HENRY A. JACKSON, Class of '80, B. U. S. of M., is located at 245 Greenwich St., Providence, R. I.

S. M. CATE, M. D., has removed from Salem, Mass., to No. 916 15th St., N. W., Washington, D. C.

S. ADELAIDE HALL, M. D., Class of '84, B. U. S. of M., has located at Mt. Auburn St., Watertown, Mass.

FLORENCE N. HAMISFAR, M. D., Class of '83, B. U. S. of M., is located at Hakodate, Japan, as medical missionary.

C. W. ADAMS, M. D., Class of '84, B. U. S. of M., is located at Franklin Falls, N. H., having purchased the practice of Wm. E. Keith, M. D.

JOHN H. PAYNE, M. D., has resumed the practice of his profession at Hotel Columbus, corner Columbus Ave. and Holyoke St., Boston. He gives special attention to diseases of the eye and ear.

DOCTORS MARY D. MOSS MATHEWS, GEORGE D. WILCOX, H. A. WHITMARSH, and ANNIE W. HUNT, of Providence, sailed October 11, in the Cunard steamer "Cephalonia," for a six months' tour in Europe, intending to visit many of the larger hospitals.

DR. W. E. KEITH has sold his practice in Franklin Falls, N. H., to Dr. C. W. Adams. He will go to New York to spend six months in post-graduate work.

THE
NEW ENGLAND MEDICAL GAZETTE.

No. 12.

DECEMBER, 1884.

VOL. XIX.

EDITORIAL.

OUR NEW DEPARTURE.

WITH the present number, Vol. XIX. of the GAZETTE must close its completed pages. The eve of a new year is proverbially the time for a critical survey of the past and the making of good resolutions for the future, and this eve of the GAZETTE's new year must be no exception to the rule.

We perhaps stand too near, as yet, to the work of 1884 to view it from that perspective without which no worthy critical survey is possible. We can say with assurance, however, that the good-will which the management brought to its task has been reciprocated most heartily and encouragingly by readers and contributors; and their earnest efforts to retain for the GAZETTE its useful and honorable position in the world of medical literature met with most generous recognition and appreciation, which have found expression in the practical and substantial manner so welcome to editor and publisher. The realization of this friendly support is especially vivid as the GAZETTE nears the close of the successful year whose success is so largely due to that support, and a grateful consciousness that it may be relied upon in the new year so soon to open is the GAZETTE's most valued CHRISTMAS gift.

During the year just past, the narrow limits of the space within which the GAZETTE has been obliged to work have been felt by us often as a discomfort and restraint. More than once a paper in every other way desirable has been reluctantly declined, because of its impracticable length. So little space has been at

our disposal for the reproduction of the helpful thoughts which find expression in the pages of our contemporaries, foreign and domestic, that we have felt ourselves between the Scylla of provincialism in dealing only with local topics on the one hand and the Charybdis of becoming a "one-article" journal on the other. From these difficulties, the coming year will see us in great measure set free. With the advice of valued counsellors, and after very serious consideration, it has been decided to enlarge the GAZETTE to a magazine of forty-eight pages; its first issue in that form being that for January, 1885. The added possibilities thus secured will, we are sure, commend themselves as cordially to our readers as to ourselves. On these possibilities we do not now propose to dwell at length, merely suggesting that they include offering, in translation, the valuable clinical reports of French and German *confrères*; the publishing in full, instead of unsatisfactorily in fragments, of original papers on themes impossible to treat briefly; and full abstracts of interesting cases and novel theories, which, hitherto, we have unwillingly passed by in silence.

The added expense thus incurred we are sure our readers will not be reluctant to share with us to the extent our publishers may determine. We make no glowing promises, new-year resolutions failing so often to meet the stern tests of the year grown old; but what earnest effort can accomplish will surely be forthcoming, that our friends may find cause to congratulate themselves and us on the usefulness and success of OUR NEW DEPARTURE.

PARTURIENT ETIQUETTE AMONG CERTAIN INDIANS.

SOME clever critic suggests that when Mr. W. S. Gilbert is called upon for the libretto of a new opera, he immediately stands upon his head, and considering from that point of view some every-day situation or happening in life, at once proceeds to put his impressions into rhyme, "Patience" or "Pinafore" being the happy result.

From the occasional narrative of a traveller to some out-of-the-way corner of the earth, it would seem that the habit of surveying life from an upside-down point of view is not confined to Mr. Gilbert; for there are certain customs which could only

have been instituted in communities living, mentally at least, with their heels in the air. Such customs are those relating to the etiquette of the parturient state, as noted among the Indians of French and Dutch Guiana by M. Boussenard, and by him described in a late number of the *Revue Scientifique*. The contemplation of these anything but "sober" facts affords a little humorous relaxation to the student of the more sombre realities of physiological processes, and we find ourselves tempted therefore to give our readers a rough translation of parts of M. Boussenard's paper.

"When the pregnant woman" (among the South American Gabilis, a tribe which is found on the banks of the river Maroni) "is taken with her first pains, she immediately leaves her hut, makes her way to the nearest stream, and, crouching down upon the sands, awaits her delivery, without showing, in any way, the slightest sign of suffering. The pains appear to be exceedingly sharp, but their duration rarely exceeds two hours. The instant the child utters its first cry, the mother, having severed and knotted the cord, plunges into the running water; and, having thoroughly bathed herself and her child, makes her way back to the hut, the baby in her arms.

"Meanwhile her hut is surrounded by half the tribe, screaming and shouting at the top of their voices, while the medicine-man vigorously pounds his drum to aid in driving away evil spirits. No one pays the slightest attention to the mother, who makes her way through the yelling throng into her hut, tucks her child into a low-sung, cotton hammock, and immediately proceeds toward a second hammock, swung on the other side of the room. In this lies her husband, who, extended at full length, is giving vent to the most frantic moans and wails. She prepares him a warm, odorous drink (absurdly like the 'caudle cup' of early England), and as, after draining the gourd, he still remains vociferous and uncomforted, the wife burns certain narcotic herbs on the floor of the hut, under whose soothing influence the over-sensitive father presently falls asleep. For ten days the master of the house keeps his bed, — or, to be exact, his hammock, — his wife meanwhile assiduously ministering to him, and caring, as usual, for her household affairs. All visits and congratulations are addressed to the husband.

“It seems incredible that no ill results should follow, either for mother or child, proceedings so exquisitely contrary to nature and common-sense. But such seems to be the fact. The mother shows no sign of weakness then or thereafter; and the child seems entirely sturdy and healthy.”

There is a joke so old as justly to rank among the classics of medical students, which tells how a young obstetrician hopefully remarked of a recent case, that, though he had lost both mother and child, he was confident of being able to save the old man. If that young obstetrician were to practise among the Gabilis, he would apparently find “saving the old man” a task not unattended with difficulties.

NOTES ON 1884.

WHEN, in the roll-call of history, the physician of the future pauses at the name of 1884 to demand what was its contribution to the progress of medicine, what answer can be counted on from the year just drawing to its close? To anticipate such an answer in anything like its possible detail would fill a not inconsiderable volume. A few notes, almost at random, from this imaginary volume, may not, however, be without interest.

An impetus of almost incalculable value has been given to what is called “Preventive Medicine” by the great HEALTH EXHIBITION held in London. Here physician and laity met on common ground, and with very great mutual benefit discussed such momentous questions as the best methods of drainage and ventilation, the sanitary construction of dwelling-houses and public buildings, hygiene in diet and dress, the most healthful modes of exercise, and the influence of the water supply on the public health. Nothing could be more natural, sensible, and useful than such meetings for such purposes, or more far reaching than their excellent results. The homely saying that “an ounce of prevention is worth a pound of cure” may well be taken as their motto and their justification.

Few subjects have been followed with such vital interest as the investigations of the scientists of Germany, France, and England into the cause and pathology of CHOLERA. Dr. Koch and the cholera bacillus have become within the year “house-

hold words," if one may say so, to the profession. In view of the immediate ravages of cholera, past and present, and the extreme likelihood of the extension of those ravages in the near future, the question of how to treat the disease successfully would seem to be the vital question after all, and to this 1884 has little new or valuable to offer in the way of reply. The mortality of the present epidemic shows little advance on the shocking statistics of the past. We wait with interest and confidence the record of what homœopathy has been able to accomplish in conflict with this dreaded disease, as compared with the results of old-school methods. With the crying need for effectual therapeutics in cholera, the present wrangling and excitement over Koch's "bacillus" are faintly suggestive of what Dr. Holmes once said about pathological anatomy in general, — that it was the little boy who picked up the remains of exploded fire-works the day after the Fourth of July.

The tendency to "SPECIALIZE" in medicine is more marked with every year. The family doctor of old days will soon be the Rip Van Winkle of the profession. Eventually, it would seem, we shall hear of "specialists" for measles and the troubles of dentition; and the vision of a forest of doctor's buggies about the door of an unlucky family whose spring or autumnal "colds" have taken, in the case of each member, some slightly different form, presents itself to the excited fancy.

The vexed question of MEDICAL ETHICS has enjoyed this year an unwonted season of repose. We rejoice to note that the liberal thinkers who support the "new code" have again won a victory in New York over their "stalwart" brethren. From the many suits for "malpractice" noted in the daily journals, and apparently instituted by the most shameless greed for money, coupled with ignorant malice, it would seem that some new laws governing expert testimony, and indeed the practice of medicine generally, were loudly called for.

The WOMEN PHYSICIANS of the old school in Massachusetts will mark the year 1884 with a white stone, as that in which the profession for the first time formally tendered them, as it were, the right hand of fellowship by admitting them as members to the Massachusetts Medical Society.

AS HOMŒOPATHS, we may justly feel that the year has brought us many encouraging signs of the vitality and progress of the cause we have so much at heart. Paris boasts her new and beautiful Hospital Saint Jacques. Melbourne sends news of the enlargement of her hospital and the rapid growth in favor, of its system of treatment. England, it is true, laments the loss within the twelvemonth of one of her best beloved homœopathic physicians ; but those who remain are strong of heart, and in the constant accomplishment of work which is an inspiration to faithful workers everywhere. It is most satisfactory to feel that the great work whose beginning dates from 1884—the revision of the *materia medica*—is in such good hands on the other side of the sea ; while on our side, America, in the persons of those best fitted for the labor and the honor, will not fail to do her part.

In our own small corner of the universe, we have every reason to sincerely congratulate ourselves on the year's good gifts. Our honored State has this year, for the first time, given a public recognition to homœopathy by establishing an asylum for the insane in which the treatment is to be homœopathic. The Massachusetts Homœopathic Hospital has been enriched by a large and fine addition, by which its sphere of usefulness will be very greatly widened. Rhode Island may soon demand our congratulations on the possession of a hospital ; the reorganization of the Providence dispensary, and the warm interest shown therein, seeming to point hopefully in that direction.

“As one door shuts, another opens.” Through the opening door of 1885, cheerful and earnest workers may catch bright glimpses of successful days to come.

THE ANNIVERSARIES OF THE BRITISH MEDICAL ASSOCIATION AND THE BRITISH HOMŒOPATHIC CONGRESS.

BY GILES F. GOLDSBROUGH, M. D., LONDON, ENGLAND.

THE British Medical Association is a large and powerful organization of medical men. It has its head offices in London, branches in nearly every county in England, and many in Scotland and Ireland. Its membership numbers 12,000, and its

income is £20,000 annually, of which it is able to devote £1,000 to scientific research. It likewise possesses in the *British Medical Journal*, with a circulation of 12,350, a most valuable means for the publication and permanent record of its proceedings. It might be expected, therefore, that, as its influence is felt more widely than that of any similar organization, the anniversary meetings of the Association would mark, year by year, every point of advance in medical science and art; and it might also be expected, that, with the material at command, such advance would be by great and rapid strides, and that the leaders of the Association would ever and anon be found in the van of medical progress.

That the second of these expectations has never been fulfilled is well known to all homœopathic practitioners. Narrow-mindedness and prejudice are dragging on the chariot wheels of that great army, and always preventing its setting out on the only road which leads to the highest vantage-ground of the enemy,—disease.

The proceedings of the anniversary which was lately held at Belfast bring out this fact perhaps much more strongly than any that have preceded them. And yet nothing was said or done in opposition to homœopathy. Its existence was quietly ignored; its name was not even mentioned; and, for aught an ordinary observer might know, the course of old physic had ever run smooth, and had never been intercepted or rivalled by anything in its attempted supremacy over the ills of humanity.

If, however, the several addresses presented at that meeting be read and considered in the light of those delivered at the Homœopathic Congress, and in the light of homœopathy as it is shining day by day in literature and practice, the blindness of the Association will at once become apparent, and the stage of its progress in the art of medicine will be seen to be nearly a century behind.

The president of the Association for the year is Dr. James Cuming, Professor of Medicine in Queen's College, and physician to the Royal Hospital, Belfast. He took for the title of his address "The Control of Pathological Research by Clinical Observation," and endeavored to apply the principles involved both to the study of disease itself and also to its treatment. Had he been successful in his endeavors, the address would have been a complete vindication of homœopathy. But the part devoted to treatment proved a conspicuous failure.

Dr. Cuming observed that the prevailing tendency was to regard pathology as the essence of disease, and in its investigation to leave out of count the morbid phenomena which were observable in the living subject. It was necessary to overrule

this tendency, and to consider pathological theory in the light of clinical observation, and to accept such theories only when supported by such observation. For example, according to microscopists, the same bacillus had been noticed in caseous *pneumonia*, *bronchitis*, *phthisis*, and *lymphatic* glands; and yet how different were these diseases clinically! It was therefore necessary in these instances to abide by clinical manifestations rather than pathological theories, or accept the latter only as confirmed by the former. But, more than this, it was necessary that a much wider meaning should be given to the phrase "clinical observation" than had hitherto been the case. It should include observations on individuals over the whole of their lives, whether under medical treatment or not; it should also include inquiry into the history of single generations and families over long periods of time, with comparisons of one generation with another and one family with another. By such methods, a flood of light might be shed on the relation of the strumous diathesis to *phthisis*, and a number of other questions which are as yet but imperfectly understood.

All homœopathists will applaud these statements, and join with Dr. Cuming in his efforts towards true knowledge. But when he comes to push his precept in treatment, he has no courage to go the necessary length, but indorses the bad practices of his contemporaries. What does he say? "In recent years, the efforts in the direction of the establishment of rational therapeutics have been followed by great and encouraging success, while the search after specifics has disastrously failed." And he means by rational therapeutics the discovery of germicides, antipyretics, and all drugs having general effects on the human economy. Judging from the doctrine laid down in the first part of the address, given the disease in a certain individual, to find the individual remedy would form the only rational basis of treatment. But Dr. Cuming falls into two great errors in dealing with this subject. He ignores entirely pure pharmacology, or the science of drug-action on the healthy human organism, and then confuses the science of disease with the doctor's art in curing it, at the same time offering a miserable apology for the unsatisfactory progress made in therapeutics. What are we to say to the following? "It is not possible that medicine should be cultivated on exactly the same lines as the other sciences. It was long ago pointed out by Bichat that pathology had no exact analogue amongst the physical sciences. Physiology bears the same relation to living bodies that mechanics do to inert matter; but there is no pathology of any of the physical sciences. We cannot suppose gravitation to become deranged in its operations, or chemical affinity to be subject to morbid action; nor can we suppose these

forces as susceptible of being influenced by remedies." The absurdity of such reasoning as this is patent on the surface. Is gravitation a science? Do the laws of chemical action constitute the science of chemistry? Again, is it not possible for gravitation to become suspended, in its effects at least, if not in its operation, by the opposite action of some other force? Or are not the laws of chemical action to a large extent under the control of the operator at the laboratory to bring them into operation at pleasure? And conversely, is not pathology the result of the laws which usually operate in physiology being suspended by the action of other laws, and which, because their effects do not conduce to the welfare of the individual, we call morbid? And, if this is so, the analogy between the physical and biological sciences is complete, only the laws of the latter are much more complex and more manifold than those of the former. But the investigation of both must be conducted along the same lines notwithstanding, even though the means of observation and experiment are at present inadequate to the desired result. And moreover, is it not in accordance with the same analogy that while the laws of inanimate nature are to a large extent under the control of man, and that while Nature herself should allow the laws of life and health to be interfered with, she should in her own interests provide a law or laws whereby the normal state may be regained, and that she should also place these laws under the control of an intelligent and discriminating being, who should be able to bring them into operation or suspend them at pleasure? That there is such law at least has been witnessed by Hahnemann and his followers for wellnigh a hundred years; and it behooves the British Medical Association to abandon its pessimistic tone, and place itself in the forefront of medical progress. If it does not soon do this, a future generation will not be slow to write as its epitaph, "Thou art weighed in the balances and found wanting."

It would appear, however, that the present time would be exceedingly opportune for the British Medical Association to turn over a new leaf and begin the investigation of therapeutics in a truly scientific and rational manner. Until now, within that august body, the subjects of pharmacology and therapeutics have not been deemed worthy a separate section for their study and deliberation. In former years these subjects were tacked on to other sections, perhaps to physiology, pathology, medicine, or surgery. But henceforth a new section is to be devoted entirely to them, and it was inaugurated at the late anniversary with a great flourish of trumpets by the newly appointed president of that department, Dr. McLagan.

It may be mentioned that Dr. McLagan is physician in ordinary to one of the branches of our royal family, and has been

foremost in this country in advocating the salicine treatment of acute rheumatism. He took a most appropriate subject for opening the new section, viz., "Methods of Therapeutic Research"; but alas! when we come to see what these methods are in the mind of Dr. McLagan, we find them lamentably deficient, for by far the most important are left out. He gives, —

1. Experiments on the lower animals,
2. Statistical results of treatment,
3. Individual observation at the bedside,

but does not promise startling results from either of them. Indeed, he condemns the first as of little value, and the second as liable to grievous error; while of the third, the utmost to be gained from it at present is to watch and to note the effects of the use of germicides, and to *improve* the treatment of most ordinary diseases. But in these, as in all previous abortive efforts, there will be nothing but disappointment, because the science of pure pharmacology and nature's law of cure are both ignored. Let Dr. McLagan add two more to his three methods of research, and place them thus: —

1. Experiments on lower animals.
2. Experiments and extended provings on the healthy human being.
3. Prescription in disease according to the rule "*similia similibus curantur.*"
4. Individual observation at the bedside.
5. Statistics.

Then he will see results that will startle him from his old empirical ruts and set him on the rock of scientific therapeutics.

In the course of his address, Dr. McLagan gives four points which it is necessary to observe in all scientific inquiry as to the effects of different methods of treatment. As these will apply to the results of homœopathic treatment better than to any other, they are worthy of careful attention, perhaps more than they have as yet received. These are,

1. A statement of the constitutional peculiarities of the patient.
2. Accurate noting of all symptoms throughout the course of the disease.
3. Accurate noting of the details in the mode of application of the method of treatment.
4. Comparisons in detail of different methods of treatment.

From the homœopaths' point of view, the two addresses just noticed form by far the most important part of the proceedings at Belfast. Other contributions were of more or less practical value, those in surgery and obstetric medicine being perhaps the most so; but the limits of this communication will not admit of

further space being devoted to them. Suffice it is to say that the addresses, discussions, excursions, and social gatherings, which made up the catalogue of events, were regarded as a great success by all who took part therein.

The annual Homœopathic Congress was held this year in London, and, naturally, there assembled a larger and, perhaps, a more representative gathering than usual.

The president on the occasion was Dr. J. W. Hayward, of Liverpool, and amongst those present were Dyce Brown, Dudgeon, Drysdale, Gibbs Blake, Hughes, Moore, Nankivell, Wolston, and, as a guest, the well-known Ludlam, of Chicago.

The president's address stands prominently forward as the *pièce de resistance* of the whole meeting. The title was as follows: "Recent Pathology in its Bearings on Scientific Therapeutics; involving the question—Can Homœopathic Treatment with Infinitesimal Doses cut short Infectious Diseases depending on living Germs?" and the substance may be described as the ultimatum of homœopathy, in the face of the current views on germs and germ diseases as held by the dominant school. Dr. Hayward began by alluding to the oft-repeated discovery and promulgation of different theories concerning the cause of disease, and the widely different modes of treatment based on them, adopted only to be abandoned again for new ones; and he instanced the germ theory and treatment by germicides as the latest of these. He contended that it was the duty of homœopathic practitioners, as professors of an art based on progressive science, to take note of all struggles after perfection which went on in the medical profession. He then gave an exhaustive account of the germ theory, naming Beale as the authority who was entitled to most weight on this subject, and gave a general adhesion to current theories concerning the part germs play in the production of infectious diseases. If it were true, homœopathic practitioners as such could offer no objection to the germ theory; they were quite as delighted as others to obtain what appears to be an explanation of the nature of disease. "The germ theory could only be objected to when it was put forward as a guide to the treatment of disease"; and homœopaths were able to show that treatment based on any pathological theory, or based on any plan other than that of Hahnemann, was unsound both scientifically and practically. A few extracts must be given from Dr. Hayward's address to show how admirably he proved this.

In the first place, it was agreed by the best authorities in the old school that, when once germs had obtained entrance to the body and a hold on the vital forces, so as to set up the ordinary processes of disease, it was impossible for the physician to kill them by any germicide that would not at the same time be

destructive to the patient himself; neither (in the words of Dr. Hayward) "could he purge them out, nor sweat them out, nor drive them out with diuretics, nor get quit of them by any other of the evacuant means usually put in force by practitioners of the physiological school. . . . Curative medicines the best practitioners do not profess to have. Such diseases are left almost altogether to sanitary measures, rest, and nourishment." As the old-school practitioner then is "shunted" out of the way, in regard to medical treatment, what power have homœopathic practitioners to cut short these germ diseases? "Germs having gained entrance into the blood, and there found suitable pabulum, will they run through their life history in spite of anything *we* can do? Will they pass through the same processes whether we interfere or not? . . . And if our medicines and doses do really shorten these diseases, or render them less severe, how do they accomplish their work?" Dr. Hayward showed that, for the proper treatment of these as well as other diseases, it is necessary to take into consideration all factors that are at work in the suffering patient. These are, in the instances under consideration, the vital action of the individual, the germs as causing the disease, and the *vis medicatrix*, which puts a natural limitation to the morbid processes; and, "as in almost all other instances, the physician's object in an attempt to cure any of the germ diseases should be to assist the natural tendency just referred to, that is, to help nature to resist the action of the disturbing germs, and to restore to normal any disordered action." Do homœopathic medicines do this? To answer this question fairly, homœopathic treatment must be placed side by side with the most favorable treatment of the old school, and that is, as has already been seen, the expectant. Compared with this, statistics prove that homœopathic treatment, by a long way, bears the palm.

Dr. Hayward quoted statistics on three diseases, which he summed up in the following pregnant sentence: "Taking three of the most deadly of the germ diseases, homœopathic treatment with infinitesimal doses is: in typhus, 11 per cent, in cholera, from 21 to 43 per cent, and in yellow fever, from 46 to 73 per cent more curative than ordinary treatment." But how do they accomplish their work? "By assisting Nature to resist the action of the disturbing germs, and helping her to restore the normal action and repair the damage done. And this assistance is rendered by using the remedies pointed to by the rule of similars. This rule, Nature herself revealed to Hahnemann. . . . Homœopathic medicines are in fact substances which have the power to produce alterations in the blood analogous to different morbid states, so as to produce a kind of immunity, or at any

rate a diminished susceptibility, in the manner, though perhaps not to the extent of a previous attack of the disease ; or after the manner of the attenuated viruses of anthrax, chicken cholera, rabies, vaccine lymph, etc.”

“ These medicines are the serpent venoms, some insect venoms, *belladonna*, *camphor*, *rhus*, *aconite*, *arsenicum*, *iodium*, *sulphur*, *quinine*, *veratrum*, *mercurius*, *hepar*, and some others. . . . Which of them to select, however, in any given case is not a matter of indifference, it is of essential importance, for it may be that only one of them is capable of producing the morbid change required, and to miss selecting that one might be to miss curing the patient. . . . How complete and perfect, then, and simple, withal, is the science of therapeutics under the rule of similars ! The practical application of it may indeed often be unsuccessful, because it is in the hands of fallible human instruments ; but the science itself is as perfect as the provisions of nature usually are.” Dr. Cuming said, as president of the British Medical Association, that “ the true dignity of our study of medical science lies in its practical usefulness.” He might be told that in the study of homœopathy he would find that dignity rise to its loftiest expression, because in homœopathy the most practical utility is unmistakably demonstrated.

Besides the president’s address, four other communications were read at the Congress, two of which it is necessary to notice, because they illustrate forcibly the particular sphere in which it is the province of homœopathic practitioners to work. They also form a striking contrast to the address of Dr. McLagan at the British Medical Association. The first of these was by Dr. Hughes, of Brighton, entitled “ The Materia Medica of the Future ” In this paper was briefly described the work which has been undertaken jointly by the British Homœopathic Society and the American Institute of Homœopathy, the general plan of which has already been made known to the readers of this journal. Dr. Hughes contended that this work, giving in an accessible form, as they occurred, the provings of all the most important drugs of the homœopathic materia medica, with an index both to it and to “ Hahnemann’s *Materia Medica Pura* and *Chronic Diseases*,” well merited the title “ The Materia Medica of the Future,” because from it all future study of drug-action would take its start, and all other works on materia medica be compiled from it. He appealed to all English-speaking homœopaths for assistance in preparing the work.

The other contribution just alluded to was by Dr. Gibbs Blake, of Birmingham, entitled “ A Chapter of the Therapeutic Repertory, — Nephritis,” and was a portion of a work undertaken by the Hahnemann Publishing Society representing all that a thera-

peutic repertory ought to be. A short description of the plan of the work will not be out of place. Each chapter like that read at the Congress is divided into four sections as follows:—

(1.) Definitions of disease, giving the ordinary names and synonymes, and the diagnostic marks of each variety. The medicines are placed under each variety, and are divided into three classes under each, viz., (*a*) medicines which have been both proved and used; (*b*) medicines which have been used but not proved; and (*c*) medicines which have been proved but not used. (Sect. 2.) The application of the homœopathic remedy as to repetition, sequence, stages of the disease, conditions, complications. Medicines again in three classes as above. (Sect. 3.) General management of the disease, giving adjuvants, diet, use of palliatives, etc. (Sect. 4.) An alphabetical list of medicines with references to literature, and results of treatment. An appendix is placed at the end of the work giving some new provings and other matter.

Works like these may well redound to the credit of the small body of workers engaged upon them, and put to shame the abortive productions on materia medica and therapeutics of the so-called rational school. But all who conscientiously practise according to Hahnemann's law are contributors to the general good; therefore, to each be it said in the concluding words of Dr. Hayward's address, "Let the homœopathic physician go on his way rejoicing; and let him thank God that, though a martyr to professional prejudice, he is a conscientious, scientific physician, and a benefactor to his race."

HOW GYNÆCOLOGICAL DISEASES MAY BE DECREASED.

BY LESLIE A. PHILLIPS, M. D., BOSTON, MASS.

[Read before the Boston Homœopathic Medical Society, Oct. 16, 1884.]

THAT the amount of disease and suffering of all kinds might be greatly decreased, if all did their whole duty in the care of themselves and others, there can be no question.

That most of us at least would endeavor to do this, could we see and realize just what our duties are, and how they should be performed, I believe to be equally true.

Now there are some duties that I feel we owe to the women, old and young, under our professional care, which are not duly recognized by most physicians, and to which I desire to call your attention, not for the purpose of censuring or casting reproach upon any one, but with the belief that if, among those mentioned,

we recognize any duties which we have heretofore neglected, or failed to realize as duties, we may in their performance better serve, and more surely help to decrease the sufferings of woman, in whose behalf I labor and speak.

It is, I believe, as much our duty to *prevent* disease among our patrons as to cure it when it exists ; yet few make much effort to do this, or feel that they are in any degree responsible for any of the illnesses of their patients ; but, unless we do what we can to prevent our patients incurring disease, we are to a certain extent responsible and to blame.

Now it is capable of demonstration that a very considerable proportion of the diseases peculiar to women are *avoidable*, and, in failing to do our part toward their prevention, we neglect an important duty. Of course, this matter rests largely, yes, chiefly, with the women themselves, who oftentimes wilfully, but more often through a lack of knowledge, neglect to protect the health of themselves and their daughters. But I think all will admit that we, too, as family physicians, have a duty in this connection.

Many young girls,— few realize how many, — arriving at the age of puberty without having received any proper, reliable, or intelligent instruction as to the approaching change and its significance, seeing for the first time a discharge of blood from the vagina, seek, by the use of cold water, or otherwise, to conceal the fact, and the evidence of it, even from their mothers, or other natural advisers and guardians, because they (their guardians) have failed to win their confidence ; and also through a sense of shame and fear, due to ignorance, or innocence, if you choose. The consequence is, whether suppression of the menses results or not, congestion and catarrhal inflammation in many cases do result ; and a chronic form of endometritis with its accompanying leucorrhœa, which is not self-limited or easily cured, is thus contracted at the very threshold of womanhood.

Others, entirely ignorant of any possible danger in exposure to wet and cold during menstruation, take no special care of themselves at those periods ; wetting their feet or their skirts and ankles, without a thought of the serious consequences that are very likely to follow. I need not mention other forms of disease often contracted through ignorance. The few already mentioned are sufficient to point to the duty which some one owes to these young girls. The mother should most certainly be the one to possess and keep the confidence of, and supply the necessary instruction to her daughter, that she may know how to care for and protect her health. But looking a little further, we find that many mothers are themselves ignorant in this direction. Others shrink from the duty of speaking to the daughter, who is as yet only a child, of such delicate matters ; and, again, many

girls have no mothers, nor any one who thinks of or cares for their health. It seems to me that the family physician has an imperative duty in this connection. He can mark the near approach of this critical age, and he should see to it that the mother or other guardian of the child be herself informed of and impressed with the importance of instructing the girl what to expect, what she should do, what she must avoid, and the probable consequences of disregarding the precautions against disease. In some instances, we should even take the task into our own hands, if there are none who can do it better than we. If we will but consider and think upon this, the possibilities for good or for averting serious ills will surely grow upon us as we give it our thought. It certainly should never be neglected.

Again, the prevailing custom of forcing the education or mental training of girls during the first years of maidenhood, to the neglect of physical conditions, and regardless of the consequences to their health, is one which should meet with condemnation from every conservator of the public health. If excessive mental and nervous activity and strain are enforced (as is the rule rather than the exception, especially with young girls in cities) during these early years of sexual life, when nature demands the direction of the nervous forces toward the development of the reproductive organs and functions, the result will be not only injury to the general health by an excessive nervous development at the expense of general physical strength, but the sexual organs, particularly the ovaries (which as surely suffer from general nervous derangements as does the nervous system from disease of these organs), will suffer first functional derangement, then deficient or excessive blood pressure, and, growing out of these, neuralgia, dysmenorrhœa, amenorrhœa, hysteria, or even active inflammation of one or more of the organs. Chlorosis and anæmia are more likely to be developed in such as these than in any other young girls. Thus, through one or another or a combination of these ills, the young life is blighted; and a weak, diseased woman is a very common product of such an unwise and reprehensible system of education.

I deem it one of our most serious and most difficult duties as physicians to make a firm stand in opposition to this outrage. The fact that the pride of the young girls themselves combines with that of their parents and teachers to sustain a custom, the effects of which upon the after-life are not considered or realized, makes it difficult to correct or resist; but, none the less, it demands a check at our hands. We must insist upon a relaxation, at least, of the forcing process, and so insure a chance for natural, healthful development, by which a large number of gynæcological cases will be averted, or cured by prevention.

Another fruitful cause of uterine disease, especially of a congestive or inflammatory character, is the deplorably common fear of pregnancy, and the injurious means and measures employed for its prevention. We cannot but sympathize with some, whose circumstances are such as to render reproduction a positive misfortune; but even with them disease should not be *invited* to prevent a *possible* evil, while, in the majority of cases, the very wish to prevent conception is a wrong against nature. It is not in our power, and perhaps some would say not in our province, to so elevate the moral ideas of womankind that there shall be no wish to avoid maternity, and no resort to means of prevention. While I feel that we are the ones who should be able to exert an influence in this direction, I will not urge this as a duty, as I know that it would not be generally recognized or consistently undertaken by all in the profession. But, aside from this, we have a duty in the matter, inasmuch as very many women make use of means and measures which are productive of disease and more or less serious injury, in absolute ignorance of any possible harm resulting therefrom. Now we should see to it that they are made aware of the dangers they are incurring by such practices; then they are themselves responsible and alone to blame if they disregard our warning, and inflict upon themselves disease and suffering. To be sure, it is not as "profitable" to prevent such harmful practices as to treat the effects of them; but we are not seeking how to create the most business, but how to decrease disease and pain.

Thus far I have referred to purely preventive measures, demanding our professional attention; but not in this field alone do we fail to do our whole duty.

A careful, accurate diagnosis,—a differentiation between conditions which, with similar outward manifestations, are so different in character, and in the means and measures necessary to their relief, that the neglect to distinguish one from another is almost synonymous with utter failure in the treatment,—this cannot be considered other than a pre-eminent duty of all who assume to treat these diseases at all. While uterine hemorrhage, for instance, is treated without a knowledge whether its cause is endometritis, polypus, fibroid tumor, or malignant disease; or leucorrhœa simply by external appearance as described by the patient without knowing its cause, its source, or its real character, and while patients complaining of pelvic pain, leucorrhœa, metrorrhagia, and general nervous derangement, all with monthly aggravation, are treated months and even years by the guesswork method, the physician neither knowing nor trying to learn what causes the trouble, which grows constantly worse and worse, despite his continuous treatment,—while such

practice is common, as I know it to be, round about us, it will require something more than the plea of simple symptomatology or the charge of unnecessary examinations, and useless consideration of pathological condition, to justify the large amount of needless disease and suffering thus inflicted upon patients, or to render the charge of inexcusable neglect of duty inapplicable or undeserved.

A no less important and perhaps no less neglected duty is the careful, accurate application of the homœopathic remedy to the totality of symptoms both objective and subjective. Too often a routine remedy, like *sepia*, for instance, on the one hand, or an exclusive reliance upon the local, or what should be accessory treatment, on the other, takes the place of real homœopathic treatment. Now while I believe in the use of any and all means which will afford real benefit to our patients, I am confident that in women's diseases, as in all others, the homœopathic remedy is the best and the principal dependence for their cure; but, to be the true homœopathic remedy, it must correspond not merely to the sensations of the patient, to the subjective symptoms, but to the objective symptoms, the pathological changes as well; then it is sure to cure.

A very generally neglected duty, which I feel physicians owe as much to themselves as to their patients, I cannot pass without mentioning, even though by so doing I be unjustly charged with a selfish motive, and though I have at another time and place spoken more fully of it than I need do here and now. I must say, if physicians would give themselves and their patients the benefit of the advice and aid of specialists in such cases as perplex them in the diagnosis, or defy their attempts at cure through months and years of treatment, I am confident they would serve their own interests as well as their patients' far better than by attempting to justify perpetual treatment on the ground of chronic incurable disease; for the premises will often prove false, as the patient learns when she finally seeks a specialist and is cured,—and her confidence in her former physician thereby destroyed.

And now I appeal to a comparatively small section or class, but one, nevertheless, to whom we must look for much most valuable service,—the women in our profession. All must realize that in gynæcological practice we labor under a great disadvantage in that very few of our remedies have had any reliable proving by women competent to give their pathogeneses as related to the female generative organs. Hence I can but feel that here is a duty devolving upon the women in the profession, and one which they owe to their sex even more than to their profession, viz., a thorough, scientific proving of remedies

with special view to their effects upon the organs of reproduction. The majority of symptoms as contained in our *materia medica* are at best only clinical observations, which nobody is certain would appear in the pathogenesis; hence there is a greater degree of uncertainty as to the true homœopathicity of any selected remedy in gynæcological cases than in those general conditions common to both sexes, and typified in the provings which have been made. I know it is a task from which all naturally shrink; but it is only by the self-sacrifice herein involved that the homœopathic value of any substance ever has been or ever can be ascertained; and, inasmuch as none but women can demonstrate what is so essential to the best, the safest, and the surest curative treatment of women's diseases, and as no other class of women are so well qualified, so entirely competent to do this work, and do it well, it will undoubtedly be admitted by the women physicians themselves as an obvious duty, and I hope there are those whose devotion to their sex, combined with their faith in homœopathy, will lead them to enter upon its performance.

Finally permit me to urge a conscientious regard for honesty, sincerity, and truth in dealing with patients. Without intending unkind reflections upon any, I urge this because false statements are often made to patients as to the nature and cause of their disease, as to the progress they are making under treatment, as to the probabilities of cure, etc., etc. That there are some instances in which the whole truth should not be expressed, all will agree; but this is only when the patient would be unquestionably injured by a full knowledge of the facts; under all other circumstances, honest, truthful dealing will be better for the patient and far better for the physician.

In the field of gynæcological practice, I have been brought to realize the existence and the too general neglect of the obligations I have asked you to consider. There may be, there probably are, other duties, which have not occurred to me, of equal importance, which I myself am daily neglecting; if so, I hope they may be presented by others, and I shall endeavor to observe and profit thereby.

A CLINICAL CASE.—POLYPUS UTERI WITH PARTIAL INVERSION OF THE UTERUS.

BY EDWARD L. MELLUS, M. D., WORCESTER, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

MRS. A B—, age about thirty, has three children, aged one, eight, and ten years. Nursed youngest up to the 6th of April, when she was taken unwell. The flow was natural and painless.

On Tuesday, April 10, she did a large washing; about noon the same day was taken with severe cramping pains throughout the region of the pelvis. In about an hour and a half the pain ceased, and she began to flood terribly. She laid on the lounge and kept as still as possible, and I saw her about an hour after. The blood had gone through everything she had on, and through the lounge to the floor, and I removed clots enough to nearly fill a two-quart basin. I made a hurried examination, but could not make out much, and took it for granted I had a case of miscarriage. I put in a tampon, left her on *ipecac*³⁰ and *china*³⁰, and went home. Returning two hours later, I found she had been vomiting severely, and in the violence of one of these attacks she had gotten rid of the tampon. Finding the hemorrhage much less, I did not replace the tampon, but continued the same remedies. The os was at this time dilated to the size of a silver dime, and I could distinctly feel something, which I took to be the ovum, just within the uterus. The flow was bright red, increased by motion, and there was no pain. At 10 P. M., April 10, no change. Gave *secale*³.

April 11. — Condition about the same; could pass my finger as far as the second joint into the uterus and entirely around something which felt like an ovum, but which I could not entice into the world; vomiting still somewhat troublesome; faints if she lifts her head two inches from the pillow; three napkins pretty well saturated in twelve hours; gave *secale fl. ext.* xx gtts. in one half glass of water, two teaspoonfuls every hour; began to wonder whether or not I had a polypus to deal with.

April 12. — I ought to have stated before that I could detect no very special enlargement of the uterus through the abdominal walls. In making examination this morning, something gave way before my finger which felt very much like a placenta. Forgetting for the instant all the reasons why this could not be placenta prævia, the thought went through my mind, "I'll go up through that placenta and let out the water." But after penetrating the substance for half an inch, it became fibrous, and I could get no farther. This manipulation brought on a moderate flow, which, by the way, had almost entirely ceased. I was nonplussed, but fell back on the polypus theory, and gave *bell*³.

April 13. — Dr. Chamberlain saw the case with me, and thought it a miscarriage, but advised letting it alone for the present; the os still open, as before, and the whole condition unchanged, except that the patient is now pretty comfortable; scarcely any flow. I now let her sit up long enough to pass water as often as necessary. It makes her rather faint, but she improves in that respect. From this time until April 24, I adopted the expectant treatment, and awaited developments.

She had from time to time, as were indicated, *thuya*, *nit. ac.*, *aconite*, and *canth.*

April 24. — Dr. Warren went with me to see this case, but we found the os entirely closed, and we did not succeed in making a very satisfactory examination. At Dr. Warren's suggestion, I then gave *fluid extract of ergot* in material doses for two days, without result, unless it was to give the uterus some "tone." On the 27th, I introduced sponge tents, and in two days had the uterus well open. On the 29th, administered ether, and Dr. Warren introduced the whole hand into the vagina, and found there was partial inversion of the uterus, the fundus being tied down by quite extensive fibrous adhesions. After tearing away these adhesions, and removing, by torsion, a small polypus, which he found attached to the fundus, he was able to return the organ to its natural position. The operation was followed by very little hemorrhage, no fever, and but slight tenderness of the abdomen. The latter symptom had entirely disappeared in twenty-four hours. Following the operation, the patient had *pulsatilla*³ for three days, since which time she has had no medicine, and, to use her own words, she "has n't had an ache or a pain." Ever since the birth of her first child she has had tenderness and pain in the left ovarian region, extending down the left leg. This has now entirely disappeared. She is now sitting up, and would doubtless be doing her housework (ten days after the operation) did she not fear that I might hear of it.

A CASE OF CHRONIC PNEUMONIA.

A. J. HARVEY, M. D., NEWPORT, ME.

[Read before the Maine Homœopathic Medical Society.]

MRS. C——, aged forty; spare, blonde; tubercular antecedents. I was called to see her April 12, 1883. She had been sick with pneumonia for four or five days, and, under old-school treatment, was steadily growing worse. I found her lying upon the back, wholly unable to move; severe pain in right side; breathing short, panting; pulse, 120; temperature, 103; skin dry and hot; great thirst; cough dry, distressing, with scanty, rust-colored sputa. The tongue was thickly coated, white on the edges, with a yellowish-brown streak in the centre. Urine scanty and dark. The lower lobe of the right lung was hepatized. I prescribed *acon.* 3x and *phos.* 3x hourly, in alternation.

April 13. — No better. *Bry.* 3x and *phos.* 3x, in hourly alternation.

April 14. — Patient better ; continued the prescription. She continued to gain from day to day, and on the 17th I discontinued the *bry.* and gave *phos.* 3x alone.

From this time till April 21, the fever continued to decrease, until the temperature reached 100, and the pulse 90. Cough still quite bad, with expectoration of yellowish, purulent matter. Lower lobe of the right lung still solidified. The patient had some appetite, but still confined to the bed, and very weak. Suffers no pain, but complains of sudden flushes of heat, with faintness at the stomach. Gave *sulph.* 3x in water, a teaspoonful to be taken every three hours. From this time she gradually improved in strength till the last of June, although no change was perceptible in the condition of the lung, and the cough and expectoration remained the same. Patient able to be dressed and about the house, but not strong enough to do any work.

From the 1st of July, she began to fail, and continued steadily declining until, about the middle of August, she was obliged to keep her bed. During all this time I had treated her with *sulph.*, *bry.*, *lyc.*, and *kali carb.* in varying potencies without effect, and I began to fear that consumption was about to claim another victim. The patient continued gradually failing until the first of October. At this time she was unable to sit up at all ; much emaciated ; cough severe, with purulent expectoration ; night-sweats, diarrhœa, hectic, pulse 130, and temperature ranging from 101 to 104 ; anorexia ; lower lobe of right lung still solidified.

Taking into consideration that with all this the menses had been suppressed since April, I informed the friends that I had no hope of her recovery, and advised them, for their own satisfaction, to call some one else. Several allopathic physicians were called, but considered the case so utterly hopeless that none of them would prescribe for the patient.

Oct. 18. — I was again called to see her. Her condition at this time was about the same as at my last visit, and after looking the case over carefully, I prescribed *lach.* 30x, though, I must confess, without one ray of hope that it would prove of any benefit ; but from that time the patient began to improve. Her cough grew better, though the expectoration continued profuse and purulent, with occasional streaks of blood. Appetite returned, pulse and temperature went down steadily to the normal, and the solidified portion of lung tissue cleared up gradually and perfectly. Patient gained strength and flesh steadily, and in December was able to be up about the house and do some light work. In January, 1884, she took the entire charge of her housework, and has managed it ever since. The menses

which, as before stated, had been suppressed since April, made their appearance in December, since which time she has been regular, and the patient at the present time is well.

Since Oct. 18 this patient has had *lach.* in the twelfth, thirtieth, and two hundredth potencies, with occasionally an intercurrent dose of *nux vom.* or *kali carb.* Her regular treatment was *lach.* so long as she needed medicine; and I attribute the cure to the use of that remedy.

THE STEM PESSARY.

To the Editor of the GAZETTE :

The September number of the GAZETTE accords my *Uterine Displacements* a brief review, which contains the statement that "Dr. Donaldson apparently has lost none of his confidence in the stem pessary when properly used. He is still an ardent advocate of its employment."

Inasmuch as I have always entertained decidedly conservative views regarding the use of all forms of pessaries, holding them to be a disgrace to gynæcology, and, futhermore, that the stem is the most pernicious of them all, the above assertion that I am still an "ardent advocate" of the stem pessary is peculiarly distasteful to me, and awakens no little surprise. It would be to me a deep source of regret to learn that anything I had published tended to uphold practices which every intelligent and experienced physician must deplore. It is evident, however, that our reviewer (in common with many others) was very superficial in his observations, since he states that I have employed my "ideal diagram" of the first edition to illustrate the pelvic organs in the second; whereas, comparison will at once show that the "ideal diagram" of the first edition does not appear in the last.*

* It is entirely contrary to the practice of the GAZETTE to publish in its columns any criticism on the work of its reviewers. To do so is too often to lay the foundation of a controversy which proves as profitless as unpleasant. In the present instance, however, justice to Dr. Donaldson demands that this rule for once be laid aside; and we accordingly print in full, above, his somewhat stringent remarks on the GAZETTE's late review of his work. The writer of that review wishes to state that, at the time of preparing the notice, the first edition of the work under consideration was not immediately at hand. Finding no reference to any changes in the "ideal diagram," and finding the diagram in its former place (see p. 22), he too hastily concluded it to be identical with the cut in the first edition. Subsequent measurement and comparison have revealed the fact, welcome to him and to the GAZETTE, that, in point of fact, such material alterations for the better have been made as not only render the diagram practically a totally different one from that of the first edition, but also render it one of the most accurate and satisfactory presentations of a difficult subject as yet offered to the profession.

The GAZETTE takes pleasure, both for Dr. Donaldson's sake and that of the gynæcologists and students to whom the new diagram may be of great use, in thus finding and acknowledging itself in the wrong. — *Ed. GAZETTE.*

I am unwilling to believe that a careful perusal of any writing, of mine would influence the reader to venture rashly upon the use of the intra-uterine pessary. True, I have advocated the *discriminate* use of this instrument, but at the same time have striven to make plain the fact that I employ it with the most watchful apprehension of the possible evils which the use of this sometimes indispensable abomination may arouse, even under conditions seemingly most favorable. More than once I have regretted that I ever, under any circumstances, commended this form of pessary, so fully have I been made to realize the direful consequences that may follow its mal-application by the indiscriminate and venturesome.

Were it possible to elucidate the manifold conditions that admit of or contra-indicate the use of the stem pessary, I would gladly undertake the task; but experience proves that the endeavor would be far from successful. Sooner or later, every writer becomes painfully aware that views may be expressed as concisely and directly as possible, clothed in the plainest and most forcible words, and yet the gist of the argument will, by many, be so misconstrued as to force one sometimes to wonder at the seeming inability of the average mind to receive a correct impression. It seems incredible that a physician with any knowledge of gynecic pathology would attempt the cure of a flexed uterus, dependent upon an existing salpingitis, by the wearing of a stem; or that a sensitive uterus bent and fixed by plastic exudations, associated with pelvic tenderness, should be treated by impalement upon a stem. Yet this and other foolhardy mal-applications of this instrument have repeatedly come under my notice, the work of practitioners who believed that they had intelligently read the published arguments for and against the use of the stem pessary.

When a dislocated or flexed uterus is to be dealt with, the prime question should not be "what form of pessary shall be employed?" but "how can the irritation and displacement be relieved without the aid of mechanical appliances?"

Rest, postural treatment, and well-directed hygienic measures will, in the majority of instances, accomplish in the best manner all that is possible in the way of alleviation; while he who relies upon mechanical agents will invariably encounter defeat, his patients, as a rule, finding that their affliction has been increased and time and money squandered.

In writing *Uterine Displacements* it was my chief aim to combat the prevailing abuse of pessaries, and I must emphatically reiterate that, to secure the welfare of our patients, all well-regulated practical measures should be first employed, reserving mechanical treatment as a *dernier ressort*.

S. J. DONALDSON, M. D.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

HORACE PACKARD, M. D., SEC.

THE November meeting of the society was held at the usual place, Thursday evening, the 13th inst.

Dr. L. A. Phillips was chosen president *pro tem*.

The censors reported favorably upon the candidates proposed for membership at a previous meeting, and all were unanimously elected as follows: Walter B. Whiting, M. D.; George M. Ockford, M. D.; Ella G. Smith, M. D.; Amelia W. Stockwell, M. D.; S. Adelaide Hall, M. D.

The programme for the scientific session included a paper on cholera infantum, by Dr. J. H. Sherman; remarks on a supposed case of acute yellow atrophy of the liver, with characteristic urinary deposits, by Dr. J. Hedenberg; a report of "a fatal case of poisoning by corrosive sublimate."

Dr. Sherman prefaced his paper by a report of a puerperal case now under his care.

Mrs. M——, a young woman, in her first confinement was delivered of a healthy child on Wednesday morning. On the following day a most violent diarrhœa set in, accompanied with high pulse (140) and temperature 104. No special tenderness of abdomen, no tympanitis, absence of all symptoms of peritonitis, lochia stopped. Prescribed *acon.* and *ars.* in alternation, followed later by *ver. vir.*

A consulting physician was called, who, from the offensive odor proceeding from the patient, and other symptoms, suggested blood poisoning. This diagnosis does not appeal to Dr. Sherman's judgment. The stools, in themselves, are very offensive and involuntary, resulting in soiling the bedding and clothing, and thereby accounting for the offensive odor noticed by the consultant. The discharges are painless, and consist of dark greenish liquid.

Dr. Conrad Wesselhoeft, in response to a question from Dr. Sherman, as to his opinion of the character of the disease, said he should diagnose it as simple acute catarrh of bowels, with the extreme elevation of temperature dependent upon parturition.

Dr. Sherman then read his paper, which was followed by a short discussion.

Dr. Woodvine asked the *rationale* of external applications to the bowels in cholera infantum. If the cause of the disease is in the sympathetic nerve centres, how will the patient be benefited by treating the periphery?

Dr. H. P. Hemenway always insists upon complete quiet for children suffering with cholera infantum, especially when cerebral

symptoms set in. Another point, often neglected, is keeping the extremities warm. This has saved the patient's life in cases he has treated.

(Dr. Hedenberg's address will be reported in a subsequent number.)

In the discussion following Dr. Wesselhoeft's paper, Dr. Woodvine said that he had a similar case of poisoning several years ago. Its accompanying features were uterine hemorrhage, suppression of urine, and extreme immodesty.

Dr. Phillips asked if any examination was made of the internal organs of generation in Dr. Wesselhoeft's case. Dr. Wesselhoeft said, Yes, the condition of the uterus was similar to what we find in extreme endometritis. At the time of poisoning, the patient was in the third week after confinement.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE annual meeting of the Worcester County Homœopathic Medical Society was held Wednesday, Nov. 12, at No. 13 Mechanic Street, Worcester, Mass. The bureau of gynæcology, obstetrics, and nervous diseases had charge of the meeting, and reported through the chairman, Dr. J. H. Carmichael, of Springfield, that the subject of nervous exhaustion would be thoroughly considered. Dr. Carmichael opened with a paper upon concussion of the spine as a cause of nervous exhaustion. The question of diagnosis was presented by Dr. Travers. Therapeutical measures were discussed by Dr. Whittier. Dr. J. P. Rand read a paper upon puerperal eclampsia. A paper was also presented by Dr. Pratt, of Shrewsbury. The election of officers resulted as follows: Dr. Charles L. Nichols, of Worcester, president; Dr. N. W. Rand, of Monson, vice-president; Dr. C. Otis Goodwin, of Worcester, secretary and treasurer; Dr. G. A. Slocomb, of Millbury, corresponding secretary; Dr. Adaline Williams, of Worcester, librarian; Drs. Brick, Spencer, and Roberts were chosen censors. This meeting was of particular interest, and was attended by a remarkably full number of the physicians on the roll of the society. Dinner was served at the Bay State House.

G. A. SLOCOMB, M. D., *Cor. Sec.*

MEDICAL SOCIETY OF NORTHERN NEW YORK. — THE THIRTY-THIRD ANNUAL MEETING.

THE thirty-third annual meeting of this society was held Oct. 1, at the City Hall, in Albany. The vice-president, Dr. C. J. Farley, opened the sessions by reading an introductory

address, in which he reviewed the work and animus of the association; pointed out the measures for increasing its influence and usefulness, and advocated the abolition of all sectarian distinctions on account of therapeutic belief or practice, and urged the adoption of the widest liberty of opinion and action.

The papers read and subjects presented for discussion embraced a wide range of thought, and indicated depth of research, originality, and thoroughness of investigation, and were fertile in practical suggestions. The more important are the following: —

A paper entitled "The Neurasthenic Symptoms of Physostigma," by Dr. F. F. Laird, of Utica, an honorary member. A paper entitled "The Treatment of Carbuncle by Means of Hypodermic Injections of Carbolic Acid, in Connection with the External Limiting Applications of Collodion," by Dr. M. O. Terry, of Utica, an honorary member. Cases of typhoid fever, varicose ulcers, and incipient phthisis, by Dr. C. J. Farley, of Fort Edward. Case of chronic enteritis, by Dr. A. C. Howland, of Poughkeepsie. A descriptive statement of a case of intentional poisoning by arsenic; also a plan of treatment, by injections and otherwise, for the relief of piles and other pelvic diseases, by Dr. H. W. Hamilton, of Brandon. A paper delineating the various surgical measures to be employed for the relief of hemorrhoidal tumors, by Dr. H. S. Paine, of Albany. The history of a case of typhoid fever, having unusual complications, by Dr. G. E. Gorham, of Albany. The peculiarities of a case of exophthalmic goitre, by Dr. W. W. French, of Balston. The varied and obscure symptoms of an obstinate case of tapeworm, which has for several years resisted many heroic methods of treatment, by Dr. J. F. Niver, of Cambridge. The special features of an obstinate case of neuralgia; also one of gastric ulcer, by Dr. W. S. Garnsey, of Gloversville. The history and successful treatment of a large carbuncle, by Dr. D. E. Collins, of Grapeville. A statement of the measures usually employed in practice for the treatment of varicose ulcers, by Dr. G. W. Stratton, of Lee. The characteristic symptoms of a case of leucocythæmia, illustrated by microscopic evidences of the altered condition of the blood corpuscles, by Dr. H. M. Paine, of Albany. A statement relative to the toxical effects of certain doses of remedies, by Dr. L. Hale, of Albany.

The officers elected for the ensuing year are: Dr. C. J. Farley, of Fort Edward, president; Dr. G. W. Stratton, of Lee, vice-president; Dr. G. E. Gorham, of Albany, secretary; Drs. J. La Dow, of Mechanicville, W. R. Case, and John C. Otis, of Poughkeepsie, H. W. Hamilton, of Brandon, and F. Hamilton, of Rutland, were elected active members, and Drs. C. A. Gale, of Rutland, Vt., and R. E. Caruthers, of Alleghany City, Penn., were elected honorary members of the society. The physicians and members present represented the counties of Albany, Saratoga, Greene, Washington, Dutchess, Fulton, of this State, Berkshire, Mass., and Rutland, Vt. The next meeting of the society will be held at Troy, on the first Wednesday of May, 1885.

A GOOD SHOWING FOR THE UNITED STATES. — The death rate of the United States is estimated at 18.2 per thousand of the population per annum, while that of England is 20.5, and Scotland 21.3. — *Southern Practitioner*.

REVIEWS AND NOTICES OF BOOKS.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By Freeman J. Bumstead, M. D., LL. D., and Robert W. Taylor, A. M., M. D. Philadelphia: Henry C. Lea's Son & Co. Pp. 906.

This, the fifth edition of a work which has now become classical, was rewritten and enlarged by Dr. Taylor, who seven years ago became associated with Dr. Bumstead while the latter was revising and rewriting the fourth edition. Had Dr. Taylor's own reputation not been a wide and assured one before this association was formed, the fact of the association would in itself be a sufficient guaranty of his ability to engage in this special work. We regret that our notice of the book appears so tardily; but our commendation is no less hearty for coming a little late. The book before us is a model for medical writers in the fair-mindedness with which different views are discussed, in its thoroughness, and in the absence of petty prejudice on the part of the authors. Dr. Taylor is qualified to speak with the voice of authority on the subjects treated, and American physicians may feel honored to claim him among their number. The book is in three parts:—

Part I., treating of gonorrhœa and its complications.

Part II., treating of the chancroid and its complications.

Part III., treating of syphilis.

The author (one naturally refers to Dr. Taylor as "the author") gives briefly and tersely a history of venereal diseases, their differentiation, their pathology, causes, complications, consequences, and their treatment in full. Throughout the book, the views of all recognized authorities are prominently set forth, and with them the author's own theories and conclusions.

A brief résumé of the more immediately practical part of the work—the treatment—would read as follows: For gonorrhœa, "abortive" treatment,—injections of nitrate of silver; acute stage,—alkalies and diuretics, with or without sedatives; copaiba and cubebs; stage of "decline,"—copaiba and cubebs, with astringent injections. Apropos of the latter, the author says: "The objections to the use of injections are, I believe, founded on their abuse, on false reasoning, and on prejudice, and will not stand the test of examination. When properly used, they are the most valuable means within our reach for the cure of gonorrhœa, and are employed in the practice of all surgeons, with very few exceptions, who have had the opportunity of testing their value." Cathartics and hot water are recom-

mended in all stages of the case, and hygiene and diet insisted upon. The "expectant treatment" of Fournier and Diday is given in full; but Dr. Taylor claims that its results do not compare favorably with those of active, heroic treatment; the duration of cases under the latter method being estimated to be, in the hands of the best surgeons, from four to six weeks; this excluding all cases cured by the "substitutive" or "abortive" treatment. The author's cautions against "over-medication" are extremely pertinent and worthy of attention.

In regard to the chancroid, we read that "the internal use of mercury has no beneficial influence whatever upon it." In brief, "no general treatment is required, except that dictated by common-sense"; which, in the author's opinion, is to a great extent "expectant" Apropos of caustics, he says: "*Let it be understood, then, that destructive cauterization, as an abortive method, is recommended solely in the earliest stage of the chancroid, when it shows a tendency to phagedæna.*" It is remarked that "most chancroids will heal under attention to cleanliness and suitable applications and dressings."

In the chapter on the treatment of syphilis, we read, "Under purely expectant treatment, the result *may be* most satisfactory"; but the author prefers to base his hopes on "the use of tonics, mercurials, and the iodides," as the case demands, combined always with "attention to the general hygienic condition of the patient." The statement that "the great majority of cases (estimated as high as ninety-five per cent) which have been thoroughly treated are absolutely cured, and never followed by a relapse," amply justifies his confidence in the methods recommended. For the "when" and "how" to use the therapeutic tools mentioned above, the author himself must be consulted.

It is worthy of note that Dr. Taylor considers the erythroxyton coca one of the most useful adjuvants at our command, as under its influence mercury may be "pushed" without detriment to the patient. We would suggest an especially careful reading of the chapters on "Stricture" and "Sexual Hypochondriasis"; the latter containing much sound wisdom and practical advice.

It might have been, as we think, of very great use, had the author devoted some little space, in his paragraphs on prophylactics, to the only "common-sense" and thorough means of *preventing* these disgusting forms of disease. True, works on practical medicine are supposed to give instruction mainly how to cure; but "preventive medicine" holds an honored place with the scientific physician of to-day, and timely advice may occasionally act as effectually as, and to far more fortunate result than, any prescription given in the nine hundred pages of this work.

Although we hold that many of its therapeutic recommendations are open to serious objection, we count this work one that should be found on the library shelves of every thoughtful physician.

The book contains one hundred and thirty-nine illustrations, and two pages of chromo-lithographic drawings, comprising thirteen representations of the chief venereal lesions. For assurance of the satisfactoriness of type, paper, printing, and binding, it is sufficient to glance at the name of the publishers.

CLINICAL LECTURES ON MENTAL DISEASES. By T. S. Clouston, M. D., F. R. C. P. E. Philadelphia : Henry C. Lea's Son & Co. Pp. 550.

Modesty is a proverbial companion of wisdom and ability; and that the proverb is founded in fact, the modesty of Dr. Clouston's brief preface to the admirable work before us is one more convincing illustration. Few alienists have enjoyed the magnificent opportunities for clinical observation afforded Dr. Clouston by his position as Physician Superintendent of the Royal Edinburgh Asylum for the Insane, and Lecturer on Mental Diseases at the Edinburgh University. The medical profession owes him a debt of gratitude that, in this work, he thus shares with his colaborers some part, at least, of his rich and varied experience.

As the title indicates, the work is a series of clinical lectures; and the author has drawn upon his unusual clinical opportunities to the extent of presenting two hundred and sixty cases of mental diseases. In detailing these cases, he has had in view "their applicability as good ordinary types and guides, rather than their rarity or their striking characteristics." The plan followed by Dr. Clouston, of imparting instruction in the form of clinical lectures, has many advantages besides the not inconsiderable one of affording attractive and easy reading. All the essential facts relating to a given disease — its etiology, pathology, and symptoms — can thus be given plainly and succinctly; and they, with the treatment, are impressed on the mind by the wisely selected clinical case given in connection. The therapeutics are, of course, those of the old school; but the "treatment," apart from the administration of drugs, embraces much that the physician of any school may study with benefit. Not the least interesting feature of the book is the comprehensive picture it offers of the treatment of the insane, as carried out in a large institution.

The work is given an additional value to American practitioners by the appendix by Charles F. Folsom, M. D., contain-

ing an abstract of the national statutes, and those of the several States and Territories, relating to the insane.

The book, as a whole, is most interesting and valuable; fascinating in style, and in substance suggestive and helpful, not to the specialists alone, but also to the family physician, who finds himself called upon, not infrequently, to treat the milder forms of mental disease.

A TREATISE ON INTRACRANIAL DISEASES. By Charles Porter Hart, M. D. Philadelphia: F. E. Boericke. 1884. Pp. 312.

This is a treatise on the inflammatory, organic, and symptomatic affections of the brain and its membranes. The work is divided into two parts, the first of which is a short summary of the views current among distinguished physiologists concerning cerebral localization. The second part considers, systematically, cerebral, meningeal, and symptomatic affections. The author gives the symptoms, causes, diagnosis, prognosis, morbid anatomy, and pathology of these diseases, drawing largely from recognized authorities. The treatment recommended, as far as drug administration is concerned, is homœopathic, and in respect to completeness, at least, is the most satisfactory part of the work.

Although no considerable part of the substance of the book can be claimed to be original, the author is to be commended for the painstaking care with which he has prepared his summary of all the current physiological and pathological knowledge relating to the subjects treated, and the admirably full and correct indications offered by him for the remedies recommended. The literary style is pleasant; and the publisher's part of the work has been satisfactorily done.

THE CHIRONIAN. Edited and published semimonthly by the students of the New York Homœopathic Medical College.

We take pleasure in welcoming to our table the bright and attractive college magazine bearing the above title. It is certainly, though not perhaps equally, as important for preceptors and physicians to be familiar with the opinions of the "undergraduate" world, as for students to keep *au courant* with those of their "grave and reverend seniors." Every earnest and energetic college publication is a means towards this good end. We wish the *Chironian* long life and success.

STUDENT'S MANUAL OF ELECTRO-THERAPEUTICS. By R. W. Amidon, A. M., M. D. New York: G. P. Putnam's Sons. 1884. Pp. 93.

Dr. Amidon has succeeded in condensing into this small book all that it is essential the average medical student and general

practitioner should know by way of introduction to electrotherapeutics. His style is precise, technical, and free from superfluities. Illustrations and diagrams are interspersed and apparatus is described, so that "he who runs" may easily follow and profit by the text. The type is admirably clear, and the binding and general appearance of the book are attractive.

BOOKS AND PAMPHLETS RECEIVED.

- THE PHYSICIAN'S POCKET DAY-BOOK. By C. Henri Leonard, M. A., M. D. Detroit: The Illustrated Medical Journal Co.
- CHARACTERISTIC INDICATIONS OF PROMINENT REMEDIES. By W. J. Hawkes, M. D. Second edition. Pp. 129. Chicago: Halsey Bros. Price, \$1.25.
- THE ELEMENTS OF PHYSIOLOGICAL PHYSICS. By J. M'Gregor-Robertson, M. A., M. D., C. M. Philadelphia: H. C. Lea's Son & Co.
- DOCTRINES OF THE CIRCULATION. By J. C. Dalton, M. D. Philadelphia: H. C. Lea's Son & Co.
- THE TREATMENT OF UTERINE DISPLACEMENTS. By W. Eggert, M. D. Chicago: Duncan Bros.
- MYTHS IN MEDICINE. By Alfred C. Garratt, M. D. New York and London: G. P. Putnam's Sons.
- SCLEROSIS OF THE SPINAL CORD. By Julius Althaus, M. D., M. R. C. P. New York: G. P. Putnam's Sons.
- THE BRAIN AND THE NERVES: THEIR AILMENTS AND THEIR EXHAUSTION. By Thomas Stretch Dowse, M. D., F. R. C. P. E. New York: G. P. Putnam's Sons.
- THE EAR: ITS ANATOMY, PHYSIOLOGY, AND DISEASES. By Chas. H. Burnett, A. M., M. D. Philadelphia: H. C. Lea's Son & Co.

OBITUARY.

LUTHER CLARK, M. D., of this city, whose demise occurred at Lincoln, Mass., on the 26th of September, was one of the early practitioners of homœopathy in New England, being contemporary with Drs. Wilde, Weld, the elder Wesselhoefts, Dr. Gregg, and others in Boston, who early began to hold meetings which, later, resulted in the formation of our State society.

Dr. Clark was graduated at Harvard College in 1833, and at the Harvard Medical School in 1836. His first knowledge of homœopathy was acquired from Hering and his associates in Pennsylvania, and he was an honest practitioner of that school of medicine till ill health compelled him, about fifteen years ago, to retire. During his active professional life he had under his care many of our best and some of our most distinguished families, who held him in the highest regard as a man and a physician. Beneath a quiet and unobtrusive manner, Dr. Clark possessed very positive traits of character, his most striking qualities being a simple sincerity, with great love of justice. Without a shadow of anything like sanctimony, he was a deeply religious man, living thoroughly his religion in private and professional life. Without aggressiveness, he was always outspoken in his opinions when occasion warranted. His views of the duties of his profession were very decided, and during the last days of his life he said, should anything be written about him after his departure, he wished it stated as the earnest desire of the latter years of his life *that true homœopathy should be kept distinct from inert, infinitesimal doses, and that the homœopathic school should do its duty to the public*.

A most excellent man has departed, leaving us the benefit of an example of modesty and devotion to principle in both private and professional life.

F. N. P.

THE GAZETTE for 1885 will be made a forty-eight page journal, exclusive of advertisements. Price, \$2.00 per annum. (See notice of change in editorial columns.)

