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OF

HOMŒOPATHIC MEDICINE.

"Die milde Macht ist gross."

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THE NEW-ENGLAND MEDICAL GAZETTE.

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EDITORIAL.

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VOL. XXVI.

The same odd fact so noticeable in connection with individual birthdays is no less noticeable in connection with the birthdays of a magazine: they seem to recur much more frequently in its advanced than in its early years. It seems but yesterday that the Gazette was called upon to make its New Year's salutation to its well-beloved readers; and already the day of new beginnings is come again, and the salutation is repeated, with all sincerity and good-will. Coupled with it, as always, comes forth our annual impassioned and reproachful appeal to the Remiss Contributor in general, and the Negligent Secretary in especial, to turn over a new leaf, — to be explicit, several new leaves, of nicely-written manuscript; and after turning them over on their own account, to turn them over to the Gazette. It gives us pleasure to admit that negligent secretaries have, in this last year, been but few, and we have therefore been able to present our readers with fresh and detailed accounts of the work of our local societies. We earnestly trust that such may be the case in the year to come, and that every secretary of such a society may regard the appeal we make for prompt and full reports, as addressed to him individually. It is through no lack of cordial interest and good will that the Gazette is not personally represented, in conformity to constant and most kind invitations, at the meetings of such societies. It is merely that we have

mind? Such, too, by miracle, is exactly the phrase found in a proving of *lac caninum.* Brethren, can such coincidences go for naught? It may chance that Dr. Eastman protest that, thanks to his excellent sense and sound training, he never gave his patients a drop of *anacardium* or *sulphur* on any such indication; and as for *lac caninum*, it were to his practical medicine case, anathema. But shall materialistic contradiction of this sort rob pure homœopathy of the glory to be wrung from such coincidence? Marry come up! May not the dusky aborigne, with the child-like curiosity of his race, in poking over the doctor's curious little bottles, have held, "tightly in his hand, for several minutes," a vial of *anacardium* or of *sulphur?* Or even gone to the conclusive length of taking out the cork and sniffing of the medicine? When, owing to its glorious homœopathicity to his mental symptoms, its working was inevitable, instant, and complete. And as for *lac caninum*, its miracle-working power is easily equal to clinging, in dynamic essence, to the leather of the case which once inhabited the same pharmacy with itself, and springing forth, in magnificent affiliation, at the call of a symptom so characteristic of its pathogenesy. And — so to say — there you are again! And, O the pity of it, Iago, that these remedies, instead of being happily chanced on by the few, should not have been administered systematically, under governmental direction, to the many, and so the outbreak have been averted altogether.

Is this all very great nonsense, wasting the honorable space of a scientific journal, and the valuable time of its readers? Brethren, reflect; is it very much greater nonsense than every month of every year is sent forth by a certain class of controversialists, whose utterances are more dangerous foes for scientific homœopathy to meet, than is any argument or condemnation in all the armament of allopathy?

Our Foreign Mission, — for thus has the Gazette long and affectionately regarded that highly useful and not less picturesque institution, the Calcutta Homœopathic Charitable Dispensary, — sends a cheering report of progress for the year just past. In the year ending June, 1890, 7,012 patients were treated,

with 56.42 per cent. of cures. The patients are almost without exception Mahometans and Hindus; the diseases treated are various, fevers, chiefly malarial, standing first, as is to be expected from the climate; with dysentery and skin diseases following closely in numbers and severity. According to custom, several typical clinical cases are reported, all of interest and significance; notably the complete cure of a severe case of fissure in ano in a child of seven months, under the administration of *hepar sulphur*, 3*x*, and the notable success attending the treatment of "grippe" with *aconite*, *gelsem.*, and *bry.* Financially the showing is satisfactory, the close of the fiscal year finding the "infant institution," in the favorite quaint and affectionate phrase of its founder, standing with all liabilities met, a small sum to the good. Funds are, however, sorely needed, not only to carry on the work immediately in hand, but to further the cherished and surely very worthy project of a hospital, where the action of drugs can be observed much more closely than is possible among the nomadic applicants for dispensary relief, and where more lasting and substantial charity can be shown. Why not, in this connection, establish in our medical societies, as well as in our churches, a "box for foreign missions"? The individual physician would hesitate to draw an international money-order for fifty cents, to be sent as his personal contribution to "darkest India"; yet two half-yearly collections of such sums would carry weight in more senses than one.

We note with extreme satisfaction that the idea of scientific drug-proving keeps firm hold on our Indian confrères. Three new provers have, in the year past, been at work on the drug whose chart of results from six provers we summarized a year ago. Their report is most convincing and encouraging in point of congruence with symptoms already obtained. Below we present an amended summary, giving the symptoms from nine provers; and from it we secure, in head symptoms and those of the urinary organs at least, a working basis for justifiable clinical experiment with the drug. We cordially recommend such experiment to our physicians, and will gladly give space to record of results. It may be remarked that the chart in question is a model of clearness, simplicity, and precision, giving all

necessary data and nothing superfluous. We count on our Indian fellow-workers to continue their useful labors, either with this drug or others indigenous to their country. Dr. Banerjee, in charge of the work, remarks on the difficulty of obtaining provers ; fear being universal of possible consequences to follow, in a climate perilous at best, any arbitrary disturbance of the ordinary course of health. Such fear is far from foundationless ; and those who, inspired by unselfish devotion to science, willingly face it, merit therefore the richer praise.

Here is the summary of FICUS INDICA from the experience of nine provers :

NINE PROVERS.*

Mind—

Head—headache, 9 ; left sided, 5 ; in forehead, 5 ; heaviness in head, 5 ; vertigo, 4.

Eyes—pain (aching) in left eye, 4 ; burning sensation in right eye, 3 ; pain in right eye, 2 ; in left eye (and brow), 2.

Ears—heat in, 3.

Nose—warmth, and "flushing of heat" in nostrils, 3.

Mouth—heat in, 3.

Throat—pain in, 2.

Appetite and Thirst—"good," 7 ; loss of, 6 ; usual appetite, 3 ; thirst, 2.

Stomach—aching of, 7 ; nausea, 4 ; offensive eructation, 2.

Abdomen—aching in, 6.

Rectum and Anus—pain (itching and lancinating), 3.

Stool—free, 9 ; diarrhœic, 5 ; hard, 4 ; small, 2.

Urinary Organs—urine free, 9; amber color, 8 ; phosphatic, 6; frequent urging, 2 ; small quantity, 4; aching or burning pain in kidneys, 4; burning sensation in urethra, 5 ; whitish urine, 3.

Sexual Organs—passing of seminal fluid, 5.

Chest—aching in sternum, 6 ; (lower part, 3) ; with burning sensation, 3.

Respiration and Pulse—respiration, 14 to 22 per minute ; pulse from 70 to 84, (apparently normal).

Neck and Back—Aching of scapula (right, 1), 3 ; pain in left side of neck (jugular vein), 2.

Superior Extremities—burning sensation in palms, 2 ; itching of hands, 2.

Inferior Extremities—pain in right thigh, 2 ; aching of the legs, 4 ; itching of thighs and legs, 3.

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*It is stated that three of the provers took "two drops of the Mother Tincture once in the morning."

Generalities—desire for, fruits, 4; sweets, 4.
Skin—itching eruption, 3.
Sleep and Dreams—early rising, 4; various sort of dreams, 3; disturbed sleep, 2.
Fever and Chilliness—cold, 3; feverish, 2.

A Decree of Divorce must certainly now be looked upon as established between homœopathy and Schüsslerism, as long rashly mated by enthusiasts of our school of practice. In a recent issue of the *Homœopathic News* appears the translation of an article by Dr. Schüssler himself, which, in anything but a spirit of love, repudiates any such connection as the one suggested. The whole tone of the article is belligerent, not to say abusive; it most energetically disclaims any responsibility on Dr. Schüssler's part for the "errors of translation," whose presence, he declares, invalidate "the truth of the bio-chemical theory" to every "scientifically educated mind"; it refers to a "ridiculous symptom" read by him while he was "still a homœopathist"; and as a "unmitigated staggerer," to end up with, he remarks that the "whole symptom-hunting business has but one tendency,—to make up worthless, voluminous books and fat publishers." While admitting the right of any one who likes to employ the twelve tissue remedies according to other than bio-chemical principles, he has something notably drastic to say about "mixing up these principles with ridiculous symptoms." And in this, however we may differ with him elsewhere, we claim that the introducer of the tissue remedies is wholly sensible and right. We have long preached against the wild empiricism of employing the Schüssler remedies under the name of homœopathy, for no other reason than that their names suggest those of our own remedies, and certain symptoms attributed to them, — erroneously, for the most part, as it now seems, — are of the sort easily seizable as "key notes." The tissue remedies have legitimate relation to homœopathy only when, after exact and repeated provings, they are administered for exactly the symptoms they demonstrate themselves capable of producing. Employed elsehow, they are employed empirically, and we rather rejoice in Dr. Schüssler's convincing, if something less than courteous, demonstration of this fact. How,

finally he demonstrates it, we illustrate by a few paragraphs from his article:

"Mrs. D. Walker, of Dundee, has translated my Therapy into the English. To this translation she has added an index prepared by herself, containing, outside of the indications given in my book, a number of symptoms of her own manufacture. To this I cannot consent. Unfortunately several of Mrs. Walker's translations have been distributed among the American profession, and there they have been reproduced, first in a work published by Drs. Boericke and Dewey in San Francisco, and later, one by Drs. Chapman, Carey, and Landerer.

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"1. Mrs. Walker's index quotes, under the heading 'Diabetes': 'In health the liver so elaborates the chemical property of the sugar that, on passing to the heart and by the vena cava inferior to the lungs, it is turned into lactic acid.' Now this is all bosh. The vena cava inferior empties into the right ventricle, the arteria pulmonalis out of the right ventricle into the lungs. Why does Mrs. Walker, who is not a physician nor possesses a medical education, try to explain things beyond her comprehension? The latest investigations have demonstrated the fact that not the liver but the pancreas is the seat of disease in diabetes. Mrs. Walker says on the title page of her book, 'Authorized translation.' The fact is that I am in no way responsible for her nonsense.

"2. 'Headaches when after taking sour milk (natr. phos.)' If a headache really manifests itself after the ingestion of sour milk, who will be able to decide whether this is propter hoc?

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"5. 'Stone in the bladder, to check the formation of (calc. phos.) and buttermilk as a dietary.' I imagine the buttermilk must do it in this case. Any one proposing a new system in medicine must not promise too much, hence the assertion on page 8 of Mrs. Walker's index that aneurism is curable by ferr. phos. is a masterpiece of cheek. Why, not one among 10,000 physicians, if he understands the pathological anatomy of aneurism, will make such a ridiculous assertion, but 9,999 will readily attest to the incurability of this dangerous trouble.

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"Now I have to censure a few quotations from the books of Boericke and Dewey, and Chapman, Carey and Lawrence.

"2. 'Natr. sulph., suicidal tendency.' Well, now, if there is any one who will believe natr. sulph. will prevent suicide he may do so on his own risk. I don't, and I never said so, either.

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"5. 'Calc. sulph., dreams ; she had a convulsion from fright.' This nonsense reminds me of a similarly ridiculous symptom, read by me several years ago, *when I was still a homœopath,* in one of the many therapeutic guides, or rather misguides. It is as follows : 'He dreams in his sleep to clasp his hands together and awake his sleepmates by the noise.'

"Well, this may be sufficient. It has always been my desire to publish this article in one of the American journals.

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"Mrs. Walker had obtained my consent to translate my book, but she had no right to sign my name to her own inventions and to add an index full of things which no man of education will ever accept. Yours very truly,

"Dr. M. D. Schüssler."

COMMUNICATIONS.

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A CASE OF EPIPLOCELE.

BY JAMES UTLEY, M.D., NEWTON, MASS.

On the afternoon of October 27, 1890, I was summoned to the Newton Cottage Hospital, by the attending physician, Dr. George H. Talbot, to operate upon a case of strangulated hernia.

On my arrival, I found the patient, Mr. G—, suffering considerable pain as the result of two hours of unsuccessful traction, which had been made upon a complete left inguinal hernia. Within twenty-four hours there had been a normal action of the bowels, and no vomiting.

The patient gave the following history : He was forty-seven years of age, and while painting, eight years before, fell from a high building, fracturing his arm, and rupturing himself. The rupture was reduced by the usual methods, and a truss applied, which had been constantly worn since the accident, reduction

having been occasionally required, and the hernia each time being easily reduced. The present irreducible condition, he claimed, was of but a few hours' duration.

These statements relating to the reduction or duration of the present condition were controverted by the appearances found when operating.

Failing to accomplish anything by attempted reduction, ether was administered, and traction again made upon the tumor; but failure following our efforts, the parts were shaved of all hair, faithfully cleansed, and rendered antiseptic.

I then cut down upon the tumor, and found a large epiplocele, but careful examination failed to reveal any portion of the bowel in the scrotum, or inguinal canal, both of which were filled with a large mass of omentum. Even after the fibres of the external ring had been cut, so as to greatly enlarge the opening, that portion occupying the scrotum was with great difficulty withdrawn, as it consisted of an indurated mass, filled with nodules, feeling like, and resembling in appearance, carcinoma, but much to my regret, I did not examine it microscopically. This portion it would have been extremely difficult to have returned to the abdominal cavity through the small internal ring, had I so desired, but from its suspicious appearance I cut off a large portion, which weighed over eight ounces; or about one-half of the omentum.

The many bleeding points were secured, and firmly tied with cat-gut, the wound and omentum carefully washed with boiled water, and the healthy portion of the omentum returned through the internal ring to the abdominal cavity. A rubber drainage tube was then inserted, the internal abdominal ring and inguinal canal closed with continuous sutures of cat-gut, and then the wound closed with silk-worm gut, a continuous suture, carrying it deep down, so as to include the canal, and thus induce induration.

The wound was dressed antiseptically, and over the dressing a compress placed, of antiseptic gauze. The patient was then placed in bed on his back, in which position he was kept for forty-eight hours. After the operation, the patient received aconite 3x. His bladder was catheterized every six hours. At nine P.M. his temperature was 100°, and pulse also 100.

Oct. 28. The patient passed a comfortable night, and the morning temperature was 100.2 and pulse 92. There having been no vomiting, milk was given, ℥ jv. every four hours.

Oct 29. The wound was redressed, the drainage tube removed, and there being but slight tenderness over the abdomen, with no tympanites, the patient was turned on to his right side, and permitted to rest in that position.

On the evening of the second day, the temperature reached 100.6 and the pulse 96, but from that time continued to fall, until Nov. 1st, when the morning temperature and pulse were normal. The patient was then permitted to normally pass his urine, and at evening was given, ℞. Fl. ext. cascara sag. 3i, which gently moved his bowels the following morning, after which the stitches were removed, when perfect union of the wound was found.

The diet consisted of milk and beef tea, until after the bowels acted, after which he was given a generous diet.

Nov. 11. Just two weeks from the time of operation, a truss was ordered, with directions for him to constantly wear it. He was then discharged from the hospital, the inguinal canal appearing to be completely and firmly occluded.

THE REPAIR OF THE RUPTURED PERINEUM.

BY H. I. OSTROM, M.D., NEW YORK, VISITING SURGEON TO WARD'S ISLAND HOSPITAL AND TO HAHNEMANN HOSPITAL, NEW YORK.

[*Read before the Homœopathic Medical Society of the County of New York, November* 13, 1890.]

The subject that I desire to bring to your notice this evening has been so frequently discussed that it almost seems as if nothing remains to be said; but the fact that few women give birth to their first child at full term without sustaining some degree of laceration of the perineum, renders this accident, and its treatment, of continued interest to the practitioner.

The many methods that have been proposed to prevent rupture of the perineal body during labor, I will leave to the obstetricians. They have already, on various occasions, been ably discussed by those among you whose experience especially fits them to deal with that aspect of our subject. My few remarks will pertain to the surgical question of repair; a condition upon which I accepted your chairman's courteous invitation to take part in this evening's proceedings.

There are only two varieties of rupture of the perineum that require operative interference. One is sub-cutaneous and involves the recto-vaginal septum, without to any extent implicating the anal sphincter. The other spreads from the mucous membrane of the vagina down to the sphincter, or involves that muscle. Both of these varieties may differ in degree, and hence in their effect upon the pelvic viscera; but when either one occurs we may safely conclude that unless the rupture is repaired, and the pelvic floor restored, there will sooner or later develop

some disease of the pelvic organs directly traceable to that cause.

The question of a primary or a secondary operation here presents itself. Many of the objections that have been urged against the primary repair are theoretical, and of little practical value. The only one that has had any weight with me is the physiological condition of the parts and tissues operated upon. They are certainly not those that we usually associate with, or seek to obtain for, perfect healing. The parts are bruised, there is more or less blood stasis, and the surfaces are ragged and torn. While, however, a primary operation upon the perineum is the ideal operation, for the above reasons I have not been inclined to adopt it as my usual practice. In the few cases in which I have made the primary operation, the results have not been satisfactory. It will be understood that I am not here speaking of the operation for a slight tearing of the frenulum vulvæ. This never requires attention, but is frequently sewed up immediately after labor, and reported as a ruptured perineum, and a primary operation. When any but the simplest of operations is necessary, I prefer to wait until the torn tissues have recovered their natural nutrition, and when the condition of the parts permits me to judge of the extent of the injury, and the measures necessary for its repair.

The operation which, above all others, seems to me to answer the requirements for the successful repair of a lacerated perineum, is the flap, or splitting operation, now associated with the name of Mr. Lawson Tait, though I believe his right to being considered the originator of this operation may be questioned. The older and more elaborate denuding operations that have reached their crowning folly in Emmet's last piece of crochet work, I think deserve to be looked upon more as examples of surgical jugglery, than as legitimate procedures, for they not only proceed upon a false anatomical basis, but they take the most round-about and intricate means to accomplish an exceedingly simple thing.

As bearing upon these denuding operations, for whatever artistic shape the immagination of the operator may consider it necessary to carve upon the perineum, or whatever ingenuity may be exhibited in introducing the sutures, they all proceed upon a similar principle, to make an ideal and purely artificial perineum, without any special regard either to the natural body, or the direction or nature of the torn structures. I doubt if a perineum is ever ruptured according to the very beautiful designs that have been laid down for its repair. When the tissues yield before the coming child, it is usually at the weakest point, and there is little reason to believe that this is ever in the form of a butterfly, or a bat's wings, or what-not.

The rupture is always a linear one, crooked and twisted it may be, but always at first a line. The tissues, being elastic, stretch, and shortly there is a broad torn surface. Now, if when we wish to restore the perineum to its natural state, we denude what we conclude to have been this raw surface, we in the first place make our line of union a much broader one than the natural primal body suggests, and in the second place we remove valuable tissue, when too much contraction has already occurred. As a consequence, while the wound may heal, the shape of the perineum is altered, and it is not well adapted, either to stand future confinements, or to support the pelvic organs.

The flap operation is very different. It seeks to reproduce, not the primary laceration, but to open the line upon which that laceration healed. This having been done, the surfaces so exposed, which must, as nearly as possible, represent the condition of the perineum after rupture, are brought together, and held until they are firmly united. There is neither drawing nor tension of the parts, and six months after the operation one cannot tell that an operation has been performed, so perfectly natural have the parts become.

The technique of the flap operation is extremely simple, though difficult to describe. The perineum is put upon the stretch, and the white line which marks the line of cicatrization is deeply split with scissors, cutting from left to right of the patient. This transverse line is then joined by two others running up the labia, which ones will be seen to mark the lateral lines of cicatrization. There will thus be formed four ears. Two longer ones above, two shorter ones below. These are turned inwards with catch forceps, and the broad surface then exposed is brought together with silk-worm gut. The best needle for the purpose is the one devised by Mr. Tait, a long, curved-handled needle. The entire operation should not take ten minutes. I have seen Mr. Tait perform it, many times, in four minutes. This may seem almost like exhibition work, but it is not. It is only concentration, without waste of time. In urging rapidity of work in this, and in other operations, I do not wish to be understood as favoring exhibition surgery. What I do advocate, and what I am covinced conduces to the success of men like Mr. Tait, is never to do an unnecessary thing while operating, or stop to consider, or ask advise. If I do not believe myself to be perfectly able to cope with the case unaided, I cannot conscientiously assume the responsibility of the operation. We hear of laparotomies, and other operations that have taken hours to perform. They are certainly monuments to something; I think mostly to the endurance of the patient.

To obtain the best results from the flap operation, Mr. Tait insists upon a few apparently minor details. *First*, that the splitting shall be deep, giving a broad flap for union; *second*, that the needle shall be made to appear in the median line, thus forcing a slight ridge on the floor of the vagina; and *third*, that the needle shall enter a few lines inside of the cutaneous border. This precaution insures more perfect coaptation, and avoids the possibility of inverted edges.

The after-treatment of cases operated upon by the flap method is extremely simple. There being no tissues lost, tension is not a factor to consider, and therefore the bowels may move, and the patient be allowed to assume any position she desires. The stitches, as they cause no irritation, may remain in place until it is convenient to remove them.

The results are as nearly perfect as one can expect for any operation. Several patients that I saw in Mr. Tait's practice had borne the test of repeated confinements without the slightest yielding, and in one of my own cases, though operated upon less than a year before confinement, the perineum showed not the slightest evidence of giving way.

I have, within the last twelve months, made over twenty flap operations upon the perineum. Each operation has increased my satisfaction with the method. It seems to me correct in principle, and to give better results than any other procedure that has so far been proposed.

42 *West 48th Street.*

GENERAL PARESIS.

BY GEO. O. WELCH, M.D., WESTBORO' INSANE HOSPITAL.

[*Read before the Worcester County Homœopathic Medical Society.*]

"All hope abandon, ye who enter here."

It is one of the saddest sights we are called upon to witness in living among the insane, to see men in the prime and vigor of manhood, men of cultivation and often of brilliant intellect, those who apparently possess everything in life worth living for, gradually reduced to a state of absolute physical helplessness, with mind so obliterated as to leave but a scanty remnant, inferior to that of the lowest animals; the case terminating at last in death, an ending that cannot but be looked forward to with relief by all who have the least feeling of regard towards the poor human wrecks.

Such is the picture we are frequently compelled to look upon, and one often presenting in addition a mournful background,

where stand the wives and children brought to penury and absolute want, by that reckless extravagance that is so often found among the early symptoms of those suffering from general paresis.

General paresis is known under various names, such as general paralysis of the insane, general progressive paralysis, mania de grandeur, paretic dementia, etc.

The disease was not recognized by the profession till about the beginning of the present century, and was then brought to notice and described only in a cursory manner. Calmeil, a Frenchman, and a pupil of Esquirol, first gave an intelligent account of it in 1826. Since that time the disease has rapidly increased, certainly in text-books and the minds of alienists, if not so markedly in the flesh.

General paretics rarely come under hospital treatment till they are somewhat advanced in the disease. The beginning is generally so obscure, and the progress so gradual that, though the friends perceive there is something wrong, they usually think the change is due to business anxiety, overwork, or some transient affection, till some very unusual act, or violent mental explosion, causes them to realize that the disease is one of some gravity.

We notice in the beginning of the disease, a condition of cerebral irritability. The man who has been a genial, sociable companion, becomes frequently depressed and moody, is often absent-minded, and when roused suddenly from this condition, he is apt to give vent to unnecessary and unusual anger. At other times he is nervous, fussy, and fidgety over trivial matters, when before he was calm and self-possessed on all occasions. He is gradually losing control over his emotions, and is easily moved to tears or laughter, joy or sorrow.

Soon the depressed period gives place to one of exaltation. Where previously he often complained of malaise, headache, sleeplessness, etc., he has now a continual feeling of well-being. He applies himself more closely to business. In his imagination his capacity for work increases daily, and his ability to make money grows at the same rapid pace.

Business makes so great a demand upon his time that he begins to neglect his family affairs and social duties. His personal appearance, always, before, a matter of care and pride, becomes a matter of no consquence to him, and he goes about slovenly and ill-dressed. He cannot even spend time to eat and sleep properly, going without food during the day, and often rising at night to go to work.

Reason and judgment are early undermined. His business schemes, which were at first practical, if bold, become rash and

utterly unfeasible, and, as he believes himself capable of making millions of dollars in a day, he naturally is willing to spend large amounts in perfecting his schemes, so, though he had the fortune of Jay Gould, he easily brings himself to utter poverty in a short time, if left to his own devices.

The moral sense becomes blunted in conjunction with the loss of emotional control, so that the poor victim is swept into the abyss of alcoholic and sexual excesses.

Physical symptoms appear quite early in the disease, but do not usually become prominent till after a patient reaches the hospital.

The speech is apt first to attract notice. There is a tendency to clip words, or to pronounce certain letters indistinctly, and we often perceive a voluntary effort made by the patient to overcome this difficulty.

There is tremulousness of the lips and tongue, especially during speech; the latter, when protruded, often shows a twitching of the finer muscular fibres which, when marked, appears like worms crawling under the mucous membrane.

The gait is always affected, sooner or later. It resembles somewhat that seen in locomotor ataxia, or more, perhaps, a child learning to walk.

At first the man walks as though his knees were tired and stiff, and as though he were uncertain where to put his foot after he had raised it from the ground. Then the gait becomes more shambling, the feet are placed wider apart, as though the equilibrium were in danger. If the patient turns suddenly from a straight line, or meets with any obstacle in his path, he loses his balance and staggers like one intoxicated, grasping on all sides for a firm support which will enable him to recover the upright position. He rarely fails to accomplish this at first, but after the disease has progressed for a few months longer, the power of coördinate movement is abolished, he loses his balance entirely, and falls to the ground.

The pupils furnish us with a very characteristic symptom. They may be equally or unequally dilated or contracted, or even normal in size, but *irresponsive* to light.

There are two incidents, one of which occurs in most all cases of general paresis. These are "congestive attacks," and epileptiform convulsions. A case may present both or only one of these, but combined with the mental and physical symptoms, either one makes our diagnosis a certainty, while the absence of both leaves the question in doubt, to be only settled by the further light of post-mortem evidence.

In its simplest form, the "congestive attack" presents only a slight rise of temperature, a degree or two, and acceleration of

the pulse, with possibly a flushed face, which lasts only a few hours at a time. In the severer forms, the temperature rises to 103° and 104°, the pulse to over 100, the patient becomes unconscious, body covered with a hot sweat, face purple, breathing stertorous. This usually lasts a day or two, when the pulse and temperature reach the normal point, consciousness returns, and we frequently find a paresis of one or more of the limbs, which generally wears off in a few days, leaving the patient much as he was before the attack.

The epileptiform seizures may come at any time during the disease. The spasms may be confined to one group of muscles, to one limb or side, or involve the whole body. The attacks are apt to come singly at first, but as the disease progresses they increase in frequency and severity. After a series of them a patient always shows permanent mental and physical degeneration, and may be temporarily paralyzed, as in the "congestive attacks."

General paresis is a progressive, degenerative disease, and terminates in death in from six months to six years, usually in from one to three years. The principal symptoms become more marked; the speech so indistinct that only a word or two can be understood; the gait so uncertain that the patient tumbles over every time he takes a step; finally, confined to bed, because he has lost the power to stand, and is unable to sit in chair even, unless he is tied there to keep him from falling out of it.

The mental symptoms keep pace with the physical. He gradually becomes so demented that he is unable to tell his name, where he is, or what he has eaten a few minutes previous.

Nutritional degeneration soon follows after confinement to bed. The body becomes extremely emaciated, intractable bedsores form on all parts subject to pressure, and these are much aggravated by the excretions of the bladder and rectum, which are passed involuntarily, from loss of control over the sphincters.

Finally, death from utter exhaustion ends the scene.

More fortunate are those cases accompanied by epileptiform convulsions, where death frequently is caused thereby, and the patient usually passes away before reaching that dreary and dismal period of complete helplessness and exhaustion.

In a few cases the disease progresses for a time and then stops. If this occurs early in its course, the patient is often able to carry on his business successfully for a number of years, possibly five or ten, before the disease becomes active again, which it always does in time.

Cases are on record where this period of non-activity lasted for twenty years, and others have been reported recovered, but

on such occasions as these, the diagnosis is more than doubtful.

A few cases from the hospital records will bring out more clearly the diagnostic points of general paresis: —

Mr. A. B. — Admitted in September, —. Age 36. Married. Stockbroker. Has worked very hard; been somewhat dissipated; has had syphilis. Has extravagant delusions, claiming to have made large sums of money, and to have been around the world the past week; says he can only stay at the hospital one night, as he must start in the morning for California, where he is going to buy up the state, and plant it with peach trees, to supply the Eastern market with fruit. Very restless and uneasy; gait unsteady; pupils unequally dilated, and irresponsive to light; lips and tongue tremulous; speech slightly indistinct; very irritable, easily excited, and cries readily. Says he is all right, and never felt better in his life.

Oct. —. Has occasional spells of violence, during which he attacks those about him. Has had a congestive attack this month; temperature 101°, pulse 98; was not unconscious. This attack lasted about twenty-four hours.

Jan. —. Gait very unsteady, holds on to a chair when he rises from a seat to maintain his balance; if he turns suddenly from the direct line in walking, he falls over and is unable to regain his feet without help. Speech so indistinct that but a few words can be understood, generally begins to weep after he has talked a few minutes. Delusions of grandeur still marked, though he says nothing about them unless questioned. Sleeps poorly, up and about his room frequently at night; eats enormously, and is quite fat. He was very neat in appearance and habit when he came here, but is now slovenly, spills his food over his clothes, and occasionally wets his bed at night.

March —. Put to bed, as his legs are so weak he is unable to stand upon them. Eating very well, but growing thin. Mind is growing so weak that his delusions of grandeur are no longer active.

May —. Has several large bed-sores on his back and hips; passes his urine and fæces involuntarily; unable to move in bed; body much emaciated; unable to speak a word that can be understood. When asked if he feels all right, smiles and nods his head in the affirmative. The patient was in this condition nearly two months before he died.

Case 2. Mr. C. D. Admitted Nov. 2, 1887. Age 31. Single. Musician. Has been very dissipated, and has had syphilis. Has been failing since last spring. Had an epileptiform seizure in court during his examination. Reached the hospital in a state of great excitement. It took four men to carry him to the ward. He has marked tremor of the lips and tongue; articulation

a little defective, and would be more so if he did not make such a strong effort to control it. Walks with his legs rather wide apart. During the first night at the hospital he broke several panes of glass, and tore up all his bedding.

Dec. 31. Has had several congestive attacks since he came to the hospital; temperature rising to 102°, pulse from 100 to 110. These attacks have only lasted twenty-four hours, and during each his left side has been paralyzed temporarily. Pupils contracted, and irresponsive to light.

Jan. 14, 1888. Violent and irritable, tried to kill an attendant this morning. Wrote his sister he could walk 100 miles a day without getting out of breath. Has hallucinations of sight at night.

Feb. 2. Left arm paralyzed, also internal rectus of left eye. Had an epileptiform convulsion in the evening. This began with twitching in the left hand, involving that side first, then becoming general.

May 5. Had another fit. His knees give way frequently when he is walking about, and he falls to the ground. Speech is growing more indistinct, If, when talking, he becomes a little excited, his lips and tongue tremble so he cannot articulate a word. Very emotional, cries or laughs easily.

Aug. 31. Put to bed, as he is unable to stand; wets the bed occasionally. Has averaged about one epileptiform seizure and two congestive attacks a month, since the first of May. When he came to the hospital he was an excellent performer upon the viola, now he has lost all sense of sound, and can only make a hideous noise upon the instrument.

From the first to the nineteenth of September he had 145 fits. These would begin by twitching in the left foot, which gradually involved the left side, then the right, till the whole body was convulsed.

During the nineteenth of September he had 114 convulsions, and died in one of them during the afternoon.

General paresis is not primarily a disease of the nerve elements, but affects first the surrounding connective tissue and blood-vessels.

The most plausible theory is that of a sub-acute inflammation which has become chronic. This beginning in the interstitial substance or smaller blood-vessels, causes, through pressure and an altered blood-supply, a degeneration of the nerve cells, which are gradually, as the disease progresses, entirely destroyed in certain regions.

Post-mortem evidence strongly bears out this supposition. The membranes are much thickened, and often show under the microscope the presence of numerous hæmorrhagic infarcts.

We frequently meet with a condition known as pachymeningitis hæmorrhagica.

The brain, from long-continued inflammatory action has become atrophied, and shows marked sclerosis, the spaces caused by the shrinking being filled with serum. The piamater, which ordinarily, when peeled from the brain, leaves the surface smooth and glossy, has become more or less attached and when removed, leaves a rough, "worm-eaten," surface beneath. In place of the angular nerve-cells, with branches running in various directions, which we see under the microscope in a healthy brain-section, we see their places largely taken up by round, granular and inflammatory corpuscles.

The parts of the brain most frequently involved are the convolutions along the fissure of Rolando, where lie the centres of motion, and the frontal convolutions, the lower posterior part of which presides over speech.

As to the causes of general paresis, the text-book tells us the disease is due to heredity, syphilis, alcoholic and sexual excesses, excessive brainwork, insolation, blows upon the head, etc.; the usual conventional category that is made to cover the etiology of all nervous diseases that have ever existed.

Certainly in most cases there has been prolonged and excessive over-stimulation of the brain, either in business or convivial directions, with gross neglect of the necessary amount of recuperative rest. But thousands of individuals, if they inherit strong brains, abuse the laws of Nature in like manner, and do not suffer insanity thereby. We find in many cases others of the same family afflicted in various ways, with neuralgias, neurasthenias, hysteria, epilepsy, and various forms of mental deficiency, which point to a hereditary weak brain, that requires only a small amount of encouragement to yield itself to the destructive influence of paretic dementia.

Syphilis, hereditary or acquired, is also present in a large number of cases, yet we find this disease so prevalent among some of the uncivilized people in various parts of the world, that it has been said of some tribes, not an individual, man, woman, or child, is free from it, but not a case of general paresis do we find among them.

The disease is eminently one of civilization, being found largely amidst the hurry and excitement of city life. It occurs at the most active period of life, from thirty to fifty years of age, and largely predominates in the male sex.

As to treatment, nothing has yet been found that will stop the onward progress of the disease, after it is once fully established. In the very beginning, entire rest of the brain, with absolute freedom from care and anxiety; change of scene, with

the companionship of a few, sensible and agreeable friends; a large supply of nourishing, non-stimulating food, with sufficient active bodily exercise to keep the assimilative powers in good condition; and as many hours sleep in the twenty-four as the patient can accomplish, will achieve about all that can be done to assist the brain towards a healthy, normal condition.

Unfortunately, when the disease is recognized in its early stages, it induces in the individual such a state of super-egotism that the self-satisfied sufferer, who thinks he knows more about his case than any other being, natural or supernatural, is not at all amenable to friendly influence and advice, and is bound to go his own gait, which carries him along the broad and easy road that leads to the insane hospital, and to death.

THE DANGERS FROM COWS' MILK, AND HOW TO AVOID THEM.

BY H. A. GIBBS, M.D., LEE, MASS.

[*Read before the Homœopathic Medical Society of Western Massachusetts.*]

The problem of our milk supply, especially in our larger cities, has become a serious one. When we take into consideration the ease with which milk ferments, the readiness with which it absorbs and retains disease germs, the number of diseases which may be directly or indirectly transmitted by it, the temptations for adulteration which it presents to unscrupulous dealers, and when we add to all this the universality of its use by adults, and the fact that it is the main dependence of children under three years of age, I think you will all agree with me that it is an important part of our duties as physicians to understand clearly what the dangers are, and the best means to avoid them.

First on the list I would place *the improper care of the animal.* The conditions which are conducive to the production of good milk may be summed up in a few words; they are good food, pure water, fresh air, clean stables, and kind treatment. The food of a cow has perhaps the most to do with determining the quality of her milk. The pernicious practice of feeding on distillery slops and brewers' refuse has now been largely done away with, thanks to the vigilance of our local boards of health. The distillery slops are procured in a liquid form, as sour and vile a mess as was ever put into a cow's stomach; their use produces a milk which is strongly acid and ferments readily, and which, when curdled, forms a dense, solid mass of leathery consistency. That such a milk is unfit for the stomach of an adult, much more for that of an infant, goes without challenge. The use of

brewers' refuse may be somewhat less objectionable, but the custom which prevails in some country places of feeding the cow on the swill of the neighborhood, gathered in all stages of fermentation, is almost as pernicious as the feeding of distillery slops, and it is at least a serious question whether ensilage feeding may not be open to some of the same objections. Pure water, fresh air, and clean stables are all important factors in the production of good milk. Serious epidemics of disease have been traced to stagnant drinking water, or water which had been contaminated by disease germs from human habitations. Dr. Cyrus Edson, one of the Health Inspectors of New York, in describing some of the conditions which he found in the stables of that city, says: "For months the wretched creatures are compelled to stand, yoked between uprights, their noses over the swill-trough, breathing foul air in stables or sheds having often only six or seven feet of head-room. The writer has frequently seen them in stalls only two feet, five inches wide, and where the total air-space allowed each animal in a herd of thirty was only 226 cubic feet." Some of our country stables that I have seen are not much better, either in regard to filth, ventilation, or space. It is quite unnecessary to state that such surroundings as these produce a deteriorating effect on the animals; they are especially productive of tuberculosis of a most contagious character. Finally, let me say that kind treatment is another important factor in the production of good milk. We have known the most serious results to follow from a mother nursing her child during a fit of anger, or when under some strong excitement or emotion; similar results may follow from the same causes operating on the milk of a cow. She should never be milked when heated or excited. One of the prime requisites for the production of good milk is a generous admixture of the cream of human kindness.

Second on the list of dangers I would place *the improper care of the milk itself.* In the country where one can obtain fresh milk twice a day from his own cow or from that of a near neighbor, this danger is reduced to a minimum; but in our large cities the case is far different. Most of it is from twelve to thirty-six hours old before it reaches the consumer; it is made up of the milk of several cows, or even several herds, placed in large cans, carried a hundred miles, more or less, on the cars, jolted over the city pavements, distributed by men whose personal cleanliness is at least shady, and then perhaps placed in the family ice-chest with meat, vegetables, etc., till the original appearance and flavor of pure milk is only a dim and distant memory. It is obvious that the great danger in the care of milk is the fermentative process. This is always the result of

bacterial action by which the milk sugar is transformed into lactic acid, and the presence of this acid causes the curdling of the caseine. This process is continued in the stomach and intestines, and many cases of diarrhœa are but the efforts of nature trying to rid the bowels of such a decomposing mass. Milk which is intended to be carried any distance should be thoroughly cooled before it begins its journey, otherwise it is more prone to ferment. As soon as the milk is strained into the cans, they should be placed in cold water, with the tops off; in this way the animal heat is extracted, and the milk aerated before it begins its journey. The dangers of fermentation from prolonged transportation cannot be entirely overcome in our large cities, but they can be largely avoided by using wagons with good springs, while the danger from dirt and other accidental contamination can be almost entirely obviated by having the milk for each family put up in a separate and air-tight receptacle, of which the glass bottles, now in common use, are excellent examples.

The third danger to which I would call your attention is *the dilution or adulteration of the milk by unscrupulous dealers.* In most cases this consists of the removal of the cream, or the addition of water, thus impairing the nutritive quality of the milk. That this is extensively carried on, the last report of our state board of health abundantly proves. Most of the states have a legal standard of total solids, and require all samples tested to come up to this. This standard, however, cannot be absolute, and therefore it varies in different places. The English Society of Public Analysts has made 11½% of total solids the standard. In New York the legal standard is 12%, in our own state 13%.

In Massachusetts the law against adulteration is vigorously executed. It is noticeable that it is carried on more extensively near the dense centers of population; thus out of 960 samples tested in the eastern portion of the state, 33% were below the standard, while in the cities and towns of Western Massachusetts, out of 299 samples tested, only 15% were below the standard. Out of 1184 samples taken from twenty-two cities, 46% were below the standard. It should be borne in mind that these samples are largely taken from suspected cases, so that probably the actual ratio of adulterated to pure milk is much less than this. The following record of several cities and towns with which we are familiar may be of interest. In Boston during 1889, sixty-five cases were examined, and thirty-two were found below the standard; in Worcester twelve, with three below the standard; in Springfield seventy-five, below standard, thirteen; in Holyoke seventy-four, below standard, nine; in

Northampton thirty, below standard, six; in Chicopee twenty-four, below standard, one; in Pittsfield twelve, below standard, five; in Westfield nine, below standard, two. We should remember, however, that under certain conditions a cow may produce perfectly natural milk that does not come up to the legal requirement, but that our present standard is low enough is evidenced by the fact that the great majority, even of these suspected cases, are above it. In New York recently a sample was tested which consisted of 32% original milk and 68% added water. It is somewhat doubtful whether the dealer in this instance could be prosecuted, as there is no law against adulterating water with milk. The journal that records the case remarks that this person must be a near relative to the retired milkman who could never see a pail of water without desiring to add a little milk to it.

Aside from this dilution which, when done with pure water, is in reality one of the most harmless dangers to which milk is exposed, however dishonest the practice may be, the addition of chalk, sugar of lime to increase the specific gravity, the introduction of some coloring matter such as annatto, or of some such anti-ferment as bi-carbonate of soda, constitute the most common forms of adulteration, but even these are not extremely harmful, and are being largely done away with through the efforts of our state and local boards of health.

Fourth on the list of dangers I would place *the presence of the putrefactive alkaloid, tyrotoxicon.* This poisonous ptomaïne has been known to ocasionally occur in the products of milk, notably cheese and ice-cream, for a long time. It is only recently, however, that Dr. Vaughan has demonstrated its presence in the milk itself, but since his discovery, several well-authenticated cases have been recorded. This alkaloid always originates in putrefaction, and it may be produced in the earlier stages of the process before suspicion is aroused by the odor. The symptoms of this poison are nausea, vomiting, dryness of throat, colic, purging, a tendency to collapse or stupor, thus closely simulating cholera-infantum; indeed some authorities go so far as to declare that most of our cases of cholera-infantum in bottle-fed babies, are in reality, cases of tyrotoxicon poisoning. From what I have already said in regard to the origin of this alkaloid, it follows that the main safe-guards to be taken against it are those to which I have already alluded under the care of the milk; out of all these, however, we would especially emphasize the necessity of cleanliness in handling the milk from the cow's udder to the child's stomach. Dirty pails, cans, and nursing bottles, furnish the very best starting point for this poisonous alkaloid. A slight quantity of old curdled milk around the rim

of a pail, in the bottom of a can, or in the nursing bottle, is sufficient to start the growth of this ptomaïne in fresh milk. Two outbreaks of milk-poisoning which occurred in the hotels of Long Branch, in 1885, were clearly traced to the improper care of the milk. The cows were milked at the abnormal hours of midnight and noon, and the noon's milking, which was followed by illness, was placed, while hot, in the cans, and then without any attempt at cooling, carted eight miles during the warmest part of the day, in the hot month of August. Tyrotoxicon was found present in the milk.

I will remark in passing that sterilization is a perfect safeguard against this danger, but I will allude to it more fully further on.

The fifth danger to which I would call your attention is *the presence of disease germs from the human family.* It is obvious that these must be present by accidental contamination, but once having been absorbed and retained by the milk, the fluid then becomes a vehicle of contagion. Diphtheria, scarlatina, and typhoid are the diseases most commonly transmitted in this way. A case occured in the town of Pittsfield, in 1887, which excited considerable comment, and which will illustrate this transmission of disease germs by means of the milk-supply. In July, 1887, diphtheria appeared in the family of Mr. B., living about three miles from Pittsfield. Mr. B. and his two sons, occupying separate houses a few rods apart, owned a dairy of fifty cows, and supplied about fifty families with milk. There were two outbreaks of the disease in these three families, covering an interval of six months, during which there were eleven cases in all, with four deaths. During the fall and winter there were fourteen cases of diphtheria in the families supplied by this dairy. During all the time the disease prevailed in the family of Mr. B., the person who delivered the milk had little or no connection with the sick family, and but rarely came in contact with the families along his milk-route. That the milk in this instance served as the vehicle of contagion, there can be but little doubt.

The milk may become contaminated through the drinking-water of the cows, through the presence of a contagious disease at the dairy or center of supply, and through imperfectly cleaned cans which have been left with families where some such disease prevails. The remedy is too obvious to need further comment.

Last, and perhaps greatest, on the list of danger *is the presence of bacilli from diseases of the cow.* The diseases which can be transmitted in this way, as far as known at present, are few in number. They include the foot and mouth disease, possibly scarlatina, and without any doubt tuberculosis.

The apthæ epizoöticæ, or what is familiarly known as the foot and mouth disease among cattle, can be transmitted by means of the milk in case the udders are affected, and regular epidemics of apthous eruptions have been observed where this disease prevailed. The symptoms produced are headache, malaise, slight fever, dryness of the throat and mouth, swelling of parotid and sub-maxillary glands, vesicles in the mouth spreading over the face, which soon form superficial ulcers. Regular epidemics of this disease occur among the cattle of England and Switzerland, but it is very rare in this country, so that the danger from this source is not very alarming.

It is not yet definitely settled that scarlatina is a disease which can be transmitted from cattle, but there are some facts which seem to point in this direction. Investigations are now in progress, and we shall no doubt have more light on this important subject soon. It is certain, however, that there is a vesicular disease among cattle which may be transmitted to the human family, causing symptoms closely resembling scarlatina, and conversely cows may be inoculated with the virus of scarlatina, producing very definite symptoms.

In regard to tuberculosis our knowledge is more definite. There is no doubt that this disease prevails among cattle, and that infected milk is one prolific source of this disease in man. The extent to which it prevails among domestic animals is not definitely known, but it is certain that filth and improper care tend to increase it, and that it is steadily gaining in this country.

According to a paper recently read before our State Board of Agriculture, it was claimed that as high as fifty per cent. were infected in some herds. By the last annual report of the same board, I find that out of 1,110 animals examined, 475 or forty per cent. were found diseased. Of course this is the result of examination in suspected cases, and no such ratio prevails over the entire state; at the same time there are doubtless many isolated cases, and these, after all, constitute the greater danger, since the milk of one tuberculous cow may infect that of a whole herd when mingled with it.

A case which illustrates the virulence of this disease among cattle, and the carelessness which prevails in regard to it, recently came under my observation on the farm of one of my patients in the town of Lenox. This farm had been in the possession of the family for three generations, and no case of tuberculosis had ever been known there. In November, 1887, a cow was sent here from another town suffering with a disease which soon proved to be tuberculosis. In about four months several other cows began coughing, and soon not an animal in

the stable was exempt. In May the whole herd, consisting of thirty-two high grade and thoroughbred Jerseys, was so badly infected that they were all condemned and killed. The milk from this herd was sold and used for some time after the disease manifested itself, though the udders in several of the cows were found affected. A similar case recently occurred in Connecticut. Here a herd of 240 cows became infected, and half of them died within two years, but during all this time the milk from the sick and dying cows was daily peddled to customers in North and South Norwalk.

Such ignorance and carelessness as this is nothing short of criminal. We do not wish to pose as extremists or alarmists, but we believe that such cases as these, which are not exceptional by any means, call for a strict sanitary control of our milk supply by state and local boards of health. They should be empowered to insist upon frequent and regular inspections of all herds, quarantining all suspicious cases, and destroying all animals in which the diagnosis is beyond question. France has already taken steps in this direction, placing tuberculosis on the list of contagious diseases for which animals are to be seized and destroyed. In our own state, though the law makes it a misdemeanor to sell milk from a diseased cow, such a thing as a frequent and thorough inspection of all dairies is unheard of at present. We believe it must eventually come, however, and be carried out carefully and persistently before the safety of the public can be assured ; meantime let us remember that much of this carelessness is due to ignorance rather than criminal intent, and most of the producers of milk will readily coöperate in any effort to avert the danger, — therefore much can be done along educational lines. The State Board of Health in Maine has recently issued a circular calling attention to the essential facts in regard to tuberculosis and the means of prevention. The State Board of Connecticut has taken similar action. This is a move in the right direction, and is worthy of imitation. But while we are waiting for the boards of health to take vigorous action, let the public be assured that we have in sterilization a perfect safeguard against the bacilli of tuberculosis in milk as well as against every other form of disease germ, and against the process of fermentation. I find, however, that sterilization is considerable of a bugbear in the mind of the laity, and this feeling is not lessened by some of the complicated and costly apparatus that are on the market. The principle of sterilization is simple, the details are not difficult, and the apparatus need not be complicated. The principle is the same as that employed by the housewife in canning fruit. The liquid is first boiled till every form of germ-life is destroyed ; it is then placed

in air-tight receptacles, in which it will remain sweet almost any length of time. There are a few details which require careful attention. The time required ordinarily is not more than half an hour, though Dr. J. Lewis Smith directs it to be boiled two hours; of course the longer period renders assurance doubly sure. The water should be considerably above the boiling point, from 180° to 200°, since some bacilli can only be destroyed at this high temperature. The milk should be cooled as quickly as possible after the boiling, otherwise the flavor is apt to be changed. To those who have the time, means, and disposition to use them, some of the forms of sterilizing apparatus that are on the market are most excellent. They consist of rubber-stoppered flasks of sufficient size to contain one feeding for an infant, and of sufficient number for one day's meals. These are usually enclosed in some form of cage, immersed in a kettle of boiling water, and kept there at the right temperature as long as necessary. One flask is opened at a time, and all the others are untouched until needed. A simpler method, and one which answers nearly as well, is to use the smallest size fruit jars, placing them in an ordinary kettle with a perforated false bottom, subjecting them to the same boiling process, and screwing on the tops while the milk is hot. Where I have any reason to doubt whether these simple details can be carried out, I direct that the milk shall be put in a clean covered pail when first received, and at once boiled as above; then let the milk while hot be poured into a large fruit can, or, better still, into two or three small cans, and sealed up at once, the cans to be opened only when the milk is required. I am aware that this is not so perfect a safeguard as the more complicated and costly process; at the same time it is a vast improvement over no sterilization at all, and is within the means and comprehension of almost any person.

THE SURGICAL CLINICS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF HORACE PACKARD, M. D., FOR QUARTER ENDING DEC. 31, 1890. REPORTED BY J. E. BRIGGS, M. D.

Although there exists among the attending surgeons a diversity of opinions concerning the appropriate use of antiseptics, yet it is generally conceded that they have a legitimate place in surgery, and to their use a large share of the success of modern surgery is due. During the present term the following antiseptics are being used to a greater or less extent: solutions of

mercurius corrosivus, $\frac{1}{1000}$ to $\frac{1}{10000}$, a 15 per cent. solution of peroxide of hydrogen, a three per cent. solution of creolin, and 1 to 5 per cent. solutions of carbolie acid. Before considering in detail the manner in which these different antiseptics are used, I shall call attention to a principle which is accepted to be far more important than theories of antisepsis, viz: absolute cleanliness. It is a fact that in a large proportion of surgical cases where no antiseptics are used, and the surgeon has strenuously insisted upon perfect cleanliness, that the results are very gratifying. While on the other hand, the results of slovenly operating are always unsatisfactory, whether antiseptics are employed or not.

Just previous to an operation the surgeon removes his outer garments and attires himself in his operating suit, made of white linen. Each assistant also removes his coat, and slips on an operating robe. The hands are thoroughly washed, and scrubbed with a nail-brush; this brush, after being used, is rinsed in plain water and kept in a $\frac{1}{1000}$ mercurial solution. The finger nails are kept closely trimmed. The patient, under the influence of an anæsthetic, is now brought in, and the field of operation is exposed, subjected to a thorough washing with soap and water. Hair removed, then rinsed off with boiled water, and lastly with a mercurial solution $\frac{1}{1000}$. Towels wrung from a $\frac{1}{2000}$ mercurial solution are laid all about the field of operation. Just previous to the incision the surgeon and assistants dip their hands in $\frac{1}{1000}$ mercurial. The solution for the surgeon's hands may be called for several times during the operation, and just previous to closing a wound, it is usually flushed with warm water or mercurial $\frac{1}{4000}$. Antiseptic solutions are never employed in flushing the peritoneal or other large cavities.

The peroxide of hydrogen* is being used experimentally; it has thus far done good service, and is an excellent wash in cleansing and rendering aseptic foul ulcers and abcess-cavities. One objection, however, to its use is a smarting, often lasting some time, which is often quite considerable. Creolin has been

*"What is known and sold as dioxide or peroxide of hydrogen consists of a more or less strong solution of peroxide of hydrogen gas in water. The strongest solution sold at present is termed the 20 per cent. or saturated solution. Practically many call the substance water plus an atom of oxygen. Under almost any conditions the solution and the gas itself are unstable, but especially so in the presence of heat or organic matter; furious in its attack upon the low vegetable forms of life, and upon organic secretions or products, such as pus, blood, serum, lymph, and saliva. The chemistry of its action depends upon the oxygen of the gas entering into new combination, whilst its hydrogen is set free, causing great ebullition. It is this property of so readily parting with large quantities of oxygen (of course in a nascent state), which renders it the substance of value in surgery." — [Taken from an article by Dr. Thomas S. K. Morton. *Medical News*, Dec. 28, 1889.

employed as disinfectant for the hands, having less unpleasant results follow its use than mercurial solution. It has a clean odor, resembling tar, and has been used as a wash in chronic abscess-cavities.

Previous to each operation the instruments are rendered aseptic by sterilization; all instruments except those having perishable handles are wrapped in aseptic gauze and placed in a sheet-iron oven, heated by a gas-burner. Through the top of the oven there is a centigrade thermometer; the instruments (needles, silver wire and silk) are subjected to a temperature of about 150° centigrade for ten minutes. Such instruments as cannot be baked are boiled in a jacket-kettle, or steamed. The pans for instruments are prepared by burning alcohol in them. Silk and silver wire are baked in ignition tubes, the wires being previously cut about twelve inches long, scoured, and washed. Perforated shot and lead plates are baked or steamed. The silk-worm-gut is placed in an alcoholic solution of mercurius corrosivus, $\frac{1}{500}$. For drainage the plain rubber tubing of various sizes is employed, prepared by carefully cleansing, and kept in a $2\frac{1}{2}$ % solution of carbolic acid.

The following method is employed in the preparation of cat-gut for sutures and ligatures: Procure the raw, commercial cat-gut in three sizes, the Volcano banjo second, E violin No. 29, and D violin No. 25. First the cat-gut is placed in ether for twenty-four hours, for the purpose of extracting all animal oil. Secondly, in a preparation of one-third glycerine and two-thirds juniper-wood oil, to which ten drops of the perchloride of iron is added. The juniper-wood oil renders the gut tough by a tanning process, the glycerine keeps it pliable, while the iron solution gives the gut a certain resistance which prevents slipping while the knot is being tied. Thirdly, each roll of cat-gut is wrapped in aseptic gauze, placed in an iron retort, and baked to 180° centigrade. The gut is preserved, ready for immediate use, in an alcohol solution of mer. cor. $\frac{1}{1000}$.

The sponges employed in all important operations are made of cotton-waste, covered with aseptic gauze. These sponges are thoroughly sterilized by steaming for an hour previous to use. The advantages of these so-called artificial sponges are these: they are inexpensive, they are always destroyed after using. There is no danger from small particles (as in common sponges) becoming detached, and left in the wound, or in the abdominal cavity. There is also much less trouble in their preparation. The ordinary sponges are always kept in readiness, and often used. They are prepared by a thorough washing in warm water, then by soaking for twelve hours or thereabouts in a saturated solution of permanganate of potassium, after which they

are washed in clear water; they are then put in a twenty per cent. solution of muriatic acid, to which about an ounce of sodü-hyposulphate is added to the quart. This bleaches the sponges and at the same time dissolves the deposit of lime salts which is found in the center of nearly every sponge. They are then subjected to careful inspection, and all still containing deposits are again subjected to hydrochloric acid 1-20.

There are a variety of surgical dressings employed at the present time, of which "Hartmann's Patent Wood-Wool Wadding" stands in the front rank. This dressing is a combination of wool-fibre and absorbent cotton, treated with corrosive sublimate. It embodies in a measure the following principles of a perfect wound dressing: it is very absorbent, carries the discharge away from the wound, and disseminates it into the bulk of dressing, where it is brought into contact with the mercury used in its preparation, and the discharge is thus rendered inert. Plain absorbent cotton is used to a considerable extent, as is also mercurialized cotton. The plain aseptic gauze and iodoform gauze each hold its respective place. In all abdominal wounds where a drainage-tube is not necessary, a protective dressing of mercurialized cotton and collodion is employed. This dressing is by no means confined to this class of wounds, but to any wound which it is desirable to thus seal. During the past few months a dressing consisting of sweet-almond oil and iodoform* (two drams to the fluid ounce), has been used. Small pieces of absorbent cotton saturated with oil and iodoform are used as packing in open wounds, as fistulæ or abscess-cavities after operation.

Previous to the administration of an anæsthetic the patient is subjected to a physical examination of the heart and lungs, and the urine is analyzed. If there is albumen present, it is always subjected to a microscopical examination by the intern. If a critical case, it is sent to the hospital pathologist, Dr. Lantzius-Beninga, for thorough investigation. Thus the presence of any lesion of the kidneys is recognized previous to the inhalation of the anæsthetic.

Anæsthesia is produced by the inhalation of ether or chloroform, preferably ether, chloroform only when ether is counter-

* The use of iodoform in an emulsion, ten parts iodoform to one hundred parts glycerine, is advocated by Billroth of Vienna, as a dressing for tuberculous abscesses, and tuberculous caries. He claims that it has a specific action upon tuberculous tissue, and explains the action of iodoform as follows, to use Billroth's words: "Iodoform exerts a great formative influence upon the smaller vessels, and these soon begin to grow out and multiply in an extraordinary manner by constant production of offshoots and capillary loops. This energetic growth of living tissue seems to rob the microbes of their nourishment; in the struggle for existence, they succumb to the growing cells of vessel-walls." — See *Medical News*, June 7, 1890. Pages 632 and 633.

indicated. Either is rarely administered to very aged patients or infants. Patients suffering from phthisis pulmonalis or bronchitis receive chloroform rather than ether. At the clinic, students are instructed in the administration of ether, and give the ether personally under the supervision of the assistant surgeon. The "Packard Ether Inhaler" is universally employed in administering ether,—the "Esmarch's Chloroform Inhaler" for chloroform.

NOTE. — During the past quarter, unusual difficulty has been experienced in the use of ether. Squibb's preparation is used, and has heretofore been satisfactory. The difficulty mentioned has consisted in an inability on the part of the etherizer to conduct the patient to complete surgical anæsthesia — muscular rigidity has persisted, the breathing become jerky and embarrassed, and in many cases extreme cyanosis has supervened, necessitating the comple removal of the ether, and substitution of chloroform. H. P.

During the past quarter there have been two surgical clinics each week, commencing on Wednesdays at 11 o'clock and on Saturdays at 10. Wednesdays' clinics are devoted exclusively to gynæcological cases; the clinic on Saturday to general surgery.

The average Wednesday clinic comprises from three to seven cases. Usually the first upon the list is a laparotomy, followed by cases of laceration of the cervix and ruptured perineum, or other gynæcological cases.

There have been presented at the clinic during the past quarter several cases of complete rupture of the perineum. The treatment of these cases being of general interest to the profession, I shall cite briefly the operation employed for the radical cure of this most distressing condition. A patient with a complete rupture of the perineum is instructed to enter the hospital two or three days previous to the time specified for the operation, in order that she may be thoroughly prepared by a complete evacuation of the bowels, which is accomplished by the administration of a quarter grain of podophyllin on the day preceding, and on the morning of the operation a thorough enema. The patient is etherized, and the steps of the operation are briefly these. The procedure is essentially a denuding operation, the mucous-membrane and cicatricial tissue being removed by scissors from the surfaces which it is desired to bring together. The rectal mucous-membrane is first approximated by a continuous cat-gut suture. This converts what was a complete tear into an incomplete. The next step is the picking up of each end of the sphincter muscle with a fine tenaculum, and transfixing each end of the muscle with a needle threaded with a stout cat-gut suture, usually two interrupted sutures of the middle size are employed. These, when tied, approximate the ends of the sphincter ani and restore that

muscle to its original condition. The vaginal mucuous-membrane is then brought together with a continuous cat-gut suture; thus far nothing but cat-gut is used. To reënforce the gut several silver wire sutures are introduced, and the operator with one finger within the rectum passes these sutures as deep as possible without penetrating into the rectum. These wires are then twisted, and a perforated shot passed over each twisted end and pinched, and the wire is then cut short, which prevents the sharp ends of the wire from cutting into the surrounding tissue. The patient is now placed in bed, and instructions are given to the nurse that the diet shall be entirely liquid, consisting of broths and preparations of liquid foods, etc., avoiding gruels, milk, or anything which would leave a solid residue. The prescribed hospital diet is a desert spoonful of Murdock's Liquid Food every four hours, with beef tea, and water frequently. The patient is kept upon this diet for fourteen days. The urine is never drawn if the patient can pass it voluntarily. The patient is encouraged to have movements of the bowels if there is an inclination, the feces being liquid no harm results. The nurse keeps the parts scrupulously clean by frequent bathing, and after each urination the external genitals are douched with warm water.

The patient is allowed to move in bed from one side to the other, as she desires. It is seldom that the surgeon is called upon to look at the case, or trouble such cases in any way until the time for the removal of the sutures on the fourteenth day, preparatory to which, on the thirteenth day, a quarter-grain pill of podophyllin is again administered, and a thorough evacuation of the bowels secured. From this time the patient is gradually placed upon a mixed and full diet, on the following day is allowed to sit up in bed, and succeeding days to sit in a chair and walk, and at the end of the third week is discharged. When this treatment has been employed I have never seen a failure result, but each time the perineum is restored and is "as good as new."

The various operations for incomplete rupture aim at one result, viz., the restoration of the perineum to its normal condition. Recently Tait's flap method has been used with very satisfactory results; the operation, however, is not original with Tait, but he has the credit of popularizing it. This operation was performed in this hospital by Dr. I. T. Talbot, ten years before Tait described it.

There are a good number of operations for the repair of lacerations of the cervix uteri. The preparation of the patient for this operation is simple; on the morning of the operation a vaginal douche and enema are given, and just previous to taking

ether the bladder is emptied. Nothing but broth or beef tea is taken on the morning of operation. The patient is etherized and placed in the lithotomy position. The "McBride-Packard Yoke" holds the legs flexed upon the abdomen; the "Simon speculum" and retractors are introduced; the anterior lip of the cervix is seized by a bullet-forcep, and the cervix brought down so that it is readily accessible. The operation consists in paring the edges of the laceration, being careful to remove all cicatricial tissue from the cervix. The freshened edges are brought together with silk sutures, carried by a "Packard needle." The hemorrhage is very slight, and always stops when the sutures are brought together and tied: a stream of warm water is kept flowing over the parts by means of an irrigator. Trachelorrhaphy should be done from a week to ten days following the menstrual period. It should not be done during nor for a week preceding the period.

The care of the patient after a cervix operation is even more simple than after perineorrhaphy. The diet is light for the first three or four days, and is then increased. On and after the third day a vaginal douche of warm water is given daily, and on the tenth day the stitches are removed. Patients are usually kept in bed, and douches continued two or three days longer; the patient then begins to sit up, and is soon discharged.

(*To be continued.*)

SOCIETIES.

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SEMI-CENTENNIAL OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

On Tuesday evening, December 23d, at the Hotel Vendome, Boston, was celebrated by a Reception and Banquet, the fiftieth anniversary of the Massachusetts Homœopathic Medical Society's formation. Before six o'clock P.M., members of the society and guests began to arrive, and in a comparatively short time the large reception parlors of the hotel were crowded to their fullest capacity, by a company of nearly 250. Seldom before have so many of the members of the society met for purely social purposes, and the opportunity to lay aside the professional was thoroughly enjoyed by all. Physicians and guests — the profession and the laity — united on the common ground of social pleasure, and joined heartily together in rejoicing, congratulation, and friendship. There was unanimous participation in cordial hand-shaking and good-fellowship, and the prevailing spirit of good-will made the occasion a memorable one.

Shortly after six o'clock Gov. Brackett arrived, and after presentation to the officers of the society, formed the leading figure in the group, consisting of Gov. J. Q. A. Brackett, Dr. James Hedenberg of Medford, the President, and Drs. A. J. French of Lawrence, and J. K. Warren of Worcester, Vice-Presidents of the society, to whom were presented the guests and members of the society. The reception lasted upward of an hour, during which time orchestral music blended with the unceasing undercurrent of human voices, making a delightful harmony.

The following invited guests were present: Gov. J. Q. A. Brackett, Lieut.-Gov. Wm. H. Haile, Mayor Thomas N. Hart and Mrs. C. W. Ernst, Collector and Mrs. A. W. Beard, Hon. Rufus S. Frost, Hon. Charles R. Codman, Hon. Charles R. Ladd, Hon. Wm. N. Olin, Hon. and Mrs. H. J. Hosmer, Hon. C. C. Coffin, Hon. W. R. Rowell, Hon. and Mrs. Elisha S. Converse, Hon. Pliny Nickerson, Hon. Alden Speare, Hon. Edward H. Dunn, Miss Marion Talbot, Mrs. Emily Talbot, A. H. Grimke, Edward Sullivan, Clarence P. Lovell, H. W. Ladd, Hon. and Mrs. Isaac Fenno, Hon. and Mrs. Charles J. Prescott, Thomas Bailey Aldrich, E. W. Burdett, Esq., John A. Higginson, Mrs. A. Foster, Mrs. S. T. Hooper, Dr. Lewis G. Lowe, Rev. and Mrs. W. E. Griffis, Rev. and Mrs. F. B. Allen, Mr. Charles G. Chase, Mr. and Mrs. Geo. N. Dana, Mr. David B. Flint, Mr. Henry Frost and Mrs. M. Field Fowler, Mr. Wm. Lloyd Garrison, Mr. and Mrs. W. H. Horton, Mr. and Mrs. N. M. Jewett, Mr. E. D. Leavitt and Miss Leavitt, Mr. and Mrs. George Henry Quincy, Mr. H. B. Stanwood and Mr. Charlee G. Wood. Also the following physicians: Prof. John A. Rockwell of Norwich, Conn., Gen. J. C. Budlong of Providence, Dr. Mary D. M. Matthews of Providence, Dr. E. B. Hooker of Hartford, Conn., Dr. D. C. Perkins of Rockland, Me., Dr. George N. Munsell of East Boston, Dr. C. L. Greene of Providence, Dr. Horace M. Paine and Miss Paine of Albany, N.Y., Dr. Charles L. Barnard of Centredale, R. I., Dr. J. F. Bothfeld of Concord, N.H., and Dr. A. H. Allen of New London, Conn.

At about 7.30 o'clock the doors of the state banquet hall were opened and the company, following the lead of President Hedenberg and invited guests, adjourned to enjoy an excellent and bountiful menu. Gov. Brackett was obliged to forego the banquet to fulfil an engagement of long standing. Seats to the number of 220 were occupied. The tables were resplendent with exquisite floral designs and fairy lamps, and the brilliantly lighted hall and merry company made a picture which probably never entered the minds of the three physicians, who, fifty years before, met to form "an association for mutual improvement in the science and practice of homœopathy." Choice music, furnished by the Germania orchestra throughout the evening, added, as always, a charming influence to an occasion essentially gay and attractive.

After two hours or more spent in enjoying the pleasures of the table, the sound of voices was suddenly hushed by the president's calling the meeting to order. The post-prandial exercises were

opened by President Hedenberg, whose rising was greeted by applause. His remarks were as follows: —

PRESIDENT HEDENBERG.

Ladies and Gentlemen, Members of the Massachusetts Homœopathic Medical Society, and Honored Guests: — The pleasant duty falls to me to welcome you to this banquet and this after-dinner symposium. Words fail me; I can find none vivid and fervid enough to express the hearty and warm welcome the society wishes to extend to you. I must, therefore, make it as laconic as was that of the Indian when he said, "Welcome, Englishmen," only that it is limited to no sex or nationality; and I say, "Welcome all."

The clergyman meets his flock on Sunday, and can talk to them of the upbuilding of Zion; but the doctor has few opportunities to meet his patients or families *en masse*. Our meetings are in the solitude of the sick room, where, besides the doctor and the faithful nurse, two or three would be a crowd. We are therefore glad of an opportunity, a public occasion like this, that we may thank you, our friends, for the confidence reposed in us, that you have on so many occasions made us the almoners of your private charities, the kind that says to the family physician, "Doctor, do you know of any one in want of a turkey, a ton of coal, this Christmas time? If so, let me know, and they shall have them through you;" — the kind of charity that makes a merrier Christmas than the swapping of dollars or costly gifts, and that you have on many other occasions made us the almoners of your great public charities to the sick and suffering poor.

In a monastery in Erfurt, Germany, Martin Luther found a Latin copy of the Bible. Historians tell us that his study of this book led to the Reformation. A legend of the place is, that there was once there a wonderful crow, now known as "the learned crow of Erfurt," who, on being asked one morning by his master, "Why so sad?" replied, in good classic Latin, "*Cogitavi dies antiquos et annos æternos*," — I consider the days that are passed and the eternal years, — after which wise saying he flew away and was no more seen.

Friends, we are here to celebrate a medical reformation, inaugurated by another German seeker after truth, one who sought diligently and found it — Samuel Hahnemann, who brought method out of madness, order out of chaos, simplicity out of complexity, and certainty out of uncertainty. The seal of our society, having for its motto "*Certiorem medendi, usum maluit*," bears its testimony to the certainty.

While we might well be sad-visaged when we consider the persecution, calumny, obloquy, and at last the attempted disgrace of many who are now our honored dead, and of some whom all rejoice to know are still among the quick, we are not downcast or cast down as we tell you of our present position and of our future hopes and aspirations.

Apart from the meeting of old classmates, the refreshing of faded memories, the interchange of friendly greetings, there are higher culminations to a festival like this, a kindling of zeal and enthusiasm, a renewed and deeper consecration on our part, and may we hope that

the words spoken here may be so directed that they reach the minds and hearts of some who are blessed with a superabundance of this world's riches, that they may be moved and go hence to devise and do liberal things for our institutions, institutions which stand for medical liberty and medical reform.

If these, our highest aspirations, are realized, then, though some of us who are veterans fly away and are no more seen, we shall not have lived in vain, and not in vain shall we have celebrated this semi-centennial. I desire to declare how much indebted I am to one whose picture adorns this hall on this occasion, the late Dr. Samuel Gregg, for advice, encouragement and assistance. Coming to him a stranger, I found in him a life-long and faithful friend; and in the person and works of those who were intimately acquainted with him and were taken under his fatherly care, I believe "his works do follow him." [Applause.]

President Hedenburg then said:

Ladies and gentlemen, the first speaker of the evening needs no introduction to this assembly, the Dean of our college, Dr. I. T. Talbot. [Great applause.]

THEN AND NOW.

DR. I. T. TALBOT.

Mr. President, Ladies and Gentlemen: — A thought has been in my mind, which may have been in the minds of others this evening. It is on the difference between *then* and *now*. Just fifty years ago, on a "Tuesday evening at the full of the moon," three physicians in this city, differing in certain ideas from the opinions of their fellow-physicians, met and formed a little fraternity, in which those ideas could be freely considered. Now we, their successors, holding similar ideas, have assembled here, nearly one hundred in number to every one then, to congratulate ourselves on the development and spread of those ideas, and the broadening, harmonizing influence they have exerted upon the profession. This increase in our numbers has not been sudden and accidental, but gradual and legitimate. Thus, beginning in 1840, while there were but three homœopathic physicians in this city of Boston, we find that in 1850 there were fourteen, in 1860 thirty, 1870 fifty-two, 1880 ninety-two, and in 1890 one hundred and forty — then three, now one hundred and forty. The State of Massachusetts had then six of such physicians, now six hundred; New England then twelve, now twelve hundred, and the whole United States then one hundred and twenty, now twelve thousand. But it is not in numbers that the contrast ends. The whole character of the profession has changed. True it is, that scattered all down the ages there have been broad, noble-minded men, whose light even time has not extinguished. Then, fifty years ago, such men existed, but the mass of the profession were, must I say it, narrow, unreceptive, and opposed to new ideas or radical changes in theory or practice. Now behold the difference: whatever is new or startling finds many physicians springing forward, anxious to be the first to prove it true or false.

Then Hahnemann was alive — in Paris — driven from his fatherland, not from any lack of learning or skill, but because he presented ideas and methods of practice entirely at variance with the usual ideas and practice of the profession. Now see the thousands of distinguished physicians who flock to Berlin to investigate the ideas and practice of Koch, more radical than any that Hahnemann ever presented. Hahnemann suggested belladonna in small doses as a prophylactic, a preventive of scarlatina. For this he was treated in the most abusive manner. Koch proposed the injection of minute doses of a substance to cure or antidote consumption, and the profession rush to him in thousands to ascertain the possible truth of his discovery. If the comparison between Hahnemann and Koch seems strained, we need but to turn to Jenner and Pasteur — the one by inoculation of lymph from the cow to save the world from the horrible ravages of small-pox, is received with abuse, invective, and denunciation, while the other, who proposes in a similar manner to rid the world of hydrophobia, now finds at once thousands of inquiring students.

I need not here repeat the history of Hahnemann's trials and sufferings. To us it would be an oft-told tale, but I may speak of that noble, learned and proud-spirited man who first brought to America a knowledge of homœopathy, and of whose trials, sufferings, and almost martyrdom, even our own members hardly know. Hans Burch Gram was born in Boston, near the close of the last century. On the death of his father, his mother returned to Amsterdam, her native country In the University of Copenhagen young Gram received his education, and attained high honors and a government appointment in the medical profession. Becoming acquainted with and convinced of the truth of homœopathy, he relinquished all his honors and emoluments, that he might carry to the new world, the country of his birth, a knowledge of this boon to humanity. He came, bearing the highest testimonials of ability and character, and was received cordially by the most distinguished physicians of New York. But when he propounded these new medical doctrines, so utterly at variance with those generally accepted, men shook their heads, and said he must be crazy. When by his learning, method, and logic, he showed that he was not insane, and moreover that he fully believed these new doctrines, then they called him a fool; and when others, convinced by his arguments, began also to believe them, and practice accordingly, then they called him a charlatan. Gram a charlatan! He who had relinquished all to benefit his native country, a quack! Summarily he was expelled from medical societies to which he had been welcomed, and friendly doors were closed on him forever. He was despised of men! The struggles were too great for him; his proud spirit could not bear the calumny his brothers heaped upon him. Disappointed, discouraged, dispirited, almost broken-hearted, he struggled on through poverty and suffering, to death. A nameless grave for many years was his resting-place, till a friendly hand placed on it a monument to record the obligation of a hemisphere.

In New England the struggle to introduce homœopathy, though

less pathetic, was not less severe. To hold opinions which are not believed by the mass of the profession, and to advocate them at the cost of professional friendship and the exclusion from colleges, hospitals, and dispensaries, requires no little bravery. The men who formed this fraternity were brave men. The names of Samuel Gregg, William Wesselhoeft, Josiah F. Flagg, Charles Wild, C. M. Weld, Milton Fuller, George Russell, David Osgood, John A. Tarbell, Daniel Swan, and others, who were early members of this fraternity, convey to all who knew them the assurance of uprightness, honor, learning and professional integrity, and we, their successors, have reason to feel proud that under the most trying circumstances, they stood boldly forward in the cause which they believed to be right.

Then there was not a homœopathic dispensary in New England, perhaps not in this country, where the young physician could gain experience and at the same time give valuable service to the poor and needy. Now such dispensaries are to be found in almost every city, while in our own Boston, the dispensary established in 1857 has provided for more than 200,000 of her people, and given more than 500,000 prescriptions to the sick poor. Then there was not a hospital in the United States to which the sick could resort and have homœopathic treatment; now more then one hundred of them are prospering, and doing philanthropic work.

We all know of our own Massachusetts Homœopathic Hospital. How for sixteen years it struggled for a foothold, and how for the last twenty years it has done faithful and increasing work, giving its benefits to suffering humanity. More than $200,000 has been raised and expended upon its buildings and land, while it has cost more than $300,000 to sustain it. But the grestest encouragement to us here to-night, that which gives hope and courage to homœopathists the world over, is that this institution, which has so faithfully and successfully cared for its 5,000 patients, has this year for the first time received generous aid from the State, to the amount of $120,000, with which to erect additional buildings, sufficient to well accommodate more than three times its present number of patients. The cost of sustaining this under its largely increased amount of work, is certainly enough to make even the stout-hearted fearful. But with the occasion has come the gift from a most generous friend of the hospital, the late Mrs. Moering, which will do much to lighten its burdens, and to strengthen our faith, that if its labors in the future are as well performed as they have been in the past, the community will not allow it to lessen its usefulness from lack of funds.

Of our literature I must not omit to speak. Then it was all comprised in a very few crudely translated volumes, and a small attempt at a medical journal; now a library of more than five hundred volumes on the subject of homœopathy is accessible to physicians, and twenty-six medical journals of our school are regularly published in this country. Then medical instruction in America was in a pitiable state, and every physician looks with shame and mortification upon the condition of our medical schools of that time. But poor as they were, they did not lack abuse of homœopathy, and there was

not one in which any medical student could obtain the first glimpse of homœopathic knowledge; now there are established in our country thirteen well-equipped medical schools which teach all branches of medical science, including homœopathy. Our own Boston University School of Medicine, with which many of you are so familiar, has no reason to feel ashamed of its record. Beginning at a time when students were admitted to most schools without examination, and but two short terms were required to reach the doctorate, this school demanded a thorough preliminary examination, and three years of continuous study in the school. I am proud to say that every homœopathic college in the United States has adopted a similar curriculum, and that many allopathic schools are rapidly following our example. In a profession so important as that of medicine, where knowledge or ignorance may make all the difference of life or death, thorough instruction becomes in the highest degree important. Realizing this, all our homœopathic schools have united in adopting a curriculum of the most complete character, and covering a period of four full years.

My friends, with such a record and such prospects, have we not occasion to rejoice at this close of our first half-century of society work? With such differences between then and now, what may not the next half-century accomplish for us, and for the advancement of medical science? We have nothing to fear from injustice or opposition in the future, and our success will continue just in proportion as we are faithful and true to our principles and our calling; just in proportion as we bring to bear energy, earnestness and self-devotion, and show to the world by our results the value of our principles and our efforts.

Dr. Conrad Wesselhoeft was then presented. His remarks, followed with closest attention and received with warm applause, were on the topic,

THE REASON FOR OUR BEING HOMŒOPATHS.

DR. CONRAD WESSELHOEFT.

Mr. President, Ladies and Gentlemen: — Leaving others to tell you how this society came into existence, I will recall to your minds the progress which homœopathy has made in the United States; without going into the description of the details of the many colleges where homœopathy is now taught, and of the many hospitals where it is now practised, I may be allowed to point to those in our own city of Boston. The Boston University School of Medicine, sending out many well-equipped physicians every year, and the hospital, now soon to rank among the large hospitals, thanks to liberal endowments from liberal spirit, — the hospital which, sending out a large number of cured patients annually, — both institutions speak loudly for the popularity and success of our system of treating the sick.

The question is, what is the reason of its existence, and why is it not universally adopted?

To the first of these questions an easy answer might be given, namely, that we have the true and only law of cure, and the safest and surest manner of prescribing drugs in disease. Such is the answer frequently given, but I think that it needs more precision, and a deeper reach into the past to find out the true reason of its existence, a reason which lay behind the discovered law, and the advancing reform.

I can tell you nothing new, but may perhaps put matters in a newer light.

The idea was that a great physician and thinker named Hahnemann, bethought himself of a new method. Well, so he did; but Hahneman was imbued with the spirit of his times, which spirit called loudly for a reform from a horrible manner of treating the sick. It was brutal and sickening to contemplate. Bleeding, blistering, and purging had to be done in every case; it had amounted to a mania; a physician who did not resort to it, was dismissed by his patrons, and pointed out as a most untrustworthy member of the medical fraternity; even suffered personal persecution. Dr. Cotting, of Roxbury, has told us how it was here only fifty years ago.

Yet voices against the practice were not wanting, and more than this there existed a silent under-current pressing toward reform and relief from harsh medications. Many were impressed with it, yet few ventured upon a reform. Hahnemann, like the rest, felt the pressure, and through his daring the reform came about; he was, perhaps, more properly the medium through which the reformatory spirit of the times manifested itself, than the originator *de novo.*

What was it that was demanded, not so much in clearly expressed words, as in feeling and signs of the times, in Germany, France, England, and America? It was, what has often happened in the history of medicine, a reaching back far into past times to recall a principle once stated, often lost, and as often rising to the surface again. *There was the voice that called for a more complete, speedy, and agreeable way of treating the sick.*

This was the voice that sounded between the lines of medical history, that sounded out of the import of spoken words. It was the voice heard by many, but heeded and followed at last by one.

Tuto, cito et jucunde curare, involves a high ethical principle which was later to prevade and guide the scientific processes leading to practical realization.

Tuto. From this, founded on Hippocratic ethics, there grew the desire to find some general principle to govern the use of medicines in disease; some practically applicable rule to replace the unmethodical and harsh practices growing out of intolerant and relentless dogmas.

Such a principle was for the first time clearly formulated, announced, and put to the practical test by Hahnemann, about 1796, and it has done, if not its best, yet much to counteract the wildest empiricism and dogmatism prevailing then, and existing even now.

Cito. With the spirit tending towards reform, there grew also the conviction that the prevalent exuberant polypharmacy, ungoverned

by any general law, tended to prolong instead of abbreviate disease. This should not only be cured wholly, but much more quickly than was customary then, and now to a large extent.

Jucunde. Hence, most logically it followed as a corollary in the chain of reasoning, that in order to attain to these desirable results, much less medicine should be given. And it was found that by the most profuse cutting down of the prevalent polypharmacy of the time, by the most liberal reduction of dosage, there was still too much left; more than necessary; so that what is left seems so little compared with what it used to be, that even now the youngest heads in the profession, stuffed by the oldest with traditional prejudices, insist that that little is nothing, while we of the newer way of thinking insist that a little is something, and we will patiently leave the solution of this problem of logic to public common-sense, and have no fear.

Those who studied and practised medicine in the light of these reforms, were called homœopaths, or homœopathists.

The ethics of medicine was the reason of the reform called homœopathy, and the practical utility of the methods have established it.

Here I might close, for I have answered the question. Allow me, however, for a brief space to dwell on the second part of the question, "Why is homœopathy not universally adopted, and why still opposed?"

The reasons why not at once and universally adopted are perhaps manifold, but two reasons appear to me prominent.

Every reform has about it too much youthful life; it leaps farther and faster than others can or should follow; it makes demands which only the future can comply with, and grows impatient. Instead of attracting, it sometimes repels, and when not obeyed closely enough, envelopes itself in a mantle of dogmatism, and grows imperious. This is natural, but unwise. Hahnemann himself severed his school from the rest on these grounds. Unless you do exactly as I say, you are not my true followers, was his idea.

The error lay not only in the dogmatic attitude of the new school; though successful enough, it was not so much so as might have been the case if certain imperfections had been taken into consideration. Nothing is born perfect, neither is homœopathy; and yet there are still among us those who claim perfection; which claim has from the beginning arrested progress.

Every young artist or artisan, overcome by boasting, soon falls into over-estimation of self, and the result is a standstill in what might otherwise be a brilliant career.

It is so in science, especially that of medicine in general, it keeps pace tardily with the great improvements and advances in other sciences.

Nearly thirty years ago Pasteur made his first discoveries in bacteriology, of which we seem only now to reap benefits.

Electricity was known as a great practical force for a century, and only about four years ago a newly-published school-book tells us that as a motor-force electricity will probably be useless!

When dogmatism usurps the place of continued progressive

research, it creates prematurely a partisan deadlock or, to say the least, there ensues a lack of scientific interest, wherein physicians, deeming themselves sufficiently advanced, neglect the examination of their own system; they do not perceive its needs, its weak places requiring repair or completion, and trudge along only in the daily exercise of their calling.

But the general principles which guided the new school were fortunately so safe that their success, as compared with that of the harsh methods they have abandoned, is so marked that they are satisfied, and well they may be; but they should not forget that they must do still better; for the school they have left behind is again catching up, and in places is capable of severe competition.

I shall not be guilty of underrating the school to which I belong, or the principles it professes, when I entertain and express the opinion that our main-stay has been our principles of safety; not only to cure radically and quickly, but gently. So far we have been able to compete successfully with general practice anywhere. But I do not hesitate to assert at the same time that ours, like all medical principles, axioms, and theories, have been too long confounded with methods of applying them.

The principle *contraria contrariis* is correct in the abstract; its application has never been followed in practice by the benefit it promises, owing to radically erroneous methods. The principle or axiom of *similars* stands on a much safer logical basis, being an empirical measure, or one based on experience, while *contraria* is not, being little better than an *a priori* formula.

But granting that *similia similibus* is well established by success, we must not forget that its methods of application need improvement or else they are in danger of being rejected, mis-apprehended, and finally forgotten, by causing disappointments where success was promised or expected. If, for instance, it was used in the wrong way, at the wrong time, while thus used it could never do the harm of *contraria* with its rank, uncontrolled dosage; but it would not always do what it promises, while it does no harm. That is a great point, but not enough. How are we to improve our methods?

1. By following in the modern methods of empirical research and experimentation, we shall in time be able to determine the extent and possible limitations of our chief axiom.

2. By following out the modern methods of exact research, we shall be able immeasurably to improve our pharmaceutical methods, and to discover many new and better ways of preparing our medicines, and be at liberty to reject what is useless.

3. We can by future careful experimentation and study improve our methods of learning about the nature and action of drugs; our provings need perfection, and many are bravely at work at this as well as the other knotty problems.

So then the materia medica is our subject of study; its application in disease has been our special care for a century. While we have not neglected other branches, we have devoted our energies to the study and use of medicines.

We are endeavoring as well as we can, to apply medicines to cure disease quickly, and with safety to our patients, and instead of being seconded in our efforts by the rest of the profession, we have had much opposition. Much ridicule is wasted on errors we have long abandoned, and no credit given us for great good already done.

It is hard to understand the opposition to our principles. But we are sure that all this useless strife and opposition will be ended when physicians in general can be made to understand that homœopathy does not bid defiance to other methods of practice, but claims a right to exist as a *great and useful method among other methods.* It is a great specialty in practical medicine, and is non-exclusive, though independent, as all scientific methods should be.

Homœopathists differ from others only in their aim to develop the materia medica their own way, in preference to *surgical* specialties, and to learn to apply medicines according to a principle which experience teaches is useful and far-reaching.

Perhaps the late developments of Prof. Koch's treatment of consumption by inducing a similar disease to eradicate an existing one, will do something to attract more general attention to our method. Explain his method as you will, the fact of the application of the rule of similars is clearly present in Prof. Koch's cure as far as known, and stated by himself.

If this idea, combined with the hoped-for understanding of the non-exclusiveness of our methods, will assist in modifying the opposition towards us as a school, our opponents will begin by admitting that they make use of our maxim as law, and that they inculcate our practice in their text-books.

All fair-minded physicians, regardless of rank or school, will soon recognize that we are not exclusive, admitting and adopting all methods which shall serve the sick, *provided the methods are safe, gentle, and well-tried.*

To those who might object that to admit practices which are not governed by the homœopathic law is wrong because unhomœopathic, unhahnemannian, and hence to be condemned, — and such objections have been raised by the extreme wings of both schools, — I would reply, *that to exclude a single useful method of curing disease tuto, cito, et jucunde,* is to be guilty of exclusiveness *at a point where it becomes a grave wrong, bordering upon malpractice.*

Homœopathy has its imperfections, but it is not wholly imperfect and wrong.

What is called allopathy, or the old school, has its imperfections, but it is not wholly imperfect and wrong.

The visible merging of methods or schools is not compromise of partisan notions; it is the interchange of what is useful and good in medical practice.

To make such interchange profitable, it is to be hoped that our methods shall be taught in places where hitherto they have been rigorously excluded, as we teach unhesitatingly whatever is useful, safe and sure, from whatever source it may come. This does not exclude unlimited incisive criticism of each other's therapeutic measures, but it does exclude a war of words turning upon personalities.

At this point permit me to close with the trite but ever-true motto :
Let us be united in what we know to be certain.
Let us exercise leniency in doubtful things.
And in all things let us be charitable and considerate.

Lieut.-Governor Wm. M. Haile, who was then presented to respond for the Commonwealth, was given a most hearty welcome. He said :

Mr. President, Ladies and Gentlemen : — As I look into the faces of this assemblage, this evening, I am reminded again of what I have often thought of before — that the labors of the faithful physician are not appreciated by the community at their real value. His profession is really *sui generis*. His services are for all. Whenever or wherever summoned, it is his mission to obey. In the discharge of his duties he knows no nationality or sect or religion or condition. All social and personal distinctions are obliterated. He places the rich and the poor on a common level, and he gives to each equally the benefit of his experience and his skill. He is in truth a minuteman, ready for an immediate call at any hour of the day or night. Anxious ones watch his countenance and hang upon his words; for, in a human sense, their sufferings and their lives are in his hands. In the march of history along the centuries, from the time of Luke, the beloved physician, to the present hour, be it in the quiet of home or in the hospital or on the field of battle, whether it be on land or on sea — in truth, everywhere, in every disease to which mankind is heir, or in every accident to which it may be subject, the instances of the good this time-honored profession has accomplished for humanity are practically numberless.

Regarding the best system or the best kind of treatment for the human frame, people will differ, as they differ in their politics, in their business, in the proper solution of the great moral problems of the hour, and in their particular religious beliefs. But, my friends, it is the right and the privilege of every law-abiding citizen to think and to act as he pleases, according to others the same freedom of will and honesty of purpose that he claims for himself ; for this is in accord with the genius and the spirit of our institutions. It is not for me this evening to discuss or pass an opinion upon the intrinsic worth of the school of medicine of which you are the advocates and the representatives. In every matter which is brought to the attention of the people they look for results. And to-night, as you are celebrating the semi-centennial of the Massachusetts Homœopathic Medical Society, from what we have heard and what we know, you have great reason to rejoice in its present flourishing condition. From the smallest beginnings it has become a strong institution, and has become a recognized instrumentality for good in this community, and its believers are to be found everywhere throughout the length and breadth of this Commonwealth. Remembering, as we do to-night, that it was only comparatively recently that the homœopathic treatment was introduced into this country, and calling to mind to-night the various hospitals and other institutions which are under its control

and patronage, and the long line of distinguished physicians who are in its ranks, and the many of our citizens who believe in it so thoroughly and have signified their faith by their works in so generously helping in its maintenance, — you have a right to say that its growth in this country has been wonderful.

The Commonwealth of Massachusetts welcomes every movement and every enterprise which tends to build up and strengthen humanity, and which seeks for more light and better knowledge, and all those efforts which tend to overcome every kind of disease and restore the sick to health. She recognizes that the just rights and claims of all her citizens must be maintained. And, although concerning these different schools of medical jurisprudence her standard should be perfect impartiality, yet she has good-will for them all. And in the future our beloved State, true to the position she has attained among her sister States, will ever be found generously aiding every institution which is in the interest of the public health and therefore for the public weal. [Applause.] I am personally glad, my friends, to be here to-night, to assure you of my good wishes, and, officially, I am glad to be here to extend to you the kindly greeting of our Commonwealth. [Great applause.]

Thos. N. Hart, mayor of Boston, was called upon to represent the city. President Hedenberg introduced him as "the Hart of Boston to whose pulsations all present would gladly listen."

Mayor Hart said:

Ladies and Gentlemen: — To all persons interested in homœopathy this is a memorable occasion. The Massachusetts Society of Homœopathy, we learn, had its beginning just fifty years ago, and that was but fifteen years after the introduction of homœopathy in the United States, where it was carried by a native of Boston. To-day, I believe, there are ten times the number of homœopaths in this country that you can find in its native land. Boston and Massachusetts have been most kind and generous to "the new school," Boston having given land for a homœopathic hospital, and the state a large sum of money, besides other favors. The people at large have been glad to receive homœopathic treatment. Moreover, your cause here in Boston is identified with one of our great universities. You have, therefore, much cause for rejoicing. The founder of homœopathy is gaining, rather than losing, as time wears on, and "the new school" has certainly helped to destroy the hard and offensive practices once peculiar to medical art. Your past is secure; your future is largely in your own keeping. I wish you wisdom and strength for whatever is right, and I trust that you will respond whenever the cause of humanity demands the best services. We owe the medical profession one tribute, which I pay gladly. Of all the professions none is so ready to serve the poor and the suffering, as is the medical profession in the United States. [Great applause.]

Collector A. W. Beard was next introduced, and made one of his characteristically bright and entertaining speeches. He did not consider his personal experience sufficient to enable him to distinguish

with absolute precision between the schools of medicine, for, although his memory carried him back to the days of heroic dosing with nauseating compounds and vile mixtures, he had fortunately been spared the necessity of partaking thereof, to which good fortune he attributed his robust health. [Laughter.] He was not sure just what attitude he should take as a customs official before those who, were all converted to their doctrine, would probably reduce our revenue from imported drugs to practically nothing; but, as this was not a political meeting, he would not be disturbed by the thought. [Laughter.] He had flattered himself by believing that he knew something of the cardinal doctrine of homœopathy, that "likes are cured by likes," and its wide application to things even outside medicine. For instance, he had thought there was some hope that the evils produced by the party in power might be cured by that party; but a political friend of his present had utterly demolished that comforting theory by assuring him that the principle of homœopathy, correctly understood, meant not "likes" but "similars are cured by similars;" that it meant in the case referred to, another party. [Laughter.] He had concluded that all he understood about homœopathy was, that some — a good many — years ago he had returned home one day to find that one of the children had been taken ill, and that Mrs. Beard had called in a homœopathic physician, and that they had always employed one since. [Laughter and applause.] He concluded by saying that it seemed to him that a school of medicine which had proved itself so successful in practice, that had built up institutions of such magnitude, and that represented so great a clientage, deserved recognition at the hands of the national government as well as at the State's, and he ventured the opinion that it would not be long before Congress would recognize the claim the new school had upon the nation. [Applause.]

Colonel Charles R. Codman was then called to the floor, and spoke as a representative of that large class in the community who are under very great obligations to the system of homœopathy. It was not until after considerable experienee and a careful examination into the doctrines and practice of homœopathy that, at the age of forty-five, he became converted to the system, which since then he had warmly supported. [Applause] He spoke enthusiastically of the great work accomplished by the society, and congratulated its representatives upon the growth, prosperity and success which had crowned their efforts.

One of the pleasantest and most significant features of the evening was the cheerful, hearty impromptu response made by Dr. George N. Munsell, an "allopathic" physician of East Boston, who was next introduced, and who on rising was greeted with hearty applause. It was owing largely to Dr. Munsell's liberality, sense of justice and earnest support that the bill appropriating $120,000 for the purpose of enlarging the Massachusetts Homœopathic Hospital passed the "House" last winter. In response to his call he said, in substance, that he simply wished to express his high appreciation of the honor

conferred upon him in so cordially inviting him to be present; to repeat what he had said elsewhere, that he considered it a privilege as well as a pleasure, *as an "allopath,"* to take charge of the "bill" last winter, and successfully sustain its justice and its merits in the "House" [applause]; that he firmly believed that in the coming years a greater and better harmony would exist in the "theory and practice of medicine," which would be in reality a millenium, not only to the profession, but also to suffering humanity.

That the generous courtesy exhibited by Dr. Munsell was fully appreciated was amply testified to by the silence which emphasized every word he uttered, and by the fraternal, spontaneous and prolonged applause which followed his remarks.

A telegram, in rhyme, regretting his enforced absence, from Dr. Wm. Tod Helmuth, was read; and letters from Dr. A. R. Wright, of Buffalo, and others, were also read, and at 11 o'clock the celebration was terminated.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the rooms of the Women's Industrial Union, Boylston street, December 4, 1890, at 7.45 o'clock, President Chas. Farnsworth, M.D., presiding.

Dr. Grace Marvin was elected to membership.

The scientific session was devoted to a paper by Dr. Conrad Wesselhoeft on "Cruelty of Capital Punishment." He said it was a subject which should have mature thought, not merely suggestions, but should be discussed by physicians and societies, not from a legal point of view, but morally, anatomically, psychologically, and physiologically. He was opposed to punishment when inflicted cruelly or revengefully. He was in favor of capital punishment, but it should be done in a way to do without cruelty and revenge, and by surer and other means than those now in vogue. He cited the crimes of Piper and Jesse Pomeroy, — one hanged, but probably the other will in time be released to pursue his criminal tendencies. We need less punishment, but more protection from this class of people. In ancient times, spears, arrows, and drowning, axe, sword, and burning at the stake were the means adopted. These were uncertain, bloody, ghastly, and unclean; hanging and garroting occupy the same ground, and are equally horrible, causing death by slow asphyxiation. Electricity, as an agent, has as yet shown no better results, being only in the experimental stage. These several methods have not acted as deterrents to crime and murder, but have in a measure stimulated them and made the perpetrators more dexterous. Murderers are abnormally constituted, as evinced by the bravado and profanity resorted to

when expiating their crime. Visible severity has proved incapable of accomplishing the end of lessening crime, some regarding it as an exhibition, paying for the privilege of witnessing an execution. Executions should be done privately, with an air of mystery, no publicity, no visible paraphernalia. The agent which would do this is chloroform. It is swift, sure, painless, and silent. The quantity and time necessary could be easily determined on the larger animals.

Dr. Horace Packard favored the use of chloroform, and described the apparatus, which could consist of a canvas jacket to cover the body and prevent struggling. Another, to cover the face, to which could be attached an instrument to regulate the supply.

Dr. Alonzo Boothby favored a small cell, into which the fumes could be introduced at any time unannounced if it was necessary to resort to capital punishment, but he was opposed to it. He thought it was possible to confine a person, and keep him from doing any harm if legislative enactments were passed.

Dr. Phillips was opposed to capital punishment, deeming it unchristian-like and irrational. He thought the pardoning power should be done away with.

Dr. J. Heber Smith, while opposed to capital punishment, considered there were cases where it was justifiable, as in the case of Slade, the road agent, in early frontier times; but if it was to be practised he was undoubtedly in favor of chloroform, or, better still, chloral, being painless, pleasant, and sure, which, in addition, recommended itself on its economic grounds.

M. E. Mann, M.D., *Secretary.*

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The annual meeting of the Massachusetts Surgical and Gynæcological Society was held at the Crawford House, Boston, December 10th, the attendance being larger than usual.

Among the guests present were Drs. Barnard and Stone, president and secretary of the Rhode Island Homœpathic Society; E. B. Hooker, M.D., of Hartford, Conn.; Dr. Bellows, of Boston, and Dr. Gray, of Lynn.

Five applicants, viz., S. H. Blodgett, M.D., of Cambridge; C. W. Garey, M.D., of Quincy; E. A. Fisher, M.D., of Worcester; Anna M. Chipman, M.D., and Sara A. Jenness, M.D., of Boston, were elected to membership.

Officers for the ensuing year were elected as follows: President, J. K. Warren, M.D., of Worcester; 1st Vice-President,

W. H. Tobey, M.D., Boston; 2d Vice-President, Laura M. Porter, M.D., Boston; Secretary, L. A. Phillips, M.D., Boston; Treasurer, J. H. Sherman, M.D., South Boston.

The address of President Geo. R. Southwick, M.D., was one of unusual interest, and contained many suggestions for the consideration of the Society, which could not be hastily acted upon. The address was therefore referred to a committee, which shall report upon its proposals at the next meeting of the Society.

E. O. Wright, M.D., reported upon Progress in Gynæcology in a very interesting paper, in which Apostoli's treatment of uterine fibromata and Tait's operation for lacerated perineum were the chief topics. These were discussed by Drs. H. A. Whitmarsh and A. Boothby.

Progress in Surgery was reported by N. W. Emerson, M.D., Wyeth's new, bloodless operation for amputation at the hip-joint and the present ideas of the treatment of appendicitis being its prominent features, and these were discussed by Dr. Boothby.

A very valuable and practical paper upon the Treatment of Rectal Fistulæ was read by F. W. Halsey, M.D., the indications and contra-indications for the different operations and methods of treatment receiving special attention.

This subject was discussed by Drs. Warren, Boothby, and Chase.

The next hour was very agreeably and busily occupied by the bountiful repast which was served to the society, after which Dr. E. B. Hooker, of Hartford, who had kindly consented to contribute to the entertainment, read a very enjoyable and instructive paper upon the Surgery of the Nose and Naso-Pharynx.

Dr. H. P. Bellows, who had been invited to open the discussion upon this subject, added much of value and interest in his remarks. Drs. Chase and Boothby also participated in the discussion, which was closed by Dr. Hooker.

Although the hour was late when this subject was dismissed, a goodly number remained to enjoy the excellent paper by Dr. Eliza B. Cahill, upon the Treatment of Chronic Metritis, as applied by Apostoli. After a brief discussion by Dr. W. H. White, and without completing the programme, at 10.30 P.M. adjournment was voted.

L. A. Phillips, M.D., *Secretary.*

The first anniversary of the Westborough training school for nurses was celebrated at the hospital on Nov. 5th. There was music, addresses by Dr. Paine and Mr. A. H. Grimki, and a collation. The occasion was a pleasant one, and well served to emphasize, in the eyes of the graduates and the public, the dignity and beauty of the nurse's calling.

PERSONAL AND NEWS ITEMS.

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Dr. G. W. Crane has located at Foxboro, Mass.

Dr. W. H. Sawyer has removed from Alexander Avenue to 314 Warren street, Roxbury.

Dr. Alfred Salls has removed from Danville to Auburn, Me.

Dr. A. M. Duffield has removed from Citronelle to Huntsville, Alabama.

We would call the attention of our readers to a safe investment offered by the Mosler Company in our advertising columns.

The question of purity in food is a matter of the greatest importance, and deserves most careful and constant consideration; yet so ingenious are the methods nowadays adopted to adulterate, and the processes employed to cheapen manufacture, that it is often very difficult to determine the merits of any particular article of food. With W. Baker & Co.'s Breakfast Cocoa, however, no such difficulty arises, for it is produced from the finest cocoa seeds only, exclusively by mechanical processes, and as no chemicals whatever are used in its prepartion, all possibility of impurity is avoided. The result is that W. Baker & Co.'s Breakfast Cocoa is not excelled in solubility and is not approached in purity by any similar product in the market, and it still remains, as for over one hundred years past, the standard of purity and excellence, and the most healthful and nutritive cocoa in the world.

For Sale. — A homœopathic practice amounting to $1,500 to $2,000 per year, in a growing Massachusetts town of 4,700 inhabitants. Reason for sale, the physician is going to Europe for study. Price very low, and good introduction. Address Practice, care of Otis Clapp & Son, 10 Park Square, Boston.

Dr. Amos J. Givens, formerly assistant physician at Westboro' Insane Hopital, has accepted the position of Superintendent of the Glenmary Home, a private homœopathic asylum at Owego, N.Y.

The thanks of the Gazette are due to the Glenmary Home Co., of Owego, N. Y., of which Dr. Amos J. Givens is medical superintendent, for a beautiful photograph of Samuel Hahnemann, received through its kind courtesy.

A Competitive examination for resident, junior resident and extern for the Children's Homœopathic Hospital, will be held at the hospital, early part of April, date to be announced. Those desiring to attend the examination will please send in their applications as early as convenient to Dr. Bushrod W. James, President of Medical Board, or to Dr. Landreth W. Thompson, Secretary.

Prof. Bushrod W. James, on Dec. 3d, by invitation of the Medical Institute of the Hahnemann Medical College of Philadelphia, delivered an illustrated lecture, before the society, upon "The Climates and Health Resorts of Our Country," comparing the seaside, the mountain, the valley, and mountain-plateau climates, and showing, by stereopticon views, the more noted health resorts.

The following extract from letter of C. Wm. Schumann, director of the Juragua Iron Co., of Santiago de Cuba, dated Dec. 10, 1890, will, we are sure, be of great interest:

You will remember that young Mr. Voigt, the brother of our former clerk, had yellow fever; and it was a very bad case. We had him in the ice-box which a Spanish doctor has invented, and the effect was great. From the very moment we put him in it he began to sleep, and slept almost the three days he was in. His urine, which had already albumen in large quantity, after twenty-four hours was abundant during the time he was in the box; and, according to Dr. Castillo's opinion, we never would have saved him without the ice-box.

The box is about 5 feet high and 6 feet 6 inches long, and has the width of a large bed. The patient lies on a bed, well wrapped up in flannel; and the ice, which is on top and round the box, brings the temperature down to 10 deg. above freezing point, and can be regulated by opening small shutters. There is a window, of 3x2 feet, which can be opened to give the medicine, water, or anything the patient wants.

My opinion about it is, that it is not specific, but that it has a wonderful effect; in the first place, the patient remains perfectly quiet, and has no wish to drink; his kidneys work perfectly, and the great danger of suspension of urine is almost done away with. Out of 15 persons who have been in the box, 14 have been saved, and only one died, who was put in too late. I write you about this as I wish you would speak with Mr. Bent and Mr. Monroe about it, to see if they wish to have such a box made for the Juragua. The Sigua Iron Co. ordered two, — one for the company, one as a present for the town, — both to be put up here in town. Without an ice-machine such a box would be useless for the mines, as it requires 1600 pounds of ice per day; but I think it could be brought down to two-thirds or one-half of this quantity. If Major Bent has any idea of putting up an ice-machine at Firmeza, he may do it now sooner, after the new method of curing yellow fever has been tested to full satisfaction.

OBITUARY.

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JONATHAN MERLE TEELE, M.D., was born in Somerville, Mass., June 29, 1849, died in Boston, Nov. 18, 1890. He received his early education in the Somerville schools, graduating from the High school in 1866, entered Tufts College in the same year, from which he graduated in 1870 with high rank. For the greater part of the succeeding year he taught school in the town of Milton, Mass., which profession he relinquished in March, 1871, to enter the Harvard Medical School, from which he graduated in 1874. Following this he took a supplementary course of one year in the Medical School of Boston University, graduating therefrom in 1875. He immediately began the practice of medicine in that part of Dorchester known as Lower Mills, near the Milton line, where he continued in active professional service until a few days before his death. Kindliness of disposition (as I once heard an intimate friend say, "I never knew Dr. Teele to say an unkind or disparaging thing of anybody"), steadiness, earnestness and thoroughness in his studies and his work, were among the most marked characteristics of Dr. Teele. Unusually reserved, quiet and unassuming in manner, his true worth and nobility of character were known and appreciated in their entirety only to those whose good fortune it was to become his intimate friends. His was an eminently religious mind, and from early in life he was identified with the Christian church, and church work. In 1871 he became united with the North Ave. Baptist Church, of Cambridge, and after his settlement in Dorchester was prominent in the Blaney Memorial Church, and a member of the Building Committee which erected the present church edifice.

Dr. Teele was a member of the Massachusetts Homœopathic Society, the Boston Homœopathic Society, and of the Hughes Medical Club, of which he was one of the original promoters, and at whose meetings he was a most constant attendant. His opinions, giving as they did evidence of close thought and accurate observation, always claimed the profoundest respect and utmost consideration.

J. L. C.

At a regular meeting of the Hughes Medical Club, held on Nov. 24, 1890, the following resolutions were passed:

Whereas, It has pleased Divine Providence to so suddenly remove from us our dear friend and brother, Dr. J. MERLE TEELE;

Resolved, That we feel a distinct loss in the death of one of our number, who was one of the first to form the Club, whose splendid qualities of mind and heart had endeared him to us, and whose judgement and opinions, always to the point and highly valued, will be greatly missed.

Resolved, That we express to his wife and family our heart-felt sympathy in their bereavement, and trust that the Almighty will soften the blow to them, and that they will live in the memory of his love and devotion, and in the certainty that such a good man has gone where there is no more pain and sorrow.

Resolved, That a copy of these resolutions be sent to the family, placed in the records of this Club, and also published in the N. E. MEDICAL GAZETTE.

FRED. D. STACKPOLE, M.D., *Secretary*.

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EDITORIAL.

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HAHNEMANN AND KOCH: THE NEXT STEP.

Those whose dreams of the millennium include the union, or at least the fraternal coöperation, of the two schools of medicine cannot but take comfort in certain logical deductions which the thinking mind cannot refuse to make from the reigning medical sensation of the hour. One such deduction is the recognition of the amazingly thorough and unconditional fashion in which the school of medicine which has for a century ridiculed and berated every theory and method of Hahnemann has come to adopt his method in at least one particular, namely: the only correct and trustworthy manner of determining the power and effects of drugs. There is something almost bordering on the dramatic and the startling, in a simple comparison of the methods by which Hahnemann, a hundred years ago, arrived at his knowledge of the powers of Peruvian bark, with the methods by which Koch, to-day, arrives at his knowledge of the powers of that "lymph," the essential facts of whose preparation have not even yet been given to the world. The dramatic side of the matter, it is perhaps needless to say, comes into view when we realize that these methods are practically identical, and that Koch to-day is glorified, not to say deified, for pursuing

a line of work which brought Hahnemann, a century ago, abuse, contempt, and ostracism. We all know that prior to 1790, Hahnemann, dissatisfied with the uncertainty, general inefficiency, and frequent danger of the ordinary method of prescribing medicines, had conceived the idea that there must be some method or law by means of which diseases might be done away with, speedily, safely, and permanently. While seeking an explanation of the modus operandi of Peruvian bark in the cure of ague, he decided to lay the foundations of his researches by determining the effects of the bark upon himself. His own testimony is :

"The following is to be taken into consideration. Substances which are able to produce a kind of fever (very strong coffee, pepper, arnica, Ignatius' bean, arsenic,) they quench the types of intermittent fever. For the purpose of an experiment, I took for several days, twice a day, each time four drachms of good Peruvian bark (cinchona) ; first the feet, the tips of the fingers, etc., became cold ; I became weak and sleepy ; then my heart began to beat, my pulse became hard and rapid ; an intolerable anxiety, a trembling (but without rigor), a lameness through all the limbs ; then throbbing in the head, redness of the cheeks, thirst, in short, all the symptoms peculiar to me when I had intermittent fever, appeared one after another, but without actual rigor. In short, also, those particularly characteristic symptoms peculiar to me, the dulness of the senses, the peculiar kind of stiffness in all the joints, but particularly the numb, disagreeable sensation which seems to have its seat in the periosteum of all the bones of the whole body, — all these appeared. This paroxysm always lasted two or three hours, and renewed itself when I repeated this dose, — at no other time. I stopped taking the medicine, and I became well." *

It was from the encouragement of a preconceived idea, thus received, that he continued experimenting with drugs, and comparing the effects produced with the symptoms of the diseases they were relied on to cure. In the course of a few years, (1796), came his announcement of his "New Principle for

* Translated from "William Cullen's Treatise on Materia Medica, etc. Translated, with Notes, by Dr. Samuel Hahnemann. Leipsic: Schwichert. 1790." Vol. II., p. 109.

Ascertaining the Curative Power of Drugs," and his therapeutic axiom, "*similia similibus curantur.*" We all know the obloquy heaped on the experimenter and his work. We all know how the fruits of his work have gradually, as the century has worn away, commended themselves to public favor. We know that to the old school, *as a school*, Hahnemann's theories and practices are, even to-day, anathema. It is, therefore, amazing to find that the methods, eagerly and assiduously studied, widely announced and respectfully commented upon, of Koch, the shining light of old school medical discovery, are purely and simply the methods of ostracised Hahnemann! In November, 1890, after long employment of microscopic examinations, experiments on animals, etc., Koch announces to the world the culmination of his researches, as follows:

"Calculated by the body-weight, one-fifteen-thousandth part of the quantity which has no appreciable effect on the guinea-pig, acts powerfully on the human being.

"The symptoms arising from an injection of 0.25 cubic centimetre I have observed after an injection made in my own upper arm. They were briefly as follows: three to four hours after the injection there came on pain in the limbs, fatigue, inclination to cough, difficulty of breathing, which speedily increased in the fifth hour, and were unusually violent. A chill followed, which lasted almost an hour. At the same time there were nausea, vomiting, and a rise of body temperature to 39.6° C. [103.28°F.]

"After twelve hours all these symptoms abated, the temperature fell, and on the next day it was normal. A feeling of fatigue and pain in the limbs continued for a few days, and for exactly the same period of time the site of injection remained slightly painful and red. The smallest quantity of the remedy which will affect the healthy human being is about 0.01 cubic centimetre, equal to one cubic centimetre of the one-hundreth dilution. As has been proved by numerous experiments, when this dose is used, reaction in most people shows itself only by slight pains in the limbs and transient fatigue. A few showed a rise of temperature to about 38° C."

That the old school has definitely, after a century of ridicule, practically accepted the fact, as taught by Hahnemann, both of the absolute necessity of drug-proving and the best methods of

such proving, is clear enough from a glance at the subjoined "parallel column:"

HAHNEMANN.	KOCH.
Dissatisfied with the existing condition of medicine, began his search for something better, guided by a theory.	Not satisfied with the existing condition of medicine, began his search for something better, guided by a theory.
Examined the claims of chemistry, botany, the lower animals, etc., as guides to the desired end.	Made use of chemistry, the microscope, the lower animals, etc., in pursuit of facts.
Experimented upon *himself* as the only positive way of obtaining accurate knowledge of drug action.	Experimented upon *himself* as the crucial test.
Knowledge thus acquired he applied therapeutically, and in accordance with the principle of similars.	Knowledge thus acquired he applied therapeutically, and in accordance with the principle of similars?

The interrogation point of the right-hand column indicates several uncertainties. What is certain is that the picture presented by Koch's "proving" of the virus, is strikingly suggestive of the disease he proposes, by the use of the "attenuated" virus, to cure. What is very uncertain is whether the virus really is capable of curing the disease; and secondly, if that prove to be so, whether Koch will be led to see in that fact, as Hahnemann saw, the hint of a beneficent, deep-rooted, and far-reaching law.

A step has unquestionably been taken toward the unity of science, and, incidentally, the unifying of the various factions into which the followers of science are now unhappily divided, by the demonstration beyond criticism, that the two schools are in substantial accord as to the absolute necessity of finding out the powers of medicinal substances, and the best methods of so finding them out. What is the next step? Naturally, to understand and agree upon the best methods of therapeutic application of drug-properties. Is any known method of treatment able to cure (abort or shorten) any naturally or artificially produced disease?

This point has not yet been determined by scientifically controlled experiment. The way is open. Artificial diseases of several varieties can now be produced at will. Tuberculosis can be produced in guinea-pigs, and strange to say, such guinea-pigs are cured by injections of a diluted dilution of the virus which is altogether too weak to affect healthy guinea-pigs (see Koch's

latest word, N. Y. *Tribune* Jan. 16, 1891). There remains then to be determined the natural duration of diseases under non-interference. When once this is determined, so that a working basis is obtained, the efficacy or non-efficacy of different methods of treatment can be determined. This idea has been put forward more than once. In '82 or '83 it was presented to the Boston Homœopathic Medical Society, in an effort to increase an interest in drug-proving and study, by Dr. Conrad Wesselhoeft, among whose "Aphorisms," published in the *Hahnemannian* for June '87, we read:

"XXIV. It should be determined *experimentally* whether it is possible to arrest artificial disease by the use of medicine *before* its natural termination."

The trend of modern science is in this direction. The question of priority of discovery is, after all, of no importance to suffering humanity. Is it not probable that this next step will soon be definitely taken? It may yet be too soon to claim that any known method of treatment can be absolutely relied on to cure, (abort, or abbreviate) a diseased condition; but it seems a moderate claim, and one easily substantiated, that the method of studying drug pathogenesy and therapeutics, originally insisted on by Hahnemann, has finally become universally established, and a scientific basis has thus been given to the materia medica. By accurate experiment along the same lines only can therapeutics hope to become a science equally well-established.

EDITORIAL NOTES AND COMMENTS.

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Laymen's Testimony, cordially and frankly given, is always of interest and value to our profession. That recent very pleasant occasion, the semi-centennial banquet of the Massachusetts Homœopathic Medical Society, called forth, as was natural, much testimony from laymen as to the worth and efficacy of homœopathy. Prominent among such testimonials was the brief and graceful speech made at the banquet itself by Col. Charles R. Codman: which, given in terse epitome only, in our

last issue, we herewith take much pleasure in presenting in full to our readers :

"I do not appear before you, ladies and gentlemen, as the holder of any official position, but I think that I may claim to speak for that very large class in the community, who are under very great obligations to the system of homœopathy. It is a class that has increased and is increasing. Perhaps it would increase more rapidly if there were more outside investigation, but I imagine that many, perhaps most laymen, do not greatly concern themselves about the contests of medical schools, and do not often trouble themselves to go into the merits of medical controversies. It is not until they or their friends are sick that the subject comes home to them, and it is then generally too late to examine evidence, and that doctor is employed whom the patient, for some reason 'guesses' to be the most competent. It was my fortune, when in a foreign country to have some leisure and opportunity to make an investigation both theoretical and practical of the homœopathic claims. Such an investigation I dare say I should never have undertaken at home under the influence of early associations. But, as it was, I became converted at a somewhat mature period of life, to the opinion that the homœopathic practice of medicine was a distinct and most valuable advance in medical science. I never lose an opportunity of saying as much as this when it is given me as you have given it to me this evening. It is a simple debt of gratitude, which I always hold myself bound to pay, and it is the expression of a deliberate judgment which I certainly have no wish to conceal.

This society has a right to congratulate itself on its fiftieth anniversary. Its beginnings were of the smallest and it had to meet a good deal of prejudice and some ridicule.

But to-day we see in Massachusetts, a State Hospital under homœopathic management, a growing Hospital and Dispensary in Boston, and other smaller hospitals in which the homœopathic practice of medicine is recognized equally with what is known as the regular school. Homœopathic physicians are receiving a courtesy and consideration from other physicians which was quite unknown twenty-five years ago, and really, ladies and gentlemen, when I consider the great advance that your system has made in public favor, as evidenced by its recognition by the public authorities, by the generous endowment of its medical schools, hospitals and dispensaries, and by the more cordial feeling, which now distinguishes the regular profession, I cannot but wonder at the moderation with which you exult. I thank you very heartily for the privilege you give me to be present on this occasion and to say these few words."

A gratifying instance of laymen's generous and flattering testimony to the good will toward homœopathy, which obtains in the community at large, was afforded, at the time of our banquet, by the very friendly editorial mention accorded to it, and to our system in general, by nearly all the leading journals of Boston. Space forbids the extended quotation we would gladly give; but the spirit of the press is well illustrated by these brief citations, the first of which is from the *Boston Transcript* and the second from the *Boston Advertiser*:

The wisest doctors are always those whose medicaments are so few and so skilfully chosen that the remedy is absolutely never worse than the disease in its effects. Herein, at all events, the homœopaths are undeniably in a strong position before the public.

But aside from this general beneficence, which the regular faculty will not allow the homœopaths to claim all the credit for, here is the list of specific triumphs accomplished since in the year 1840, three physicians assembled in Boston and formed the Homœopathic Fraternity. The State has established a homœopathic insane hospital at Westborough, which contains over five hundred patients. It has in the last year given $120,000 for the enlargement of the Massachusetts Homœopathic Hospital; a single legacy has this year been given, exceeding in amount $150,000, which will be used for the support of the hospital; the city has contributed a large site of land on which to erect a homœopathic dispensary, and generous donations have been given therefor; five hospitals have been established in various cities in the State, in which both homœopathic and allopathic treatment are equally provided; a medical school has been established in connection with Boston University, which has proved very successful, and has sent out large numbers of educated physicians.

But three earnest men comprised the first meeting. The advance made by their cause has been to its adherents most gratifying. Certainly it has attained a position of eminent respectability in the community, and the derision in which these practitioners were, to some extent, once held has been forgotten and has passed from sight.

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Disguise the fact as physicians may, the practice of the two schools is far more similar to-day, than it was at the inception of homœopathy. Their orbits may never coincide; they may never even touch. But the fact remains indisputable that the

chasm is not nearly so wide as it was at the beginning. Why not recognize the fact openly? Why should physicians of each school still so strenuously oppose the principles of the other? Why should they so steadfastly refuse to consult with one another in critical cases? Why should not the idea of human brotherhood expand until it embraces the medical as well as other professions?

Prevision and executive ability, the power to clearly foresee and effectively act upon such foresight, have been, as homœopathists the world over, but especially those of Massachusetts can testify, for many years the distinguishing characteristic of him who in our present issue speaks upon "Prevision." To the labors done, and the labors inspired and directed by Dr. I. T. Talbot, New England homœopathy owes an incalculable debt; and New England homœopathists may well ponder seriously all counsel proceeding from the mind and pen to whose counsels they owe so much. Dr. Talbot's present suggestions are full of large and instant significance. It is never well to wait until a garment is thoroughly outgrown, before replacing it, unless one wishes to risk an exceeding inconvenience, awkwardness and absurdity. There are signs, even to-day, that homœopathy is making growth in powers and possibilities of usefulness, which threatens an early outgrowing of every establishment and institution through which its possibilities of usefulness now find expression. It takes no prophet to foresee that our hospital, even after its enlargement, will be distinctly unequal to the demands upon it,even of those general cases to which it is adapted. Provision for special cases we have practically none. We have specialists to conduct, we could find patients to fill, even to-day — and how much truer will this be a decade of years hence! — a hospital for special surgical operations, a hospital for skin diseases, and a lying-in hospital. Among the continual aspirations of every physician engaged or sympathetically interested in hospital work, must be the establishment of a home for convalescents, and — sorest and saddest need of all, which almost daily wrings the heart of the hospital physician! — a home for incurables. It needs no demonstrating that there is, around our present hospital building, no space for the least of these.

Plenty of room — that is the first demand of prevision. Let every homœopathic physician incorporate into his day-dreams that green, well-shaded and spacious park, which Dr. Talbot has pictured for us, within whose wide limits shall in time be grouped, a noble testimony to human charity and to the power of homœopathy, all the buildings, and more, hinted at above. Let every homœopathic physician see to it that this dream is in the mind of his patients, also; and it cannot be long before the dream moves to action some rich and generous friend of our cause; and there is put into the hands of suitable trustees, either the deeds of the wished-for land or the money sufficient for its purchase. We cannot begin too soon. Trees must shade our park and beautify its pathways, and trees take long to grow. Let those of us who may hardly hope to walk under their shadow, at least have a hand in their planting. The vision which Dr. Talbot has called up before us needs only our united efforts to become reality. The order of life is that the intent must precede the act, the dream, its material realization.

The Westborough Insane Hospital Report for its just ended year, is, like all its predecessors, encouraging and interesting reading. As compared with the showing of other insane hospitals of our state, that of Westborough is especially creditable; thus Westborough's per cent. of recoveries to the whole number of cases discharged stands 29.80, to 26.48 of Northampton, 20.35 of New Worcester, and 14.76 of Danvers; these figures being in all the cases, exclusive of the discharges of inebriates. The per cent. of deaths to the whole number of patients treated was 6.50. This excellent record has been made under the adverse condition of a sorely overcrowded hospital, there having been within the hospital, at one time during the year, 512 patients, and there having averaged 474.69, and this in a building planned for, at the limit, 405! The trustees are more than justified, of these facts, in calling for increased accommodation, including a cottage for the superintendent's use. Through private generosity, here gratefully acknowledged, a small cottage has, during the year, been built and furnished for the use of patients needing isolation and special attendance.

The clinical notes are of very great significance. Thus, on epileptic patients remaining under observation for a full year, three remedies were tried, singly, for months together, and their apparent effects noted, with a result greatly in favor of solanum Car. ℗, in comparison with artemesium abs. 1x and glonoine 3x. In this connection, Dr. Paine says, "The average, then, under these remedies is greatly in favor of solanum, and that was evident shortly after it was first prescribed. It has not cured any patients yet, but its effects are better in some cases than any other remedy except belladonna. From our experience, therefore, it is worthy of trial by the general practitioner who may be called to prescribe for recent cases." Such careful, long-continued and exact clinical observations as these are valuable beyond measure to the profession flooded with chronicles of careless hearsay.

The notes on the epidemic of "grippe," which prevailed in the hospital, bring to light several very singular and inexplicable facts; among them, that among those suffering from the ailment, it was the "strong employees and children," who were troubled with delirium, and not the insane; also, that in many very marked cases, the attack of "grippe" acted most favorably on the mental condition of insane patients; the good results varying from distinct ameliorations to complete cure.

An important feature of the report is that dealing with the training school for nurses, established in connection with the hospital in October, 1889, and already doing excellent work, not only in raising the standard of service within the institution, but in supplying attendants for outside cases.

The recommendations of needs to be supplied, made by Dr. Paine, are modest and reasonable. Homœpathic physicians of Massachusetts should exert all possible influence, public and private, toward having these needs supplied, either by state provision or private philanthrophy.

Another Hint of Homœopathy's Progress is to be read in the opening of the new establishment in Providence, R. I., devoted to the uses of Otis Clapp & Son's homœopathic pharmacy. The increased demands on the resources of homœopathy,

as the system has grown, year by year, in public favor and confidence, is well instanced by the growth of the business of this well-known house, whose interests have ever been identical with those of New England homœopathy. Thirteen years ago, the pharmacy in Providence was established on a modest scale, with but a single attendant and a boy assistant as sole working force. Ten years ago, the business had so grown as to make imperative a move to a new and more commodious building. Another move, made on the first of January just past, establishes the house in one of the largest and handsomest stores in the city of Providence. The new store is but four doors above the well-known one on Westminster street, occupied by the firm for the last ten years.

It was built especially for them, with a view not only to accommodating their business but also the Homœopathic Dispensary, which has been located in the rear of the pharmacy since its first establishment in Providence.

The new store has a total length of 125 feet, being 18 feet in width on the street and 30 feet in width at the rear. It has a handsome entrance recessed back 10 feet. It is 14 feet high inside, with inside fittings and fixtures of oak and ash finished in natural color.

Connected with the establishment are rooms for various purposes germane to its work, such as the fitting of trusses, the manufacture of tablets, general laboratory work, and the like.

The dispensary rooms are located in the rear of the store, being partitioned off by themselves, with a separate entrance from Walnut street, and consist of a waiting room for patients, 15 x 18, consultation room, 10 x 12, and an operating room for gynecological and other work, 14 x 17. This room is thoroughly lighted by a window and sky-light, and there is an open fireplace and running water. The finishings are in all respects elegant and convenient. Like the Boston pharmacy conducted under the same progressive and generous proprietorship, the Providence branch of Otis Clapp & Son will doubtless be the social headquarters, as well as the business resort, of the homœopathic physicians in its neigborhood, near and remote. All good success attend its useful labors, and those of the dispensary to whose wants it ministers!

COMMUNICATIONS.

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A PROVING OF DUBOISIA MYOPOROIDES.

BY H. D. GOULD, M.D., NEW BOSTON, N. H.

On the nineteenth day of January, 1883, at 4 P. M., being in good health I took 120 drops of the fluid extract of duboisia myoporoides. After reading aloud for an hour I felt a slight dizziness on rising and walking about. I then lay down and slept uneasily for an hour. I awoke with great dryness of the throat. The dizziness was somewhat increased. On trying to walk I found I had lost control of the lower extremities. In crossing the room I would go in a zigzag direction. The heels would strike the ground first, and it was hard to keep the limbs from closing together like the limbs of a jumping jack. In ascending the stairs it was impossible to lift one foot by the other without leaning to one side and swinging it up. There was some weakness and numbness of the hands and arms. The feeling of dryness in the throat steadily increased. The saliva would accumulate in the mouth, but it was impossible to swallow it without taking a drink of water. At 8.30 P. M. I undressed and retired for the night. On getting into bed I was seized with a series of shivering fits lasting some five seconds, and recurring at irregular intervals. This condition lasted, perhaps, half an hour, and was accompanied by a horrid sensation of impending evil. The next symptom was constant urging to urinate, passing a very small amount at each attempt. The stream was small and sometimes intermittent. It was not until morning that I was able to pass water freely. The urine was, pale and clear and the specific gravity 1030. The horrid sensations gradually wore away and were succeeded by sensations of a more pleasant character. An ordinary chamber set seemed to be the richest mahogany inlaid with gold; the wall paper was the most beautiful frescoing; a triangular ray of light upon the wall, caused by a door standing ajar, was a brilliant comet far off in the sky. The room seemed to be larger than it was and through the open door into the next room was an infinite distance. The air was filled with minute starry specks. At times flocks like feathers would float towards me, vanishing when touched. Troups of people passed by, among whom I recognized friends living and dead. Now and then a stately old gentleman approached and put out his hand, but the moment I grasped it, it disappeared. These symptoms passed off sometime after daylight and I arose in my usual health and spirits, none the worse for the experiment. On attempting to read I

found myself unable to do so without holding the paper at full arm's length. This condition, which lasted until the following day, was corrected by proper glasses.

May 15th, 10.30 A. M., being in good health, pulse 72, I took thirty drops fluid extract duboisia. 10.50, slight dizziness, pulse 60; 11.10, pulse 52; weakness in lower limbs, dry, disagreeable feeling in throat. 2 P. M., could not swallow without taking a drink of water. Tried to count pulse, but could not. Weakness in lower limbs. Hard to raise feet high enough in walking. Heels strike the floor first. Thought I stepped on some slippery substance. 7 P.M., unable to read, same as in other proving; corrected by glasses. Pupils widely dilated. The next morning the soft palate and fauces were of a dark red, almost purple color.

Since making this proving I have discovered that my eyes are astigmatic and consequently the farsightedness was owing to paralysis of accommodation.

SOME REFLECTIONS CONCERNING KOCH'S REMEDY.

BY WALTER WESSELHOEFT, M.D., CAMBRIDGE MASS.

Although we have now before us, through the medium of the enterprising daily press, the secret of the production of the new remedy, it cannot be said that we are in possession of an accurate knowledge of its chemical constitution. The telegraphic report is somewhat apocryphal on many points, and conveys the impression that the translator is not sufficiently master of either the German or the English language, to set forth in intelligible terms Dr. Koch's meaning. Before dealing further with the matter of the manufacture of the lymph, it will be necessary to await the arrival of the mails.

Meanwhile there are many points of interest connected with the new method, lying outside the central and all-absorbing question of the curability of tuberculous disease on which we may indulge some reflections with advantage. First of all, we may note that Koch sees himself impelled, perhaps reluctantly, to formulate some attempt at an explanation of the modus operandi of the fluid, in its effects upon the bacilli in the tuberculous tissues. To us who remember that Hahnemann, likewise impelled by the scientific demands of his day, departs in the same way from the safe course of strictly empirical inquiry, to offer an explanation of the modus operandi of the *restitutio ad integrum* by means of homœopathic remedies, it will be of the utmost interest to observe the attitude of the rational and scientific spirit

of the day towards the explanation offered by Koch who, like Hahnemann, propounds it in terms distinctly apologetic. It is by no means impossible that, even to-day, two distinct parties may arise, of which one accepts unconditionally the words and the implied meaning of the master, while the other holds rigidly to his empirical method and its demonstrable results.

A number of our journals have already pointed out with great force, certain other points of close relationship between the reform of Hahnemann and that of Koch, as seen in the results of the experimental method applied in each.

1. The difference between the application of the lymph in the lower animals and in man, so strongly emphasized by Koch. In the healthy human organism the effect of an appreciable quantity may be stated to be *fifteen hundred times* more powerful than in the healthy organism of an animal.

2. The difference between the effects of a given dose in health and in disease. In the latter it may be stated to act *one hundred* times more powerfully than in the former.

3. Koch declares that in the presence of a large amount of tuberculous tissue, a *comparatively small* amount of the remedy is capable of causing a powerful reaction or, in other words, that desperate diseases do not require desperate remedies in the sense of the rational school which apportions the strength of its doses to the extent or intensity of the disease.

4. The observation of the primary effect of the remedy in a distinct aggravation of the symptoms of the disease. As Dr. Lick points out in the Allgem. Hom. Zeitung, (Dec. 18, 1890,) this constitutes one of the most remarkable phenomena of the new method, especially to us, who are not unfamiliar with the occurrence of a homœopathic aggravation.

5. The possibility of curing or lessening a febrile process by means of agencies the exact opposite of anti-febrile, of agencies, in fact, which cause a distinct rise in temperature. Koch declares, and numerous experimenters confirm the observation, that the more intense the reaction, the better the prospect of an abatement of the fever, after the former has expended itself. It is for us to rejoice that we have not been beguiled by so-called scientific reasoning, into the use and abuse of antipyrin, thallin, quinine, etc.

6. The effects of the remedy — Koch, be it remarked, never calls it "lymph," but always "*the remedy*," (*das mittel*) — are distinctly *specific; i. e.*, it manifests a pronounced affinity for tissues in a *certain abnormal condition* and for no other. Wherever directly introduced into the body, it seeks out those structures which have been so altered by disease as to be rendered liable to its effects, and here it exerts its alterative

(*umstimmend*) powers in quantities incapable of causing appreciable disturbances in healthy subjects.

For us, these observations possess neither the elements of novelty nor of marvel. Without departing in the least degree from the spirit and the utterances of the banquet of the Massachusetts Homœopathic Medical Society on the 23d ult., we may claim that precisely these scientific data have been the basis of our reasoning, our provings, and our clinical labors, for nearly a century.

7. It cannot be accentuated too strongly that Koch has been guided in his methods of thought and of experimentation by no pathological hypothesis or rationalistic deduction, but solely by strict induction from actual observation and experiment — the empirical method. He tested his remedy step by step, according to the imperfect methods of the physiological school, until he arrived at the only logical and valid method of *proving it upon himself.* We miss that high enthusiasm among his intimates and disciples which inspired the followers of Hahnemann to subject themselves to painful and laborious provings for science's sake. But this is not the age of enthusiasm in therapeutics. The microscope, microbe cultures, and bio-chemistry are disciplinary measures of a kind to repress enthusiasm of the more exuberant quality.

It is already apparent that the course of the new method is not destined to run with absolute smoothness. Scepticism on the one hand, and credulity on the other are actively at work here as always in the career of new discoveries, to thrust their staring and confusing shadows upon this most auspicious beginning of a new era in therapeutics. Even the stickler for medical ethics, that outwardly respectable offspring of cant and bigotry, is at hand * with his blighting insistence on the supremacy of the code. It is not saying too much to declare that any man or organization of men who, in the light of all medical history, and of our abundant knowledge of Koch and his aims and motives, can demand the suppression of immediate experiment with the remedy, is capable of every sin against light and progress which professional tricksters and politicians can hatch.

In Germany, if we may believe the telegraphic reports, and they coincide with what we know of Prof. Virchow's conservative tendencies, (vide his opposition to Darwin and Hæckel) that leader of men has raised his warning voice against the method on strictly pathological grounds. He has found that the bacilli migrate from the tuberculous tissues in process of recovery from the action of the remedy, to sound tissues to form new colonies. His statements and authority are not to be doubted, but in view of

* See *Boston Medical and Surgical Journal*, Jan. 15th.

the facts, already numerous, of cases proceeding uninterruptedly towards health under the new treatment, these objections lose much of their weight. In France Dr. Dujardin-Beaumetz has instituted experiments without the satisfactory results claimed by the later Germans. We note the fact, he did not follow closely the rules laid down by Koch, since he proceeded at once after the first injection, to double the dose, instead of waiting to see how much of a reaction might follow the use of the original one, in the second application. Koch declares positively that the dose is not to be increased until a marked reaction ceases to follow from the quantity first used. As we recall the experiment of Andral with "This new system which has come to us from Germany," we cannot but congratulate this exhibition of Chauvinism, except with mingled emotions.

In this country and in England, on the other hand where innovations for the most part meet with more openess to conviction, the method has found more favor. Sir Morell McKenzie and Sir Joseph Lister have pronounced in its favor in unqualified terms, and Dr. Austin Flint, in the *Forum*, practically announces that millennium in therapeutics is at hand. As for ourselves, we can have but one wish, that Dr. Koch may be allowed to persevere undeviatingly in the path in which he has begun, deterred neither by favor nor by opposition.

PREVISION.

BY I. T. TALBOT, M.D., BOSTON.

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

There is perhaps no quality that so sharply marks the dividing line between success and failure as that of accurately looking into the future, and laying plans to correctly avoid the dangers and secure the advantages which may be from time to time developed. In looking back over the history of homœopathy, and especially its stage of development, we see what was perhaps unavoidable — the absence of clearly defined methods for the dissemination of its principles. There was no well-laid plain for steady growth under the instruction of Hahnemann, of a School to which possibly numbers of medical men would have gladly flocked, to hear from him medical ideas which certainly bore the charm of novelty. Spasmodic and often enthusiastic efforts were made at various times and places, which unfortunately had not the power of overcoming obstructions and difficulties which they had to meet. Schools were projected, hospitals were wished for, and journals were attempted, but they did not secure the combined effort, or the

necessary means to give them permanency and success. It was thirty years after the introduction of homœopathy into America before any systematic attempt was made in New England to establish any homœopathic institution. This attempt resulted in the incorporation of the Massachusetts Homœopathic Hospital, but the failure to secure state aid proved a temporary disappointment, and discouragement to further effort. In 1856 the Massachusetts Homœopathic Medical Society, which had been in existence for sixteen years, laid out a systematic course of work, which has been persisted in to the present time, and has succeeded in accomplishing much for the benefit of homœopathy. The plan then adopted was, first, to obtain a legal status by the incorporation of the society; second, to establish a dispensary on a permanent basis; third, to found a hospital; and fourth, to establish a medical school. In this logical sequence, the work, up to the present time, has been done, perhaps with a reasonable degree of satisfaction, and now is a good time to look forward and make suitable plans for the future.

First, our state society, which as societies go may be considered reasonably successful, yet it should be made so absolutely valuable to the profession and the state, taking hold in a strong way of all the medical questions in which the profession should lead the community, that every physician of our school should feel the necessity of membership. Not only would this quickly double our present number of members, but it would attract the attention of other physicians who look somewhat doubtingly, but not with bitter prejudice, towards homœopathy.

Second, our dispensary; already the walls of a capacious and convenient building, which will make this institution much more serviceable and efficient, are being erected. Still it will require an earnest and united effort to secure funds for the completion of this structure, and economy as well as foresight for the conducting of it. Yet this building, when completed, may serve the purposes of the dispensary for the next half-century, at least; let us all stand ready to give it the necessary assistance.

Third, the hospital; the last year has been one of unusual and unexpected prosperity. The aids from the state and from private benevolence have given us means for its rapid enlargement, yet the great increase in patients during the last five years, and the crowded condition of its wards, with the number of applicants in waiting for admission, indicate that the hospital, with all its proposed enlargement, will again soon be entirely unable to provide for the wants of the community. The question is, whether we shall, without forethought, wait till such an exigency arises, and then meet the difficulties, however great, or by a little prevision secure any favoring opportunities which

may enable us, when the necessity arises, to be ready to meet it. The growth of Boston was never more rapid than at present; land in every direction around the city is rapidly increasing in value; that which a few years ago was sold at a low price per acre, often now commands a high price per foot, and it is quite certain that this value will steadily increase. Is it not desirable, then, to look forward to the future wants of our city and state, and while it is still practicable, procure a suitable amount of land to provide amply for future requirements? There are, within a reasonable distance from the State House, blocks of land yet unoccupied, which in a few years will be surrounded by a densely populated community. Now, if such a section of, say, at least one hundred acres could be secured, and devoted to the purposes of our hospital, it would furnish sites from time to time, as the hospital would demand either more room or hospitals of a special character. This tract could be laid out in some systematic manner, so that ultimately it would provide a beautiful park for desirable hospitals. Our present hospital occupies but little more than an acre of land, and can provide ultimately for not more than 200 patients. The City Hospital, with some six acres of land, has room for only six hundred patients, and is now looking for more space. Johns Hopkins Hospital in Baltimore, with a fine tract of fourteen acres will soon be covered in accordance with its plans, and if we would make the Massachusetts Homœopathic Hospital of the future a model hospital, now would seem to be the time for us to secure an ample location,—one where there will be plenty of light, air and ventilation, and fitting surroundings. The way to secure this is to realize its importance, and place the matter earnestly and convincingly before the community. If this is done, who knows but some generous-minded man or woman, realizing the immense value that such a project would be to the city and state, and the benefit it would bring to coming generations of the sick and suffering, would gladly contribute the land, or the means to procure it?

Fourth, our school; we have reason to pride ourselves upon the advanced position and the solid work done by this school. We know how it has strengthened our cause alike in numbers and in influence in this state, and it remains for us to look to the future, and take measures which shall make this school equal to any in this country. What can contribute to this more than the establishment of such a hospital as has been outlined, in which could be concentrated all the advantages to be found in any foreign hospital, and in the wards of which students could have assigned to them the practical work which will give them more valuable instruction than days or weeks of simple

lectures? Is not this future quite possible of attainment? And is it not worth our while to bend our energies and efforts to secure it? When I see so many young men and women coming into the profession, whose whole professional life is to be in the future, and to whom such opportunities and advantages will make all the difference between a great success or a possible failure, I feel that no words of mine are needed to incite their enthusiasm for its development.

A REVIEW OF RECENT GYNECOLOGICAL LITERATURE.

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

Space prevents more than a very brief summary of a few of the more important articles written in the last year. I have confined myself almost wholly to foreign literature, which is not so accessible to the majority of American physicians as that published in this country. The condensation necessary is unsatisfactory in many respects, but it is hoped that the references will enable the reader to study the subject in more detail.

[1] Pelvic Abscess. Dr. May Robson reports a series of cases treated successfully by abdominal incision, and advocates the treatment of pelvic abscess in this manner, unless fluctuation can be detected in the vagina. Many surgeons prefer treating these cases by laparotomy, especially when the abscess is high in the pelvis.

Creolin has been found a valuable antiseptic in gynecological practice, though experiments appear to show that it is not reliable as an antiseptic for surgical operations. It is less toxic than the antiseptics commonly used, while its white, milky appearance when mixed in water is so different from the colors of other fluids that mistakes are not likely to occur. Cherar[2] used a two per cent. solution for vesical injections every other day in cases of gonorrhœa, with excellent results. He also used a five per cent. solution for irrigating the vagina and vulva in gonorrhœal vaginitis. The great benefit derived from it led him to think that creolin had a very positive effect on the gonococci. He also found that creolin gauze tampons, instead of iodoform gauze, were beneficial for purulent or hemorrhagic endometritis.

Catgut. The various methods recommended for the preparation of catgut for surgical use suggest that no one of these methods is perfectly satisfactory. Döderlein[3] has given the subject much attention and experimented with various preparations.

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1 British Medical Journal. April 26, 1890.
2 Annals of Gynecology. Dec. 1889.
3 Centralblatt für Gynäkologie. No. 30, 1890.

He has finally decided on diluting chromic acid, one part in ten thousand, and allowing the catgut to remain in this solution for ten minutes. The gut is then dried carefully and sterilized for two hours at 266° F. This the reader will observe is simply a modification of Lister's method. Dr. Fowler[1] also has conducted some experiments, and believes the following method is efficient and that it does not injure the gut. He takes the raw commercial catgut and boils it for one hour in ninety-seven per cent. alcohol, with the aid of a water bath, or a steam milk-sterilizer. The alcohol is also used to preserve the gut after boiling it. The boiling point of this alcohol is 187° F., and I question if the process proposed is sufficient to render the catgut aseptic.

Cancer of the Cervix Uteri has received considerable attention, especially in relation to vaginal hysterectomy, where it will be noticed again. The condition of the endometrium in such cases has been a subject of discussion. Abel believed there was evidence of sarcomatous degeneration. Saurenhaus[2] carefully examined fifty specimens, and concluded that the endometrium exhibited only those alterations seen in benign endometritis. C. Ruge, an expert of the highest standing in the histology of the endometrium had published an opinion similar to the conclusion of Saurenhaus, in the same journal for 1880. The question of sarcomatous degeneration caused considerable criticism and discussion among Drs. Landau, Waldeyer, Hofmeyer, and other distinguished writers.

Cancer of the Cervix in Procidentia of the Uterus is a rare condition. So far as is known, only four cases are published. The extremé rarity of it rather opposes the theory of local irritation accounting for the frequency of epithelioma following a laceration of the cervix. Ullman[3] reports a patient eighty-one years old, suffering from cancer of the cervix, who had complete procedentia for twenty years.

Cysts. Olshausen[4] states that a characteristic sign of a papillary cyst is for an abdominal tumor having a broad base to develop behind the uterus, and to carry that organ up in front of it, and out of the true pelvis. Gustav Klein[5] has made a study of cysts of the Wolffian ducts and mentions the following as points for diagnosis: 1, one or two layers of tissue in the cyst wall; 2, topographical relations; 3, general extension of the cyst along the long axis of the vagina and uterus, or in the

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1 Medical Record. August 16, 1890.
2 Zeitschrift für Geburtshulfe und Gynäkologie Bd., xviii, No. 1, 1890.
3 Centralblatt für Gynäkologie. No. 43, 1890.
4 Centralblatt für Gynäkologie. No. 1, 1890.
5 Zeitschrift für Geburtshülfe und Gynäkologie Bd. xviii, No. 1, 1890.

broad ligament horizontally beneath the Fallopian tube. Steffick[1] has investigated the origin of epithelial ovarian tumors, and concludes that they result from proliferation of the epithelium lining the Graafian follicle.

Endometritis. The local application of chloride of zinc has been discussed more than any other remedy during the past year. Reynier[2] has abandoned the use of strong solutions of chloride of zinc and the sharp spoon curette, and employs a five or ten per cent. solution of carbolic acid or chloride of zinc. He believes strong solutions of the latter may produce serious injury, or cause atresia of the cervical canal. Dr. Falk[3] has modified the urethral anthrophore for local applications to the endometrium. The medicated coating slowly dissolves, and uniform treatment, with exact doses, is thus attained. Chloride of zinc, resorcin, kreosote, and corrosive sublimate are the agents commonly employed. Dr. Mundi[4] employs a fifty per cent solution of chloride of zinc for hyperplasia of the endometrium by mopping out the uterine cavity with the solution, followed by applying an iodoform tampon to the cervix, rest in bed, carbolized douches after the second day, and finally gelatine-coated pencils containing five grains each of iodoform and alum, are inserted into the uterine cavity. Stratz[5] made an elaborate series of investigations to determine the value of the application of chloride of zinc and lactic acid. He found weak solutions were practically useless, temporary benefit followed the use of a fifty per cent. solution in some cases, but cicatricial hardening of the tissues was liable to follow. He found Schröder's excision the best treatment. He also ascertained that in thirty-seven cases of endocervicitis there were only five of endometritis, which shows that the endometrium is diseased in only a very few cases of endocervicitis, and that local treatment of the uterine cavity is then unnecessary. Brouardel[6] treats endocervicitis and sterility with iodine in the nascent state. He makes a solution of iodide of potash in five parts of water, cleanses thoroughly the cervical canal with it, and then applies a tampon saturated with the same strength solution of citric acid. The mixture of the two solutions sets free the iodine.

Electricity in gynecology has received some attention, but nothing of importance has been added to the principles already enunciated by G. Apostoli. The use of it for the treatment of uterine myomas has disappointed many who have tried it.

1 Zeitschrift für Geburtshülfe und Gynäkologie Bd. xix H. 2, 1890.
2 Gaz. des Hopitaux. No. 39. 1890.
3 Centralblatt für Gynäkologie. No. 33, 1890.
4 Annals of Gynæcology. Nov. 1889.
5 Zeitschrift für Geburtshülfe und Gynäkologie Bd. xviii, H. 2, 1890.
6 Deutsche Med. Zeitung, No. 51, 1890.

Keith has not given up performing hysterectomy for myomas, as has been supposed.

Gonorrhœa in the female has been studied carefully by Sänger,[1] who shows the necessity for careful diagnosis, and the very serious complications liable to ensue. The differentiation of the gonococcus is an important point in the diagnosis of chronic cases. The Gram-Roux method is generally considered the best. Steinschneider[2] recommends the following process for diagnosis: the preparation on the object glass remains twenty-five or thirty minutes in aniline-gentian violet, is washed and placed five minutes in a solution of iodide of potash. It then soaks in alcohol till the color is removed. It is washed now and dried, and again colored with Bismarck brown or Löffler's methyline blue, but must not remain more than a few seconds in the latter solution. The gonococci will be seen in a light tone of color, while the other dipplococci remain colored very dark or black. C. B. Penrose[3] reports an interesting case of acute peritonitis and salpingitis, following gonorrhœal infection, soon after the lying-in period. The case was treated successfully by laparotomy. Staphylococci were numerous, but gonococci were not found. Van Rosthorn[4] was unable to find gonococci in an examination of twelve cases of pyosalpinx of gonorrhœal origin. He agrees with Bumm and Fränkel that the presence of gonococci in chronic cases is too uncertain for reliable proof of the origin of the disease. He is also of the opinion that in chronic pyosalpinx or abscess cavities proper, the pus gradually loses its virulence, which is also the belief of Gusserow, Hegar, and Kaltenbach. Recent observations in bacteriology have shown why the pus from an ovarian abscess is so very virulent in comparison with that from pyosalpinx. Schmidt[5] reports an interesting case of gonorrhœal infection, and states that in one hundred and sixteen cases of acute or sub-acute gonorrhœa in women, twenty-seven were complicated with secondary disease of the pelvic organs. In most of these cases the gonorrhœa had extended to the mucous membrane of the whole of the genital organs within two months after infection. Lier and Ascher have made an excellent contribution to the treatment of sterility, and find gonorrhœa in the male was the fault in seventy per cent. of the cases, and recommend a careful examination of the male organs and of the semen, before treating the female. Their statistics and reports of nearly four hundred

1 Annals of Gynæcology. Feb. 1890.
2 Centralblat für Gynäkologie. p. 769, No. 43, 1890.
3 Medical News. July 5, 1890.
4 Archiv für Gynäkologie. H. 3, 1890.
5 The Lancet, April 26, 1890.
6 Zeitschrift für Geburtshülfe und Gynäkologie. Bd. xviii, H. 2, 1890.

cases are strong arguments for the injury done by gonorrhœal infection.

KIDNEY. Von Korányi[1] believes, from clinical observation, that wearing high-heeled shoes and heavy clothing about the waist is an important factor in the etiology of movable kidney in women.

LAPAROTOMY. Leopold[2] has adopted Trendelenberg's position for performing laparotomy, with very gratifying results, especially for salpingotomy, as the relations of the organs to each other can be seen easily by the operator. Drainage after laparotomy is still used freely by some operators. Sänger[1] employs aseptic bent drainage tubes with very fine openings on the sides and iodoform gauze. Cushing, in Boston, employs similar tubes, while Bantock, of London, prefers the plain straight tube. Helmuth, in New York, uses the ordinary Arnold steam sterilizer for the disinfection of instruments.

MENOPAUSE. Dr. Kisch[3] summarizes the cardiac troubles of the menopause as follows. I. Paroxysmal tachycardia with anguish, hot flashes, vertigo, a rapid pulse and great irritability. These symptoms soon pass harmlessly away and are the result of reflex irritation from hyperplasia of the ovaries. II. Cardiac weakness in delicate women or those weakened by hemorrhages, with the following symptoms: cardiac asthma, angina pectoris, great dyspnœa and statis, œdema and albuminuria. III. Symptoms dependent on a fatty heart, as dyspnœa and palpitation on any exertion, but it scarcely ever causes a full asthmatic paroxysm, except in women who became very fleshy in early life.

METERITIS. Dr. Freund[4] recommends ichthyol for the various inflammatory disorders of the pelvic organs. For external use he uses a five per cent. solution in glycerine. For pruritis or for stimulating absorption, he employs a salve of equal parts with lanolin or a soap (ammon. sulpho-ichthyol 8.s sapon. virid 800.) rubbed on the abdominal wall. He paints the pure ichthyol on the cervix for erasions.

MENORRHAGIA. Boér[5] reports excellent success from faradization for profuse and intractable menorrhagia when other means had failed. He applies the negative pole to the cervix and the positive on the hypogastrium.

MYOMAS OF THE UTERUS. Roeriger[6] has made a study of the origin and development of these growths. He concludes that the primary growth of the myoma arises from the muscular

1 Centralblatt für Gynäkologie, No. 41, 1890.
2 Centralblatt für Gynäkologie, No. 42, 1890.
3 Centralblatt für Med. Wiss., No. 24, 1890.
4 Schmidt's Jahrbücher, Bd. 228, No. 10, 1890.
5 The Lancet, July 19, 1890.
6 Zeitschrift für Geburtshülfe und Gynäkologie. Bd. xviii, No. 1, 1890.

fibres of the finest arteries of the uterus. In very carefully cut sections, he was unable to find any evidence of Tait's central artery. Rydygier[1] proposes to treat inoperable myomas by ligation of the internal spermatic arteries, the uterine artery and of the round ligament. Muriate of hydrastinin has been used with much success for menorrhagia from uterine myomas, after ergot and other remedies had failed. Falk[2] has made an elaborate study of the drug, which he obtained from Park, Davis & Co., of Detroit. A ten per cent. aqueous solution is employed hypodermically, in doses of three-quarters of a grain, two or three times a week between the periods, and every day during the flowing. It has also been found efficient for menorrhagia from other causes. This drug must not be confounded with hydrastin, which is a poison and would be fatal if given in the dose mentioned for the muriate of hydrastinin.

Kocher[3] has used a number of fine silk ligatures around the pedicle in myomotomy just above the ligatures on the spermatic arteries. The silk ligatures are drawn tight after the myoma is removed and take less room than the rubber ligature. Better healing is claimed for this method. Castration for uterine fibroids, while not invariably successful, is gaining in favor. It brings on the menopause, arrests the hemorrhage, and is followed after a time, by diminution of the tumor. Unfortunately there are some cases where the ovaries cannot be found with safety. Dr. Wiedow[4] reports sixty-six cases with five deaths, a mortality of only 7.6%. It is interesting to note that four of the five deaths occurred with the first twenty-four operations. Twenty-four out of thirty-three large uterine myomas disappeared completely after the operation. In view of these favorable results extirpation of the growth is recommended only for pediculated sub-serous or sub-mucous tumors, fibro-cystic tumors and those of extremely large size. Hegar,[4] Leopold,[5] Olshausen[6] and other celebrated operators speak very highly of the benefits from castration.

A curious case of complete procidentia uteri in a new-born child has been reported.[7] It followed a severe attack of diarrhœa and tenesmus.

Retroflexion. Veit[8] proposes to use collodion for the

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1 Wiener Klin. Wochenschrift, No. 10, 1889; also, Berliner Klin. Wochenschrift, No. 15, 1890.

2 Therapeutic Gazette, February, 1890, and Archiv für Gynäkologie, p., 295, Heft 2, 1890.

3 Centralblatt für Gynäkologie, No. 41, 1890.

4 Centralblatt für Gynäkologie. No. 7, 1890.

5 Archiv für Gynäkologie. Bd. xxxviii, Heft. 1, p.1, 1890.

6 Zeitschrift für Geburtshülfe und Gynäkologie. Bd. xx, H. 1, 1890.

7 Centralblatt für Gynäkologie. No. 17, 1890.

8 Zeitschrift für Geburtshulfe und Gynäkologie. Bd. xix, H 2, 1890.

operative treatment of posterior uterine displacements in accordance with the observations of von Dembowski[1] and Miculitz's successful production of adhesions by it in treating movable kidneys. Frammel[2] proposes to treat these cases by shortening the utero-sacral ligaments by a catgut ligature passed from the vagina through the points of attachment of these ligaments.

The Alexander-Adams operation and Schüching's method do not appear to have been much practiced in Germany or to have grown in favor.

BAPTISIA TINCTORIA.

A SUMMARY OF ITS PATHOGENESIS, DERIVED FROM A CRITICAL ANALYSIS BY DR. CONRAD WESSELHOEFT, BOSTON.

As long ago as 1869 the writer attempted a proving of baptisia tinctoria, in order to discover whether this plant possessed any toxic properties, and if so, how far the provings then known were in harmony with the prevalent opinion that baptisia was a supreme remedy in certain cases of typhoid fever. The writer's provings did not progress far toward that end till, in 1877, a number of additional provers were found whose records, though not numerous, deserve publication because they were carefully and conscientiously made. They were preserved in the writer's desk in anticipation of the time when more reliable material might be produced, and more positive deductions arrived at.

The proving of drugs, however, is so difficult, that every addition to existing records also increases the labor, and with it the danger of uncertainty, in deducting results. The thanks due to these additional provers are none the less merited, that the true value of their provings could not then be ascertained. For the method of critical analysis according to definite principles announced in 1886, (N. E. MEDICAL GAZETTE of June) according to which the materia medica is now being successfully revised, have only been made use of for a few years, and still needs perfecting at the hands of industrious writers, by whom good use can now be made of provings, and their value ascertained by methods which were undetermined when these provings were made thirteen years ago.

The subjoined summary was derived from a synoptical arrangement of the records of ten provers named in the *Cyclopædia of Drug Pathogenesy*, to which have been added those of three others hitherto unpublished: Mrs. L. G. Bedell, Miss

1 Archiv für Klin. Chir. Bd. xxxvii, H. 4, 1890.
2 Centralblatt für Gynäkologie. No. 6, 1890.

E. H. Lane, and Miss F. H. Stanford, at that time students, now graduates of the Boston University School of Medicine.

In order to estimate the value of all the records it is necessary to observe that of the whole number, sixteen, who tested the baptisia there were three provers who could obtain no effects. Thus Messrs. Bailey and Palmer mentioned in the *Cyclopædia of Drug Pathogenesy*, who had taken the tincture in doses ranging from a few to 600 drops, had done so without any decided effect. Later on, in 1889, Dr. Albert Pick "took small and large doses of tincture of baptisia, beginning with five drops and carrying it up to two drachms at a dose without the slightest effect."

In the same year Dr. Thomas Sealy took one ounce of the tincture of baptisia in the course of two days, but had no effects to record.

Such negative reports which are entirely trustworthy, should at least cause us to accept the recorded positive reports with great caution, and undoubtedly they will permit a more correct interpretation and estimate of the rather profuse effects attributed by others to baptisia.

Thus, when we know the doses taken by the prover, it often assists in interpretating the result. The list of provers and the preparation and doses taken are as follows:

1, Miss F. H. Stanford, tinct. 5 to 10 drops. 2, Mrs. L. G. Bedell, tinct. up to seven teaspoonfuls in a day. 3, Miss E. H. Lane, four ten-drop doses of tinct. 4, Dr. A. Pick, tinct. in two-drachm doses. 5, Dr. Thomas Sealy, 1 oz. in a few days. Numbers 6 to 16 are the provers named in the *Cyclopædia of Drug Pathogenesy*; of these, No. 6, J. S. Douglass, took 1 to 3 drops of the tincture. 7, Dr. S. R. Beckwith, 8; Dr. P. B. Hoyt, 9; Rowley, 10; L. W. Sapp and 11, J. E. Smith, did not state what doses they took; but from considerable concordance of their results and their severity, it may be inferred that they did not employ feeble doses of one or two drops of the tincture. 12, Dr. Root, took 15 to 120 drops of the tinct.; then, the bark of the root, and later four grains of a "concentrated preparation" called baptisin. 13, Miss Hadley, took from 15 to 25 drops of tinct. 14, Drs. Bailey and Palmer, the tincture, from a few drops to 600. 15, Dr. Wallace, 20 to 30 drops of tinct. 16, Dr. Thompson, an uncertain dose, the effect of which is concordant with the best provings.

As the effects of alcohol will be alluded to in the subjoined analysis, the writer would urge the necessity of testing the effects of pure alcohol by persons intending to prove tinctures, in order to discover, as the writer has done in numerous trials, that persons unaccustomed to the effects of alcohol, will perceive

immediate effects even from doses of five to ten drops; by such doses, and of course by larger ones, the pulse and heart action will at once be accelerated, the face become flushed, pupils dilated, the whole body flushed with warmth, the throat will smart, and the tongue become dry when the alcohol is not diluted.

If the dose is carried to fifty or sixty drops, fulness of head, vertigo, and uncertain, staggering gait are very likely to occur, when the prover, especially if a woman, becomes apprehensive and nervous as is almost invariably the case. Though some men may escape these sensations, few, if any, female provers will exceed ten-drop doses without them.

As most of the alcohol-effects have led to the comparison with symptoms peculiar to many cases of typhoid-fever, it is probable that on this account it has become customary to consider this medicine frequently indicated in this disease; if this is the case, the simile is not well supported by the actual drug-effect.

Besides this, there are other reasons for doubting the efficacy of the plant as a medicine. In the foregoing five additional provings, two reported in writing that they had perceived no effects from considerable quantities of the tincture. It is but fair to add that, at the time the proving was made, four other provers stated verbally that they had written out no report because their trials were entirely without results. This led the present writer to a very conservative opinion concerning baptisia which is not entirely dispelled by the excellent narratives contained in the *Cyclopædia of Drug Pathogenesy.*

From these considerations we may pass at once to the observation and comparison of effects upon the various parts of the body excluding all non-concordant statements.

MIND SYMPTOMS.

Symptoms relative to the mental sphere were furnished by provers 1, 2, 3, 6, 8. It requires some stretch of the imagination to discover much concordance in this group, unless it is that there was experienced a certain dulness of the mind, or sluggish stupor (1, 2, 3, 10) which, however, cannot be accepted as due to the drug alone, when any one at all experienced in proving knows that five to ten drops of alcohol, especially if taken by a woman, will produce very distressing mental confusion and acceleration of the heart's action with a feeling of uncertainty of what is about to happen. Some of our provers took much more than this. Mrs. Bedell as much as seven teaspoonfuls of tincture in a day, equal to as many libations of whiskey such as one would consume for the purpose of obtaining

full effects of that liquor, whence the dizziness, staggering gait and many pronounced mental states of which the several provers were conscious. At all events, it is possible to differentiate with considerable certainty the purely alcoholic effects from those of baptisia which is left to the reader.

HEAD SYMPTOMS.

These were furnished by 1, 2, 3, 6, 8, 9, 10, 11, 12, 15. The effects which if not due to alcohol are: Faint, dull pain in back of head, or burning and heating in occiput, 1, 2. In the majority of cases the headache was frontal, 2, 9, 11, 12, 15, defined by one (11) prover as sharp, extending to temples; by another as combined with stiff neck, fulness in head and with occipital pain. (15). The other effects, such as dullness of head, light feeling, dizziness, staggering, etc., are attributable to alcohol and energetic proving, 40 drops to 7 teaspoonfuls in one day.

EYE SYMPTOMS.

These were furnished by 2, 3, 6, 8, 12, and are concordant, but their source may, as in other instances, have been the alcohol of the tincture taken in doses sufficiently large to produce such effects; 40 drops, 7 teaspoonfuls in a day. No. 8, Hoyt, whose dose is not stated, probably took enough to produce that effect as did also 12, (Root) from 16 to 200 drops, representing nearly four teaspoonfuls of alcohol, equal just about four tablespoonfuls or two ounces of whiskey. The baptisia is a dry plant yielding but little moisture to alcohol. The symptoms were: Eyes felt infected, pupil enlarged, smarting; eyes painful; eyeballs sore as if pressed into head.

SYMPTOMS OF THE EAR AND NOSE

are neither numerous nor congruent or concordant enough to allow of any deductions. No. 2 (Mrs. Bedell) had nose bleed, flushed face, occipital headache, after sixth teaspoonfuls of tincture, while 8 and 12 had slight coryza.

SYMPTOMS OF THE FACE.

These were recorded by provers 1, 2, 3, 6, 8, 11, with remarkable unanimity: face much flushed or purplish red; intense heat throughout body, feet cold, (only No. 11 recording "sallowness").

In the above the alcoholic effect is very marked.

SYMPTOMS OF THE MOUTH.

Recorded by 1, 6, 7, 8, 10, 12, 13, 16. Tongue coated whitish or yellow, dry, smarting, parched or red on edges, 1, 6, 8, 10,

12, 16. Lips dry, hot, stick together, 1, 8. Copious flow of saliva, sweetish, 7, 8, 13, 16.

SYMPTOMS OF THE THROAT.

Furnished by 1, 2, 8, 12, 13, 15, 16, as follows: Constricted feeling, swollen or fulness, 2, 8, 15, with congested appearance of fauces, purplish soreness of tonsils, pharynx, 1, 2, 12, 13, 15, 16. Burning, rough scraping, sore, 1, 13, 16, 15.

GASTRIC SYMPTOMS.

Furnished by 1, 2, 3, 6, 7, 8, 9, 10, 12, 13, 15, 16. Nausea, vomiting or belching light bile or dark substance 3, 7. 2, 3, 7, 8, 9, 12, 16, with vertigo 2, 3, 16, eructations of taste of med.; of wind; with vertigo, 1, 2, 15, 16. Pain in stomach; like hard substance or drawing in hypochondria; cramp in back; dull heavy ache; constricting, oppressive; pressure, 9, 10, 12, 13, 15. Less frequent symptoms are: Empty feeling; loss of appetite; 1, 6, 8, 10. Thirst, burning, 8, 12.

ABDOMINAL SYMPTOMS.

Furnished by 1, 2, 8, 10, 12, 16. Pain; described variously as tenderness; cutting soreness of muscles; dull pain; aching; pressure; pinching; stitches; in right hypochondria; gall bladder, 1, 2, 8, 10, 12, 16. Accompanied by flatulence; rattling or rumbling of wind; fulness.

SYMPTOMS OF STOOLS.

Furnished by 1, 2, 8, 10, 11, 12. Diarrhœa, 1, 2, 11, 12, of offensive stools; of wind and feces; mushy stools, accompanied by pain, flatulence; rumbling; urging or tenamus, 1, 2. Constipation with fulness of abdomen; costiveness, 8, 10, 11; frequent intermittent pricking pains, 1.

SYMPTOMS OF URINE AND BLADDER.

Furnished by 1, 3, 8, 10, 12. Pains needle-like in bladder; burning, 1, 3. Urine hot, copious (increased) high colored, 8, 10, 12.

SYMPTOMS OF RESPIRATION AND CHEST.

Furnished by 1, 6, 7, 8, 11, 13, 15. Difficult breathing (on awaking) or oppression of breathing; with drowsiness; or with throbbing of heart increased 1, 6, 7, 8, 13, 15. Pain in the chest, 8, 13.

FEVER AND PULSE.

In the following symptoms the effects of alcohol are noticeable in the flushes of heat, and throbbing of arteries and heart;

but there are other symptoms denoting a toxic effect, probably from the drug upon vaso-nervous system.

The symptoms were furnished by 1, 2, 6, 7, 8, 9, 10, 16 and may be summarized as follows: Fever consisting of rigors over back, chills or horrifications alone, 1, 6, 16, followed by flushes and heat; or chills while surface is hot and dry, or there are flushes of heat alone over face or on going to bed.

The chills as well as hot flushes run down back, with coldness of lower limbs 1, 6, 8. Perspiration reported by 7, 10. The pulse is described as first weak, 70, then rising to 90 or 100, 1, 2; also intermittent and weak, or first fast then slow. The pulse symptoms are pathologically concordant as far as they go.

SLEEP.

The symptoms relating to sleep are furnished by 1, 2, 6, 7, 8, 9, 10, 11, 12, and are remarkably concordant. Restless sleep full of dreams, 1, 2, 6, 8, 10, 11, 12. The dreams are troublesome and frightful, as of fighting and contention, 6, 8, 11, 12. Drowsy, stupid, tired feeling, 7, 8.

GENERAL EFFECTS.

Symptoms of a general kind are recorded by 6, 8, 9, 10, 11, 12, 15, 16, and agree in the following: Exhausted, prostrated, tired, sick feeling, 6, 9, 10, 11, 12, 15, 16. Painful rheumatic sensations all over, 8; back ache, dull, 10, 11, 15. Pains variously described as all over body, erratic, felt in groin, testes, feet, legs, knees.

SYMPTOMS OF THE EXTREMITIES.

Furnished by 1, 2, 6, 7, 8, 11, 12, 15, but without sufficient agreement. Heat and burning in legs, feet cold, or legs cold, 2, 8. Hands hot and dry, 1; body hot and dry, 8.

SEXUAL ORGANS.

Symptoms only mentioned by one prover (Miss L. G. Bedell;) menses changed to chocolate color and somewhat fetid.

SYMPTOMS OF THE SKIN

are entirely absent.

THE SURGICAL CLINICS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF HORACE PACKARD, M. D., FOR QUARTER ENDING DEC. 31, 1890.
REPORTED BY J. E. BRIGGS, M. D.

[*Continued.*]

After every slight surgical operation the patient receives for the first twenty-four hours hypericum 3x a dose every two hours. If the operation is extensive, following which there is a great amount of pain, this remedy is administered in drop doses of the tincture. Should there be excruciating pains after severe operation, accompanied by great restlessness, as in abdominal sections, or in less severe cases where a very sensitive area is involed, as in operations upon the rectum, a single one-eighth grain suppository of morphine is administered. This is rarely called for, however. Should there be an absence of symptoms calling for remedies, during the period of convalesence, a placebo is administered until indications appear.

For cases of protracted vomiting following the administration of the anæsthetic, a cup of black coffee is some times given, or ipecac, nux vomica, kreosote or apormorphia in the 3rd decimal. The so-called tonic treatment of the old-school is never resorted to. Hoff's Malt, Clapp's Elixir of Beef, Murdock's Liquid Food, and Cod-Liver Oil are given as nutriments.

A CASE OF WENS OF THE SCALP.

Miss C.——, aged fifty ; Amercan. Was admitted to the hospital Oct. 25, 1890, for the removal of wens of the scalp. She had been troubled with wens for thirty years and has two sisters similarly afflicted. She was operated upon twelve years ago and a dozen wens were then removed. Examination revealed a large number of well rounded tumors varying in size from that of a pea to somewhat larger than an English walnut. Their presence gave her great annoyance while combing her hair.

The patient was etherized. The hair was parted over the presenting tumor, and the surgeon with a pointed bistory held with the cutting edge upward, introduced the knife at a point just at the edge of the tumor, carried the knife deeply through the center of the base of the tumor, and out at a place corresponding to its entrance on the opposite side of the growth. The bistory was then brought outward. In this way the tumor including the cyst wall was divided into halves. These sections of the sebaceous cyst including the cyst wall were shelled out with a grooved director without difficulty. This was not the case with a few large cysts which had commenced to break

down, and in which inflammatory changes had produced strong adhesions. These necessitated considerable dissection in order to enucleate them. It is of importance that the entire cyst wall be removed, otherwise the condition is not cured. In this case there were twenty-nine wens removed. The patient's head was then washed in a solution of corrosive sublimate $\frac{1}{2000}$ and bandaged tightly. No stitches were taken. On the day following the operation there was considerable soreness of the scalp, and a severe headache, which, however, soon passed away and she was discharged on the third day.

A CASE OF URETHRAL STRICTURE.

Mr. G——, aged fifty. Entered the hospital Oct. 20, 1890, to undergo an operation for the relief of an urethral stricture. He gave this history. About nine years ago, he received an injury in the perineal region, after which he was obliged to use a catheter in order to void his urine. His condition improved somewhat, and for a few years he was comparatively comfortable. For the past two or three years he has had more or less trouble with retention of urine. At one time shortly before coming to the hospital it was severe enough to necessitate aspiration. Oct. 23d, he was suffering intensely with retention of urine. The hypogastric region was greatly distended, and dull on percussion. Dr. Packard introduced a fine aspirator-needle about two inches above the symphysis pubes and withdrew forty ounces of urine, a sample of which was sent to Dr. Beninga, the hospital pathologist, for examination.

The result of the urinalysis was: acid reaction; sp. gr. 1008; small amount of white sediment; chlorides normal; phosphates diminished; sulphates decreased; normal coloring matter greatly decreased. There were 5.5 grammes of urea to the 1000 c. c. m. of urine. Albumen one-tenth of one per cent. corresponding to the amount of pus. There was no sugar, bile or casts present. A few red blood corpuscles, a considerable quantity of pus and squamous epithelial cells were found. There was no evidence of any disease of the kidneys.

Oct. 25th. He was etherized and after much manipulation a filiform bougie was passed into the bladder, but nothing larger could be passed nor the filiform a second time.

On the following day he was suffering intense pain from total retention of urine; the hypogastric region was dull and tense. I aspirated him in the evening and withdrew forty-six ounces, after which he was very comfortable.

Oct. 27th. Another unsuccessful attempt was made to pass sounds and bougies. The next day, forty ounces of urine were withdrawn by aspiration.

Oct. 29th and 30th. Several unsuccessful attempts were made to pass a filiform bougie. The instrument passed freely until it reached the membraneous urethra, where it was arrested by the stricture.

Nov. 1st. The patient was prepared for the operation of external urithotomy. Ether being administered, another attempt was made to pass a bougie. This time Bank's tapering whalebone bougie with a filiform point, which gradually increased in size, until at four inches from the point it measures about one-sixteenth of an inch in diameter. This instrument was passed and the stricture dilated sufficiently to allow the passage of a small flexible bougie, which was followed by the smallest size steel French sound. This was followed by one of larger size, and so on until the urethra was dilated to the normal calibre. A soft catheter was then introduced and tied in. On the day following the operation his urine was drawn every four hours.

Nov. 4th. The catheter was removed.

A number ten steel sound, English scale, was passed from time to time, and with the exception of some burning and smarting while passing water, there was no farther trouble and recovery was complete. He was discharged, cured, Nov. 13th.

A CASE OF STONE IN THE BLADDER.

Mr. P——, aged thirty-three, entered the hospital Nov. 21st, for the removal of a stone in the bladder. His general health was good. About three years ago, and at intervals since that time, he has had attacks of severe pain in the course of his right ureter, lasting often for hours and very severe, followed by instantaneous relief. The next day the urine would be bloody when passed. He had some cystitis and sudden stoppage of the water while urinating. Some seven months before his admission to the hospital, the diagnosis of stone in the bladder was made by means of the sound.

Nov. 22d. The patient was etherized and the bladder filled with warm water. The position of the stone was then ascertained by exploration with the sound. The Bigelow lithotrite was then introduced and with slight manipulation the stone was engaged between the jaws of this instrument and crushed. The fragments were washed out with Bigelow evacuator. The composition of the calculus was found to be oxylate of lime. It was of small size and soft consistency. The patient made a quick recovery and was discharged Nov. 28th.

A CASE OF ANCHYLOSIS OF THE SHOULDER AND ELBOW JOINTS.

Mr. F——, aged twenty-four; occupation, telegraph operator, was admitted to the hospital Nov. 22, 1890. History. — On

Nov. 7, 1888, while engaged as brakeman on the railroad, he was attempting to couple cars on a freight train, when his arm at the elbow became engaged between the "dead-wood." There was but a slight laceration of the flesh. His injury was diagnosed by his attending surgeon, as a slight fracture. Following the injury there was extensive suppuration of the outer aspect of the elbow and in the four or five weeks following, there was a purulent discharge from the shoulder joint. At the time of admission to the hospital there was complete immobility of both shoulder and elbow joints, as well as entire loss of pronation and supination. He was very desirous to increase the mobility of his arm in order that he might attain expertness as a telegraph operator, accordingly he was etherized and an attempt was made to break up the adhesions by forcible manipulation, but without benefit. A consultation was held, and the matter placed before him in a very grave manner, telling him that it might cause the loss of the arm. He was very eager to have the operation performed at all hazards and finally Dr. Packard decided to excise the elbow joint.

Nov. 28. The patient was etherized and a longitudinal incision about four inches in length, was made along the posterior aspect of the elbow joint and the usual operation for the excision of that joint was performed, which consisted in chiseling away the olecranon process of the ulna, and the articular surfaces of the humerus and radius, and all adhesions were broken up. A rubber drainage tube was inserted and the wound closed with catgut and silver-wire sutures. The arm was placed in a jointed splint and retained in a semi-flexed position.

Dec. 2nd. The wound was dressed for the first time.

Dec. 6th. The drainage tube was removed.

Dec. 12th. Passive motion was commenced and the arm retained in various positions. There was considerable pain following extension of the arm for the first few times.

Dec. 23rd. The splint was removed and he is able to get considerable motion by voluntary muscular contraction.

Dec. 26th. There is a very slight discharge from the wound. He will be able to get sufficient motion to enable him to pursue his work as telegraph operator very comfortably.

A CASE OF COCCYODYNIA WITH LACERATED CERVIX AND RUPTURED PERINEUM.

Mrs. D——, aged twenty-eight, American, entered the hospital Nov. 28th for an operation for the relief of lacerated cervix, ruptured perineum and a severe coccygalgia of four year's standing. She gave a history of three child-births. She has never been strong since the birth of her first child, eight years before.

Four years ago she fell down stairs injuring the coccyx. Her third child was born six weeks after this injury. She has been compelled to remain in bed most of the time since her last confinement. She suffered from severe headaches and backaches and was exceedingly nervous and irritable.

Nov. 29th. The patient was etherized and trachelorrhaphy performed, and the perineum repaired by the Tait method, using silver wire and catgut as described in my last report. An incision was made directly over the dorsum of the coccyx which was found fractured. The bone below the fracture was removed by carefully separating it from the rectum. A drainage tube was inserted and the wound closed with silver-wire sutures. On the day following the operation there was considerable pain in the back with free perspiration on the least exertion. On following days she was comfortable.

It was evident from her history that there had been insufficient amount of oleagenous foods taken. These being essential to nerve support, cod-liver oil was prescribed, it being a convenient means to supply this deficiency.

Dec. 3rd. The drainage tube was removed.

Dec. 5th. The silver-wire sutures were removed and the healing was perfect.

Dec. 9th. The perineum sutures were removed.

Dec. 13th. The cervix stitches were taken out. Both cervix and perineum were healed perfectly.

A CASE OF RHINOPHYMA.*

Mr. L——, aged sixty; American; was admitted to the hospital, Dec. 4th, with an enormous nasal hypertrophy. The

* "Rhinophyma, the third stage of acne rosacea, consists of roundish sessile or pedunculated, lobulated or pendulous, firm, elastic, livid vegetations of a pinkish red or bluish color, traversed by fine or larger network of blood vessels, slowly developed about the affected part of the face, chiefly the nose. These may be single or multiple, and in the latter case, isolated, or so closely united as to be scarcely distinguishable from each other. The acneform lesions seen in the second grade of the disease may here also be present. In other cases there is a uniform, symmetrical and elongated hypertrophy of all the soft parts of the nose, which may thus attain colossal proportions." — (Hyde on "Skin Diseases," p. 315.)

"But as acne rosacea advances, the features may gradually become deformed and monstrous, the nose in particular undergoing enormous enlargement in one or another direction, or even in all its diameters. This constitutes the third and most extreme degree of the complaint.

In some of these cases the nose, without any increase in its breadth, may be elongated until it projects beyond the lips, and even down to the chin, reminding one of the turkey; while in other instances the organ will expand in every direction, until it attains the size of the two fists. But varied as are the forms under which the disease presents itself, the variations are always confined within certain fixed limits. We never find it leading to extensive suppuration, nor to ulceration, nor giving rise to any considerable loss of substance." — (Hebra on "Diseases of the Skin." Vol. II. page 326.)

"Rhinophyma or "brandy-nose" is occasionally seen here, but is commoner in other parts of the world, especially in wine growing districts. It occurs in both

growth commenced sixteen years ago as a diffused redness of the nose, which became permanent by a dilatation of the cutaneous blood vessels. The features became gradually deformed and at the time of his entering the hospital, the nose had assumed monstrous proportions. He was a man of temperate habits. Aside from the inconvenience and disfigurement, the growth has given him no trouble.

The patient was chloroformed and the preponderance of tissue was removed by the thermo-cautery.

The structure of the tumor being chiefly enlarged sebaceous glands surrounded by hypertrophied connective tissue of the corium, and hypertrophied blood vessels. Upon pressure the sebaceous material was expressed in large quantities.

NOTE. — No mention of this form of tumor of the nose is made in any surgical work with which I am familiar, excepting Erichsen, who dismisses the conditions briefly, and erroneously calls it lipoma of the nose. This is somewhat surprising, since the condition is amenable only to surgical treatment, and this by means of the thermo-cautery. Attempt at removal with the knife would be hazardous on account of the extreme vascularity of such growth and consequent difficulty in controlling hemorrhage. H. P.

A CASE OF TUBUCULAR ABCESS OF BOTH HIPS.

Mr. H——, aged forty-one, entered the hospital, Oct. 28, 1890. His health had been poor for the past seven years. Eighteen months ago he had a severe attack of inflammatory rheumatism, following which an abscess developed on the left side just above the crest of the ilium, which was opened, Sept. 11, 1889. Last April, another abscess appeared on the right side in a similar position, which was also lanced. Both have continued to discharge and showed no tendency to heal. The character of the discharge had every indication of its being tubercular.

Nov. 1st. He was etherized and the operation consisted in freely laying open both abscess cavities, and thoroughly curetting the same, these origins were deep and there were sinuses running in various directions. The laying open of these caused great sacrifice of tissue and mutilation. The abscess cavity on the right side was cleansed with preoxide of hydrogen and closed. Pressure was applied by means of a pad of wood-wool wadding and adhesive straps. The wound on the

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sexes, but is more common, severe, and more extensive among men than among women.

Anatomy — In the first stage there is hyperæmic stasis of the blood vessels. In the second stage there is hypertrophy of the blood vessels and of the sebaceous glands. In the third stage there is, in addition to the above changes, also hypertrophy of the connective tissue of the corium. Whether there is a new formation of blood vessels or only a dilatation and hypertrophy of existing ones is not known, The epidermis does not take part in the hypertrophy."— (Manual of Dermatology. Robinson, p. 267.)

left side was packed with aseptic gauze. These two methods of treatment were resorted to in order to determine, by experiment upon the same patient, which mode of treatment would give the most satisfactory results. Upon removal of the dressing from the right side, five days after the operation, the wound appeared to have healed perfectly. There was no pus, and at this time there was every indication that a perfect result would follow. The patient experienced little or no pain from this side, while the other side was quite painful. He would lie directly on the right side. Upon the left side there has been a constant discharge from a sinus at the site of a counter-opening made for the drainage tube at the time of the operation; the large wound having healed in with healthy granulating tissue. He was examined by Dr. H. C. Clapp, for phthisis pulmonalis, but no indications of a tubucular deposit were found. There has been a constant slight elevation of temperature with nightly exacerbation. During the latter portion of his treatment at the hospital, which consisted in cleansing the wounds daily, he improved greatly, and at the time of his leaving the hospital there was but a very slight discharge. He was sent into Northern New York that he might be benefitted by the dry atmosphere (his home being on the coast of Maine.) He was instructed to live in a great measure out of doors, to take a generous diet, including cod-liver oil, and to drink daily of sulphur spring water. He was supplied with sulphur 3x, two grains to be taken daily. At the time of his discharge there was every evidence that he will eventually make a complete recovery.

ON MAMMARY TUMORS. BY H. P.

An unusually small number of mammary tumors have presented at the hospital during the past quarter for treatment, two only having been admitted and operated upon, while two or three others have been turned away on account of the far advanced stage of the disease.

The question of operation in these cases is a grave one for the surgeon to decide, for the reason that a large proportion of mammary tumors are malignant in their character, and come to the surgeon for counsel only after the malignancy has become very pronounced, and the adjacent tissues and the axillary, and perhaps cervical glands are hopelessly involved. It then becomes a question not of saving, but of prolonging life and relieving suffering. It is my conviction that anything in the way of surgery under such circumstances is totally unjustifiable, and in accordance with that conclusion, I advise against operation, but place the patient upon a medical treatment of arsenic. Dr. Clifford Mitchell, of Chicago, has given the arsenicum treatment

of mammary tumors a great impetus by his recent experiments and writings, but even by him "the half has never been told." The free administration of arsenicum in material doses as the 2x or Fowler's solution daily improves the appetite, removes the cachexia, checks the progress of the disease, prolongs life and relieves suffering to a remarkable degree. It indeed seems that the arsenic exhausts itself upon the disease, for what in healthy persons would speedily induce pronounced symptoms of arsenical poisoning, shows only beneficial results in the advanced cases of mammary cancer. So much for cases which are beyond the domain of operative surgery.

Were I a believer in the systemic and inherited origin of mammary cancer, I should undoubtedly also believe and teach that everything in the way of operative interference at any stage of the disease would be wrong and useless, but to me all evidence points to the local origin of cancer in all its forms. In all my observations, I have seen but a single original focus of development; why should there not be several if it be of constitutional origin? In all cases, evidence of cachexia shows itself only when the disease is far advanced. If the local manifestation be a result of constitutional taint, why should not the latter precede the former? This is an era of progress in pathology; I confidently anticipate that the mystery which has surrounded the origin and nature of cancer will eventually be cleared up and means be discovered for checking its ravages. On the basis of the theory of the local origin of cancer, it is my practice to urgently advise the complete removal of mammary tumors, early in their development. Unfortunately they do not come to the surgeon ordinarily, until the mammary gland has become widely involved, and the axillary lymphatics enlarged. Anything short of the removal of the entire gland and clearing the axillary space, under such circumstances would be of no avail; hence it is my practice to, in every case, explore the axillary space, and very often I have been rewarded by finding a nest of infiltrated glands, which could not be detected prior to operation. I cannot do better than compare these axillary glands, to filter beds; they catch and hold for a time the infectious débris from the growing neoplasm in the breast, and if thoroughly removed with the parent growth the chances of prolongation of the patient's life are much augmented.

Cases. — I was summoned to a neighboring city in March, 1888, to remove a small mammary tumor from a woman, forty-three years of age. No enlarged glands could be felt in the axilla, and not wishing to mutilate her more than necessary, I removed the mammary gland leaving the axilla untouched. In just a year I was again summoned to remove a tumor from the

axilla (a gland which was infected prior to the first operation, and had the axilla been opened at that time, would have been discovered and removed). This time I made a thorough dissection of the axillary space, removing every lymphatic gland, leaving bare the vessels and nerves, and clearing out all the fat. Nearly two years have elapsed with no evidence of return.

Since that experience I have never failed in every case to explore the axilla, and if enlarged glands are found a careful and complete clearing of the axillary space is effected. I have cases on record which have gone nearly three years without evidence of return of the disease.

During the last quarter one case operated on was an axillary tumor, secondary to a small mammary tumor which had been removed elsewhere twelve months before. There was every evidence that the tumor in the axilla was an infected axillary gland dating from the time of the original tumor, though probably so small at the time that it could not be felt through the integument and fat. In this case a complete dissection of the axillary space was made, and every gland removed. Healing followed without suppuration. A word may not be here out of place, regarding the modern method of operating for the removal of mammary tumors, and clearing the axillary space. An elliptical incision is made about the growth, going widely into the healthy skin on either side. The long axis of the ellipsis should point toward the inner border of the axillary space. The incisions are rapidly carried down to the surface of the pectoral muscle, and the gland with the tumor quickly detached by making quick strokes with the knife through the connective tissue. No blood vessels are met with in this part of the operation, which are of sufficient size to necessitate the use of forceps or ligature, until the tumor with entire gland is out. Should a sudden spurt of blood occur, the assistant quickly presses a sponge against its source, and the surgeon continues rapidly with the operation. Conducted in this way, scarcely five minutes need elapse from the first incision, to the complete removal of the tumor and gland. The tumor should at once, on removal, be cut open to see its character, and thus aid in judging of the necessity of clearing the axilla. I have in three cases, by following this practice, discovered that what I had removed was, in one case, a simple benign cyst, and another a cyst containing a papilloma, thus showing me at once that the axillary space need not be touched. If then, any vessels continue to bleed, catgut ligatures can be applied. The axillary space is opened by carrying an incision from the upper end of the original elliptical incision to the border of the pectoralis major, and along this, onto the arm and the swell made by the coraco-

brachialis. The advantages of this incision can be appreciated only by those who have used it. It exposes the bicipital fascia on the humeral side, under which lies the axillary vein, which is practically the key to the entire dissection of the axillary space, for the reason that once exposed, it can then readily be avoided, and any branches penetrating the axillary space can be ligated before being cut, thus avoiding all hemorrhage. The fascia over the border of the pectoralis can be lifted and the entire contents of the axilla, fat and glands stripped out *en masse.* Careful exploration is then made of all points of the axilla, especially under the pectoral muscle and the apex for any remaining glands. The wound is closed with deep silver wires and a continuous catgut for accurate approximation of the cutaneous edges. It is considered the best surgery to adjust a drainage tube in a counter-opening, for the exit of serum or blood, which may accumulate in the wound during the first twenty-four hours succeeding the operation. A bone drainage tube answers every purpose, with the advantage that it is absorbed after it has fulfilled its function. Mammary tumors which come under my observation early in their development and in women under thirty, I place under medical and local treatment for a time, watching them closely to observe indications of malignancy. Under the local use of myro-petroleum album * and conium maculatum internally, I have had the satisfaction of seeing several such disappear. Tumors which develop later in life than thirty, I lose no time, but urge removal without delay.

(*To be continued.*)

SOCIETIES.

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THE AMERICAN INSTITUTE OF HOMŒOPATHY AND THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

EDITOR OF THE NEW ENGLAND MEDICAL GAZETTE:

The American Institute of Homœopathy will hold its forty-fourth annual session, and celebrate its forty-eighth anniversary, in conjunction with the fourth quinquennial International Homœopathic Congress, at Atlantic City, New Jersey, beginning on Tuesday morning, June 16th, 1891. In accordance with action taken at its last session, the Institute will transact, as far

* I wish to acknowledge my indebtedness to Dr. I. T. Talbot for the knowledge of the use of this material. I know of no explanation of its action, unless it be through stimulation of absorption. Curiously enough, when used a long time on any part of the skin it promotes to a remarkable degree, the growth of hairs.

as possible, its necessary routine business on that day, and the International Congress will assemble on the following morning. The sessions of the latter will occupy the morning and afternoon of each day (Sunday excepted) until Tuesday, June 23rd. This arrangement of the business of the Institute makes it necessary that all the standing and special committees should have their reports in readiness before the opening of the session. But it should be noticed that all *scientific* reports of committees and bureaus appointed last year will be deferred until the session of 1892, thus giving place to the scientific work of the Congress.

All members of homœopathic medical societies will have equal rights as members of the Congress, and equal privileges in the transaction of its business and in its discussions, under such rules as may be adopted for the government thereof. The transactions will be published by the American Institute of Homœopathy and furnished to physicians on such terms as may be decided by the executive committee.

It is expected that the proceedings of the Congress will be of the most interesting and important character. While general medicine, surgery, obstetrics and the specialties will have their place in the discussions, the interests of homœopathy will furnish the main topics for consideration. It is proposed that one entire day, "Materia Medica Day," shall be devoted to the subject of the homœopathic materia medica, and the consideration of questions pertaining to its present status and its further improvement. Homœopathic therapeutics will also claim a large share of attention, while some of the subjects upon which the homœopathic school is known to hold a distinctive position, will be presented and considered. The essays and addresses on all of these subjects will be presented by physicians carefully chosen by the committee having the matter in charge, and the discussions will be participated in by some of the physicians most distinguished in each department. Arrangements are in progress to secure reports of the condition and advancement of homœopathy in all the countries of the civilized world.

A word as to the place of meeting. Atlantic City, as is well known, extends for a distance of two or three miles along the sea-coast of New Jersey, sixty miles southeast of Philadelphia, with which it communicates by three lines of railway and scores of trains daily, most of which make the distance in ninety minutes. New York and Baltimore are within four or five hours ride, while within a radius of four hundred miles there are nearly four thousand homœopathic physicians. Atlantic City has, during "the season," a larger patronage than any other of our seaside resorts, her visitors coming from all quarters of the

country, but chiefly from New York, Philadelphia, Baltimore, and the West and South. She has ample hotel accommodations for twenty-five thousand guests.

The United States Hotel, which will be the headquarters of the Congress and the place of its meetings, is a new structure, located one square from the beach and within full view of the ocean. It has accommodations for eight hundred guests, and the "pavilion" in which the Congress will assemble, is a large room on the first floor with a seating capacity for eight hundred persons. The meeting of the Congress will occur during "the season," but the United States Hotel will be practically at our exclusive disposal.

The scientific and social features of the meeting, and the attractions of Atlantic City as a health and pleasure resort, render it probable that this Congress will be, by far, the largest gathering of homœopathic physicians ever convened. It is especially suggested that the occasion will furnish an unusual opportunity for our physicians to combine the profit of a scientific convention, with the pleasures and benefits of a vacation, both for themselves and their families.

PEMBERTON DUDLEY, M.D.,
General Secretary, A. I. H.

S. W. corner 15th and Master Streets, Philadelphia, Pa.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Boston Homœopathic Medical Society was held at the rooms of the "Woman's Industrial Union," 89 Boylston Street, Jan. 8, 1891, President Charles H. Farnsworth, M. D., in the chair.

The minutes of the last meeting were read and approved.

J. Emmons Briggs, M.D., of Boston, was elected a member of the society. George H. Earle, M.D., of Wareham, George B. May, M.D., of Boston, and Helen S. Childs, M.D., of Jamaica Plain, were proposed for membership.

Election of officers for the ensuing year followed: President, George R. Southwick, M.D.; Vice-President, Adaline B. Church, M.D.; Treasurer, Maurice L. Turner, M.D.; Secretary, Martha E. Mann, M.D.; censors, Drs. J. W. Winn, Harriet C. Cobb and A. H. Powers.

Instead of the usual annual dinner, a collation was served at half past seven, after which the society listened to the president's address, and also to I. T. Talbot, M.D., upon "Prevision."

The society adjourned at ten o'clock.

M. E. MANN, M.D., *Secretary.*

RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

The forty-first annual meeting of the Rhode Island Homœopathic Medical Society was held in the parlors of the Narragansett Hotel, Friday evening, Jan. 9th, 1891.

Meeting was called to order at 4.30 P.M., President Barnard in the chair. Minutes of the last meeting were read and approved. Letters of regret were read from Dr. E. Hasbrouck of New York, delegate from New York Society, Dr. B. H. Cheney of New Haven, Conn., delegate from Connecticut Society, and Dr. Louis A. Falligant, of Savannah, Ga., honorary member of this society.

Dr. Falligant's letter was of special interest. He said:

"It is unnecessary for me to say that such a visit would afford me infinite pleasure; but matters of very great public importance press heavily on me just at this time, and compel me to forego all personal pleasure that might call me away from the field of battle. I am just about coming out victor in a great contest in which I have won nearly a half-million dollars for the city treasury, without losing a dollar of our regular annual income; and a very large part of this sum will be put under my control to construct a flushed system of house drainage, a work which I am now pushing forward towards a beginning.

"In two weeks from to-day, our municipal election takes place, and around my individuality will center some features of the contest, as I have been the leader in great measures of reform, not only in sanitary measures, but in taxation measures also. As a natural consequence, the followers and opponents of my movements will then have an opportunity to 'vote as they feel,' and I propose to face every issue at the polls as fearlessly as I have fought them in the aldermanic forum. A great deal depends upon the result of the coming contest, and you may safely count upon my being 'in the saddle,' until the victory is won. I don't propose to have any defeat about it, as not only the immediate but the future prosperity of our city very greatly depends on the completion of the public improvements which we design.

"Thus, while I am unable to be with you, I feel assured that your warmest sympathies will come welling from your hearts, and surround me with inspiring encouragement to press forward until my work is done."

Much enthusiasm and interest characterized the meeting, which was one of the most successful and profitable gatherings the society ever held. About forty members and ten invited guests were present.

The election of officers was as follows: president, Charles A.

Barnard, M.D., Centredale, R. I.; vice-president, H. A. Whitmarsh, M.D., 9 Jackson street, Providence, R. I.; secretary, W. H. Stone, M. D., 133 Orms street, Providence, R.I.; treasurer, George B. Peck, M. D., 324 North Main street, Providence, R. I.; censors, Charles L. Greene, Providence, R. I., Robert Hall, M.D., Providence, R. I., Charles Hayes, M.D., Providence, R. I.

The treasurer's report was read and accepted, which showed a better financial condition.

L. D. Lippitt, M.D., of Olneyville, R. I., and L. F. Wood, M.D., of Westerly, R.I., were elected members of the society.

The appointment of delegates to the American Institute of Homœopathy, and other societies, was as follows:

The Maine State Homœopathic Medical Society. — Darius Hicks, M. D., Providence, Wm. Colwell, M.D., Providence.

The New Hampshire State Homœopathic Medical Society.— Emma A. Phillips, M.D., Pawtucket, Lucy H. A. Brown, M.D., Providence.

The Vermont State Homœopathic Medical Society. — E. C. Gates, M.D., Providence, H. A. Jackson, M.D., Providence.

The Massachusetts State Homœopathic Medical Society. — R. G. Reed, M.D., Woonsocket, R. I., E. N. Kingsbury, M.D., Woonsocket, R. I.

The Boston Homœopathic Medical Society. — Mary D. M. Matthews, M.D., Providence, Emily M. Thurber, M.D., Providence.

The Connecticut State Homœopathic Medical Society. — J. B. Tillinghast, M.D, Providence, P. F. Walker, M.D., Providence.

The New York State Homœopathic Medical Society. — W. H. Stone, M.D., Providence, R. F. Eaton, M.D., Providence.

The New Jersey State Homœopathic Medical Society. — James L. Wheaton, M.D., Pawtucket, Chas. Hayes, M.D., Providence.

Homœopathic Medical Society of Western Massachusetts. — Arthur Humphrey Wood, M.D., Providence, L. D. Lippitt, M.D., Olneyville, R.I.

Worcester County Homœopathic Medical Society. — C. H. Finch, M.D., East Providence, T. H. Shipman, M.D., Providence.

Massachusetts Surgical and Gynecological Society. — Emma A. Phillips, M.D., Pawtucket, Mary D. M. Matthews, M.D. Providence.

American Institute of Homœopathy. — Geo. B. Peck, M.D., Providence, Robert Hall, M.D., Providence, J. C. Budlong, M.D., Providence, Chas. A. Barnard, M.D., Centredale.

Dr. Peck moved that they entertain, in 1892, the American

Institute of Homœopathy at Newport. Everyone was in favor of such a plan, but the final decision was laid over until the April meeting, in order to give the treasurer more time to collect the entire sum necessary to defray expenses. Upon motion of Dr. Hasbrouck, Drs. Whitmarsh, Hasbrouck and Budlong were appointed by the chair to assist Dr. Peck to collect the funds.

An interesting paper was then read by Dr. Rand of Worcester upon "Personal Observation of Koch's Bacilli. Summary of Fifty Cases." This paper was of special interest and value, as being connected with the name of Koch, upon whom the eyes of the world were so intently turned. Dr. Rand, after reviewing the conflicting opinions in regard to bacilli, gave a most interesting account of his experience of them in his practice. He showed that bacilli were always present in real cases of phthisis. His final summary of the fifty cases was as follows: thirty-seven, sputa contained bacilli, and not one patient fully recovered; of the thirty-seven cases, eight improved, five lived unimproved, twenty-four died. In the remaining thirteen cases there were no bacilli. Eight recovered, four improved, and one died. Not one of the latter thirteen cases contained Koch's bacilli, or developed tuberculosis. Dr. Rand closed his discussion by laying special stress upon the duty of every physician to make thorough microscopic examinations of every suspicious case. An open discussion followed, by Drs. Peck, Hall and Talbot.

Another very interesting paper was read by Dr. L. A. Phillips of Boston, upon "Some Dangers Incident to Gynecological Practice," in which he pointed out the perils incident to such practice, and especially warned all to neglect no precaution against contagion. It was a most valuable paper, and highly appreciated by all. An interesting discussion followed, which was participated in by several of the members.

A third interesting paper was read by I. T. Talbot, M.D. dean of the Boston University School of Medicine on "Homœopathy: its Wheels of Progress." This paper was listened to by all with great interest.

Dr. George B. Peck then read a paper entitled "Sunny Memories of a Young Physician," which was very interesting and entertaining.

The President's address entitled "A Plea for More Earnest and United Work," closed the literary exercises of the evening. The society then adjourned to the dining room, where the members partook of a sumptuous repast and enjoyed themselves in the usual manner. Postprandial remarks were made by Judge Jencks, Prof. Williams of Brown University, Dr. I. T. Talbot, Dr. L. A. Phillips and others.

Attest W. H. Stone, M.D., *Secretary.*

HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The regular quarterly meeting of the society was held at Cooley's Hotel, Springfield, Dec. 17, 1890. The meeting was called to order by Pres. H. A. Gibbs, M.D., of Lee, and the minutes of the previous meeting read and approved.

Dr. J. H. Allen, of Rockville, Ct., was elected to membership and the name of Dr. H. L. Clark, of Westfield, proposed.

The meeting was then placed into the hands of Dr. B. A. Sawtelle, chairman of this bureau.

The following list of papers was presented :

"Herpes Zoster." — J. C. Mitchie, M.D., Springfield.

"Inflammatory Rheumatism, with Report of Cases." — P. R. Watts, M.D., Stafford Springs.

"Thrombosis." — B. A. Sawtelle, M.D., Enfield.

Dr. Mitchie reported a case of herpes zoster of face and head giving history and treatment, which was finally cured by arg. nit. A long discussion on the virtues of the different remedies followed. Most of those present had found difficulty in controlling the neuralgia which would sometimes follow herpes zoster. Dr. Carmichael had cured a very persistent case of tic douloureaux by hypodermic injections of cocoaine. Dr. J. P. Rand had found that by the local application of the wet stick of arg. nit. to the affected part, the neuralgia could be prevented. He had tried this treatment many times and in no case was the neuralgia persistent. Dr. Harding reported three cases of zoster of the face.

The next paper was by Dr. Watts on "Inflammatory Rheumatism."

His treatment consisted of large doses of bryonia usually supplemented by the preparation of salicylic acid put up by George Frye, of Portland, Me., "Frye's Granular Salicylic Acid." The Doctor had failed signally in treating this disease with the usual doses of bry. and in his opinion the failure of others is attributable to the same cause. He empties a two drachm vial of the 1x, or puts twenty drops of the ℘ into half a glass of water and gives two teaspoonfuls every half hour. He finds the action of that quantity of the first dilution superior to that of the tincture, and by this treatment has attained unusual success.

Dinner was then served, followed by a discussion of the preceding paper. The last paper presented was by the chairman, Dr. Sawtelle. Three cases of thrombi were reported, one of which was very interesting. The patient was a male and weighed 240 lbs. and was suffering from two thrombi, one in

the ball of the foot, the other in the vicinity of the knee, and both were very painful. The patient gradually improved and last July was able to leave the house. He then had an attack of congestion of the lungs. In December, 1890, he suffered from an attack of measles and has been much worse since that time. The limb now appears to be gangrenous and amputation will probably be necessary. The doctor pertinently asks, "did congestion of the lungs have anything to do with the primary attack, or the measles with the secondary?"

Thrombosis was then generally discussed, the internal, external, and mechanical treatments all being advised in appropriate cases. The meeting then adjourned for three months.

P. R. Watts, M.D., *Secretary.*

PLYMOUTH COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Plymouth County Homœopathic Medical Society was held at Hotel Belmont, Brockton, Jan. 15, 1891.

After discussing a bountiful dinner, the members present adjourned to the parlor, where a business session was first held. Five new members were added to the society at the recommendation of the executive committee, such new members being:

F. E. Constant, M.D., Brockton; George M. Doane, M.D., Whitman; N. R. Perkins, M.D., Dorchester; H. B. Coy, M.D., Brockton; Mary A. Dakin, M.D., Boston.

The work for the year was divided into bureaus of materia medica, surgery, obstetrics and gynecology, diseases of children, electro-therapeutics, nervous diseases, clinical medicine, ophthalmology and otology.

The bureaus were assigned to the charge of the different members of the society.

The following officers were elected for the ensuing year: President, S. B. Dickerman, M.D., Abington; Vice-President, F. C. Walker, M.D., Taunton; Secretary and Treasurer, Lucy S. Carr, M.D., Brockton; Executive Committee, D. E. Brown, M.D., Brockton; R. W. Southgate, M.D., Rockland; H. J. Little, M.D., Norwell.

An interesting paper on "Membraneous Croup" was then presented by Dr. E. A. Dakin, of Brockton, in which per-oxide of hydrogen and kali bi. were recommended to be used locally by spray or swab, as dissolvents of the membrane.

A profitable discussion followed, in which nearly all present took part. The pathology of membranous croup and diphtheria compared, the use of the spray and stimulants discussed, and many cases from practice related.

A vote of thanks was given to Dr. Dakin, the departments of electro-therapeutics and gynecology selected for the next session, and the meeting adjourned until the second Thursday in April.

LUCY S. CARR, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

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BŒNNINGHAUSEN'S THERAPEUTIC POCKET BOOK. A NEW AMERICAN EDITION. By Dr. T. F. Allen, Philadelphia: The Hahnemann Publishing House, 1891. 484 pp.

This is not the place to answer the question that certain of the recent generation of homœopathic physicians may ask, Who was Bœnninghausen and how came he to write a repertory? The student of to-day should ask, instead, by what authority does any writer speak? To judge the value of a book, without reference to the standing of its author, requires wide experience and judicial examination into its merits. A careful student of materia medica as it was understood over fifty years ago; a talented man though rather a *dilettante*; an enthusiastic disciple of Hahnemann; such is the man who compiled this book, which to-day has not been altered in any essential particular, except by the addition of a score or so of drugs. Bœnninghausen's original preface is given, in which one reads that in one section at least he has given many results of his own experience, which will be sought for in vain in the mat. med. pura or elsewhere. Needless to say that exaltation of clinical experience to the level of drug pathogenesy is faulty in principle, and a hindrance to the establishment of the law of similars. Being simply empiricism, though supported sophistically, it is inconsistent practice in those claiming adherence to a "law." Having become traditional practice however, it is difficult to eradicate, and all but useless to exclaim against. The work was originally intended chiefly for the use of beginners; but one can imagine the novice's state of mind, over such examples as the following:

Under aggravation from "bathing," sixteen remedies are found, several of which are found also under amelioration by bathing.

Under amelioration from "blowing the nose," four remedies are found, all of which are found also under aggravation from "blowing the nose."

Under aggravation by "motion," 149 remedies are found, 101 of which are also found under aggravation from "rest."

Notwithstanding its faults, the work has so many virtues, and is the result of so much painstaking labor, and is so well-known, that this edition will undoubtedly be exhausted as rapidly as its predecessors have been. The publishers have done creditable work in making the book a gem of the printer's art, with flexible covers, admirably clear type, convenient size and generally attractive appearance.

Transactions of the Forty-third Session of the American Institute of Homœopathy. Session of 1890. Philadelphia: Sherman & Co., printers.

The indefatigable painstaking of the Secretary of the Institute is testified to by the characteristically prompt appearance of the bulky volume of its "Transactions;" and the interest of physicians in his arduous work is evidenced by the fact that, with but four or five exceptions, all the papers presented at the last session of the Institute were, in revised form, furnished to the secretary in time for their inclusion in this promptly appearing volume. The work as it stands is one highly creditable, from every point of view, to American homœopathy. The reports of the various committees show our cause to be flourishing, our system steadily advancing in success and in public appreciation, throughout the length and breadth of our country. The reports of the various bureaus show conclusively the freedom, on the part of our physicians, from mere sectarianism, and their catholic willingness to investigate all promising means of alleviating human suffering; while yet faith in, and loyalty to, the rule of similars is as evident in the tone of the papers presented, as any but the most bigoted partisan could wish. The roster of new members shows the encouraging total of 106.

From the very great number of interesting cases presented, it is difficult to select one or two as worthy of especial mention, but we must briefly acknowledge a particular interest in Dr. Stout's account of the yellow-fever epidemic of '88, and Dr. Gentry's surprising instances of serious nervous derangements in boys being set entirely right by the discovery and cure of existent sexual irregularities.

Five Years' Experience in the New Cure of Consumption by Its Own Virus — Presumably on a Line with the Method of Koch. By J. Compton Burnett, M.D. London: The Homœopathic Publishing Co. 1890. pp. 116.

All of Dr. Burnett's monographs are interesting reading, this last one particularly so. In it are found more or less detailed records of fifty-four cases (several others being referred to) of different forms of tubercular diseases, in which *tuberculinum*, or

bacillinum as Dr. Burnett prefers to call it, was used as *the* remedy. The doses used were high dilutions, the 30c and 100c. Of these fifty-four cases, only five died; a wonderfully small percentage.

For fifteen years Dr. Burnett has been interested in the question of using "the viruses of certain diseases against the diseases themselves," claiming, for reasons given, that the method is homœopathic and not isopathic. He also claims that it is the preparation, or method of obtaining the remedy and using it, for which Koch is to be credited, and not the discovery of the remedy itself, for which homœopathy asserts priority. In regard to this whole matter it would seem as if Dr. Burnett were a little premature; and that it would be the part of discretion to refrain from making claims and assertions, and instituting comparisons, until sufficient data had been collected, and certain facts now unknown, save to three individuals, had been revealed.

Cyclopædia of the Diseases of Children. Edited by John M. Keating, M.D. Vol. IV. 1890. 1128 pp. Philadelphia: J. B. Lippincott & Co.

With this weighty volume — weighty in wisdom and significance no less than in bulk, — is completed the series of volumes which form one of the most important contributions to medical literature of the present generation. The work is better than the promise of its title; it deals not only with the diseases of children, but with most of the conditions belonging to childhood, which appeal to the thoughtful physician; as, the best means of neutralizing the evils of heredity; the minutiæ of a hygienic up-bringing; juvenile crime, with the best public methods for its reclamation; the scientific construction of hospitals for children; with much valuable collateral matter of like sort. As the completed work stands, it affords well-nigh endless material for consideration and reflection, and has at least helpful suggestions, if not complete solution, for every perplexity with which in dealing with his child-patients, the physician may find himself beset. The present and concluding volumes consists — like the church creed — of thirty-nine articles, but unlike the church creed, subscription to them may be made without marked sacrifice of individual reason. Of the thirty-nine, twenty-eight are included in the section on diseases of the nervous system. Among the contributors to this department, are Drs. MacLane Hamilton, Starr, Jacobi, Seguin and Spitza; and the subjects dealt with, range from the abstruse and unusual, such as "polyomyelitis anterior," to the very practical and every-day themes, headache, convulsions and disorders

of sleep. Every contribution is marked by sound scholarship and grace of style. The remaining eleven papers are on diseases of the ear and the eye, and on hygiene. The former subjects are dealt with, with an evident view to the needs of the country practitioner, it being taken for granted that his city *confrère* will naturally turn them over to the specialist in these directions. The articles on hygiene are exceptionally noteworthy and admirable ; and the fact that a single one of them — that by Dr. John Keating on " Physical Development,"— covers upwards of eighty pages, speaks volumes for modern progress in the direction of common sense and preventive medicine. The Cyclopædia as a whole is a thoroughly creditable achievement of editor and publishers, and a thoroughly valuable, all but indispensable possession for the every-day practitioner.

A Text-book of the Diseases of the Ear. By Dr. Josef Gruber, Professor of Otology in the Imperial Royal University of Vienna, etc. Translated from the second German edition by Edward Law, M.D., C.M., Edin., M.R.C.S., Eng., and by Coleman Jewell, M.B., London, M.R.C.S., Eng. With 150 illustrations, and 70 colored figures. New York: D. Appleton & Co., 1890. 580 pp.

This important text-book, which has hitherto been available only in the original German, is now offered to English readers in a smooth and easily read translation. The whole scope of the work is practical, but in a very German way, —introducing a vast amount of detail and of running comment as it unfolds a subject, and yet ultimately attaining a practical application of all the subsidary parts, and forming a most satisfactory whole.

The strongest as well as the most prominent feature in the book is the very one which would be expected from an author who has given so much time to anatomical research, and who regards this as the very foundation of all sound knowledge and progress in otology. It would be difficult to conceive of a more satisfactory treatise upon the anatomy of any organ than this book presents in regard to the ear. The precise descriptions of the text are illustrated freely by anatomical cuts of a rare degree of excellence. Following this anatomical portion of the work are chapters on the examination of patients, and the diagnosis and treatment of all the diseases and injuries to which the organ is subject.

The work will find a prominent place among our other text-books on the ear, and will be a favorite with the student who is bent upon thoroughness of work and a comprehensive oversight of each department of medical knowledge. H. P. B.

THE SCIENCE AND ART OF OBSTETRICS. By Theophilus Parvin, M.D., LL.D., Professor of Obstetrics and Diseases of Women and Children in the Jefferson Medical College of Philadelphia. Second edition, revised and enlarged. 701 pp, with 239 woodcuts and a colored plate. Cloth, $4.25; leather, $5.25. Philadelphia: Lea Brothers & Co., 1890.

On account of the searching revision given this work, it may be considered practically a new book. That it includes the latest data on its subject may be gathered from the fact that references are found to publications as late as June 1, 1890 (p. 618). Comparison of the chapters on Ectopic Pregnancy in the two editions will also show that the book has been thoroughly rewritten. The admirable arrangement of subjects adopted for the first edition has been retained, but the use of smaller type for less important or unsettled points has permitted the introduction of considerable new matter without increasing greatly the bulk of the book. The illustrations have been also thoroughly revised; some left out, and numerous other and generally excellent ones introduced. Aside from its scientific value, the scholarly character of the work must be, as was done on the appearance of the first edition, warmly commended. That it advances the standard of literary and scientific excellence of obstetric treatises, is no small praise. And this praise can be unconditionally given. Without doubt the new edition will share and augment the popularity the work has justly gained.

THE January CENTURY'S chief feature is the fascinating Talleyrand Memoirs; a sidelight of history as valuable as interesting. Octave Thanet has a moving sketch of "An Irish Gentlewoman in Famine Time;" there is a dashing tale from life, of "Morgan's Rough Riders;" and the short stories, poems, etc., are of the usual high order of merit. New York: The Century Co.

A few years ago THE CENTURY about doubled its circulation with the famous War Papers, by General Grant and others, adding many more readers later with the Lincoln History and Kennan's thrilling articles on the Siberian Exile System. One great feature of 1891 is "The Gold Hunters of California," describing that remarkable movement to the gold fields in '49, in a series of richly illustrated articles written by survivors, including the narratives of men who went to California by the different routes, accounts of the gold discoveries, life in the mines, the work of the vigilance committees (by the chairman of the committees) etc., etc. General Frémont's last writing was done for this series.

Thanks are due to Messrs. Lee and Shepard for the exquisite little calender "All Around the Year;" a bit of work pre-eminent even among its dainty kind for quaint humor, delicate fancy, and artistic perfection of finish.

THE POPULAR SCIENCE MONTHLY for February has several papers of real, if indirect interest to physicians; for instance, George Demeny's "Precision in Physical Training," and Charles Morris' "The Storage of Cold." Among other entertaining articles, are "Greeting by Gesture," by Garrick Mallery, Huxley on "The Aryan Question and Prehistoric Man," and Miss Bridges' "Co-Education in Swiss Universities." New York: D. Appleton & Co.

PERSONAL AND NEWS ITEMS.

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AT a recent meeting of the Board of Trustees of the Southern Homœopathic Medical College, a faculty for the new college, the first and only homœopathic medical college south of Mason and Dixon's Line and east of the Mississippi river, was selected. For some years the advisability of establishing a homœopathic college in Baltimore has been a debatable question but with the growing South and all its possibilities and the recent progressive development in this city, it is not thought that there is any longer a question about the need for such an institution. Already the homœopathic hospital is an assured success, and having had a "God-speed" from some of the foremost men in the profession, the homœopathic physicians of Maryland have decided to open next autumn a college, properly equipped to fill the need. The faculty for the new college is as follows: Dr. Elias C. Price, institutes of medicine; Dr. N. W. Kneass, gynæcology; Dr. C. H. Thomas, clinical medicine and physical diagnosis; Dr. John Hood, hygiene and sanitary science; Dr. Eldridge C. Price, materia medica and therapeutics; Dr. Robert W. Mifflin, pathology and the practice of medicine; Dr. O. Edward Janney, pædology and orthopædic surgery; Dr. Henry F. Garey, ophthalmology and otology; Dr. Henry Chandlee, physiology and neurology; Dr. E. H. Condon, anatomy; Dr. F. C. Drane, obstetrics; Dr. C. Wesley Roberts, Washington, D. C., pharmacy; Ex-Judge Henry F. Garey, lecturer on medical jurisprudence, Dr. F. C. Drane was chosen dean of the faculty, and Dr. Henry Chandlee registrar. The college will be conducted according to the principles advocated by the American Institute of Homœopathy, and in common with all other homœopathic colleges in the United States, viz.: a preliminary examination and a graded course of three years will be required.

THE Hahnemannian Society of the Cleveland Homœopathic College held a pleasant meeting on the 14th ult, at which Dr. H. M. Dayfoot, of Rochester, N. Y. delivered an address on "The Elements of Success."

A SOIREE MUSICALE, with readings, was given on Tuesday evening, Jan. 27th, at the parlors of Mr. James R. Cocke, 1581 Washington Street, for the benefit of the new homœopathic dispensary. The music was furnished by several well-known professionals, including Mrs. F. P. Whitney, Mr. S. Goldstein, Miss C. A. Fosket, Mr. Julius E. Ward and others. The readings were given by Miss Cora E. Smith. The occasion was an exceedingly pleasant one, and the dispensary will be the richer for it, by the substantial sum of seventy-one dollars. As Mr. Cocke, the prime mover in the matter, and also Miss Smith are students of the B.U. S. of M., the money must in some sense be regarded as a "family gift," and therefore the more gracious and welcome one.

With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of Brooklyn, offers a prize of $400 for the best paper on "Opium Addiction as Related to Renal Disease," based upon these queries:

Will the habitual use of opium, in any form, produce organic renal disease?

If so, what lesion is most likely? What is the rationale?

The contest is to be open for two years from Dec. 1, 1890, to either sex and any school or language.

The prize paper is to belong to the American Association for the Cure of Inebriety, and be published in a New York medical journal, Brooklyn Medical Journal, and Journal of Inebriety.

Other papers presented are to be published in some leading medical journal, as their authors may select.

All papers are to be in possession of the Chairman of Award Committee, on or before January 1, 1893.

Dr. Landreth W. Thompson, who has been for some years chief of the surgical department of the dispensary of the Hahnemann Medical College and first assistant to the professor of surgery at that institution, has been appointed by the faculty to the post of demonstrator of surgery in that college. The position was made vacant by the resignation of Dr. J. W. Giles, who goes to New York State to take charge of a lucrative practice. Since the opening of the Hahnemann Hospital, a few weeks ago, a nurses' training school has been established in that institution, and Dr. Thompson has but recently received the appointment of lecturer upon surgical emergencies and surgical dressing to that department. Dr. Thompson has been for years the associate of Dr. Bushrod W. James, of Philadelphia, in eye and ear work.

It is with great pleasure that we chronicle the fact of the establishment of a post graduate course in connection with the Cleveland Homœopathic Hospital College. It will begin on Tuesday following commencement, and continue two weeks. It will be free to all graduates of the Old College, and to others $25. The course will consist of four lectures per day, and the subjects divided among the following: Surgical Gynæcology, Prof. Biggar; Materia Medica, Prof. Kraft; Physical and Differential Diagnosis, Prof. Pomeroy; Practial Surgery, Prof. J. K. Saunders; Ophthalmology and Otology, Prof. Phillips; Advanced Obstetricy, Prof. J. C. Sanders; Nervous Diseases, Prof. Eggleston; Orificial Surgery, Prof. Wells; Urinary Analysis, Prof. Bishop; Nose and Throat, Prof. Hall.

Upon one day of each week, especially obscure and complicated cases will be solicited, and examined and treated by the Faculty as a whole.

Dr. Louise F. Chamberlayne, formerly Dr. Louise F. C. Filkins, of Medina, N.Y., has removed to 243 Alexander Street, Rochester, N.Y.

The Committee on Legislation of the New Hampshire Homœopathic Medical Society are fighting the good old fight against the attempt of allopathy to legislate the new school out of existence. Success attend them!

Dr. Charles Leeds, of Chelsea, is now on a trip through California and Mexico for his health.

Wanted. — A copy of the May, 1876, number of the New England Medical Gazette. Any physician having a copy that he is willing to part with, will please address, Otis Clapp & Son, 10 Park Square, Boston.

THE

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Boston, Mass.

EDITORIAL.

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AGAINST THE DANGERS OF ARSENIC.

The fight, already vigorously and pluckily begun against the unrestrained employment of arsenic in the manufactures and the arts promises to be a long and a hard one. On one side will be scientific protest, backed by demonstrable fact and by common sense. On the other, will be the manufacturer, who sees a profitable branch of trade seriously imperilled, and who is prepared to come to its rescue with arguments of the golden and substantial sort which so appeal to the professional lobbyist. Public sentiment, at least in the beginning, will not be a weighty factor in the matter; for public opinion is, on the subject, unformed, indifferent and sluggish. This latter fact points out to our workers the line in which their efforts may most profitably be directed. Public sentiment must be aroused to the dangers of the uncontrolled use of arsenic. Warnings and facts must be given, and re-stated, and given again; with the unwearied persistency which is the price of arresting public attention; given in talk of friend with friend, in serious counsel of the physician to his patients, above all through the daily press, whose columns are open to endless discussion of a matter so important to the general public, and whose editorial bias, up to date at least, seems distinctly on the side of the reform. It is quite time the reform came to be; and there is good cause to

hope that enlightened public opinion will soon insist on its coming to be, when once the facts of the case have been so far realized that public opinion is aroused and formed. First, the fact, monstrous in every sense of the word, that there are imported into the United States, yearly, upwards of nine millions of pounds of arsenic: and that this vast bulk of shockingly dangerous material is so far made use of, before the twelvemonth is passed, as next year to necessitate the importation of an equal amount. How is it utilized? Considering how infinitesimal, comparatively, is the amount likely to be employed medically and pharmaceutically, what an immense remainder is to be accounted for to the defenders of the public health. There is little doubt, when we take into account the surprising variety of articles which have been known to communicate arsenical poisoning, that there is scarcely a manufacturer of personal furnishings or household plenishings, at whose door may not be laid the charge of ignorantly or deliberately imperilling the health of his fellow-beings, by sending out, under his labels, goods capable of communicating poison. Now we have a patient poisoned by the wearing of a cheap, dyed glove; now by a pair of bright bonnet-strings; now by sleeping in a room "æsthetically" papered; now by inhaling the impalpable dust from arsenic-tinted curtains, blowing in the wind; now a baby sucks arsenic from the corner of its pretty bed-quilt; now a child suffers from eating candies wrapped in arsenic-loaded papers. It all reads like some sensational tale in a penny-dreadful newspaper; but it is nevertheless all a deplorable and shameful fact, and will so continue until our laws demand that a label stating the presence of POISON be affixed by every manufacturer to every article sent out by him, containing arsenic, as must now be done by every druggist, with the prescriptions which contain so farcically smaller a relative amount. Naturally manufacturers object to this, and already protests, droll in their bitter animus, their lack of logic and manifest self-contradictions, are met with, here and there. Thus we are told by the maker of wall-paper, that the maker of textile fabrics is all to blame; and the maker of textile fabrics solemnly assures us that he could not afford to use anything so expensive in his business as arsenic; which, we discover on inquiry, costs the

prohibitory sum of two cents a pound! The case is, however, so obviously a bad one for the manufacturer, that his fight will probably be conducted in "still hunt" fashion, with the weighty yellow arguments hinted at above. Against such argument, public opinion, vociferant, not to be placated, is, as we have said, the only effective weapon. Let each of us do his share toward creating such opinion. Facts and facts, and FACTS must be the battering rams with which we break our way through ignorance and indifference. Useful facts to possess ourselves of would be the names of the principal manufacturing houses which are large importers and purchasers of arsenic. The mere publication of their names, and the approximate amount of arsenic purchased by each, yearly, might have a salutary effect in so turning the inquiring public eye in their direction, as to make it awkward for them to keep silence. Naturally, the most useful facts of all, are those relating to accidental poisonings by arsenic in some manufactured article; facts which to have their full weight, should include the demonstration of the arsenic, not only in the suspected article, but in the *urine of the patient*: a point of immense importance not only in diagnosis, but as legal evidence. Any such cases will be given cordial welcome and early publication by the GAZETTE, which it is needless to add, is altogether and enthusiastically in sympathy with the movement under discussion, and which hereby congratulates the Boston Homœopathic Medical Society on the effective and brilliant manner in which at its last meeting, it inaugurated the crusade.

EDITORIAL NOTES AND COMMENTS.

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OUR LATEST EPIDEMIC, for to such formidable proportions has it come, is as scientifically interesting to the physician, as it is absorbingly, not to say mournfully, so to the patient. It is somewhat less universal than the now historic "Grippe," of last year; it is, so to speak, less dramatic in its developments; but it is none the less a unique, well-defined and very prevalent malady, into whose etiology, progress and treatment, it is well worth while to look. Its symptoms, present to a more or less

serious extent in every case, seem to be sore throat, very painful subjectively, but presenting few objective signs; fever, either slight or absent altogether; naso-pharyngeal catarrh, with expectoration of sticky, dark-yellow or bloody mucus; some pain in the back and limbs, and — distinctive characteristic — swelling of the glands of the neck, or of the neck itself, very persistent and troublesome; in some cases, though exceptionally, going on to the formation of abscess; in some cases causing excruciating pain, of a neuralgic character, on movement of the head in any direction. So many cases presenting these symptoms have lately been observed by the physicians of Boston and vicinity, that a tabulation of their characteristics and their treatment would seem to be of interest and value. Such a tabulation the GAZETTE would be glad to present in its April issue. To this end, it asks the fraternal coöperation of all its readers and contributors. Any physician having had a case or cases presenting the symptoms above noted, is earnestly requested to forward a brief summary of the same, with treatment given, to the GAZETTE, at his earliest opportunity.

THE ALIX LOVE DISPENSARY, of Paris, sends a report of its four years' work which is a model, of its kind, and full of cheering news and helpful hints for the conduct of like enterprises everywhere. The dispensary is for the benefit of children only, is maintained at the expense of the well-known Parisian homœopathist, Dr. James Love, being a beautiful and beneficent charity, which is his memorial to his mother, whose name it bears. It is situated at the corner of the Rue Cliquancourt and the Boulevard Ornano, one of the most populous sections of Paris. It occupies the three floors of a large building, which are devoted respectively to waiting and consultation rooms, offices of the attendant physician and the oculist, (in the former of which offices treatment is given by electricity and massage,) and to baths and such gymnastic apparatus as is directly needed for treatment. In the past four years, 83,500 consultations have been given at this dispensary; and by wonderfully judicious management the annual expense has been but little over 10,000

francs, or $2,000 annually. Dr. Love's guiding motto is, "The necessary — no more;" and in pursuance of this, he follows out the admirable plan of making a charge of twenty-five centimes, or five cents for every prescription filled by the dispensary pharmacist; a sum which naturally far from covers the actual cost, in most instances, but which serves the excellent double purpose of supplying a small but constant addition to the dispensary funds, and preserving a modicum of self-respect to the applicants, whom it saves from the attitude of paupers. Any patient, however, bringing a "certificate of indigence" is cheerfully furnished all needed medicines without the payment of the fee. We commend this capital bit of practical philanthrophy to all those interested in dispensary management. Homœopathic medical treatment, vaccination, dentistry, treatment by massage, electricity, gymnastic apparatus, and various kinds of baths, examination and prescriptions by a skilled oculist, — what a a gift to the child-poor of Paris is such an institution, doing noble work for a beloved memory's sake! It is pleasant to glimpse its work even from afar, and to ask for it our readers' sympathy and kindly thought, to which is added the GAZETTE'S own, in full measure.

COMMUNICATIONS.

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THE DANGERS FROM ARSENIC IN DOMESTIC FABRICS.

BY I. T. TALBOT, M.D.

[*Read before the Boston Homœopathic Medical Society, Feb.* 5, 1891.]

There is, perhaps, no subject relating to public health in which the whole community should feel a more active interest than in this matter of the indiscriminate distribution of arsenic. Its virulence as a poison is so well understood that special protection has been given to the community by laws which make it a penal offence for a druggist to sell this substance without warning the purchaser of its poisonous nature.

The peculiar character of arsenic, and its wonderful power of combination with other substances to produce a great variety of brilliant and enduring colors, has brought it into a very extensive use, which has steadily and rapidly increased, until it now enters into the manufacture of a very large variety of domestic

articles, many of which are worn as clothing, or brought into close contact with individuals; and there is hardly a household in the country but has more or less of this poison, in some form, within it.

Aside from the large quantities produced from some of the mines in the West, and from various other sources, the importations of arsenic into this country the last year amounted to about ten million pounds, thus furnishing more than two and one-half ounces to every man, woman and child in the country. Now, when we consider that two grains taken at once into the stomach is sufficient to cause death, the amount of this death-dealing substance which is imported is truly appalling. Fortunately, the system can resist the poisonous effects of many substances, and especially those of a metallic character, when introduced into it in small quantities, and slowly, yet there are many instances in which persons have been directly and fatally poisoned, and a very much larger number of persons who have been seriously injured, by contact and absorption of this poison.

We have heard this evening of various articles of domestic use into which arsenic is incorporated. We sleep in bed-rooms, the walls of which are hung with paper filled with arsenic. Our most beautiful draperies are equally loaded with this poison. We sit upon sofas that, every time they are compressed, throw into the atmosphere this same poison. We wear clothing containing enough arsenic, if taken into the stomach, to produce a speedy death. Our little children are wrapped in beautiful shawls containing this same death-dealing drug. Their playthings are rendered more beautiful and attractive by this very poison. The papers in which their bon-bons and candies are enveloped, are colored with arsenical preparations, and even the utensils in which our food is cooked are sometimes lined with this poison.

Now if any considerable proportion of arsenic is taken into the stomach at once, its effects are so uniformly severe that suspicion of poisoning is immediately aroused, and search is made for the cause of it. But when it is taken very slowly, the symptoms are so masked by many surrounding circumstances and conditions, that even the most experienced physicians do not discover the cause. The soreness of the throat, the difficulty of breathing, the nausea and vomiting, the pallor and weakness, often are attributed to entirely different causes, and it may be months, or even years, before the true cause is discovered.

To-day one of the most honored citizens of Boston is lying on his death-bed, after two or more years of prostration and suffering, and only within the last few months has it been discovered

that his urine was loaded with the arsenic which his system had been gradually absorbing from long-continued exposure to it. The nicer chemical tests of late years are discovering the same condition in many chronic invalids, while every physician has had cases which, resisting all treatment, he has been obliged to send away from home into different surroundings before they could be relieved.

Arsenic taken into the system in this insidious manner not only produces the symptoms peculiar to itself, but from its depressing influence upon all the vital functions, renders it more susceptible to every form of disease to which it may be exposed. When we consider how our little children are often, from their earliest infancy, surrounded by this poison, and their systems thus rendered susceptible to other diseases, is it strange that the mortality among them is so great? At the very least is it not our duty as physicians, knowing the great dangers which accompany this poison, to take every means in our power to protect our patients and the community from its influence?

If a mad dog let loose in the community destroys but a single life, the public are aroused to the greatest excitement over it, and pass stringent laws to protect them from this danger. Ought we not then to have laws which will protect us from the danger much greater and more insidious, and which is concealed under forms most attractive and alluring? Why should not this substance, when it is incorporated into articles for domestic use, to be brought into our families and placed about our persons, if it is not entirely excluded, be labeled "Poison," as the apothecaries are obliged to treat it?

That arsenic is a very important substance in the arts, and may in many cases be so combined as to be practically inert, is very true, yet as it is often left in a free condition, and capable of producing poisonous effects upon the human system, why should it not always, when so offered for sale, be labeled as poison?

Is it not our highest duty as physicians, having the welfare of the community in our keeping, to warn the people of the increasing dangers which surround them, and endeavor to protect them as far as possible? Should we not appeal to our State Legislature to enact such restrictive laws on this subject, as may be of the greatest safety and service?

LADY DUFFERIN'S scheme for the employment of female physicians in the Zenanas is winning public support in India. Ten students completed their curriculum at Calcutta in April, and were made available for employment. — *Medical Times.*

ARSENIC IN THE MANUFACTURES AND ARTS.

BY PROF. EDWIN E. CALDER, PROVIDENCE, R. I.

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

The term arsenic, as it is commonly and almost universally used, applies to that compound of the element more correctly designated as white arsenic, or chemically arsenious oxide. This is the most important compound of the element arsenic, not only because of its being the most common, and thus the best known, but also because of its extensive application in its pure form, and because of its use in the preparation of other and numerous arsenical compounds. While this oxide is found to a certain extent free in the earth's surface, the principal source of the industrial supply is the roasting of certain metallic ores. The great majority, if not all of the more common mineral ores contain arsenic in some form or other, and this in constant but varying proportions. When any of these ores are subjected to the roasting process preparatory to the separation of their metals, the arsenic unites with the oxygen in the air supplied, and passes off in the form of a vapor.

These vapors are cooled and collected in properly constructed chambers or flues, and the product thus condensed forms what is known in commerce as white arsenic, or simply arsenic. While this material is in many cases but a waste product, the properties of which demand as a necessary precaution, its condensation, in other and numerous cases the minerals containing the arsenic or the arsenical ores are subjected to the heating or roasting for the prime object of separating and collecting the arsenic contained.

Some of these mineral ores are extremely rich in arsenical compounds, and yield on calcination from 40 to 75 per cent. of white arsenic. In Germany the arsenic results from the roasting of the ores of cobalt and nickel. In England, from the ores of tin and iron, and in the United States from the oxidation of the ores of copper, gold, nickel, cobalt, etc. Some idea of the richness of arsenical ores may be obtained from the following table, giving in round numbers the percentage of white arsenic obtained by their calcination :

Mispicked or arsenical iron, 43 ; arsenical pyrytes 66 ; arsenical nickel, 55 ; white arsenical nickel, 73 ; tin white cobalt, 75 ; arsenical cobalt, 70.

The calcination of the above ores produce the larger percentage of the arsenic of Germany. In addition to the great quantity consumed within her own borders, Germany during the year ending Dec. 31, 1889, exported arsenical compounds as follows :

Metallic arsenic, 491,920 pounds, nearly 250 tons; arsenious acid, 1,124,860 pounds, over 562 tons; arsenic compounds, 380,600 pounds, over 190 tons.

In England arsenic is obtained in enormous quantities from the roasting of tin ores in Cornwall and Devon. During the ten years ending in 1888 there were thus obtained 63,338 tons of white arsenic, or an average of over 6,000 tons a year. In this connection the following item recently appearing in *Chemical News* published in London, is of interest: "Tenders are invited for from 350 to 400 tons of best powdered arsenic to be delivered during the year 1891."

At the present time considerable quantities of arsenic are obtained from native ores of gold, nickel, cobalt, copper, etc., found in the United States and Canada. One very important source of supply is the Del Oro mine, owned by New York parties, and situated at Ontario, Canada. The first supply from this mine was in 1884, during about one-half of which year, 200 tons of white arsenic were obtained. The capacity of the work, if running regularly, is about 1,000 tons a year, or an amount, as is calculated, about one-eighth of the entire make of the world. There are also in Nevada many nickel ores containing as high a percentage as 36 of arsenic, and averaging 29 per cent. In Colorado and in Nevada are also found ores of cobalt yielding from 39 to 55 per cent. of white arsenic. The exceedingly great demand for arsenic, caused by the extensive use of Paris green, for the destruction of insect pests in the West, has led to a much more universal utilization of the vapor given off during the preparatory roasting of many of these western ores. The total quantity of arsenic actually manufactured throughout the world is a matter very difficult, if not impossible to ascertain. The quantity necessarily varies from year to year, and I know of no reliable information in regard to the matter. The tables or statements just quoted give a partial estimate, which has one important factor, that the amounts given are less, and considerably less than the actual total. The quantity imported into this country, which for our purposes at this time is perhaps more important, as recorded in the U. S. Report of Commerce and Navigation for the year 1886–1887, is as follows: Of arsenic, presumably white arsenic, there was imported into the United States during the year 1885, 3,368,549 pounds, or about 1,700 tons, and during the year 1886, 5,042,664 pounds, or over 2,500 tons, and during the year 1887, 3,589,904 pounds, about 1,800 tons. During the same periods there was also imported the following quantities of aniline arseniate. In 1886, 238,363 pounds, and in 1887, 335,127 pounds. Granting then as beyond dispute that white arsenic is manufactured in extremely

large quantities, and also that the greater part, if not the whole product meets with some application in the industrial pursuits of life, it is not without importance and interest to inquire in what directions this material is employed, and to how great an extent are any of these applications liable to effect public health and safety. Undoubtedly we must admit at the outset that white arsenic and certain arsenical compounds have uses which are perfectly legitimate, and open to little if any objection; but on the other hand it must be admitted as equally true, that in many cases the use of compounds containing arsenic is wholly unnecessary, if not criminal. In the few brief remarks to which I call your attention concerning the industrial application of arsenic, only a few, and those the most important, can be considered.

First: The use of white arsenic in the manufacture of pigments. The application of white arsenic in this direction may be considered as two-fold in its character, as in the manufacture of coloring matter this substance performs two distinct and different duties. First, there is a class of coloring substance, or pigments in which arsenic enters as an essential constituent, in fact imparting to the color its brilliancy and value. Second, a very large class of colors are in constant use, in the preparation of which arsenic plays simply a minor part, used as an oxidizing agent, and existing in the finished color only in very minute but appreciable traces, and only as a difficulty removable impurity.

First: Pigments containing arsenic as an essential constituent.

1. Scheele's green. Imperial green. An arsenite of copper, prepared by mixing a solution of acetate of copper with a solution of white arsenic. 2. Schweinfurth green. A mixture of arsenite and the acetate of copper. Then two closely allied and somewhat similar compounds, from their comparative cheapness in connection with their exceedingly brilliant and rich green color, are very commonly and extensively used as green pigments or paints.

These compounds also find common application in the staining of paper, for coloring light cotton fabrics, for preparation of artificial flowers, in manufacture of candles, etc.

3. Sulphide of arsenic or orpiment is prepared commercially by subliming a mixture of white arsenic with sulphur, and is really a mixture of the sulphide of arsenic with a greater or less quantity of arsenious oxide. The percentage of sulphur varies with the depth of color desired, the opiment of commerce not being a definite chemical compound, but merely a mixture containing in the lighter shades as much as 97 per cent. of white arsenic. From this fact the substance is extremely poisonous. It is

employed as an artist's color under the name of King's yellow. Its application as a more common pigment is now to a very large degree superseded by the cheaper and comparatively innocuous chrome yellow, or chromate of lead pigment.

Second: Pigments, or more properly coloring matters not containing arsenic as an essential constituent, but often having traces of that substance as an impurity resulting from the use of arsenic in some stage of their preparation. To this class belongs the great number of aniline colors. A very large proportion of these dyes are now produced either directly or indirectly from a basic body called rosaniline. This latter substance is prepared by treating a certain quantity of aniline oil in an iron retort, with a strong solution of white arsenic. The reaction results in the formation of an arsenate, or an arsenite of rosaniline. By dissolving in water, acidulated with hydrochloric acid, containing in solution common salt, a double decomposition takes place, rosaniline hydrochlorate and sodium arsenate and arsenite being found. Prepared in this way the aniline red or fuchsin always contains a greater or less quantity of arsenic. This fact is recognized by the manufacturers, and when it is desired to use an aniline color for coloring liquors and confectionery, it is directed, and expected that in the manufacture use will be made of some oxidizing agent other than white arsenic. It thus is clearly acknowledged that such a use of arsenic is not only not advisible, but at the same time wholly unnecessary. The aniline colors are employed in the industrial arts for numerous other purposes besides their great use as dyeing materials. As in the tinting of paper pulp, the staining and printing of wall papers, the preparation of water colors, the manufacture of colored inks, the coloring of cosmetics, fancy soaps, perfumery, confectionery, etc.

Closely connected with the use of arsenic in the manufacture of coloring materials or agents, is the use of white arsenic in certain processes connected with the preparation, and the fixation of these colors on the fabric. This application is in every particular distinctly different from the mere pasting on to the surface of the fabric by means of a size or glue of the pigment itself, and which color, as would naturally be expected, is easily detached, and rubs off upon the slightest friction. In these cases the arsenic is not necessarily a part of the color, but merely serves to improve, and render more permanent the color produced. It is easily a matter of demonstration, that while the use of arsenic in the manufacture and fixation of color is much objected to, and in the German Empire is legally prohibited, in this country and in England, in spite of its poisonous

character, arsenic, either in the form of the oxide or white arsenic, or in some other arsenical compound is to a greater or less extent employed.

This arsenious oxide is employed in the fixation of certain anilines, more especially the bright greenish shades of aniline blue. Its principal employment in calico printing appears to be in the preparation of steam colors, and either in a solution made by dissolving four pounds white arsenic in one gallon glycerine, or in the form of arsenate of soda. Arsenate of soda is also quite largely employed by the calico printer in the so-called process of dunging, or cleansing, and also as a "prepare" for goods to be printed in steam styles. Another very important application of compounds containing arsenic, is seen in the extensive and rapidly increasing use of these compounds for the destruction of injurious insects. The most important insecticides of today are the active poisons. Of these the most popular, and the most widely employed are the combinations of arsenic known as "Paris green" and "London purple." Paris green is a chemical compound of arsenic and copper, somewhat closely allied to "Scheele's green," and containing from 50 to 60 per cent. of arsenic. This is without doubt the most common of all the poisonous substances, or mixtures employed for the destruction of insect pests, and the great demand for white arsenic occasioned by its enormous consumption has led us to the condensation of large quantities of arsenic, which previously escaped into surrounding country. Paris green is used either in liquid suspension, a simple mixture of one-half a pound in forty gallons of water; or in form of powder, the green being mixed either with flour, plaster, wood-ashes, in about the proportion of one of the poison to twenty-five of the diluent, London purple is a bye-product in the manufacture of aniline dyes, and contains about the same percentage of arsenic as Paris green. It is employed in the same way, and in about the same proportion of the poison to the diluent as Paris green.

Another very extensive application of arsenic in the arts, and a use which is one of the most important, requiring more of the arsenic than any other, with the possible exception of the manufacture of Paris green, is seen in the glass industry. In the manufacture of glass the organic matters, when not removed by a preliminary burning, decarbonizes in the pot during the melting of the glass materials, and is removed by the use of arsenic, which is the great "decarbonizer" in glass making. The arsenic is added to the batch prior to charging it into the pots. During the year 1885, there was used for this purpose by the glass makers of this country, 1,105,973 pounds of arsenic, or over 500 tons.

Having thus briefly enumerated the leading arsenical compounds, and at the same time stated the general applications, each of which, as can readily be seen, capable of many subdivisions, we have now to inquire how many, if any, of the various possible applications are liable to cause trouble, and if so, in what ways. Without doubt the greater bulk of all the arsenical compounds consumed in this country, if not in the world, is employed in the arts for important and well recognized purposes, regarding which nothing can be said detrimental to their safety. There are to be sure, occasional cases of acute poisoning due to careless handling of these compounds, but the statement holds good, that used in a correct manner, no harm can follow. The question at this time does not refer to the danger of acute poisoning, which can be easily avoided, but to the more obscure and complicated cases of gradual or chronic arsenical poisoning, which originate and follow their course, without any very marked symptoms suggesting to the victim any idea of poison. It appears evident that the more common source of this danger may be classified under the following heads :

1. Inhalation of arsenical vapors in factories.
2. Inhalation of arsenical dust from green wall papers, and in the manufacture of artificial flowers.
3. From the use of coloring matters, containing arsenic in the preparation of cosmetics, soaps, candles, inks, and in confectionery, syrups, etc.
4. From articles of clothing or fabrics containing either arsenic, or some compound containing arsenic as an impurity.
5. From the use of wall-paper, window curtains, carpets and draperies containing arsenic or some arsenical compound.

Regarding the possible danger from confectionery and articles of food, while it is probably true that the quantities of arsenic recorded as found, in most instances are due to an accidental, but very careless admixture, there does appear a slight danger, at least, from the use of artificial coloring materials, many of which are composed wholly, or in part of some aniline color, which are liable, as has been already intimated, to contain some arsenic.

The *Analyst* for the year 1884, records a very interesting and peculiar case of a sample of "colored imitation Java coffee." The report states the sample contained lead, copper and arsenic. The amount of the two latter substances is given as corresponding to 1.585 grains of copper arsenite, (Scheele's green), per pound of coffee. This amount of arsenite would indicate "the presence of about 1-24 of a grain of Scheele's green, or about 1-53 grain of arsenious acid in each half-ounce of the coffee, the quantity necessary to make up a cup of the

beverage." The report concludes "that the samples of coffee analyzed had probably been colored by yellow ochre, and the poison had thus been introduced."

Numerous instances are on record where cosmetics, toilet powders, syrups, and liquors have been found contaminated with arsenic, due to the substance existing as an impurity in some of the compounds or chemicals concerned in their preparation.

By far the most prolific source of arsenical poisoning arises from the use of arsenic in the preparation of wall-papers, curtains, draperies, carpets, wearing apparel, etc. There is no question but what many of the materials used to adorn our homes to-day, contain arsenic in greater or less quantity. In the case of the covering for the walls or wall-paper, this is very universally known and recognized, and the occasional agitation or excitement brought about by a well-marked case of poisoning, serves to reduce the percentage of the papers so contaminated. This is seen in the statement of Prof. Hill of Harvard, and recorded in *Science*, March, 1887, that "during the period from 1879 to 1883, the percentage of arsenical papers was from fifty-four to sixty-five of all papers examined. In 1884, it had fallen to forty-seven per cent., and in 1886, to 33 per cent. Only 13 per cent contained anything more than a trace of arsenic." In the common practice of a chemist, the percentage is perhaps greater than the latter, as, as a rule, only suspected papers are examined. Whether the arsenic found is derived from a constituent, or an impurity in the pigment used, or is due to the use of arsenic as a germicide, added to the size or glue to prevent fermentation, is a matter of no consequence. It is sufficient to know the fact, beyond dispute, that wall-papers are daily offered for sale in every city and town, that contain arsenic in some form or other. This fact applies to paper of all colors, grades and prices. A wall-paper can be made to contain no arsenic whatever, because we often find samples on sale entirely free. If papers can then be thus prepared without any additional cost, the public has the right to insist upon receiving the benefit, and the slightest trace of arsenic in a paper ought to condemn it for use. Regarding the prevalence of arsenic in fabrics, the same may be said. They often contain the poison, and perhaps in a condition or shape more liable to cause trouble. In an article in the *Chemical News*, 1888, Mr. Stokes states that he examined over one-hundred samples of imitation Indian muslin and cretonnes, and found that twenty-three per cent. contained arsenic in appreciable quantities, the highest proportion, 2.1 grains of white arsenic per square yard. The colors in which arsenic was principally present were the terra-cotta reds, and the greenish browns. Of the wall-papers submitted by

various manufacturers, ten per cent. were found to contain arsenic.

It is needless, I think, for me to enter into any discussion as to how, or in obedience to what chemical law, the arsenic leaves the paper, and becomes a part of the atmosphere of the room. Whether it is portions of the pigment itself, or some gaseous product, resulting from fermentation, is a matter of little practical importance. We know the fact that arsenic does leave the material, and is found in the air of the room, as abundantly proved by the investigations of Fleck, Sonnenschein, and others. It is also equally true that this air induces symptoms of illness in those continually breathing it, as proved not only by the illness itself, but also from the fact that upon removing the supposable cause, the paper or fabric, the illness gradually disappears. There are too many well-authenticated cases of this character on record, to leave any chance to doubt the truth of the statement. This fact is well recognized in some of the foreign countries, by the passage of laws prohibiting the manufacture and sale of materials contaminated. By a decree, dated April 10, 1885, Sweeden thus attempts to regulate, if not prevent, the sale of poisons.

1. Paper-hangings, roller-blinds, Venetian blinds, artificial flowers, and other articles in water-colors, (with glue, gum, starch, dextrine, glair, and the like,) printed or painted with arsenical colors, shall not be kept, or offered for sale, if at a chemical analysis, out of 200 square centimeters of the article, or less, metallic arsenic, precipitated as a black or blackish brown, at least partly opaque minor (arsenical minor) in a glass tube of 1 1-2 to 2 millimeters inner diameter, can be educed by reduction with cyanide of potash and carbonate of soda, from the sulphuret of arsenic then obtained.

2. The same prohibition shall also be observed with respect to stuff, woven fabrics, yarn, lamp-shades, sealing-wax, wafers, composite candles, and other candles containing arsenical colors, or other arsenical substances, if metallic arsenic, in the manner and quantity above stated, can be educed from 100 square centimeters or less, of stuff, woven fabrics, and lamp-shades, or from twenty-one grammes or less, of any of the other articles above enumerated.

The German Government in 1883 passed a law for a similar purpose, containing provisions as follows:

1. Poisonous colors are not to be employed in the preparation of articles of food. Under poisonous colors are understood all those coloring matters and preparations that contain antimony, arsenic, barium, (with the exception of heavy-spar), lead, chromium, (chromic acid excepted), cadmium, copper,

mercury, (cinnabar excepted), zinc, tin, gamboge, or picric acid.

2. It is forbidden to protect and pack for the purposes of sale, articles of food in wrappers which are colored with poisonous colors, as also to employ vessels for packing which, by the use of poisonous colors in their preparation, may render the contents of the vessels liable to be permeated by the poisonous substances.

3. The employment of poisonous colors, with the exception of zinc white and chrome yellow, (chromate of lead), in varnishes and oil colors for making toys, is forbidden.

4. The employment of those colors, into the preparation of which arsenic enters, as well as arsenical copper colors for wall-papers, and for making stuffs to be used in making articles of apparel, is forbidden.

In conclusion, I will simply call your attention to the more common methods employed for the identification of arsenic in wall-papers, fabrics, etc. These tests may very properly be divided into two classes.

1 Those tests having for their only purpose the simple proving, or demonstration of the presence of arsenic.

2. Those tests which, in addition to proving the presence, aim in addition to approximate the actual quantity of arsenic present in the material.

The most important of the class 2, and perhaps the most universally used, is the well-known Marsh's test, or some modification or improvement of it. This is by no means adapted to the wants of the medical practitioner, requiring considerable and somewhat complicated apparatus, and, to ensure reliable results, calling for an amount of experience, reasonably expected from none but a professional chemist. I therefore pass this, and kindred tests without further comment, maintaining that the actual quantity of arsenic in a paper or fabric, is a matter of no consequence, a slight trace just as surely condemning the material as a large percentage. I do not consider there are any reliable grounds for the defining of a safe limit regarding this poison. A certain quantity may be, perhaps, required to affect certian constitutions and temperaments, but it is, without doubt, true that a much smaller amount will affect others of different temperaments and constitutions. I am of the opinion that perfect security can only be realized by complete absence of all arsenical compounds. The tests which are therefore of interest at this time serve only to detect the presence of the poison. I think all will agree that a test to be of any value to the physician, must possess certain qualities:

1. It must call for but little apparatus, and that of the simplest kind.

2. The reagents employed must be few in number, and of ready purchase in a condition of purity.

3. The process must be simple, of short duration, and capable of easy manipulation.

4. The results must be decided, capable of no misinterpretation, and comparatively free from fallacies.

5. It must be sensitive, capable of responding to very minute traces.

The test which I would recommend as, in the most perfect degree of any, possessing these qualifications, is the electrolytic method, commonly known as Reinsch's test, depending upon the property possessed by metallic copper, of withdrawing arsenic from mixtures containing it. The following apparatus required : a test-tube, lamp, or other source of heat, copper wire, a blowpipe tube, that is a glass tube closed at one end. The reagents, pure hydrochloric acid.

Before actually testing the paper or fabric, ensure the absence of arsenic in both the copper and the acid used, by gently heating a piece of the wire in a test-tube containing a portion of the acid diluted with two volumes of water. If the copper remains clear, arsenic may be considered absent. Repeat the experiment, adding now to the test-tube, containing diluted acid and copper wire, a few fragments or pieces of the material under examination. After gently warming, the presence of arsenic is indicated by a blackening of the copper. Remember that this black color is not of itself a proof of arsenic, other substances, as antimony, sulphur, mercury, are also, under similar conditions, deposited on the wire. To complete the test therefore, remove the wire from the tube, dry between folds of blotting or unsized paper, place the dry wires in the small glass tube closed at one end, and gently heat. The deposit, under the influence of the heat, sublimes, and re-precipitates on the sides of the cooler portion of the tube, the nature of the sublimate determining the character of the black coating. Under these conditions, arsenic appears as clear, shiny crystals ; antimony as an amorphous deposit ; sulphur as a yellow deposit, and mercury appears as distinct metallic globules. Therefore nothing short of the production of the octahedral crystals will actually prove the presence of arsenic.

THE average age at death of the Jews is said to be forty-nine years, while that of the Christian is but thirty-seven. This seems strange when we consider that but two per cent. of that race follow agriculture, and that the great majority of them are town dwellers. We have an explanation of their vitality in their sobriety, their domestic and personal cleanliness, the great care they bestow upon themselves and their families, as well as in their forethought and prudence. — *Medical Times.*

KOCH'S REMEDY.

BY H. C. CLAPP, M.D., BOSTON.

In these days the physician is constantly asked, "What do you think of Koch's lymph? Will it cure consumption? Would you advise it in Mary's case?" etc. Those who read the daily papers more carefully, add to their question about consumption, "and other tubercular diseases," although not knowing before that there were such. Now, some physicians, especially if they are rather advanced in life, and are more or less idolized by grateful patients who have been lucky enough to escape death at their hands, always dislike to acknowledge that they do not know everything. Positiveness counts, and they are always ready with some kind of an answer to every question (and some of them are often very ridiculous), which the average patient asks; while the most of us, under such circumstances, feel compelled to humiliate ourselves by the confession that there may be possibly some heights to which even we may not yet have attained.

The present status of the investigation into the therapeutic usefulness of Koch's remedy is such, it seems to me, that we can just now have no positive convictions on the subject. Time enough has not elapsed in a matter, in which the lapse of time is an absolutely essential constituent. That it is a great and very interesting discovery, whether a cure ultimately results or not, and that the elective affinity of the lymph for tuberculous tissue is wonderfully pronounced, nobody can deny. Neither does anybody throughout the world, who has repeated Koch's experiments, deny that his original description of the symptoms produced is correct. In the hands of others it works essentially as in his, and in fact the discoverer is much more modest in his claims than some of his disciples. We now have in medical periodical literature a great accumulation of reports of cases treated, and from these reports it is proper to draw what deductions we may, leaving until a later day our final decisions as to the usefulness of the remedy. It is really fortunate that the policy of Koch and the German Government has prevented the indiscriminate use of the remedy by everybody; for, if it is in the end going to do more harm than good, the amount of injury thus saved is incalculable, while on the other hand, already plenty of cases have been experimented on to settle the question, when time enough has elapsed.

All observers agree that in many cases the injection is followed by decided improvement, both in subjective and objective symptoms, an improvement which to some seems merely a temporary change, and to others a sure harbinger of recovery. All

also agree that many cases are followed by aggravation and death.

One indication which, so far as we can now see, has special significance, comes from the recognized action of the remedy in causing *necrosis* of the tuberculous tissue. The bacilli themselves are not killed, but the living tuberculous tissue enclosing them. The tissue thus necrosed must be thrown off, else damage would result, especially the incursion of bacilli into neighboring living tissue, and the eruption of fresh crops by infection in other organs of the body, which thus become diseased. Koch himself admits this, but argues that they will probably be overcome by renewed and frequently repeated injections of the remedy. On this latter point, however, which is at present problematical, others disagree, thinking that nothing but evil can result from such infection. In cases of cutaneous tuberculosis, like lupus, *e.g.*, the necrosed tissue can readily become detached, and be thrown off. But even in such cases, the confidence with which the physician might attack them on this account would be lessened by the recently acquired knowledge that in some cases which were supposed to be simply lupus, after the injection evidences of pulmonary tuberculosis were found, which had previously been undetected by physical signs, or by the microscope.

The detachment and casting off of the necrosed tissue can also take place with more or less ease, from those portions of the body which communicate either directly or indirectly with the exterior; such as the mucous membrane of the mouth, nose, pharynx, intestines, bladder, etc. The larynx communicates readily enough with the exterior, and is a very favorite seat of tuberculosis. But here a great difficulty meets us. One marked effect of the remedy on living tuberculous tissue everywhere is an intense hyperæmia, and consequent inflammatory swelling. The larynx is an organ which can bear very little of this without decided and dangerous interference with respiration, and Koch's lymph in such cases has often necessitated tracheotomy to save life. In one case where this operation had already been performed before the lymph was tried, and this danger was therefore excluded, Senator, by Koch's method, occasioned great relief from the unpleasant symptoms.

In pulmonary consumption, for anatomical reasons, the detachment can be effected only with great difficulty, and the hyperæmia is so great as to produce often acute inflammation of the lung substance, caseous hepatization and hæmoptysis, sometimes alarming, from the walls of cavities. All observers agree that in treating phthisis with the remedy, the outlook is hopeless in advanced cases, and that it is only in the early stage that

any lasting benefit may be expected. Some observers have noticed an enormous increase in the number of bacilli after the injections, and some a decrease. In some advanced cases of phthisis, and in some which proved fatal after the injections, temporary improvement of the symptoms was reported.

In tubercular disease of the joints, bones, scrotum, and where the tissue, after necrosis has taken place, can be removed by the surgeon's aid, there seems to be more hope; but in closed cavities where there is no chance of its evacuation, the prospect is depressing. In tuberculosis of the brain and its envelopes, death has followed the injection, or alarming symptoms have been produced in so many cases, that experimenters now shrink from testing the fluid on such patients. Virchow describes intense hyperæmia of the brain and pia mater, such as he had never before seen, the brain being of a dusky-red tint.

As a means of diagnosis of living tubercle, almost all agree that Koch's lymph is well-nigh infallible, although some, like Virchow, claim that in some cases of undoubted tubercle in large quantities, it had no effect. But if it turns out to be true, as some claim, that its use serves to inoculate sound tissue, the demand for it for diagnostic purposes will be small, and he who would thus use it at such a risk, is surely criminal.

PERSONAL OBSERVATIONS OF KOCH'S BACILLI.—SUMMARY OF FIFTY CASES.

BY J. P. RAND, M.D., WORCESTER, MASS.

[*Read before the Rhode Island Homœopathic Medical Society.*]

Gentlemen: — The world is just now in a fever of expectancy over the recent announcements of Prof. Koch. The daily press takes them up, and heralds the "glad tidings of salvation" to at least a seventh of mankind, before the slow-appearing medical journals have a chance to speak. Even as I write, I notice among the cablegrams the manner in which Prof. Koch's lymph is said to be prepared, how he himself is received by the Empress of Germany, to whom he explains his methods and his hopes, and how an army of American physicians are on their way to Europe to study at his feet. A universal need creates a universal interest. The public are reading, and the profession must not lag behind. Whether or not this new method shall blow over like Bergeon's late myth of sulphuretted hydrogen gas, or cool off as quickly as Weigart's hot-air contrivance, makes no difference. The physician must understand all theories and methods, must know how to carry them out in his practice — that will satisfy his patients. Whether he accepts and believes depends upon his results.

Even yet the germ theory of tuberculosis is by many held in doubt. Dr. Spina of Vienna, while agreeing with Koch in finding bacilli in the sputa, could never find them in tubercles which had had no connection with the outside air; hence he declares them to be the result, not the cause, of tuberculosis. Dr. Leaming of New York, while admitting the presence of bacilli, denies their being an etiological factor. He argues, "they may be spores, eggs, germs, laid there by their parents, which, when perfected, fly away to seek other tuberculous cavities in which to lay their eggs." Dr. W. H. Burt, of Chicago, in his recent work on consumption, says, "To me no more silly and unscientific craze has ever found a foot-hold, than this bacillus theory. I predict that in ten years from to-day, the great majority of physicians who accept it now, will have discarded it as an illusion." He denies the contagiousness of consumption, and advocates an original plan of treatment by suralimentation of liquids. Dr. Gibbs of Michigan University, and Dr. Shurley of Detroit, in a series of articles in the "American Journal of the Medical Sciences," repudiate almost *in toto* the assertions of Prof. Koch, and by repeated experiments upon the lower animals would establish the falsity of his conclusions. But in spite of all opposition, it cannot be denied that Koch's theory, upon which are based his methods of relief, is just now most heartily in fashion. The majority of reading physicians accept and believe his propositions regarding the cause of consumption, and will with equal credulity accept his cure. The Board of Health in New York city nearly two years ago issued public directions regarding the treatment of consumptive cases, and modes of disinfecting their sputa, all of which were based upon, and in harmony with, the theory of Dr. Koch.

Without taking any sides at present in this battle of microbes, I wish to give you in brief, results of my own observations of patients whose sputa I have examined for bacilli in the last three years. I wish, too, to thank the score of physicians, without whose aid it would have been impossible for me to have prepared a paper of this kind. I have no theory to substantiate or prove in this recital; my cases are not made up for effect. I only seek to disclose the truth, the whole truth, and nothing but the truth regarding them. Many of my sketches will be very imperfect, especially in regard to exact dates, for of a part of them, I have no convenient record; and of course, too, there will be some unavoidable errors, but so far as I am able, you shall have them exact. I shall number my cases for convenience and reference, not to indicate any order of examination. The list will be far from complete, and yet I trust in a general way it will be of value. At any rate you shall have it for what it is worth.

Case 1. Lydia P., maiden lady about forty; of a consumptive family; had slight cough and expectoration; no fever. Examined sputa spring of '88. At that time she was under the care of another physician, with whom she continued treatment, and at the present time is in comfortable health, a period of thirty-six months after the finding of the bacilli.

Case 2. Fred W., age about twenty-two. Found the bacilli very numerous. At time of examination he was far advanced in consumption, and died a few weeks later.

Case 3. Silas B. W. Age about thirty-six; jeweler; had overworked, and doctored himself along with patent nostrums for some time. At last was obliged to give up, and came into my brother's hands for treatment. Found the bacilli abundant. He died two weeks later.

Case 4. Allan T., farmer; age about forty-five; resided in Hampden, Mass. Had been under the care of Dr. Warren of Worcester, who referred him to me for examination. Found bacilli in his sputa. He lived about four months from that date.

Case 5. Nellie L., age twenty-two. Had slight cough and some consolidation of right lung. Sputa examined in the summer of '88; a few bacilli were found. She improved, and for about a year went without medicine. Last winter her lungs again troubled her, and in the spring she went with her mother to Califorina. She died three weeks after reaching there, and a little less than two years after the examination of her sputa.

Case 6. John B., age thirty-eight. Had worked in woollen mills until his health began to fail, when he bought and settled on a farm. Examined sputa in the summer of '88, when he had a cough, elevation of temperature, and night sweats. Lungs did not show corresponding signs of decay. Bacilli were scantily present. At present writing he is in better condition than he was two years ago. Is doing his farm work, and has even purchased more land.

Case 7. Harriet A., age twenty-four, a graduate of Mt. Holyoke, and teacher in Monson Academy during the year of '87-'88. July of '88 developed pain, fever, and cough. Physical examintion showed complete consolidation of apex of right lung; the microscope no bacilli. Prof. Clapp, of Boston, examined patient and pronounced it a case of pneumonic phthisis. I have had abundant opportunity to watch this patient, in fact I was so much interested in her that I married her in the following January. I am glad to say that she has developed no further signs of consumption, and at the present time is the proud mother of a remarkably fine baby.

Case 8. Frank M., farmer, age fifty-five. Subject to cough and attacks of pleuritic pain. Sputum at time of examination was

almost black, as though it had been mixed with coal-dust. Patient had inhaled nothing of the kind. This was in the winter of '89. No bacilli were found. At present he is in usual health.

Case 9. Mrs. Herbert B. Patient of Dr. Rand of Monson. Had La Grippe, followed by cough and other suspicious symptoms. Found no bacilli. She made a rapid and complete recovery.

Case 10. Chas. C., age forty-five; stone-cutter; grew ill, and still worse. Stomach, liver and almost every organ of his body, except his lungs, claimed to be diseased. Council of regular physicians two weeks before his death assured him his lungs were all right. Three days before he died my brother was called to attend him. He sent me sputa for examination, which I found saturated with bacilli. Autopsy revealed tubercles in both lungs, together with abscesses and cavities.

Case 11. Fred L., age twenty-four; mill operative. Had just given up work when I examined his sputa. Found bacilli very numerous. He was not confined to his bed at all, but died suddenly, some six weeks later.

Case 12. John B., veteran of the war. Had worked for several years at whittling the plaster moulds in the Monson straw shop. Had chronic pneumonia several years ago, from which he did not fully recover. Since then had spent the greater part of his time in the West. Returned East in the Fall of '89. Sputum was examined, spring of '90, and few bacilli were found to be present. His attending physician writes me that he is gradually failing, and will die soon. Have since learned that he died last Saturday.

Case 13. Miss M. Seen in consultation. Sputa examined Oct. 4, '88. Seemed crowded with bacilli. She died the next day.

Case 14. Mrs. A. C. H.; twice married; age sixty. The previous physician had examined her lungs, and pronounced them all right. She was having an attack of hæmoptysis when I was called. This was Sept. 1, '89. Examined her sputa, and found a few bacilli. She died the following March.

Case 15. Mrs. Louis H. Seen in consultation July 26, '89. Sputa contained bacilli. She lived about three months.

Case 16. Chas. G., plumber. Formerly did business in Providence. Lungs badly obstructed, also had mitral insufficiency. Saw him in consultation, Dec. 3, '89. His sputa contained a few scattering rods. Patient improved, and is comfortable at present, though unable to work.

Case 17. Silas T., cobbler. Coughed and expectorated a great deal. No fever or consolidation of lung tissue. Dec. 2,

'89, no bacilli in sputa. At present he is in usual health, although cough and expectoration still continue. A genuine case of "old-fashioned" consumption, so-called.

Case 18. Mrs. C. Had persistent cough following La Grippe. March 26, '90, examination of chest and sputa gave negative results. She responded quickly to treatment, and cough ceased.

Case 19. Frank P., age 21; ticket agent. Began to fail about a year ago. Examined sputa July 22, '90. Bacilli present. In the early part of November he went to Florida, returned unimproved December 21st, and died one week afterwards.

The foregoing examples occurred in the practices of my brother and myself. With some I have been unable to give the exact dates, yet I have an intimate knowlege, and distinct recollections, of them all; so that my statements cannot be far out of the way. The balance of my paper will depend largely upon the reports which the physicians for whom I have examined specimens have kindly furnished. To rest your ears, and relieve somewhat the monotony, let me read a bit from a letter just received from Dr. Watts, of Stafford Springs, Conn.:

"*Dear Doctor:* — Your request for histories of sputa cases at hand, and I have been trying to fix dates and ages definitely, but with rather poor success, so here goes the best I can do:

Case 20. William T., age 22. Been coughing ever since I knew him. Sputa examined last February, and he died May 14th.

Case 21. Miss N., age 35. Sputa examined in May. I told her what the matter was, so she called an old-school doctor. She died in the good old regular way six or eight weeks later.

Case 22. Nelson A., age 32. Found bacilli in June, '89. There was slight dullness in one lung, constant cough, with little expectoration. Sent him to California, where he died the following winter.

Case 23. Robert H., German, age 29. Worked in woollen mill; had been coughing for about a year. Don't know exactly when sputum was examined. Died in November, '89.

Case 24. About the same time a young married woman called. There was a little dullness in one lung, and bacilli in sputa. That was in May. She gained a little, was quite comfortable through August and September, but is worse now.

Case 25. My brother-in-law you know about. You found bacilli, in the Fall of '88. He got better through the winter, was taken worse in March while trying to work on a butcher's cart, and died the following January.

Case 26. Will P., has physical signs of first stage, but is improving somewhat on a combination of my prescription of calcarea phos., and his own of whiskey and sugar.

There may be others, but I can't recall them, and don't seem to find them on my books. Have noticed this much ; in no case where you have failed to find the bacilli has tuberculosis developed. Physical signs or symptoms have coincided with your results without exception, and several cases that I could not have diagnosed without the microscope, have died of consumption."

Cases 27 and 28, reported by Dr. Chas. Nichols of Worcester. Dr. Henry S., age 22. Took a severe cold, lost his voice, and for a year was treated for laryngitis. Came under my care Dec., '88. Was sent to southern California at once after diagnosis. Died three months after. — Miss B., age 20. Had a severe cold for three months. Began to lose flesh and strength suddenly. Had night-sweats, hectic, etc. Sputa examined at that time. She died in six weeks.

My next two reports are from examinations made of the lungs of tuberculous cows, which were sent to me by the advice of Dr. W.H. Sawyer of Boston. He sends me the following history of one, in which I demonstrated the presence of bacilli.

"The cow whose lights were sent to you was a genuine Bostonian in everything except she never learned to eat baked beans. About the middle of last May she began to cough. At that time she was giving twelve quarts of milk a day. She was immediately isolated. Her cough increased constantly. A rattling sound could be heard in the trachea, and prolonged expiration. Was killed about three weeks afterwards, to save her life. The whole lung was, like the specimen you had, filled with tubercles from the size of a small pea to that of a hazel-nut. There were pleural adhesions on the right side, and on the left side there were patches as large as my hand, studded with tubercles. Three or four little pus cavities were found in the liver, but no tubercles. Other organs gave negative results. Udder was all right."

The second cow was from a suspicious herd. Butcher brought in a piece of infiltrated lung-tissue. Cow had no cough or other evidence of disease. I found this piece to contain a little cavity of pus, and around it were a few miliary-looking bodies, whose gross appearances answered the description of tubercles. I prepared and examined a half-dozen slides from this specimen as carefully as I could, and found no bacilli, as I fully expected to do. That was my first real disappointment with my glass, and I can never recover from it, as the cow has been dead and eaten up long ago.

My second disappointment came in a case, 29, which in the event, has proved no disappointment at all. Patient, boy ten years old ; of a consumptive family. Had the "Grip," last winter, and all the spring and summer grew poor and hollow-eyed.

Coughed and raised a great deal of heavy sputum. Percussion showed marked consolidation, and auscultation impaired respiratory murmur, with tubular breathing. Sputa examined last August. Beautiful slide, but no bacilli! I was astonished. Would have staked my professional reputation that the boy was in an advanced stage of consumption. I had examined this case myself, you see. His uncle, Dr. J. K. Warren of Worcester, thought he would not stand it but a few weeks, and advised his mother to take him home; but yesterday I learned that the little fellow has gained constantly ever since, and is now pretty well, so my apparently contradictory evidence has become confirmatory.

Case 30. Patient of Dr. D. B. Whittier of Fitchburg, from whose quite complete report I extract the following: "Miss L., age about thirty, anæmic. Last winter had the 'Grip.' Cough commenced in April, with gastric disturbances. When I saw her in July last had an evening temperature of 103. Subcrepitant râles, slight dullness of left lung. Since my attendance, has eaten better, but not enough to prevent wasting, prostration, and certain decline." Sputa found to contain bacilli August last. Have since learned patient is dead.

Case 31. Reported by Dr. F. E. Wilcox, Willimantic, Conn. W. R. S., confectioner, age thirty. July 30th, sputa found to contain bacilli. By advice of his physician he sold out business, and has spent most of his time out of doors, with a manifest gain of fourteen pounds in $3\frac{1}{2}$ months.

Case 32. James S., age seventeen. Worked in a box shop. Left work four months ago. Saw him first Oct. 22nd. Sputa examined a few days later. Said if he had consumption he would not take any treatment. Was so persistent that his physician did not prescribe, but advised him to get out doors and stay out, in consequence of which, he has very much improved.

Case 33. Patient of Dr. H. M. Bishop, of Norwich. He writes as follows: "The case whose sputa you examined and found no bacilli, is forty-six years old. Has had catarrhal bronchitis off and on for many years; has repeatedly expectorated small quantities of blood. He retained his general weight of 170 lbs. with fair appetite and digestion. Has been found within a few years to have some albuminuria, with severe pain in the region of the kidneys. A complicated case, but free from cough at present."

Case 34. Miss Josie M., age nineteen. Attended by Dr. Lamson Allen, of Southbridge. Was taken January, '89, with hacking cough, chills and debility. Remained in school until the following June. Not until the fall of 1889, did any one pronounce her case consumption. Spent last winter in South

Carolina. July, '90, came under Dr. Allen's care. Sept. 6, '90, sputum was found to contain an abundance of bacilli. Oct. 1st, she died.

Case 35. W. H. H., of Palmer, Mass., of whom his physician, Dr. G. H. Wilkins writes: "He had a troublesome cough, and as was diagnosed by Dr. Clapp, a hardening of the upper portion of one lung, though I could never tell which. Your examination confirmed his diagnosis, as you reported the bacilli few in number but unmistakable. I am still half inclined to think he has lung trouble, though I have not heard him mention cough for a year or so."

Case 36. Sputum was found to contain bacilli. Sent by P. H. Dassler, of Neola, Iowa. He writes, "My patient died. I treated him just nineteen days. His death was due to Bright's disease, pulmonary tuberculosis being a secondary condition."

Concerning Case 37, Dr. C. L. Kingsbury, of Boston, writes: "You examined two specimens for me, both of same patient. In both you found bacilli, but stated that they were not numerous. Patient died Sept. 29th, having presented the usual symptoms of ordinary quick consumption. She was a girl of nineteen years, and had never presented any symptoms of this character previous to a severe attack of 'La Grippe.' None of the immediate relatives had died of this disease."

Case 38. Sputa examined Aug. 26th. Dr. F. M. Bennitt, of Chicopee, Mass., completes the history: "Patient, male of about fifty-two years. Scrofulous diathesis. Had lost a number of near relatives with consumption, but had ordinarily enjoyed good health himself. About a fortnight previous to sending specimen, had been suffering from catarrhal irritation of his respiratory tract, accompanied by general functional depression, but having no distinctively tuberculous symptoms, so I somewhat expected your verdict, no bacilli. He is now quite well, and attending to his business as usual."

Case 39. Sputa examined Oct. 14, '90, and found to contain bacilli. History furnished by Dr. F. L. Barnum, of Carlisle, Pa. "Patient, male; age, twenty-one; saw him July 13, '90. Physical examination typical of phthisis. Treated him in a general way up to the time I sent you sputa. After that I began the use of the inhaler, using iodine, carbolic acid, creosote, etc. General health improved for about a month and a half. At this writing he is apparently going down."

Case 40. Patient of Dr. Mellus, of Worcester. Mrs. W. Sputa examined Jan. 9, '89, and found to contain no bacilli. Patient recovered, and is now living in Warren, Mass.

Case 41. Also a patient of Dr. Mellus. Sputa found to contain bacilli Jan. 30, '90. She died June 16th.

Case 42. Patient of Dr. O. W. Roberts, of Springfield. Mar. 31, '89. reported bacilli present, upon learning which the doctor made known to the patient the frightful diagnosis, and that was the last he saw of him. Another physician signed the certificate in three months.

Case 43. Patient of Dr. Roberts, who had declared the condition tuberculosis of the bowels, and wished to have his diagnosis confirmed by the microscope. Bacilli were found in the fecal discharges a short time before the patient's death.

Case 44. Mr. C. C. E., of Enosburg, Vt. Nephew of Dr. Roberts. Had all the symptoms but not the physical signs of consumption. Sputa examined July 6, '89, and found full of bacilli. The doctor sent his nephew to the Adirondacks where he made such marked improvement that in a few months he considered himself nearly well. I examined his sputa the following March; he sent me all he had raised for a week, in a small vial, and in it I found perhaps half a dozen rods.

Case 45. Mrs. A. Patient of Dr. Carl Crisand, of Worcester. History was typical of the early stage of consumption, with hemorrhages, fever and cough. Bacilli, too, were present. But under treatment she has improved, and been in good health for more than a year.

Case 46. Mr. W., machinist. Had "La Grippe" and continued to raise thick, lumpy, greenish sputa. I found no bacilli present, on the strength of which examination Dr. Crisand positively assured his patient that he would recover, and he did.

Case 47. Mrs. D. Age twenty-eight. Had coughed for several months. Temperature 102½. Pulse 120. Sputa showed no bacilli. At present the patient is able to do light work.

The three foregoing cases, Dr. Crisand treated with iodide of arsenic. All had elevation of temperature, all showed physical signs of lung trouble, the sputum in every case was suspicious, and all made satisfactory improvement.

Case 48 has hardly been long enough to report, but I found the bacilli, and you will be interested to hear what the attending physician, Dr. O. A. Palmer, of Warren, Ohio, says: "Dear Doctor, I think you are correct, and I have a bad case to do anything with."

Case 49. Patient of Dr. E. A. Murdock, of Spencer. Sputa examined Sept 12, '90. Did not contain bacilli. Saw the doctor a few weeks since, and he told me that the patient had improved satisfactorily, and was all right.

Case 50. Also a patient of Dr. Murdock. Sputa examined September 14, '90. I refer to this case with a good deal of pride, for though I found no bacilli, the examination led me to suggest to the doctor that possibly he had an abscess of the

lung to deal with, which he afterwards admitted to be the case. His patient was a Grand Army man, who took cold at the time of the great parade in Boston. Came home with cough and pain in the chest, which was soon followed by expectoration of large quantities of very offensive matter. After a few weeks the patient passed into the hands of a second attendant, who had the sputa re-examined with negative results. He died about the first of November, with what seemed to be gangrene of the lung, although no autopsy was permitted the physicians.

Right here I wish to ask those physicians who believe the bacilli to be the *result* not the *cause* of the breaking down of lung tissue, why they are not present in all cases where heavy matter is expectorated from the lungs, especially in this case, when the sputa showed unmistakable signs of decomposition? Why is not pus from a pulmonary abscess as favorable a soil for their development as that from a tubercle, if indeed they are scavengers, and feed upon offal as some would have us believe? My experience has led me to form no opinion regarding the presence or the absence of bacilli from the gross appearance of the sputa. I have found them in the glairy products of incipient phthisis, and failed to find them where I most expected to, and yet the results in all my examinations of human sputa have corroborated the testimony of the microscope.

Let us summarize briefly the fifty cases mentioned. Thirty-seven of them contained bacilli, of whom not one can really be said to have fully recovered, only eight have improved, four others are yet living, and twenty-five have died. Already a mortality of more than 60%. The other thirteen cases in which no bacilli were found, eight have recovered, four improved, and one died, evidently from gangrene of the lungs; not one has developed consumption.

The finding of a little rod $\frac{1}{5000}$ of an inch in diameter must surely have some diagnostic and prognostic value. Whether it be the cause or only an accompaniment of tuberculosis makes but little difference.

The fact that consumption is generally conceded to be contagious, would indicate it to be the cause. The germ theory is the most reasonable explanation of this contagion and will stand until some one can disprove it, or advance a more rational one in its place.

Notice regarding the eight improved cases in whose sputa the bacilli were found, that six showed no pulmonary disturbance perceptible to the ordinary methods of physical exploration. The diagnosis was made from the sputum alone, and in one instance this early diagnosis apparently saved the patient. Is it not fair to suppose that if the diagnosis had been made earlier

in the fatal twenty-five, some of them at least might have improved? They were no more truly consumptive than the fortunate eight, one of whom had hordes of bacilli in his sputa, only in his case the process of wasting had not gone so far but that nature had power to withstand the attack. Here, then, as it seems to me, is the value of the microscope; to detect the bacilli before they do their work. She is truly but a poor housewife, who first finds moths in her wardrobe when her garments are spoiled. Is the physician who waits for the consolidation and breaking down of lung tissue before making a diagnosis, any better? Consumption must be cured early if at all. Even if Prof. Koch's dreams be true, and if it be indeed true that he has discovered a remedy, the proposition holds good. The advanced stages of the disease are still without hope. In his recent address before the medical fraternity at Berlin, Prof. Koch declares: "The most important point to be observed in the new treatment is its early application. The proper subjects for treatment are patients in the initial stage of phthisis, for in them the curative action can be most fully shown, and for this reason, too, it can not be too seriously pointed out that practitioners must in the future be more than ever alive to the importance of diagnosing phthisis in as early a stage as possible. Up to the present the proof of tubercle bacilli in the sputum was considered more as an interesting point of secondary importance, which, though it made diagnosis more certain, could not help the patient in any way, and which in consequence was often neglected." "In future this must be changed. A doctor who shall neglect to diagnose phthisis in its earliest stage by all the methods at his command, especially by examining the sputum, will be guilty of the most serious neglect of his patient, whose life may depend on this diagnosis, and the specific treatment applied in consequence thereof."

THE little island of Heligoland is an exceptional bit of territory in many respects, amongst others in this, that never in the recollection of the "oldest inhabitant" has it been the seat of professional jealousies. Why is it so favored? Because only one medical man (dentist, surgeon, general practitioner all in one) is to be found the length and breadth of the island. No sooner, however, had Germany taken possession of her new appanage than this delightful state of things seemed destined to come to an end. An announcement appeared in the *Heligoland Gazette* stating that a second German M. D. would shortly take up his residence in the island. Of course, the Heligoland doctor was up in arms at once. He appealed to the new governor, quoting the Emperor William's dictum that the rights and privileges of the Heligolanders were to be respected and to remain unchanged "for the present," and the result is a decree leaving him in undisturbed possession of the sole right of practice in the island.—*Bost. Med. and Surg. Jour.*

IF hops were a sedative, frogs should be better sleepers.—*Med. Era.*

ADDRESS OF THE PRESIDENT OF THE RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

BY CHAS. A. BARNARD, M.D., CENTERDALE, R.I.

INTRODUCTION.

In selecting the theme for my address to you this year, none has seemed so fitting to me as one that would allow me to express to you my deep interest in, and anxious solicitude for, our common cause as Homœopathists. Not less is this true of the individual members than of the society as a whole. Whatever I may say is prompted by the utmost spirit of kindness and charity to you as individual members, and with an eye single to the glory of all. If anything may seem to you dictatorial or censorious, I beg of you to remember that whatever I say to you I take unto myself — no man can be more keenly alive to my shortcomings and defects than am I.

A PLEA FOR MORE EARNEST AND UNITED WORK.

I hold that no man can be counted guiltless, who is not up to the highest standard of which he is capable. Our duty to ourselves, to our patients, to our Creator, demands our earnest, our undivided endeavors.

Which of us, if arraigned to-night with regard to the proper use of his talents, could plead "not guilty." Of which one of us could it be said, "Well done, good and faithful servant."

To heal the sick, to relieve pain, to restore to usefulness the maimed, to mitigate the woes of tortured humanity, to save life; what more useful occupation, what nobler calling, what more sacred office? To this noble and useful life, we have devoted ourselves. Have not those who trust their future usefulness, and their lives, in our hands, a right to demand of us that it shall be a *devotion*, and not a mere means of subsistence? I verily believe it. An aged friend of mine, president of one of our Southern colleges, a man whose earnest, thoughtful manner would call forth your respect, once said to me, "I would not like to employ a physician who would not be anxious if I were sick."

Are we thus devoted? The question is not merely "have I given my patient the best services I had," but "would it have been possible for me to have given him any better?" Do you plead guilty?

If, then, we are not receiving and giving to the best of our ability, let us, like men, candidly acknowledge our error and look about us for a remedy.

First, let us take an introspective view. What has been our

object in studying medicine? Was it merely to obtain a degree? Then we had better go back to college and stay there until our greed for titles is satisfied. Was it that we may have an easy way to get a living? Let us, one and all take up the saw, the hammer, the bar, the pick, for certainly it were easier, and we will at least be sure of our earnings. For the life of the devoted, conscientious physician must ever be one of toil, exposure, self-sacrifice. Was it then simply and solely as a means of subsistence? Then we are prostituting one of the noblest professions on earth. But I take it that we are none of us satisfied with any of these positions.

I feel sure that, recognizing the nobility of the calling and wishing the greatest good to the greatest number, we have equipped ourselves to the best of our ability, and have joined the grand army of noble heroes, who are waging war against the common enemies of mankind, suffering and death. In this warfare, of what does our armor consist? In the first place, we have made ourselves familiar with the fundamental sciences, anatomy and physiology. These are to us breastplate and helmet. As our shield we have grasped the protection which physical diagnosis throws arounds us. While our weapon of attack has been and must ever be our materia medica, especially must this be true of us as homœopathists. Having thus enlisted and equipped ourselves with a full understanding of the toil, exposure and self-sacrifice on one hand, and the emoluments and honor awaiting us on the other, we stand face to face with the enemy, well drilled, and armor bright. But hold! are we well drilled, presenting an unbroken front to the enemy with burnished armor, and amunition dry and ready? Alas, alas, I fear we should be court-martialled. I fear the picket of the enemy would find our lines broken. I fear the officer of the day would find our sword rusty and the point blunted. Do we keep ourselves refreshed with the fundamental principles of our science? Do we always have in mind the size, location and office of all the organs when we are taking a case? Do we have clearly brought to our senses the signs of disease? Are we prepared to interpret these signs when we see, hear and feel them? Are we familiar with our materia medica, so that when we have been able to find the weak and unguarded point in the enemy's armor, we may be able to strike the decisive blow? Are Hahnemann, Jahr, Hering, Allen, familiar names to us, or are we as Hamlet puts it, willing to "fly to other ills we know not of." Who pleads guilty?

We call ourselves adherents and followers of Hahnemann. Do you think he would recognize us? Would he, if he had a troublesome cough to combat, give some one, or all, of the nostrums

to be found in the shops? Would he, if he had a difficult case of rheumatism to deal with, give the unknown chemical compounds which the manufacturers and dealers would make us believe are the true elixirs of life? Would he, if he had an obstinate case of malaria to overcome, give a little more quinine? Would he, if he were called to a severe case of neuralgia or colic, fill the patient with morphine? Nay, nay, my brethren, his sword would be sharp and bright, and would be thrust home instanter.

If we do not likewise, is it not because we are sleeping at our post? Are we not like Marco Bozzaris, dreaming of the hour when Greece her knee in suppliance bent, and are we not like him, in danger of waking to hear, "The Greek, the Greek, they come, they come!" But you say, "it is so much easier to inject a little morphine to stop a pain." Did you become a doctor to have an easy life? Then you had better let yourself for a wood sawyer, for your life will be beset with thorns. If you have no weapon, the easiest way to kill a serpent is to stamp on it. But how much easier and quicker to strike it with a little switch. And so I say, how much quicker, nicer, more effectual to give a dose of the indicated remedy when once you have mastered so much of materia medica as will enable you so to do.

Again, you say, "our materia medica is so voluminous. There is so much in it that is practically valueless, life is too short to spend in perusing its pages." Learn to sift it; study it by the comparative method, after the lamented Carroll Dunham, and as was so ably and carefully done a short time ago by our Doctor Phillips. Is life any shorter or more valuable to spend in learning something definite and of lasting value, than it is in getting acquainted with nostrums which flourish to-day and to-morrow are forgotten?

Out upon us, brethren! Let us have done with lung fever, and liver diseases and dropsy, and our half-dozen remedies. Let us know what kind of lung fever, which disease of the liver, and what causes the dropsy. Let us study Materia Medica, and my word for it, you will find much less need for resorting to drug effect, instead of medicinal.

Extending the scope of our vision, let us look along the lines. Our plea was for earnest, *undivided* endeavors. Are our endeavors undivided? If not, why not? Are we giving to our life-work our first and last, our earliest and latest energies? Having put our hands to the plough, are we looking back? Beyond the point of diversion for recreation, I believe the man who pursues any calling, or allows himself to be drawn aside by any scheme, society or pleasure does so to his own injury. We are taught

in Holy Writ that "an house divided against itself cannot stand," and we must beware of allowing any division of our time, our attention, our sympathies, lest we be brought to grief.

Having considered the individual soldier, the rank and file, let us inspect the camp. A good soldier attends the camp-fires. Just as surely does a good doctor attend his medical meetings, and try to make them profitable and interesting. Some one has said, "tell me the manner in which a man attends to his society meetings, and I will tell you his professional status."

Our annual meeting is fairly well attended, but our quarterlies, oh our quarterlies! Let us see; we register forty-two doctors. A meeting is appointed for January, April, July and October. About half an hour after the appointed time, a few straggle in. About an hour after, a quorum is present; meeting is opened, a quaker meeting generally, the appointee for a paper is called for, and he is absent. Where is everybody? Oh, the doctor that is expecting an obstetric case, you know our societies abound with them, he can't come. Ten to one the case does not need him, and then he is sorry, don't catch him that way again, but the next meeting does. Then there is the man whose office was full of patients; and those who forgot, and those who had a military meeting to attend, and those who went to the theatre, and those who did not care, which was the matter with all of them, only they won't own it. "Brethren, these things out not so to be."

Our constitution declares the object of our society to be "the advancement of the science and practice of medicine by meetings for the mutual interchange of the opinions and experiences of its members." Surely we wish to be constitutional.

Demosthenes said that eloquence was action, — action, — action. Well, is there anything under the sun that's valuable and progressive that is not action? How are we to express our opinions and experiences unless we meet? How are we to interchange our thoughts unless we express them? I think I may safely say we have in our society twenty members who can and should write one presentable paper every year. This would give us five good papers at every meeting, and someone should be appointed to open the discussion on each paper. We have at least as many more who could and should present us with an interesting case, to be followed by discussion. Let the papers and reports be forthcoming. Let each member resolve that hereafter he will, by his presence, by his contributions, do all in his power to make the meetings interesting, and you will see such an impetus given to our cause as will astonish you. One of our most learned members once said to me, "If you want the

members to come to the meetings, you must feed them," — intellectually he meant, but he gives us ne'er a crumb.

It was my good fortune and pleasure to attend the annual meeting of the Massachusetts Surgical and Gynæcological Society in December. Such a hearty good feeling, such a list of papers, such stand right up, give and take discussions, as would do your heart good. They were not afraid to criticize and be criticized. Why, you might almost imagine you had gotten into a methodist conference meeting, so lively and good-natured were their discussions.

That is what we need and must have, ye followers of Hahnemann; more good fellowship; more sympathy; more interest in the common cause; more united efforts. Who cares for our hospital? Who cares for our dispensary? Who does anything for them? Who tries to enlist the sympathy and aid of his wealthy patients? How does our record compare with that of the Massachusetts Society? We are holding our forty-first annual meeting. What have we to show for it? A small hospital, struggling along in debt, in the hands of the Laides' Aid Society. God bless the ladies. If we had half their tenacity of purpose, we should long ago have been on a good footing.

Our sister society has just celebrated her fiftieth anniversary. What is the result? A splendid hospital and college, and dispensary; $120,000 from the state for the hospital; $90,000 dollars for a dispensary and ground from the city to build it on; a private bequest of $150,000. How has it been done? By personal endeavor. By united effort. Shall we be found wanting? "Life is real, life is earnest, then let us be up and doing."

I firmly believe an organized effort should be made in aid of our hospital. I just as firmly believe that many of our wealthy corporations and private citizens should endow that worthy institution. Let some of our well-to-do physicians set them a good example and purchase a free permanent bed. Is it too much to ask? I think not. I take it, and I think rightly, that many of us owe our success in life to the fact that we have espoused the cause of homœopathy. Shall we not gladly pour into the lap of the generous mother, who has so bountifully blessed us, a little of her offerings? Why not?

Why should not the suggestion, which has been offered before, be acted upon? That of asking the churches to set apart a portion of the contribution taken on hospital Sunday, for our hospital. Surely a good portion of our congregations are homœopathists, and should have the right to help their own.

In closing let us have a few words to ourselves. To the older members, those upon whose heads the snows of many winters have fallen, we accord to you the first place. The

wounds of many battles deface your armor, the laurels of many victories rest upon your brows. Shall we appeal to you in vain for your presence, your counsels, for the rich treasures laid away in the storehouse of your learning and experience?

To the young man let me say, adopt as your motto the immortal words of Henry Clay, "I would rather be right than be president." Work! Work! Work! Be fully equipped; study your cases; that is the best advice I ever received. Said Prof. Alfred Loomis, than whom, I know of no more magnificent character, to the entering class at college, "Young men, there is no royal road to success. You may think that some have genius, but I tell you there is no genius in this world like hard work." If a case is not perfectly clear to you, never lose a moment until it is so. Write, begin now and write. If it takes a year to write your first paper, stick to it. Who became the first orator of his time? The stammerer who had to fill his mouth with pebbles, and shout on the seashore.

To the middle man, I say, we must be foremost in the fray. We must bear the heat and burden of the day, We must be a unit in the common cause. Shall we not? Shall we not march on, shoulder to shoulder with our faces to the foe? Shall we not, forgetting ourselves in our interest for the common cause, and imbued with the spirit of our martyred president, "with malice toward none, with charity for all" seek the triumph of our cause, and share in the glorious victory which awaits the science and practice of medicine.

THE SURGICAL CLINICS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF HORACE PACKARD, M. D., FOR QUARTER ENDING DEC. 31, 1890.
REPORTED BY J. E. BRIGGS, M. D.

[*Concluded.*]

ABDOMINAL SURGERY.

The work in abdominal surgery has increased in this hospital with enormous strides during the past two or three years. Three years ago the total number of laparotomies for various purposes was sixteen in the whole year. In the past quarter alone there have been eleven cases; of these eight were performed by the attending surgeon. There were three operations for ovarian cysts, two for pyosalpinx, one for an interstitial uterine fibroid, one for a sub-peritoneal pedunculated fibroid, and one for sarcoma of the ovary.

THREE CASES OF OVARIAN CYST.

CASE I. Miss R——, age thirty-six, entered the hospital Nov. 3, 1890. History.— Her general health good until she was twenty-six years old. Eight years ago she was treated at the Massachusetts General Hospital for "ulceration of the womb and backward displacement of the uterus." During the past two years menorrhagia has been a prominent symptom, —exceedingly profuse hemorrhage for three days during the menstrual period.

Nov. 26th. The patient was etherized. The usual abdominal incision was made, and the cyst wall was exposed. A cyst trochar was introduced, and the fluid contents evacuated. The cyst was then brought out through the abdominal wound, and a silk ligature passed around the pedicle, and secured with a Staffordshire knot. A small cyst was found connected with the left ovary, which was also ligated and removed. Numerous adhesions existed which were severed, causing considerable hemorrhage, which was controlled with hot water and catgut ligatures. A rubber drainage tube was inserted. The patient came out from the ether nicely, and made an uninterrupted recovery, being discharged cured Dec 3. 1890.

CASE II. Miss M——, age thirty-one, occupation nurse, entered hospital Dec. 9, 1890. History. — She has complained of pain in the stomach and abdomen for the past three and one-half years, and suffered greatly with dysmenorrhœa, nausea and vomiting, and occasional similar attacks occurred between the periods. Examination disclosed a tense elastic tumor about the size of a goose's egg, which had increased in size at least one-third during the four months prior to the operation.

Dec. 10th. Patient was etherized. The ovarian tumor was found as previously diagnosed, and removed. It was an uniloccular ovarian cyst. On the same side there was also a thin-walled compressible parovarian cyst, which was enucleated. The left ovary on examination presented a dense papillary growth on its superior surface, and was, with the tube, removed. Thus far the case was favorable for operation, and presented every indication for an uninterrupted convalescence, but, as an illustration of the dangers accompanying abdominal surgery even in the most promising cases, the following record is presented. The eight days following the operation were marked by the most persistent and violent retching and vomiting which has ever occurred in Dr. Packard's experience in abdominal surgery. Feeding by mouth was discontinued, and rectal enemata

were given (twenty-five drops of Murdock's Liquid Food to four ounces of water), and nux vomica, ipecac and kreosote were given internally. Two of the wire sutures closing the abdominal wound were broken by the strain exerted upon them by the abdominal muscles during the violent vomiting, with consequent gaping of the wound. In the opening thus made suppuration occurred, which finally extended throughout the entire wound. There was apparently no resistance whatever in the tissue, to the progress of the suppurative process. Fortunately the peritoneum healed by first intention, and was firmly closed before the external wound opened, hence there has been no indication of peritonitis during the progress of the case. During the early part of the second week the nausea and vomiting ceased, and the patient began to assimulate nutriment.

Everything was apparently going well when, on the eighteenth day after the operation, the patient developed phlebitis of the left leg. Hamamelis locally and internally was administered, and after a few days this disappeared. The abdominal wound, however, refused to heal, and at the present time is open and discharging. Every precaution as regards cleanliness and the use of antiseptics at the time of the operation, was observed. It is impossible to say with certainty when the wound became infected, but presumably after the operation and as a result of the bursting open of the wound. It is probable that the extreme nausea and vomiting was the initial cause of the whole train of unfavorable symptoms and prolonged convalescence.

Case III. Mrs. A——, age twenty-nine, colored, entered the hospital Nov. 25, 1890. History. — Has been married eight months. Her general health was good until about three years ago, at which time she commenced to have pain in the right ovarian region, accompanied by progressive enlargement of the abdomen. Menstruation has been normal all of the time.

Nov. 26th. Patient was etherized. The usual abdominal incision was made, which was extended upward, considerably above the umbilicus, on account of the abnormal position of the bladder, which was found carried up by the tumor, nearly to the umbilicus. An ovarian cyst, containing about two quarts of dark grumous fluid was evacuated. The adhesions were so extensive that the sac could not be safely removed ; it was flushed with hot water, and sewed to the edge of the abdominal wound with silk sutures, a drainage tube was introduced to the cyst cavity, and the wound was closed with catgut and silver wire sutures, with the exception of a permanent sinus which communicated with the cavity of the ovarian cyst.

Dec. 5th. The wire sutures were removed. She passed her urine voluntarily for the first time since the operation.

Dec. 13th. Patient has cystitis. Temperature, 104.6. Hot compresses were applied on the abdomen, and changed hourly, and belladonna IX administered.

Dec. 14th. She was much relieved, passed urine normally, and rested well.

Dec. 25th. Does not seem to be getting on well. Temperature remains high, the wound has ceased discharging. There is a gradual increase in the size of the abdomen, and marked dulness on percussion.

The course of the convalescence indicated that the opening, established for the purpose of permanent drainage, had closed, with a consequent reaccumulation of fluid. The only explanation of this seems to be, that during the early portion of her convalescence, the drainage tube became displaced at sometime when it was removed for cleansing, and in readjustment was slipped between the cyst wall and the abdominal parietes instead of into the cyst. In accordance with this theory, on Dec. 31. 1890, the patient was again etherized, and the abdomen opened.

It was found as conjectured, and the cyst was again freely opened, and its contents evacuated. The bladder was found buoyed up even higher toward the umbilicus than before, and owing to the matting together of the surrounding tissues, as a result of the previous operation, it was cut through. As soon as this discovery was made, its much thickened walls were carefully approximated by a silk suture, and the external wound was closed, with the exception of a large aperture at the upper extremity for the permanent drainage of the cyst. A sigmoid self-retaining catheter was adjusted in the urethra, in order to give the bladder complete rest. Her temperature in a few hours became normal, and she suffered little or no pain, except from irritation of the urethra, caused by the catheter, the latter being so severe that it was necessary to remove the catheter on the third day. As a result the urine found its way out through the abdominal wound, and established a vesico-ventral fistula. This, however, gave little trouble, and has gradually closed. The cyst cavity has progressively contracted, and the discharge which was at first profuse, has become very slight. The patient is in excellent general health, rapidly gaining in flesh, and her prospects seem excellent for an indefinite prolongation of life.

TWO CASES OF PYOSALPINX.

Case I. Mrs. W——, age thirty-seven, entered the hospital as a medical patient, Aug. 27, 1890. She complained of severe headaches and backaches and much tenderness in the right inguinal region. Her abdomen was tympanitic at times, she

perspired freely, and her temperature and pulse were above normal. Physical examination revealed much tenderness on the right side of the vagina, especially marked on bimanual examination, and the presence of a sensitive fluctuating tumor. Pus was seen oozing from the external os.

Oct. 22nd. Operation. — Both Fallopian tubes, a cyst of the right ovary, and the vermiform appendix, which was found adherent to the right Fallopian tube, were removed. A drainage tube was inserted, and the wound closed. She suffered greatly during the night, and a suppository containing one-eighth grain of morphia was administered.

Oct. 27th. Drainage tube was removed. Three days later herpes zoster developed.

Nov. 28th. This morning the temperature was 103.8°, and an erythematous eruption appeared at the site of the drainage tube. Later a malarial condition developed, characterized by repeated chills and rise of temperature, severe headaches, great prostration and pain in the back. She was transferred to the medical department, where she received quinine, two grains every three hours. She improved sufficient to leave the hospital, Jan. 27, 1891.

Case II. Mrs. J——, age thirty, entered the hospital Oct. 22, 1890. She was married thirteen years ago, and has had two children. She was strong and well until the birth of the second child, twelve years ago, after which she suffered for about a year with menorrhagia, which ceased after she was operated upon for a laceration of the cervix She had prolapsus and a right lateral displacement. A few weeks ago she wet her feet during the menstrual period, the flow stopped, and she was prostrated with severe uterine pain, and has been confined to her bed since. She has severe headaches and intense pain in the left ovarian region.

Nov. 5th. An attempt was made to etherize her, but she took the ether poorly, and chloroform was substituted. Laparotomy was performed for double pyosalpinx. The Fallopian tubes were distended to the size of the small intestine, and both ovaries and tubes were ligated with catgut, and removed. There was severe hemorrhage from the extensive adhesions, which was with difficulty controlled by the thermo-cautery. The wound was closed in the customary manner, and she made an uninterrupted recovery.

A CASE OF INTERSTITIAL UTERINE FIBROID.

Miss H——, aged forty, colored, entered the hospital Oct. 1, 1890. History. — Was well until she was twenty-seven years

old, at which time she strained her back severely while lifting. Nine years ago she noticed for the first time the presence of the tumor, which gradually increased in size. Her menstrual flow, which was normal, began to be excessive, and menorrhagia became more marked at each successive period, while between the flow there was profuse and offensive leucorrhœa. During the past two or three months there had been constant hemorrhage, a great deal of headache and backache with anæmia.

She remained in the hospital twenty-eight days, under general treatment, prior to the operation. She flowed nearly all of the time, and suffered intensely at intervals.

Oct. 29th. The patient was etherized, and the usual abdominal incision made. On reaching the peritoneum, it was grasped by two pairs of dissecting forceps, and elevated, and a slight opening made between the forceps, with a knife, into the peritoneal cavity. This incision was enlarged with the scissors, cutting in either direction, the fingers being used as the guide. The hand was then introduced into the abdominal cavity, and the tumor elevated and brought out through the abdominal wound.

It was found to be a multiple fibroid involving the entire uterus, and of large size, very hard and nodular. Some of these tumors had distinct pedicles, others were intimately connected with the uterus. The cervix was transfixed with hysterectomy pins, and a rubber ligature was passed several times about the cervix, just beneath. The body of the uterus and fibroid was then cut away with scissors just above the pins. After having flushed the abdominal cavity with warm water, the stump was secured in the lower angle of the wound, the parietal peritoneum having been sewed to the skin about the stump. The wound was closed with catgut and silver wire sutures.

Pads of folded aseptic gauze, wet in a solution of mercurius corrosivus, were placed beneath the hysterectomy pins to prevent them from cutting into the abdominal walls. The stump was then covered with similar pieces of gauze, over which was placed a large pad of wood-wool wadding, held firmly in place by long adhesive straps and outside of all a firmly applied binder.

The temperature remaining but slightly above normal, this dressing was not removed for a week. When dressed the abdominal wound was entirely healed, and the pedicle had commenced to slough above the elastic ligature.

On the tenth day the silver wire sutures were removed, the stump cut away, and the elastic ligature removed. The pedicle receded into the abdomen, leaving quite a depression to be filled in by granulation. This cavity was syringed daily with a two per cent. solution of carbolic acid, and packed with gauze until it had entirely closed.

The patient was severely afflicted with rheumatism, which compelled her to remain in the hospital a considerable time after her surgical wound had closed.

A CASE OF SUB-PERITONEAL PEDUNCULATED FIBROID.

Mrs. D——, aged forty-six, was admitted to the hospital, Nov. 10, 1890. History. — She was never strong, has been married twenty-three years, and has had one child and a miscarriage. Two years ago she first noticed three or four small nodules in the lower part of her abdomen. At the same time the menstrual periods began to be attended with severe pain and vomiting, and the flow was rather less than normal. The abdomen has progressively increased in size, and for the past four weeks there has been constant pain, as if from gas. The abdomen appeared as large as at the seventh month of pregnancy.

Nov. 12th. The patient being etherized, an incision about six inches in length was made in the median line, and after the removal of a large amount of ascitic fluid, a large fibroid tumor, involving the whole uterus, was disclosed. The pedicle which was about the diameter of the thumb, was transfixed with a hysterectomy pin, and an elastic ligature was applied just beneath. There were two points of dense adhesions, one with the abdominal wall, the other with the intestine. These were with the very greatest difficulty severed. Hemorrhage from both points of adhesion was very severe, showing that the tumor had received a large portion of its blood supply from these sources. The hemorrhage from the parietal adhesion was easily checked with the thermo-cautery. Not so, however, with that from the intestinal adhesions, for, by the time it was under control, the patient was in collapse. Her life was maintained by aid of hypodermic injections of brandy and artificial respiration, until the closure of the wound, but within an hour, and before she regained consciousness, she again went into collapse, and despite all efforts ceased breathing.

Had not these dense adhesions existed, the case would have been a most favorable one for successful operation. It seems probable that, had the case gone on, the tumor would have finally severed its connection with the uterus, and its blood supply would have been received entirely from the dense adhesions. There are a few cases on record of this rare condition. Such a tumor was presented to the museum of the B. U. S. M. a few years ago by Dr. E. J. Gooding. She reports that she removed the tumor, *post-mortem*, and that it had no connection with the uterus. Its tissue indicated that it was a myo-fibroma, originally of the uterus.

A CASE OF SARCOMA OF THE OVARY.

Miss H——, age forty-eight, entered the hospital Dec. 28, 1890. History. — During the past year her health has been poor. Two months ago a tumor was discovered in the right ovarian region, which grew rapidly.

Dec. 29th. She was etherized, and the usual incision made. A cysto-sarcoma of the right ovary was removed. Cancerous deposits were scattered over the omentum and peritoneum. There were many adhesions. The hemorrhage was controlled by the thermo-cautery, and the wound was closed with silver wire sutures.

Dec. 30th. There was considerable vomiting.

Jan. 8th. Restless and delirious. Died.

GENERAL REMARKS UPON CASES OF ABDOMINAL SECTION.

The patient is requested to enter the hospital two or three days previous to the day appointed for the operation, in order that the necessary preparations may be made. On the evening of the day preceding the operation the patient is bathed, the abdomen is thoroughly cleansed with soap and water, and all hair shaved from the field of operation, and from the pubis. A compress, consisting of six thicknesses of aseptic gauze, wet in a solution of corrosive sublimate $\frac{1}{2000}$ is applied to the abdomen, and held in position by a body bandage. On the morning of the operation no solid food is given; beef tea or broth is allowed. The patient is anæsthetized, and placed upon the Kelly laparotomy pad. The mercurialized compress is then removed, a $\frac{1}{1000}$ solution is poured over the abdomen, and towels wet in this solution are spread about the field of operation.

The incision is made relative to the size and condition of the tumor, usually beginning in the median line at a point just below the umbilicus, and extending in the median line to a point near the symphysis pubis. This incision can be readily enlarged toward the sternum, if necessary. It is Dr. Packard's custom to tie the pedicle with silk in cases where no drainage tube is necessary, catgut being employed where a drainage tube is used. In closing the abdominal wound, if the operation has not consumed much time, or loss of blood, the edges of the peritoneum are first approximated with a continuous catgut suture, and silver wire sutures are introduced from a point about half an inch from the edge of the incision, including the skin and the sheath of the rectus muscle, and are passed out on the opposite side, in the reverse order. In this case the silver wires do not penetrate the peritoneum. The ends of the wires are brought

together, twisted, and a continuous catgut is employed to approximate the edges of the skin. If the operation has been prolonged, and there is considerable shock, time is the essential factor; and only silver wire sutures which include the peritoneum are used.

The diet of the patient during the first week after abdominal section is very light. If there is no gastric irritation, feeding is commenced on the evening of the day of the operation, one or two teaspoonfuls of Imperial Granum water gruel being given every two or three hours. If this be well tolerated the amount is gradually increased until the patient is taking three tablespoonfuls by the third day. Warm milk, or peptonized milk, is sometimes substituted for the gruel, according as may be best tolerated by the stomach. If all goes well, beef tea, chicken or lamb broth is given on the fourth day. If at any time vomiting occurs, all nutriment per mouth is withdrawn, and rectal alimentation resorted to, until the stomach will again retain food. The patient is usually kept upon the back the first forty-eight hours, or turned slightly by placing a pillow beneath the hip and shoulder.

ON THE ORGANIZATION OF ABDOMINAL OPERATIONS.

It is Dr. Packard's conviction that the saving of time is one of the most important elements in abdominal surgery. Hence the greatest care is always exercised that all preparations shall be complete, so that there will be no loss of time after the patient is anæsthetized. One assistant is appointed to hand instruments and receive them from the hands of the operator, and does nothing else. Another assistant with two nurses at his command, attends to sponges, hot sheets and towels, with instructions to touch nothing else. Another assistant stands opposite the operator to do sponging, and aid as circumstances may require. In a simple, uncomplicated case of ovarian tumor, with the aid of this organization, the operation is completed and the external wound closed in from sixteen to twenty minutes.

DRAINAGE.

If there are no adhesions, and consequently no danger of hemorrhage or serous oozing, the abdominal wound is closed without drainage, but in every case where adhesions are present to any extent, a rubber drainage tube of $\frac{5}{16}$ in. calibre is passed to the bottom of the posterior *cul-de-sac*, and fixed in the lower angle of the wound. If it is suspected that flushing the pelvic cavity will become necessary, then a double drainage tube is introduced, one-half being finely fenestrated; large sized holes

cut in the tube are undesirable, as portions of the intestine or omentum are liable to become entangled. This double drainage tube is eminently satisfactory, since thereby an irrigating fluid can be readily injected to the bottom of the pelvic cavity, through the unfenestrated portion of the tube, and all discharges thoroughly washed out, the return current escaping through the fenestrated portion.

On the morning following an operation where a drainage tube is used, the nozzle of a uterine syringe is passed to the bottom of the *cul-de-sac*, and any bloody serum, which may have accumulated, is thus withdrawn. Flushing the cavity is not resorted to, unless a purulent discharge makes its appearance, or an offensive odor occurs.

A counter-opening is frequently made for the exit of the drainage tube, to one side or the other of the lower angle of the wound. This enables the complete closure of the abdominal wound with less danger of subsequent ventral hernia.

The drainage tube is allowed to remain until all discharge has ceased, and is gradually shortened and removed altogether about the tenth day.

Dr. Packard has derived the greatest satisfaction from the use of rubber drainage tube, in the way described, though tubes of glass are widely used, and undoubtedly have desirable qualities. The rubber tubes, if properly selected and prepared, are from their flexibility more easily worn, answering every purpose for drainage. They can be made any length desired, used double or single, and can be gradually shortened without complete removal. If the tube become slightly curved in passing from the abdominal wound to the bottom of the *cul-de-sac*, and this presents an obstacle to the introduction of the nozzle of the uterine syringe, the latter can be curved by heating and perfectly adapted to the purpose. Each patient always has her own syringe, which is thoroughly cleansed after using, and is kept in a $\frac{1}{1000}$ sublimate solution.

Ordinarily the abdominal wound heals without inflammation or suppuration. When a drainage tube is used, there is usually present at the middle of the second week a slight amount of suppuration about it.

With the present *regime* of asepsis and antisepsis the old enemy of the abdominal surgeon, peritonitis, has nearly vanished. The most troublesome complication which now arises is the nausea and vomiting which results from the anæsthetic. It is to be hoped that at no distant day some means may be discovered of preventing this grave complication.

CASES.	OPERATION PERFORMED.	Number of Operations.	Cured.	Relieved.	Not Relieved.	Died.	Remaining.
Abscess, axillary	Opened and curetted	2	1	1			
" of both hips	" " "	1		1			1
" mastoid	" " "	1	1				
" neck	" " "	2	2				
" perineal	" " "	1	1				
" ventral	" " "	1			1		
Anchylosis of elbow-joint	Forcible reduction	1		1			1
" " elbow and shoulder-joint	Excision of elbow-joint	2		1			1
Bursa of foot	Opened and persulphate of iron injected	1	1				
Cleft of soft and hard palate	Staphylorrhaphy and uranoplasty	1	1				
Deviation of nasal-septum	Steel's operation	2	2				
Fissure, anal	Incision	2	2				
Fistula, "	Opened and curetted.	5	1				4
" urethro-perineal	" " "	3	1	1			
Fracture, " Colles "	Reduction " Levis's splint "	1	1				
" of femur	" and extension	1					1
" of nose and necrosis	Curetted, drained and supported laterally with silver wire and lead plates	1	1				
Hemorrhoids	Whitehead's operation	4	4				
Hernia, (inguinal)	Heaton's operation	1	1				1
Hydrocele of cord	Excision of sac.	1	1				
Nævus	Ligation	1	1				
Rhinophyma	Removal with cautery	1	1				
Sinus of back	Opened and curetted	1	1				
" knee (through condyles of femur, not involving knee-joint	Free opening of sinuses from either side.	1	1				
Stone in bladder	Litholapaxy	1	1				
Stricture of urethra	Rapid dilation with steel sounds	2	2				
Synovitis (gonorrhœal)	Aspiration	1					1
Traumatism of hand	Amputation of index finger and thumb	1		1			
" " head (scalp-wound	Sutured	1	1				
" " index-finger	Amputation	2	2				
" " toes	"	1	1				
Tumors, axillary	Extirpation with axillary glands	1	1				1
" fatty of foot	"	1	1				
" fatty of thigh	"	1	1				
" mammary	" with axillary glands	2	2				
" nasal-polypus	Extirpation.	2	2				
" post-nasal adenoid vegetations	Hooper's operation	1	1				
" sarcoma of fore-arm	Extirpation	1					1
" " neck	"	2	2				
" of thigh		1					
Ulcer of rectum	Curetting	1					1
Wens of scalp	Extirpated twenty-nine	1	1				
Women, diseases of							
Carcinoma of fundus uteri	Total extirpation	1	1				1
Coccyodynia	Extirpation of coccyx	1	1				1
Complete rupture of perineum	Perineorrhaphy	3	3				
Dysmenorrhœa	Curetted and dilated	1	1				
Epithelioma of cervix	High amputation	1	1				
Lacerated cervix	Trachelorrhaphy	18	15				3
Metrorrhagia	Curetting	2					2
Procidentia	High amputation, anterior colporrhaphy and perineorrhaphy.	1	1				
Rectocele	Posterior colporrhaphy and perineorrhaphy	2	2				
Recto-vaginal fistula	Closure and perineorrhaphy	1	1				
Ruptured perineum	Perineorrhaphy	15	15				4
Urethral caruncle	Extirpation	1	1				

CASES.	OPERATION PERFORMED.	Number of Operations.	Cured.	Relieved.	Not Relieved.	Died.	Remaining.
Laparotomy for							
Interstitial uterine fibroid	Supra-vaginal hysterectomy	2	1			1	1
Ovarian cyst	Extirpation (in one case permanent drainage.)	2	1	1			2
Ovarian and parovarian cyst	Extirpation	1					1
Pyosalpinx	Tait's operation	2	2				1
Sarcoma of ovary	Extirpation.	1					

SUMMARY.

Total number of cases treated	153
" " operations performed	117
" " deaths in cases operated upon during this quarter,	1
" " " " not operated upon, or remaining from previous quarter	1
Rate of mortality in cases operated upon during the quarter	$\frac{65}{100}$ of 1 %

NOTE.—The above summary comprises exclusively the work and results of the quarter. One death occurred in a patient a few days after voluntarily leaving the hospital, and since the completion of the quarter a case of sarcoma of the ovary, which was hopeless from the beginning, has died.

SOCIETIES.

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WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting was held at the Bay State House, Worcester, on Wednesday, February 11th, 1891. The officers being temporarily absent, the meeting was called to order at 10.30 A.M., by Dr. D. B. Whittier, of Fitchburg, and placed in charge of the Bureau of Materia Medica and General Therapeutics, Dr. W. S. Hincks, of Hyde Park, Chairman, the President and Secretary of the Society arriving soon afterwards.

The first paper was read by Dr. J. S. Bishop, of Orange. Subject, "Cuprum Arsenic.; a Case," being the report of a case of poisoning by continued exposure to Paris Green. Dr. S. M. Cate, of Harvard, read an able and scientific paper upon the subject of "Gout," taking up its pathology and treatment, both dietetic and medicinal. He spoke highly of sulphurous acid diluted with water to form a slightly acidulous drink, for its power in causing absorption in gouty concretions.

Drs. C. H. Davis of Worcester, Nichols of Hoboken, and

Atwood, of Townsend, who were present, were extended the courtesies of the Society, and invited to participate in the discussions.

Dr. Mellus spoke of the possible casual relationship between the rheumatic and gouty diatheses, and certain forms of sore throat, especially tonsilitis, and referred to a recent article in the Boston *Medical and Surgical Journal* upon the subject. He had found colchicum rapidly curative in some cases of tonsilitis, which would point to a possible gouty basis. He was led to the selection of this remedy by the symptom, "feeling of lameness and soreness at the base of the tongue."

Dr. Cushing, of Springfield, spoke of the value of buttermilk in the gouty diatheses, probably from the presence of lactic acid.

Dr. J. P. Rand, of Worcester, read a very interesting and instructive paper upon "Koch's Bacilli; a Summary of Fifty Cases." The paper showed very conclusively the value of the microscopical examination of the sputum in the diagnosis and prognosis of cases of suspected phthisis.

Dr. Wilkins moved that Dr. Rand be requested to prepare a paper upon the method of examining sputum microscopically, and present it to the Society at a future meeting. Carried.

It being nearly the hour appointed for dinner, the remaining papers were postponed till afternoon.

The minutes of the last meeting were read and approved.

The censors reporting favorably, Dr. F. P. Glazier, of Hudson, was elected a member of the Society.

Upon motion of Dr. Allen, the President appointed a committee of three, consisting of Drs. Allen, Barton and G. F. Forbes, to draft resolutions upon the death of Dr. S. H. Colburn of North Brookfield, and report at the afternoon session.

At 1 P.M., the meeting adjourned for dinner.

The afternoon session was called to order at 2.15. Dr. Cushing read a paper upon "Amyl Nitrite and Sanguinarin Nitrate." He also spoke incidentally of the value of anacardium in those cases of excessive itching on going to bed at night.

Dr. G. R. Southwick, of Boston, Dr. Hammond and Dr. Clark were extended the courtesies of the Society, and invited to participate in the discussions.

Dr. Southwick, referring to Dr. Cushing's paper, said that amyl nitrite was one of our most valuable remedies in climacteric flushings, rivalling lachesis. It is a valuable remedy in certain cases of post-partum hæmorrhage, especially where there is very evident cerebral anæmia. Have used locally sanguinaria, myrrh and hydrastis, equal parts, with good success, in erosions of the cervix. He also called the attention of the Society to the work that was being done towards proper legislation

with regard to the use of arsenic in the arts and manufactures.

Dr. Allen read a paper upon "Clinical Verifications," showing the good results to be obtained from the properly selected homœopathic remedies.

Dr. Mellus spoke of a symptom of lycopodium which he had verified a great many times in cases of prosopalgia, viz: "aggravation by touching teeth with tongue."

The committee on resolutions reported the following:

Whereas, our friend and co-laborer, Dr. S. H. Colburn, has been taken from us by death, we hereby extend our sympathy to his family in their affliction, and realize the loss to this Society, and recommend that a copy be sent to his family by the Secretary.

LAMSON ALLEN,
J. MARIUS BARTON, } *Committee.*
GEO. F. FORBES,

Dr. Whittier proposed for membership the name of A. J. Atwood, M.D., of Townsend.

On motion of Dr. Whittier, the following was adopted:

Resolved, That in view of the large amount of arsenic used in the manufacture of wall paper, textile fabrics, and other articles in common use, and of the large and increasing number of serious and fatal illnesses resulting from the same, that this Society respectfully petition for a law to regulate, restrain or prohibit, in the interests of public health, the manufacture or sale of paper, textile fabrics, or other articles of common use, in the manufacture of which arsenic or arsenical matter is used, and that the Secretary be authorized to forward this resolution through the proper channels.

After some general discussion and recital of cases, the meeting, at 4 P.M., adjourned.

EDW. D. FITCH, M.D., *Secretary.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Woman's Industrial Union, No. 98 Boylston Street, Thursday evening, Feb. 5, 1891, at 7.30.

Drs. George H. Earl, of Wareham, George E. May, of Boston, and Helen S. Childs, of Jamaica Plain, were elected to membership.

The names of Drs. Lewis G. Lowe, of Boston, and L. H. Kimball, of Roxbury were proposed for membership.

Resolutions upon the death of William P. Cross, M.D., of South Boston, were read and accepted.

Dr. H. C. Clapp, presented a petition for legislation upon syphilis in our State institutions, which was signed by the physicians present.

The subject for discussion was "Arsenic in the Arts and Manufactures.

Prof. E. E. Calder read a very interesting paper, and exhibited

tests by which arsenic may be found in wall paper and other articles.

Prof. James Babcock followed, outlining the dangers which are hidden in the atmosphere of houses, in which wall papers and fabrics are used, and said that though the matter was before the Legislature, it is likely to be decided that the manufacturing interests of Massachusetts are opposed to any legislation upon the subject. Dr. Sutherland and Dr. Sherman gave interesting history of cases of arsenical poisoning that had come to their knowledge.

Dr. Talbot presented resolutions for consideration and action, to the effect that it is well-known that arsenic is a poison, two grains of which will produce a fatal result, and as it is so extensively used, the State should pass such laws as will properly restrict the manufacture and sale of articles containing arsenic.

The following resolutions, presented by Dr. Talbot, were unanimously adopted:

Whereas, It is well known

1. That arsenic is a virulent poison, of which two grains will produce a fatal result and a much smaller quantity will cause serious injury to health.

2. That for the protection and safety of its people, this State has passed laws directing every apothecary who sells even the smallest quantity of arsenic, to label it "Poison," and imposes a heavy fine for neglect of such duty.

3. That this substance is used in large quantities in the manufacture of goods for domestic use, such as paper hangings, draperies, wearing apparel, children's toys, etc.

4. That many persons are poisoned through ignorantly using such articles, and often suffer loss of health, and even life, thereby.

Therefore, *Resolved*, That in the opinion of this Society, this State should pass such laws as will properly restrict the manufacture and sale of all articles for domestic use containing arsenic, by providing, among other things, that when articles containing such matter are offered for sale, they shall be clearly and legibly marked to show that they contain poison, and by providing also that the violation of such laws shall be punishable by fine or imprisonment, or both.

Resolved, That a Committee of five be appointed by this Society to coöperate with and aid the Committee of the Massachusetts Homœopathic Medical Society in their efforts to secure proper restrictive legislation on this subject.

Resolved, That we call upon the other medical societies of the state, upon all the physicians, chemists and scientists, as well as the citizens at large, to aid us in this effort to protect the public health.

Drs. I. T. Talbot, John L. Coffin, Horace Packard, Henry E. Spalding and Conrad Wesselhoeft were appointed on the committee.

M. E. Mann, M.D., *Sec'y.*

Electricity for a Felon. — D. D. Martin, M.D., in *Medical World*, December, 1888. By electricity, used as follows, a felon is destroyed with lightning speed. Use a good galvanic battery with ordinary power, then fill two glass dishes or cups with water, place the finger affected with the felon in one cup, in which you have placed the positive end of the electric wire; then place the next sound finger in the second glass cup, in which you have inserted the negative pole; continue passing the current for twenty or thirty minutes, and if required, repeat this once in four or six hours. The pus that is exosmosed through the periosteum will appear as a small pimple at the skin in a few days, and may require to be pricked with a needle. — *Medical Times.*

REVIEWS AND NOTICES OF BOOKS.

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AN ILLUSTRATED ENCYCLOPÆDIC MEDICAL DICTIONARY. Vol. II. Cac. — Fasay, pp. 954 to 1544. New York: D. Appleton and Co.

The second volume of this magnificent work is fully up to the standard established by the first volume: and it would be difficult to find higher praise. The same vastness of general scope, the same minute attention to perfection of detail, the same thoroughly satisfactory adequacy to the needs and demands of the most advanced and the most requiring student in the field which it covers, mark the present volume, that made its predecessor so notable a comer into the field of medical literature. The term "encyclopædic," on the title-page, makes no unsupported claim; since every term dealt with — which means every term directly or even collaterally related to the work of the physician, — is dealt with not so much with a definition, in the strict sense of the word, as with a treatise brief, indeed, but wonderfully clear, complete and comprehensive. Thus under "cell," we find no less than twenty-five closely-printed columns, giving the history of cell-development in all different varieties, animal and vegetable; and this but instances the phenomenal thoroughness which marks the work in all its details. We would remind our readers that the terms included are not English ones alone, but also those in the Latin, French, and German medical vocabularies. The illustrations, exceedingly numerous, are well-chosen and finely accurate. The dictionary, when complete, will be a sort of medical library, in epitome, and a work which will add dignity to any book-shelves fortunate enough to give it welcome. The mechanical perfection of its finish is, of course complete. The two remaining volumes are promised for the not distant future, and will be eagerly anticipated.

THE TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1890, is a formidable volume indeed, in point of size, including as it does the 189-page report of the Committee on Medical Legislation, with all the "arguments, addresses, appeals and circulars," successfully employed by that committee in securing the passage of the bill providing for three separate examining boards. A report, certainly, which bears quite monumental testimony to the unwearied energy and shrewd executive ability of the committee in question. The remainder of the volume is given up to an account of the session, and a reproduction of the papers offered

by the various bureaus. These papers are especially noteworthy for their brevity and refreshing absence of text-book citation, and their graphic telling of something practically interesting and useful. Among the well-known names noticeable in the contributors' list are those of Drs. G. S. Norton, S. F. Wilcox, F. Park Lewis, H. C. Houghton, T. F. Allen, Selden H. Talcott, and others.

The February CENTURY has one poem — Mr. Aldrich's Monody on the Death of Wendell Phillips,— which should, in itself, immortalize the issue, so truly is it in the old, forgotten strain of strenuous and splendid song. It has short stories by Mary Wilkins and Joel Chandler Harris; the "California" papers are by Messrs. Hittel, Gillespie and Kemble; the Memoirs of Talleyrand are of profound interest. New York: The Century Co.

THE POPULAR SCIENCE MONTHLY for March is chiefly notable for an odd editorial, deprecating the higher education of women, on grounds that have been so often raked over, so to speak, as to make the article in question of little value, save as a survival of the antique. Dr. Heron has a paper — republished from the *Lancet* — on Koch's method of treating consumption; M. Ménard writes on Adaptation to Climate, and there are many contributions of less specific interest. New York: D. Appleton & Co.

PERSONAL AND NEWS ITEMS.

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Dr. F. F. CASSEDAY, oculist and aurist, has removed from Kansas City, Mo., to 828 First Avenue South, Minneapolis, Minn.

A SPECIAL meeting of the Oneida County Homœopathic Medical Society was held in Dr. M. O. Terry's office last evening for the purpose of taking action on the death of Dr. C. Judson Hill, of Utica, N.Y., who died on Feb. 14.

Dr. Laird, chairman of a special committee, reported the following resolutions, which were unanimously adopted:

Whereas, Death has again entered our ranks and taken from our number Dr. C. Judson Hill;

Resolved, That we hereby bear witness to his high standing as a physician, to his many noble qualities of heart and mind, and to the great impetus which his pen and speech have contributed to the new school of medicine.

Resolved, That in the death of our esteemed colleague this society, which he helped to found, has met with a loss which will be more and more deeply felt as the years roll by.

Resolved, That we attend the funeral in a body, and that a copy of these resolutions be furnished to the family of the deceased and to the daily papers of this city.

F. F. LAIRD.
C. E. CHASE. } *Committee.*
M. O. TERRY.

Dr. Thomas E Sealy. '91, B. U. S. M. has settled in Hedgefield, St Thomas, Barbados, W. I., from which place he writes that there are seven homœopathic physicians in the island, and that their foothold is so strong that they are about to petition the Government for a hospital in which homœopathic treatment may be employed.

Dr. Walter H. White has removed his office and residence from the Hotel Clifton to the Hotel Berkshire, 192 Dartmouth Street. Dr. White sailed from New York on the steamer "Majestic" for Europe where he expects to remain for several months. He will while abroad, give special attention to the study of electricity as applied in gynecology and nervous diseases.

Dr. A. B. Norton announces to the professional friends and patients of his brother, the late Dr. George S. Norton, that he has succeeded to his business.

Dr. Norton is an exclusive specialist of the eye and ear, and has been associated with his brother for the past ten years.

Dr. Shepard who has also been connected with the late Dr. Norton, will continue similar relations with Dr. A. B. Norton.

For Sale. — The following valuable works, in good condition and at quite a reduction in price. Apply to Medical Library, care Otis Clapp & Son, 10 Park Square, Boston:

Taylor's Atlas of Skin Diseases.	List price, $22.00 . .	$15.00.
Hencke's Atlas of Surgical Anatomy.		
Ziemssen's Cyclopedia, 15 Vols.	List price, $75.00 . .	$20.00.
Cyclopedia of Obstetrics and Gynecology, 12 Vols.	List price, $18.00.	$10.00.
Dunham's Materia Medica.	List price, $5.00 . .	$3.00.
Hughes' Manual of Pharmacodynamics, 4th edition, '80.	List price, $5.00.	$2.50.
Hahnemann's Organon, 1859.		$1.00.
Hammond on Nervous System, 1886.		

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

Editor of the New England Medical Gazette:

The American Institute's committee on the International Homœopathic Congress is endeavoring to give character and direction to the essays and discussions of the Congress, and to this object, more time and energy have been devoted than to any other part of the committee's labors. It would seem that, as the themes and discussions of a national medical association naturally take a broader scope than those of a local society, so the work of an International Congress should be more comprehensive and far-reaching than even that of a national convention. This committee, therefore, is seeking to bring before the approaching Congress some of the highest and broadest questions that confront our profession in all its departments. It is important that the Congress should discuss, for instance, some of the broad and imperative issues of modern Surgery, rather than the technical details of some minor or major operation, — the influence of the law of cure in a whole realm of maladies, rather than the indications for this or that remedy in some particular disease,— the development and promulgation of a materia medica, rather than the symptoms of an individual drug. To this end our committee has labored, and thus far, with most flattering prospects of brilliant success. Papers, bearing upon these classes of subjects, are in course of preparation by physicians selected from among those best qualified for the work, and others, equally distinguished, in the various departments, have consented to take a prominent part in the discussions.

In order to correct a misapprehension, it may be stated that the committee is seeking to serve the Congress, not to control it. Undoubtedly the Congress will adopt and enforce rules of its own, — those governing the reception and discussions of essays included. This committee does not deem itself authorized to reject any paper that may be offered on any medical or surgical topic whatsoever. All essays whether prepared at the instance of the committee, or as voluntary contributions, must be passed upon by the Congress or its delegated authority; but the committee will probably recommend and urge that such of the essays as are more or less in harmony with the above mentioned objects, shall take precedence

in the discussions; and it is quite likely that these will occupy nearly all the available time.

Notice is hereby given that to insure the publication of the title of any paper in the "Annual Circular and Programme," said title must be in the hands of the undersigned on or before April 5th. And the paper itself should be sent as soon thereafter as practicable, to the chairman of the committee, Dr. T. Y. Kinne, of Paterson, N. J., in order that provision may be made for its discussion.

PEMBERTON DUDLEY, M.D.,
Secretary of the Committee and General Secretary, A. I. H.
Corner 15th and Master Streets, Philadelphia, Pa.

OBITUARY.

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AMELIA ABIGAIL PORTER, M.D., died in Salida, Colorado, Jan. 2, 1891. She graduated from Boston University School of Medicine, in 1885. Immediately after graduation she located in Great Barrington, Mass., where she established an excellent practice. But the long country drives, in the winter, were too severe for her, and therefore about two years ago she went to Waterbury, Conn. There, too, she soon gained the confidence of quite a number of patients, and everything looked promising for a long and successful practice. Although never very strong, she became so much interested in her patients as to forget herself. Last August she was much disturbed by a very severe cough, but supposed it would soon yield to remedies. The result, however, proved that she had too long neglected it. Extreme weakness and night sweats followed. Then Dr. J. M. Hartwell, of Salida, Colorado, invited Dr. Porter to come to that place. She (Dr. Hartwell) had not been accurately informed as to the condition of Dr. Porter's lungs. Had she known the condition she would never have sent the invitation. Dr. Porter went to Salida, but lived only one week after reaching that place.

In this connection Dr. Hartwell writes, "I believe there is no climate equal to Colorado for consumptives, but I *do* wish the doctors East would understand that cases very far advanced, especially when there is extensive breaking down, cannot expect benefit. On the contrary the end is hastened by coming to this high altitude, on account of greater rapidity of heart action and consequent early heart exhaustion." A. C. S.

REPORT OF THE COMMITTEE ON RESOLUTIONS ON THE DEATH OF W. P. CROSS, M.D., BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

WM. P. CROSS, M.D., was born in Sanbornton, N.H., July 4th, 1816, and died at So. Boston, after a lingering sickness, with phthisis pulmonalis, Sept. 11, 1890. His early education was such as was furnished by the schools of his native town. He studied medicine under the direction of a German pyhsician in Chicopee, Mass. and Dr. J. C. Payne, of Albany, N.Y., and graduated at Cleveland Medical College in 1853. He practised his profession successfully in Chicopee, Nantucket and So. Boston. He practically retired from practice in consequence of declining health in 1874, but continued professional advice at his office until a few months before his death. Although Dr. Cross planned to spend his last years in quiet and retirement, his nature was too active to admit of a full compliance with this resolution, and he was found taking an active interest in political, church and charitable work.

Resolved, That in the death of Dr. W. P. Cross this society has lost a valuable and time-honored member.

Resolved, That by his upright life, his energy, industry and perseverance under adverse circumstances, he exhibited phases of character that we might well emulate.

Resolved, That the cause of homœopathy has been advanced in those places where he represented it.

Resolved, That these resolutions be spread upon the records of the Society and a copy sent to the family of the deceased.

J. H. SHERMAN.
LIBERTY D. PACKARD. } *Committee.*
ALONZO BOOTHBY.

THE

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EDITORIAL.

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A RELIABLE MILK SUPPLY.

How to obtain milk of a safe and uniform quality has always been a problem immensely perplexing to the physician. It is a pressing question, every day and many times a day, to the "family doctor;" for the bottle-fed baby has, apparently, as an institution, come to stay; and the bottle-fed baby must be guarded against the manifold and continuous dangers of the bottle. It is a question which becomes a desperate one, through those trying days of mid-summer, when the question of life or death for the bottle-fed baby hinges on the possibility of obtaining for him milk of pure and uniform quality. The protests and proclamations of dealers in milk are often not worth the breath spent in uttering them; for we all know that commerce and conscience have little in common beyond their initial letter. Even where the dealer's intent is honest, his ignorance may cost the baby its life; since the dairyman who understands and carries out a proper system of feeding his cows, may have no conception that the sudden fright or excitement of the animal, to which he pays little attention, may work such mischief with the milk, that the next instalment carries with it, to the hot city full of suffering children, the gravest peril, and perhaps actual death. These things being so, a practical, scientific solution of the milk problem, founded on good sense, and buttressed by experiment, is a thing to be profoundly grateful for, and the

knowledge of which should be spread far and wide. Such a solution is offered by Dr. Brush, of Mt. Vernon, N. Y., in the February issue of the *North American Journal of Homœopathy.* Dr. Brush's experiments have had the immense advantage of being conducted on his own dairy-farm, under his own immediate supervision; and the reforms advised by him are so simple, so right in principle, and fortunate in effect, as to seem little short of millennial to the physician harassed by the old, familiar difficulties of the "milk question." We will let Dr. Brush tell his own story, since it were impossible to improve upon the manner of its telling. A practical application of his suggestions would be for every physician in country practice to urge upon some farmer whom he knows to be intelligent and honest, to set aside one cow from his herd; the physician guaranteeing the farmer the sale, at advanced rates, of all the milk the cow can give; the animal to be spayed, after Dr. Brush's directions, and afterward stable-fed and otherwise cared for after the methods outlined by him. The physician could have little difficulty in finding eager customers for the milk among his patients; and the fact of how far the demand — at increased prices — would exceed the supply, would tell its own story to the farmer, and work its own results; which, we venture to prophesy, would be of phenomenal benefit to all concerned. This, in abridged quotation, is what Dr. Brush has to say:

The first recommendation is to avoid consanguinity and keep the heifer sterile for the first twenty-seven months. * * * * * Now, after many years devoted to the subject of dairy cattle, I am convinced that a man cannot keep his cows breeding and milking at the same time, and supply a healthy food to the community.

In my opinion, then, the separation of the functions of breeder and dairyman is the first reform to be recommended. All the cows used to supply milk for food, especially for infant food, should have their ovaries removed. The first suggestion of this proposition seems to the ordinary mind, preposterous, unnatural and cruel. It is no more unnatural than the castration of the male animal for the improvement of its meat for human food, and as to its cruelty, having performed the operation several times myself, I can conscientiously affirm that the pain of one parturition outweighs the suffering of the operation of spaying, if the latter is properly performed. The operation of spaying is by no means new or novel; it is probably as old a procedure as any surgical practice associated with the domestication of animals. * * * * Now, in spaying a beef animal, only one result is obtained, while in spaying a dairy animal two very desirable improvements are the result. In the first case, improvement of the meat in the beef animal is the only result; in the other case, that of the dairy cow, the quality of the milk is improved,

and many of the diseases and disturbing affections resulting from œstrum, pregnancy and parturition are totally eliminated from the dairy. The latter disturbances have as much, if not more, to do with the production of positively bad milk, as any single group of disturbing conditions in the dairy.

No one disputes the deleterious effects of colostrum from the cow when used as infant food. On dairy farms, as ordinarily conducted, abortions are very common, and often epidemic, and when these abortions occur, the entire product of the dairy becomes colostrum. Cases of pelvic cellulitis occur, septic absorption is common from placental retentions, and an amount of unhealthfulness prevails, while the quantity of milk produced is not very materially lessened. * * * *

Milk fever is a common affection of the dairy, and the phenomenal milkers are more prone to it than the less abundant milkers. This febrile condition must necessarily affect the milk perniciously, and as it only follows parturition, of course would be eliminated when parturition ceased to be one of the phenomena of the dairy. The occurrence of ovulation in the dairy has a decidedly deteriorating effect on the milk supply. I have myself, from numerous experiments, ascertained that in this condition a cow secretes milk that is intensely acid, and emits a very disagreeable odor if heated in a test-tube. * * * *

Mammary abscess and mammitis, when not due to traumatism. are, in the great majority of cases, a complication of the parturient state. It often occurs in these conditions that the milk is mixed with blood and pus. Of course, neither of the materials would have much of a deleterious effect on a healthy stomach, but when we take into consideration the febrile state of the animal thus affected, and the excessive nervous disturbance resulting from the pain caused by the milker, this variety of milk is absolutely poisonous. * * * *

Sore tits in various forms are common in the ordinary dairy, and occur only in the first five or six weeks following parturition; these cracks and fissures, that become ulcers from the constant irritation of the milker, frequently contaminate the milk with a virus that must necessarily be productive of disturbances injurious to the infant that gets milk from cows thus affected.

Cow-pox, a disease which has attracted the attention of the entire civilized world, almost invaribly commences in the cow soon after parturition, when it breaks out in a dairy due to the fact that there are cracks and fissures resulting from the excessive activity and consequent engorgement that takes place in the first few weeks after calving. * * * * Cow-pox in the cow becomes an exceedingly loathsome disease, and is characterized very often by phagedenic ulcers, which are constantly irritated and excoriated by the milker, whose hands also become the seat of vesico-pustules. * * * * Of course, other conditions besides mere spaying, which only incidentally makes the cow less susceptible, because the tits are less likely to be cracked and excoriated — which is necessary to receive the inoculation — are necessary to avoid this disease entirely in the dairy. It should be an inexorable rule that no one who is employed in attending on horses, should be allowed among dairy cattle. I am thoroughly convinced in my own mind that many of the simple throat affections are complicated and rendered grave by milk from cows with cow-pox, or other sore or aggravated conditions of the dugs that pollute the milk. * * * *

* * * * This is not surmise, but is in fact a demonstrated truth. I have in my own dairy several spayed cows, whose milk is used for infant food, and I have been obliged during the past summer, to send milk directly into dairy communities so far from me that the milk cost the receiver seventy-five cents a quart.

Communications from these people express surprise at the beneficial results of the milk I send them, being themselves right in the midst of dairy cattle and everything, to their observation, betokening health. Many of them imagine that I prepare the milk in some way. * * * *

The operation of spaying is a very simple one. I cast the cow on her right side, administer chloroform, produce complete anæsthesia; observing all the recent antiseptic precautions, I make an opening on the left flank, sufficiently large to admit my arm, which I introduce, reaching up into the pelvis until I find one of the ovaries. This I grasp with the hand, and having previously serrated my thumb-nail with a file, I saw and scratch the attached end of the ovary till I separate it thus from its attachments. I drop this out of the abdominal cavity, without entirely removing my arm, and search for the other one, with which I proceed in the same manner. I withdraw my arm, and with a very fine catgut ligature, I bring together the peritoneum; with a coarser catgut I unite the muscular structure; with a still coarser ligature I unite the hide, leaving between the hide and the muscular substance in the lower part of the wound a pledget of oakum for drainage; then I cover the entire wound with a large quantity of oakum, which is kept in position by means of adhesive plaster passed several times around the abdomen, and all left in position for ten days, when the plaster, oakum, and drain are all removed, and a little iodoform sprinkled on the drainage outlet. There is usually a rise of temperature of one or two degrees, that subsides after the first twenty-four hours. The secretion of milk is noticeably decreased for the first two or three days, when it gradually increases, and at the end of ten days has reached its normal flow. We make no use whatever of the milk for two weeks following the operation, and not then if the site of the drainage is still discharging. I have in my herd one cow spayed four years ago, the first one on which I operated; she is giving as much milk to-day, if not a little more, (about ten quarts) than she was before the operation. She never has been sick a day, and is very quiet, never excited from any cause, in good condition of nourishment, and promises to remain a useful animal for years to come. This same description applies to all my spayed animals. There is hardly a cow in my herd, among the animals not yet spayed, that I have not been obliged to throw away the milk of for days at a time, owing to injuries, indisposition, or like causes; but among the spayed animals, I have not known of one being injured by the horns of their fellows, the most common source of injury among dairy cattle, because they are so quiet, and keep by themselves, that they are not subjected to the ferocity of their companions; they are never excited during the heat of other members of the herd. I am thoroughly convinced that the coming dairy cow will be a spayed animal, and when she gains popular favor, then undoubtedly one of the most common and constant sources of disturbance in the milk supply will be removed.

Thus, then, it can be seen that by a careful and judicious system of breeding outside the dairy, and by surgical interference within, the proper type of dairy animal can be established. But unless this animal receives proper food and rational care, the improvements in her breeding and other conditions will count for less than they otherwise would. It is apparently one of the strange phases of human perversity that the animal that supplies the human race with the highest type of food — milk — should receive the least care and attention in regard to her food. Visit any dairy farm and you will find the horse stable clean, the animals well and dryly bedded, curried daily, and fed with the best hay and oats. But the cow you will usually find in a dirty stable, scant bedding, receiving no attention by way of

currying, and if there is any kind of refuse to be bought in the neighborhood, this is deemed good cow feed, whether it comes from the breweries, distillery, glucose or starch factory; and in fact, all the refuse from the preparations of grain is classed as good cow food. She is pastured usually on land that cannot be tilled, and the exception is when the cow receives any sort of rational care. The cow is entitled to the best food that is procurable, and unless she gets it we have no right to expect good milk from her, no matter what her other conditions may be. She deserves the whole grain; in corn she should not receive only the refuse that is left in starch and meal mills, but the entire result of the grist; and the same with oats, hulls and screenings are not good enough to produce good milk. About the common sorts of refuse used I will say nothing, because we all know that they are improper. For the life of me I cannot understand why some judicial legislative action is not directed against their use. * * * * The cow is a strange animal; I do not know whether it is natural or comes from her breeding, but she will always drink the dirtiest water she can find; if there happens to be a putrefying carcass or dirty bones about the pasture she will sniff about them and chew the bones, and when the pastures are dry there is no poisonous or noxious weed that she will not eat. I repeat that I hold it as one of the prime requisites for good milk that the cow should always be feed in the stable with proper food. Of course this does not necessitate the cow being locked up all the time; she can be turned out the greater part of the day, and, in the hot weather, at night if necessary, but not where she can get dirty water, or be in the presence of filth of any kind, or browse on noxious weeds.

Thus, avoiding the oft-repeated tales of the calamitous diseases that are communicated, or supposed to be communicated, from the cow to the human race, I have confined my argument to the simple elementary necessities for a better dairy. But I am pretty well convinced from my experience that there is little to be hoped for from legislative action or public opinion, because it seems to be regarded as a dangerous thing for legislative bodies to interfere with established commercial institutions, and the public trust in their lawmakers and sanitary authorities. If New York, with her wealthy, liberal, and intelligent population, would organize a dairy scheme establishing the reforms I have indicated, the problem would soon settle itself, because it makes little difference what the price of good milk is, if anywhere within reason. A supply of good, healthy milk will surely crowd out the floods of bad milk that are now being poured into the city, for the nourishment alike of infant and adult.

EDITORIAL NOTES AND COMMENTS.

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THE "AGE OF CONSENT IN INDIA," is the subject of a most earnest and fervid letter of protest, lately received from our much-esteemed colleague, Dr. Banerjee, of Calcutta. We willingly give his letter prominent place; partly because of the pleasure it gives us to comply with any request of a fellow-worker who has accomplished so much for science and for

homœopathy, under so many difficulties as has Dr. Banerjee; partly because it cannot but be of extraordinary interest to our readers as to ourselves, to listen to so emphatic and serious and vivid a presentation of a side of the question rarely viewed by Europeans, and exceedingly difficult of comprehension by them. To Saxon common-sense and humanitarian instincts, there is something altogether revolting in the idea of a child of ten subjected to the responsibilities of physical wifehood. Our impulse is to answer a ringing "yes" to the question as to whether rape, deserving punishment as such, is possible from husband to wife, when that wife is little more than an infant in years, and married at an age when intelligent comprehension of the duties assumed was out of the question. But when legislation would base itself upon these (as it seems to us) inevitable instincts of good sense and humanity, it is met by such stubborn facts as those so picturesquely set forth in Dr. Banerjee's communication: the impassioned religious certainty of a great and intelligent nation that fourteen generations, helpless, unborn, are pledged to eternal damnation in the enactment of this proposed law; and the social certainty that the wife, rescued from physical cruelty, will thereafter be an outcast from her kind, scorned with an unspeakable scorn. A huge problem, certainly, and one whose settlement we are sure our readers will follow with the more intelligent interest for having thus briefly glimpsed on both sides; a puzzle and a mystery, with much of the unique interest awakened by the presentation of just such problems in the phenomenal sketches of Rudyard Kipling. Let us listen to Dr. Banerjee: —

Editor New England Medical Gazette:

From the month of December last, a great sensation has been raised in this country about early or infant marriage, *i. e.* marriage below the age of twelve. The cause of this agitation amongst the reformers is that recently a rape has been committed among a very low class of people, on which some enlightened persons applied to the government of India for the legislative interference for the abolition of early marriage, *i. e.* marriage below the age of twelve. On this plea many gentlemen and ladies of England encroached upon our religion with high-handedness, and, without acquiring any knowledge of our religion, proposed to their brethren in this country to abolish this

system of marriage which is founded in religion. I am astounded to see our government, against the proclamation of the Empress of India of 1858, planning to interfere with our religious and social matters by proposing to raise the age of consent to twelve years. The Hindu *Shashtra*, or Bible, fixed the rule that a girl must be married before the first catamenial flow; and in this country, which is situated in the tropics, the first menstrual flow generally appears from the age of ten, and girls give birth to healthy children at the age of eleven or twelve. If the girl be married *after* the first flow, then fourteen generations will go to hell. Under all these circumstances, the legal member of the Viceroy's council, the Hon. Sir A. Scoble draws up a bill; but he has been vigorously opposed by a Hindu member in the council, the Hon. Sir R. C. Mitter. Afterwards it is submitted to a select committee, the punishment to be incorporated in the Indian Penal Code, by Sir Scoble, that if the girl be married before the age of twelve, she must be examined by a medical officer (allopath) by the aid of the police, to ascertain whether there happened any sexual intercourse between the husband and wife; and if this be proved in any means, then the husband will take his sentence for transportation for ten years. Such is the project of a civilized government toward its loyal subjects; when according to our religion, the child-wife will be out-cast. When this appeared in the local papers, the Hindu societies almost in every part of this country called public meetings protesting vigorously against the bill, and our testimony opposing the bill is that "we have never received a single case of cruelty or injury in sexual intercourse between husband and wife, the wife being below the age of twelve."

The *New York Philanthropist* furnishes that the age of consent in the United States is from ten to eighteen. In England girls are seldom married below the age of sixteen, but according to English Common Law twelve is the minimum marriageable age of a girl with consummation of marriage at that age; but suppose, if it ever took place, would it be considered a rape or any offence at all? In the law of no country either civilized or uncivilized is there any provision for convicting a husband of rape upon his own wife, and sending him to transportation for life for the good of the wife and her offspring, in the name of humanity and morality. I deeply regret to expose all these matters for the information of my colleagues, that our rulers are now breaking their proclamation of 1858, in the reign of Lord Lansdowne, the present Viceroy and Governor-General of this country, and late Governor-General of Canada. His Excellency Lord Lansdowne shows clearly the tendency of our government in the matter, as resolved to do what it has in

view. If the government wishes to be in fair dealings with us, with our interest, it should not follow the advice of the reformed few; and I beg you will kindly ventilate this in the earliest issue of your much esteemed journal, for the information of my colleagues, and to assure our government that all true Hindus are in one voice strongly protesting against the bill. Now I ask, how we are to abide by these sacred injunctions of our *Shashtra* without defying law? If the government appeal to right of conquest we must have to give way. But we hope they will not. Our religion is as sacred as theirs, and we have no doubt that they will perceive that the passing of the bill will seriously wound the hearts of all Hindus throughout India, and will do the greatest and most serious violence and injury to our religion, and hence to our society. We therefore hope as medical men that the government will see their mistakes so clearly pointed out and explained to them from right and left, and will have the good sense to abandon the "Age of Consent Bill," and will introduce Bills for the Abolition of the Dowry System and Protection of Cows. DR. D. N. BANERJEE.

Calcutta, 11 February, 1891.

A UNIVERSITY INDEED is what President Warren, of Boston University, aims to make the great and growing institution of which he is the head. In his latest report, he lays much stress upon a point whose importance all educators, and all those interested in the cause of education are more and more realizing; namely, the undesirability of indefinitely enlarging the limits of any given college. The reasons for this are cogently given in the report in question, both in President Warren's own words, and in an extended quotation made by him from an article by Dr. David Van Horne. Brief citations from each will best state the point of view taken:

"President Warren, of Boston University, says in his annual report that to secure the best results in undergraduate training in any college, there must be some limit to numbers. The permissible maximum ought not to exceed the number whom the administrative and teaching officers can personally know, and with whom they can cultivate friendly relations of an individual character with distinct personal interest. Judging by this rule, he continues, two hundred and fifty is certainly not below the maximum.

Whether we agree with Dr. Warren as to the exact number to which he would limit the college, or not, we certainly can advance many reasons in favor of his main position. Prominent among these we may mention the advantage as to unity of purpose and method in the conduct of an institution of medium size.

The college proper has but one faculty. The professors meet from time to time, for united counsel and conference, and have all the students, and all phases of the work in hand brought before them for consideration. Hence any given department will be coördinated with all the others, and unity and concert of action will be constantly promoted.

Another advantage of the college proper, of the medium size, is that it gives opportunity for individualization. It is proverbial that people who live in large cities do not know their nearest neighbors. The cause of this lies in the fact that in meeting strangers constantly, as in crowded streets, the citizen is soon habituated to the idea that he does not know multitudes of those whom he may pass daily, and so he ceases to expect acquaintanceship. And again, in large cities the people frequently remove from one place to another, so that neighbors are practically strangers, and, altogether, the people are at last content to limit their acquaintance to relatives or near friends, or perhaps to business associates, or to their fellow-members in the congregation where they worship.

Applying this to institutions of learning, we soon discover the reason why, in large centers, there is a lack of individualization. There the professors often do not know the students personally, nay, they may know but little of each other perhaps. They are dealing with humanity in masses, and there is no possibility of proper intimacy.

. . . . . .

"Again, in the college proper, of the medium size, lasting friendships are frequently formed among the students that prove helpful and cheering in after-life. It is true that this may be the case, to a certain extent also, in the course at the university; but it certainly is not so frequent an occurrence there as in the college proper. College friendships are often lasting, and classmates bear away with their diplomas, souvenirs and tokens of regard that will be very precious to them in following years. We have individual recollections of only a limited number in a large class, but of the others we cannot have the same distinct impression, nor can we therefore hold them in the same esteem." —[Dr. Van Horne.]

"The projectors of our institution saw no good reason why Boston should not in time have as many distinct and well-

endowed colleges in one University, as Oxford or Cambridge has. Accordingly they have often publicly invited persons of wealth to consider the facility with which a man or woman can found and name a college in Boston or any of its suburbs, endowing it for all time, and securing to it at once a distinct institutional life and priceless advantages of affiliation with coördinate collegiate and super-collegiate faculties.

A college thus endowed and affiliated, *having its fixed maximum of teachers and students,* would never need to become, like so many existing ones, a perpetual beggar on the verge of perpetual bankruptcy. These latter having no limit to their ambition and to their attempts at self-expansion, not only become poor in financial resources, but also too often in educational quality. Beyond the due limit, the larger the Faculty the more impossible becomes the needful unity of action, and the larger the student-body the less effective becomes the intellectual contact of teachers and the taught.

Just now, our first College of Liberal Arts, having over three hundred students, is quite as large as it ever ought to be. A second college of precisely the same kind would quickly be filled."—[President Warren.]

There is force and significance in all that is here said; but we feel ourselves especially in sympathy with the protest against such large classes as make personal relations between professor and pupils, out of the question. It is not only from a moral but from an intellectual standpoint that individual relations between instructor and instructed are of inestimable value. The most brilliant lecture ever delivered to "humanity in the mass" were weak, in its quickening, its truly educating effect, when compared to a much less noteworthy address which is carefully adapted to its hearers, as only personal knowledge of them can make it possible for the speaker to adapt it. Any other system is more or less a machine system, lacking altogether the strength and beauty of the teaching founded in personal relationship, where, as was lately and finely said by Dr. John Marshall, of Edinburgh, "out of the teacher's character, by a perfectly natural generation, other like characters are, through reverence and sympathy, born among his pupils. This is the stuff out of which our . . . pioneers of learning and industry and enterprise have been made."

In gladly anticipating the growth of Boston University along the broad lines indicated, our eyes naturally and wistfully turn

toward its Medical School in the hope that with the growth of the University at large, it may be enabled to keep no laggard pace. It is doing no unworthy work, to-day, yet its needs in almost every department are great; for endowed professorships; for laboratory facilities, now too limited; for that latitude, in short, of extension of its work in all channels, which can only come with large pecuniary independence. We trust that all physicians to whom the practice of homœopathy has brought, over and above the means of meeting life's necessities, the means of gift-bestowing, will feel the most natural object of their benefactions to be the college whose *raison d'être* it is to make the training of homœopathic physicians an unimpeachable, thorough, and honorable training.

An Epidemic Symptom, if one may so describe it, in the sort of colds which have obtained during the season just ended, has been the swelling of the neck which was referred to in the last issue of the Gazette. This swelling has shown itself, as has been said, merely in connection with the type of "cold" prevalent this season, and in very many cases has not, as might have been guessed on its first appearance, been the sign and precursor of the diseases with which, as a symptom, it is usually associated; mumps, for example, or diphtheria. In answer to a series of questions sent out by the Gazette — and the answers, hereby acknowledged with warmest thanks, have been amazingly numerous, prompt and kind! — many physicians of Boston and vicinity have testified to having observed the symptom in question in their recent practice. The number of such cases reported reaches the not inconsiderable total of 90, or thereabouts, several physicians reporting "about" so many cases, and thus making exact tabulation impossible. Certain of these cases are mentioned as having been seen but once, and then "diagnosed as mumps;" but we venture the guess that could their course have been closely followed, it would have been found to be that, not of mumps, but of a severe cold *plus* the symptom under consideration. In four of the whole number of cases reported, the swelling went on to suppuration. Among the concomitant symptoms prominently noted, are those of catarrhal tonsilitis,

fever, chilliness, headache, pain in the jaw, aching of limbs and back, occasionally vomiting, and sharp, shooting pain in the neck itself. Among the remedies found most effective, were Merc. bin., Kali bich., Iodine, Baryta carb., Bell., Calc. phos., Aconite, Sulphur, Hepar Sulphur. Of these Bell. and Acon. seem the favorites.

The above is offered as a mere isolated bit of interesting clinical observation ; a symptom not so unusual in itself, as unusual in appearance in so many cases differing one from another, in the remainder of the symptoms presented, — having indeed, in many instances, only this single symptom in common.

The Fair in Aid of the Homœopathic Dispensary, announced to take place at Horticultural Hall, Boston, in the week beginning May 11th, is creating, and should create, widespread interest among the friends of homœopathy. The cause is one which appeals to the sympathies of all ; and it is to be hoped each will do his, or her, share toward making the occasion a noteworthy success. Friends of homœopathy, living so far from Boston as to make their assuming the responsibilities of a table out of the question, are reminded that any contribution to a table, however small, will be gratefully welcomed by the committtee, who will also charge themselves with the appropriate expenditure, to like end, of any sums of money sent to their care. The Gazette willingly offers itself as a treasurer, as it hereby poses as a solicitor, of such articles and such moneys, the receipt of which it will promptly and gladly acknowledge.

Effects of Water-Drinking on the Heart.— Prof. Koranyi, of Budapest, has published a series of observations on the effects upon the heart of drinking water in various quantities and of various temperatures. He found that the action on the heart takes place very quickly after taking the water ; cold water slowing the heart and generally raising the blood pressure, while hot water quickens the heart and always raises the blood pressure. In one case, thirty seconds after drinking water at 39° F., the blood pressure rose 15 mm. ; it then began to fall until, in seventeen minutes, it was 17 mm. below the normal ; it then began to rise again, regained its original height in twenty minutes. Tepid water appeared to lower the blood pressure. The colder or hotter the water, the more the rapidity of the heart's beats and the blood pressure were affected, and the longer the effects lasted. — *Lancet.* — *Hahnemannian.*

COMMUNICATIONS.

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ON THE DIAGNOSTIC VALUE OF TUBERCLE BACILLI.

BY H. C. CLAPP, M.D., BOSTON.

In the March number of the GAZETTE appeared an interesting article on the bacillus, by my friend, Dr. J. P. Rand, which seems to me to be (unintentionally) capable of conveying a wrong impression to some who may not have thoroughly studied up the subject. The idea which such would get from reading the article would be (1) that if, in any given case, bacilli tuberculosis are found in the sputum, pulmonary phthisis exists; and (2) if they are *not* found, pulmonary phthisis does *not* exist.

Now to the first part of this proposition I cordially assent, but with the second part I cannot agree; and in this respect my experience coincides with that of most, if not all, of the authorities. There are certain dangers threatening one who believes the second part of this proposition, to which I desire to refer in this paper.

When in London last October, I visited the large and celebrated Hospital for Consumption at Brompton, and had a long conversation on this very subject with one of the best-known physicians to the hospital, Dr. C. Theodore Williams, who, in conjunction with his father, the late Dr. C. J. B. Williams, wrote a work on consumption which has become classic. He assured me that, in his experience, many cases of consumption failed to show the bacilli in the sputum in the early stage of the affection, (even if they were repeatedly looked for), and that, too, after the physical signs were sufficient to declare the existence of the disease. In some of these cases, indeed, no sputum was obtainable. Other physicians agreed to these views, as a matter of course.

In Paris, when talking with another physician on the same subject, I was referred by him to an elaborate discussion of the matter in an important book by one of their celebrities, Dr. J. Grancher, Professeur à la Faculté de Médicine de Paris, entitled *Maladies de L'Appareil Respiratoire, Tuberculose et Auscultation*, 1890. One who is interested in the subject will enjoy reading his arguments and reports of cases from which he draws his conclusions. An idea of the latter can be obtained from the following résumé, translated from page 187:

"1st. The signs diagnostic of the *early* stage of common pulmonary tuberculosis (change of the respiratory murmur, especially of inspiration), sometimes precede for a long time the cough and expectoration, dulness on percussion, bronchophony, etc.

"2nd. The presence of the bacilli in the sputum is a sure sign of tuberculosis, but it is not the *earliest* sign. Oftener the physical signs and rational symptoms can be detected before the appearance of the bacilli in the expectoration, *and the physician ought not to wait for the appearance of the bacilli before making his diagnosis*, and commencing treatment.

"3rd. If the diagnosis at this earliest period, by means of physical signs and rational symptoms, cannot always be made with the certainty which we expect of them a little later, we must remember that the search for the bacilli, likewise, is not entirely exempt from chances of error, which pertain to the method, the reagents, and to the observer." Farther on he adds: "Although I am bold in proclaiming the superiority of auscultation in the diagnosis of pulmonary consumption as it is *commonly* found, yet I allow that in *rare* forms of the disease, the bacillus may become the earliest indication obtainable of the tubercular nature of the affection; as, for instance, when the latter disguises itself by assuming the form of a pneumonia, a pleuro-pneumonia, a diffuse bronchitis, when it occupies at the outset the base of the lungs," etc.

Grancher adds that even when cases of common phthisis have advanced so far that they can be very *easily* recognized by the common methods, every now and then a case will present itself where the bacilli will be found in the sputum at one time, and not at another.

Lichtheim [1] states that in all, or almost all, cases of *well-pronounced* phthisis, bacilli can be found in the sputa, but adds that it is not always so in the beginning of the disease, and if in some cases the micro-organisms are found early, in more they are not. Their presence in the sputum, he says, is due to a certain amount of ulcerative destruction of the lung, which establishes a communication between the tuberculous foci and the bronchial tubes. When the communication is interrupted, there are no bacilli in the sputum. He mentions cases of acute phthisis, with autopsies, where bacilli had been looked for in vain, during life, in the sputa. Déjerine and Babinski [2] report a case of tubercular pneumonia, in which the sputa had been often and carefully examined without ever a single bacillus becoming evident, but in which, nevertheless, the autopsy revealed a tuberculous infiltration of both lungs. A microscopical examination of the lung tissue showed plenty of bacilli, although they had been absent from the expectoration during life.

Many other such cases might be quoted. After Koch's great discovery of the bacillus, and the universal recognition of

1 Fortschritte der medicin, 1883, No. 1.
2 Revue de médicine, 10 Février, 1884.

its connection with tuberculosis, the natural tendency at first was for everybody to be very enthusiastic about its diagnostic significance, and to make sweeping generalizations, which subsequently were not entirely borne out by a wider experience.

As one out of many examples of this, may be quoted the statement and retraction of the well-known Frænzel. A few months after the announcement of the discovery of Koch's bacillus, Balmer and Frænzel,[1] who had studied the sputa of 120 consumptives, stated that they believed that the two following propositions were already proved: (1) If bacilli are found in the expectoration, tuberculosis exists; (2) if bacilli are not found in the expectoration, tuberculosis does not exist. They also went further, and believed that a certain relation existed between the number, length, state of sporulation of the bacilli, and the gravity of the disease. Numerous bacilli, united in groups or very long and loaded with spores, are, they say, proof of a rapid tuberculous process, and augur a very bad issue of the disease. On the contrary, when there is no fever, when the course of the disease is slow, and the prognosis relatively good, the bacilli are few, isolated, small, and without spores.

Six months afterwards, however, with a larger experience, Frænzel published another paper,[2] in which he announced that he had altered his views somewhat, and that there might be cases of phthisis *without* bacilli in the sputum, if the communication between the tuberculous focus and the bronchi should happen to be interrupted, and also that the number and size of the bacilli could not be relied on very much as a prognostic sign.

The late Prof. Austin Flint, of New York, in the article on phthisis in Pepper's System of Medicine, Vol. 3, p. 413, says: "It must, however, be borne in mind that the absence of bacilli in the sputa is not sufficient to exclude phthisis."

To quote more evidence to the same effect would be tiresome. Suffice it to say that such is now the generally accepted belief.

It has been my experience, that in the great majority of cases of phthisis, when first coming under observation, (which does not always mean the very beginning of the disease), the physical signs and symptoms, when carefully noted, have been amply sufficient, even without the corroborative testimony of the bacilli, to establish a diagnosis which time proved to be correct; and that, while in some cases evidence of the disease could be first obtained by the bacilli, in many others auscultation and percussion revealed its nature before any bacilli could be seen. In still other cases, more indefinite, where there were no bacilli

1 Berliner Klinische Woch, 1882, 45.
2 Deutsche Milit. Zeitschrift, 1883, H. 8.

in the sputum, or where no sputum could be procured for examination, and where the physical signs were not distinct enough to make a really *positive* diagnosis possible, auscultation yet revealed suspicious changes in respiration sufficient to enable a provisional and probable diagnosis to be made.

All agree that it is extremely desirable to make the diagnosis as early as possible, since of course the farther the disease has progressed, the harder it is to cure; and if it cannot be made in one way, another should be tried.

One danger which threatens those physicians who think that the absence of bacilli means no phthisis is that by this verdict they may be sometimes lulled into a false security at the very time when they should be particularly active, and when their therapeutic efforts would count for the most. Another danger is, that deceived by this false security, they may neglect a careful auscultation, which very likely would have set them right. Many physicians even heretofore have neglected auscultation altogether too much, and if they are now persuaded that the search for the bacillus will relieve them from this duty, the tendency will be for them to neglect it all the more. No stenographer can expect long to do good short-hand work unless she practises it constantly. No musician can excel, who neglects the frequent use of his instrument, and no doctor can do nice work in auscultation and percussion, if he allows himself to get rusty. Both the stenographer and musician may still continue to do the coarser and less satisfactory parts of their work, with only a semi-occasional trial of their skill, but in the nicer parts they gradually become deficient. Likewise the physician, even if he has once been posted, if he seldom resorts to the physical examination of the chest, may, when he does resort to it, be able to detect the advanced stage of phthisis, but will very likely fail, when there is need for a discrimination between the nicer and more delicate sounds, which is necessary to enable one to detect the early stage of the disease. So that every physician who treats consumption owes it to himself and to his patients to examine chests frequently and carefully, to keep himself in practice, if for no other reason. One who does this conjointly with a study of the theory of auscultation, will not, as frequently happens, if he fail to hear rales in a chest, declare that there are no physical signs there, although there may be the far more important ones, (albeit less easy to recognize), of broncho-vesicular respiration and slight dulness on percussion. If the auscultator is sufficiently practised to be sure of these two signs existing conjointly in circumscribed limits at the apex of one lung, in 99 cases out of 100 he will be right in calling it a case of phthisis, even in the absence of bacilli in the sputum, or of

almost all of the symptoms which are commonly considered to belong to the disease. In the majority of cases the symptoms and bacilli will soon follow, especially if therapeutic measures are not resorted to —hygienic as well as medicinal. In all cases where, unrelieved, these two signs persist, even without accompanying symptoms and bacilli, it is always wise to consider the latter as impending, like the sword of Damocles, at least until sufficient time has elapsed (which generally means some years) to allow of the conclusion that the trouble has become pretty thoroughly dormant. The reason is that solidification of the apex of the lung, in the vast majority of cases, means consumption. Even where it remains dormant and apparently innocuous for years, a lowering of the general vitality of the system may arouse it, like a slumbering volcano, into activity. It is therefore, unwise entirely to ignore such a condition, simply because no bacilli are found in the sputum, although occasionally a person in such a state may enjoy good health indefinitely.

As to the importance of the bacilli in diagnosticating phthisis in the advanced stages, it may be said that at such times the diagnosis is generally easy, not only to the physician, even without any examination of the chest, but also to the friends and relatives. In Dr. Rand's cases 13, 3, 34 and 2, where the patients died in one day, two weeks, three weeks, and a few weeks respectively after the finding of the bacilli, the search for the latter was of course instituted simply as confirmatory evidence, with full expectation of finding them.

Action of Naphthaline upon the Eye.—Naphthaline exhibits a most marked affinity for the eye, and is capable of exciting very serious lesions of that organ. Under the influence of toxic doses of this drug there soon develops a serous effusion between the retina and the vitreous; later the effusion appears between the pigmented epithelium of the retina and the conical and striated elements. There is then loosening of the retina which floats between the two liquids. Very soon white umbilicated patches are seen deposited upon the retina, and these are not formed of naphthaline, but consist of oxalate, sulphate, and carbonate of calcium. Again, in the body of the vitreous are seen floating numerous brilliant bodies; these likewise are not due to deposits of naphthaline. At last the crystalline lens itself is affected, and in space of time ranging from three to thirty days, a soft, grayish cataract is formed. Naphthaline then is capable of producing:

1. Detachment of the retina.
2. Papillo-retinal infiltration.
3. Deposits in patches upon the retina.
4. Amblyopia and consecutive amaurosis.
5. Sparkling synchisis.
6. Soft cataract.

Should these effects of the drug lead to a successful employment of the drug in the conditions above named, then will our armamentarium be made richer.—*Transactions of the International Congress of Homœopathy held in Paris.—Hah. Monthly.*

AMPUTATION OF THE LACERATED CERVIX, VERSUS EMMET'S OPERATION.

BY H. I. OSTROM, M.D., NEW YORK.

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There is no reason to believe that the uterine cervix is lacerated more frequently now during childbirth than it was a century ago, but there are reasons for believing that our recognition of this accident of parturition has cleared up the etiology of many hither-to-obscure pelvic disorders, and has made clear the cause of some of the graver diseases of the uterus itself.

The fact of the laceration therefore is established beyond cavil; the only questions with which we need concern ourselves, are, 1st. What degree of laceration requires surgical treatment, for we all know that many cases exist without giving rise to any symptoms. 2nd. When shall we operate, — a primary operation at the time of occurrence, or secondary operation after the parts have healed. 3rd. How shall we operate? Each one of these questions is of very great importance, and upon their correct answering will depend much of the future health of the subject of the laceration.

1st. I do not think the degree of the laceration is always a correct data upon which to base our decision to operate. Every surgeon has seen cases of severely torn cervix uteri in perfectly healthy women, and in women whose reproductive function was not interferred with by the laceration. On the other hand, we meet with cases of but slight laceration that are undoubtedly the cause of ill health and suffering as long as they remain. I know of no general rule to guide in the selection of operative cases. To say that every lacerated cervix should be operated upon, savors strongly of quackery, and can find no response from the scientific surgeon. As in other departments of medicine, each case must be judged upon its own merits. If we find a lacerated cervix coincident with subinvolution, endo-metritis, erosion of the os, or even damaged appendages, and can find no other cause for the condition, our attention should be directed to this lesion, however small it may be, and we may operate with reasonable assurance that the pelvic symptoms will be ameliorated, if not entirely cured by our treatment.

This brings us naturally to the discussion of the second question, When shall we operate? To this I have already given my answer, for of course to observe the effect of a laceration, a sufficient length of time must elapse from its occurence. I must unconditionally condemn a primary operation upon a lacerated cervix, and this upon similar grounds to those which I have

elsewhere opposed to the primary operation upon a lacerated perinæum, *vis.* the condition of the parts, and the impossibility of determining the extent or degree of the laceration. If we compare the lacerated os immediately after its occurrence, and at the end of six weeks or two months, we cannot fail to be impressed with the great tissue changes that have taken place in that time. Involution has progressed in the whole uterus, and the laceration that we looked upon as very severe, has become reduced to small proportions. And as the involution progresses, the os will assume more and more of its natural shape. Subinvolution and lacerated cervix go hand in hand, but I think that in assuming that this accident of parturition always preceeds, and is a cause of the condition of the uterus, is not supported by facts. From an etiological standpoint, it is placing the cart before the horse. The lacerated cervix and the subinvolution exist together, and of course they are both products of child-bearing, but that one is necessarily the cause of the other, I find no reason to believe.

3rd. I shall discuss only two methods of operating upon a lacerated cervix, for these involve the essential principles of all the operations that have been proposed. *First*, the denuding operation, which seeks to bring the lacerated surfaces together, and to obtain union between them, commonly known as Emmet's operation. *Second*, amputation of the cervix, which does not regard the original laceration, but seeks to remove an excess of tissue that has followed the laceration, especially associated with the name of A. Martin, of Berlin.

Now what pathological changes take place in a lacerated cervix? Almost invariably one or both of the lips become elongated and at the same time hypertrophied. If under these conditions the laceration is denuded, and the "cicatricial plug" cut out, upon bringing the raw surfaces together it will at once be seen that the natural cervix is further elongated and its caliber reduced. Here exist, therefore, two objections to the Emmet's operation upon the lacerated cervix. By it, the parts are not restored to their anatomical perfection. The cervix is made conical, and if sufficient tissue is removed to insure healing, then must result stenosis, and a condition not favorable to future child-bearing. I think Emmet's operation is for the most part adapted to the simpler lacerations, to those that are not accompanied with any marked degree of hypertrophy or elongation. In these cases it may answer very well; but any operation that necessitates the removal of valuable tissue is neither correct in principle, nor can we expect to obtain from it, perfect surgical results.

Amputation of the cervix, or rather that part of it which is

hypertrophied, is based upon entirely different principles. As a rule, the elongated lips are of no use, and the uterus is better and more healthy without them. Moreover, the erosion that is usually found in these cases, can best be cured by removing the hyper-nourished tissue. Therefore I am inclined to look upon partial amputation of the cervix, that is removal of an hypertrophied and diseased tissue, as the operation best adapted to the cure of the conditions that depend upon the laceration. If the question is one of restoring the circulation of the cervix and of the uterus, or of removing cicatricial tissue because of nerve involvement — this latter I look upon as rather hypothetical — amputation furnishes the most rational means of treatment. It has been urged that by this means the cervix is so shortened that the uterus cannot carry a fœtus to full term. The objection, however, is not well taken, and practically has but little weight, for it will be remembered that the tissue removed does not form a part of the cervix, indeed, in performing the operation, uterine tissue is rarely cut into. In those very severe lacerations that extend up to the vagina, or even, it is said, involve the vaginal mucous membrane, neither one of these operations will give the best results, but a combination of the two methods, may be used with advantage. The hypertrophied tissue may be amputated, and the laceration that extends above the justifiable line of amputation, may be sutured. But I have in several instances of very deep lacerations, been prepared to sew the tear together, after a preliminary amputation, when suturing the cervix, has apparently obliterated the laceration without the use of extra sutures. My method of sewing the os favors this contraction.

The technique of the operation is simple, though requiring a considerable degree of skill to carry it out. The object is to remove hypertrophied and diseased tissue, and with this in view, a V-shaped incision is made in the anterior and posterior lips. These are joined at the point of laceration, so that the os presents the appearance of having been split. The vaginal and cervical mucous membranes are then united. I generally for this purpose, use a rather large catgut, and prefer the continuous suture, drawing up the os as with a purse string. The effect of this is to contract the os, and to draw in the vaginal mucous membrane, thus preventing any tendency to ectopion that may exist.

Operated upon in this way, there is no danger that the os will become contracted, and in consequence tear during subsequent labor, and it will be found, when healing is complete, that the cervix is restored as nearly as possible to its pre-lacerated condition.

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TWO CASES OF ORIFICIAL SURGERY.

BY J. F. STEYNER, M.D., PITTSBURGH, PA.

CASE 1. — Woman, married, age 32. Has two children. For the past three years has been gradually failing, became very nervous, irritable, and unable to sleep. Has had piles for several years, which bleed at times. The condition became so serious that the husband became alarmed as he had consulted a number of the best local physicians of all schools without more than temporary benefit. The writer was consulted and found the following condition. The woman said she had been unable to go to church for the last year as it seemed as if every one present was looking at her and talking about her. She craved company, but as soon as she was with several people, she was obliged to leave the room. She was hysterical, and "changeable as the weather," and said she knew she was making life a burden to her husband, for no apparent cause, as she ought to be the happiest woman in the land, having every want supplied. She cried a great deal and could not tell why. Threatened to make away with herself if she could not get better, as her present condition was unbearable. An examination was suggested and submitted to very reluctantly, as she was positive she had no trouble except piles, which only annoyed at long intervals. There was an almost complete laceration of the perineum, and a slight laceration of cervix. Both lacerations had healed, leaving flexible cicatrices. Pressure caused no pain. The cervical canal and uterus were normal otherwise. Examination of the rectum revealed a bad state of affairs. The sphincters were very tight, and there were numbers of pockets and papillæ which pained her greatly when touched. An operation was advised strongly, but not consented to at the time. One month later I was stopped on the street by the husband, who said that unless something was done at once, his wife would go crazy, and it was "breaking him all up." He was told that an operation was the only chance, in my opinion, for recovery, as I believed that she could never recover until the local irritation was removed, and that I firmly believed it was the cause of her present condition.

She was operated upon the next day. The piles, pockets and papillæ were removed, and the rectum thoroughly cleaned out. The sphincters were paralyzed and shocked by rapidly expanding the speculum for several minutes. The perineum and cervix were not touched, as in my judgment there was no call for operation upon either. The patient reacted strongly, but slept all night, something she had not done for several years. The next morning the temp. was 103° but at night under acon. was 99°, and the next morning normal. The patient rapidly

recovered from the operation, and was soon about the house. She had been able to sleep every night since the operation. In three months her mental and nervous troubles had completely left her. She went to church every Sunday, and resumed her social duties cheerfully. The operation was performed over a year ago, and she is now well. Says she has not been so well for years, thinks life worth living, and is very happy, and very grateful. This case has received no medicine, and the rectum has not been interfered with since the operation.

Case. 2. Atonic dyspepsia and spasm of the glottis. This case I consider a trump card for orificial surgery. Woman, age 29. Has two children. Miscarried twice at three months, last one six years ago. Five years ago began to suffer as follows. She would be suddenly aroused from a sound sleep by a severe choking sensation and inability to breathe. This was so severe that the muscles of the neck would swell. These symptoms would last several minutes, and then suddenly disappear. She would choke every night for a time, and then there would be an interval of perhaps a week before she had an attack. About the same time her stomach began to trouble her. It felt sore, and as if there were a lump in it. Appetite good, but could not eat solids on account of distress in stomach. Bloated in region of stomach and abdomen. Became constipated, alternated by diarrhœa. Was very weak and despondent, as she had tried physicians in all schools without relief. Three years ago was operated upon in Cincinnati by a prominent gynecologist for lacerated cervix, with promised relief from her trouble. The result was slight temporary relief to the stomach, but with no relief to the choking, which became more frequent, and often alarming. Her physician pronounced this to be hysteria.

For the last three years this poor woman had subsisted entirely upon peptonized milk and Mellen's Food. There was a constant eructation day and night, and she became unable to go out of the house, as she would choke if she moved about. Last summer I was consulted by the husband, and told him that there was undoubtedly a rectal lesion, and perhaps a uterine or vaginal, and unless the irritating cause was removed his wife would never recover if she consulted all the doctors of all schools. He was advised to go home and have his physician examine her rectum, which had never been done.

He wrote me in a few days, stating that two doctors had examined her, and while they admitted a rectal trouble, said that it was so slight that it could not possibly be the cause of her difficulty. He requested me to come and make an examination, and operate if it was thought best; he had no faith in my diagnosis, but they were both anxious to have something done.

On my arrival the above history was given. A rectal examination revealed papillæ, which were very sensitive, and the mucous membrane separated around almost the entire circumference of the gut up to the internal sphincter, forming a deep pouch exquisitely painful, and forming a beautiful trap to catch anything that came along. And yet she had never had the slightest rectal symptom.

Operation November, 1890. The papillæ were removed, and the pouch was trimmed off and made as smooth as possible. At the bottom of the pouch pockets were found running down outside of the anus, and filled with pus. These were carefully removed by the aid of the blunt hook, and as little tissue as possible cut off. The sphincters were dilated and thoroughly shocked as in case number one.

Recovery was rapid, she improved at once, and one week ago I received a letter stating that she had not had a choking spell since the operation; she raised no more gas, her stomach was all right, could eat anything she wished, was doing her own work, and could walk a mile without any trouble. This case has not been touched since the operation, and I think time enough has elapsed to warrant me in calling it a cure. These two cases are but samples of many that it has been my good fortune to relieve, and also cure by orificial methods, and are given to the profession with the hope that they will call attention to a method, by which at least four-fifths of the chronic cases called incurable by other means, may be speedily and permanently cured.

In all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of brain substance that induce insanity, and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation of the rectum, or the orifices of the sexual system, or of both. The above proposition given by Prof. Pratt is impregnable, and when fully realized and understood by the profession in general, and put into practice by competent men, they will be enabled to cure at least four-fifths of the cases which were pronounced incurable.

Headache and Massage, by Dr. Norstroem, Paris.—In many patients suffering from habitual or paroxysmal headache, similar to migraine, one finds indurations or infiltrations in one or more muscles, which have their place of insertion in the head,—as *e. g.*, sternocleido-mastoideus, scaleni, temporalis or galead aponeurotica. These infiltrations, the final results of a chronic myostitis, make no trouble themselves, but cause severe headache. They mostly arise in consequence of catching cold, and the headaches are aggravated by atmospheric changes. Massage faithfully applied removes these infiltrations and the headache, even in patients who suffered for years from it. Swellings of lymphatic glands or ganglia also cause headaches and often yield to massage. Every session ought to last fifteen to twenty minutes.—*Munch. Med. Wochr.—N. A. Jour. of Homœopathy.*

ARSENIC IN DOMESTIC ARTS.

BY I. T. TALBOT, M.D.

Address before the Committee on Public Health, of the Massachusetts Legislature.

In these hearings, which are necessarily limited, we have endeavored to bring before you evidence from persons of the highest ability, who were able to speak with authority, in matters to which they have testified We have presented but a small portion of testimony on the same subject, which awaits your request; of chemists who have made analyses of a large number of cases of poisoning from exposure to arsenic; of physicians who have had patients under their care who have thus suffered; and an unnumbered list of the sufferers themselves, who would gladly come before you to tell their pitiable story. It is sometimes asserted that these cases of arsenic poisoning are only the rare exceptions in the whole community. I shall refer briefly to five cases which have come under my personal care within the last year; these are common cases, and there has been no special reason why they should have come under my care.

1. J. B. M. Mother, and child four years old; had suffered failing health soon after going into a new sleeping-room. They both suffered with unusual headache on rising, slight nausea, irritation of mouth, nose and eyes; nausea, and loss of appetite; general feeling of malaise; was better when away from home for a few days, or even if she slept in another chamber. The paper was tested, and found to contain a large quantity of arsenic. It was removed, and both mother and child fully recovered.

2. D. K. H. A child three years old, delicate, but generally quite well. The family resided in a house built four years ago. The child was in another sleeping room last autumn, and soon seemed unusually languid in the morning, with failing appetite and strength, which developed into acute gastritis, with nausea and vomiting, accompanied by slight diarrhœa and soreness of the mouth and throat. She was brought into her former room, and in a few days recovered, and went back to her own room to sleep. At once her former symptoms began to return, with recurrence of the gastritis, vomiting, etc. The plumbing was carefully inspected, but found in good condition. The paper on the walls, which was an olive green, was examined and found to contain large quantities of arsenic. This was removed, since which the child has been well.

3. R. S. W. Babe eight months old, strong and healthy. Was in the habit of taking daily naps in his carriage, and when asleep would be brought into the house, and often slept two hours. He would awaken sometimes with retching and vomiting. On examination, his sack and the silk coverings of his carriage-blanket were found to be highly arsenical. These were removed, and no further trouble occurred.

4. Mrs. W., eighty years old, had great trouble in breathing, with slight nausea after sleeping in cool weather. It was found that she was at such times covered with a light down puff, with turkey-red and yellow sides, both of which colors proved to be highly arsenical. On removing this, the trouble ceased.

5. J. A. P., a lady of forty, suffered severely with attacks of enteralgia, coming on about three o'clock in the morning. This continued nightly for three weeks. After various investigations, it was found that she was in the habit of reading in the evening beside a lamp (Rochester burner) over which was placed a paper shade of magenta color, which proved to be arsenical. On removing this the trouble ceased entirely.

Again, it has been said that no person was ever known to be poisoned from working in arsenic. The testimony of Dr. Abbott, secretary of the State Board of Health, would refute such a statement, and I may add my experience in twice having been called to paper hangers who were seriously poisoned, and who told me that they were often slightly affected, especially by green papers.

In regard to poisoning by using Paris green on potato vines, I may say that last summer, when in the country, my potato vines were suddenly infested with the bugs; two faithful men, who were always glad to work for me, told me that they could not apply Paris green without being poisoned, but that another man was in the habit of doing it without injury. He did the work, but on the follwing day he was confined to his house with severe inflammation of the eyes, mouth and throat, with other acute symptoms of poisoning.

Some persons have the idea that a physician must be very incompetent if he cannot at once determine a case of arsenic poisoning when called to it. I have one of the most recent works on the effects of drugs on the human system — a Cyclopædia of Drug Pathogenesy, now in process of publication by the National Homœopathic Societies of England and America. Under the study of arsenic, all records of arsenic poisoning were collected, and eighty-two typical cases selected as representing the various groups of symptoms produced by arsenic. These are again divided into fourteen classes, as follows: —

Certain forms of this poisoning have been clearly and tersely described to you by so distinguished an expert as Dr. Folsom, but you can readily see how even learned physicians, who have not made it a special study, may often fail to recognize its symptoms, especially when arsenic is slowly absorbed into the system. Within a month Prof. Jonathan Hutchinson, of London, a most distinguished authority in medicine, gave a course of lectures on arsenical poisoning, in which he exhibited a large number of organic diseases, including certain forms of cancer, which he attributed to the effects of arsenic. There are, without doubt, many cases of obscure disease under treatment today, which owe their origin to this insidious poison, and which the more careful study of this drug and its effects will enable physicians to avert, and even cure.

An attempt has been made to show arithmetically how utterly impossible it would be for anyone to be poisoned or affected by the minute emanations from material containing arsenic. There was a time when it was assumed that the system could only be affected by massive doses of a drug; when forty or even sixty grains of quinine was a daily ration; when calomel was given by the spoonful, and even quicksilver in bulk was given to find its way through the system by means of its specific gravity. Fortunately this "sledge hammer" method of treating disease has to a great extent passed away. The most intelligent of our physicians recognize in the human system something a thousand times more delicate than the chemist's most sensitive test. Fortunately our systems are often endowed with great powers of resistance against disease and destructive agents. Again they are so sensitive that they are overcome by causes too minute for discovery. Who has yet discovered the causes of "La Grippe"? Who can weigh the poison of typhoid fever that carries the stalwart man into the grave? What chemist can analyze the emanations of smallpox which may decimate a city? It is not in the study of crude and massive material that medical and surgical science has made its gigantic strides in the last decade. It has been by the investigation of the minutiæ that these advances have been made. We have evidence that there is a power in the millionth of a grain of a substance, which in its

crude state seems inert. The investigations of Pasteur and Koch have been made with the minute, and the microscope alone has been able to reveal causes concealed from the unaided eye. It is useless, then, for us to reason that the minute particles of arsenic floating in the air cannot harm anyone because some can resist this poison even in large quantities. The question is, can the system be affected injuriously by a dose of arsenic so small that neither the chemist nor the microscopist can find a trace? Let the story of Dr. Bolles's long-suffering, carefully-watched child answer.

There are certain points to which your attention is requested,

First — All are agreed that arsenic is a dangerous poison.

Second — The State has taken great care in restricting its sale in certain cases. The apothecary is subject to a fine of $50 and other punishments if he sells *a grain of arsenic* without complying with the requirements of the law.

Third — That about 5,000 tons of arsenic are now annually imported into this country, much of which enters into the manufacture of articles for domestic use, and on this there is absolutely no legal restriction.

Fourth — That formerly, to say the least, in this country a large amount of arsenic entered into the manufacture of wall paper or paper hangings.

Fifth — That within the last ten years, or since the discussion in regard to the poisonous influence of arsenic in wall paper, the large and respectable association of wall paper manufacturers, have voluntarily agreed to abandon the use of arsenic in wall paper.

Sixth — That this agreement does not apply to the manufacturers of wall paper outside of the association before named, or to any imported papers which are brought into this State and sold without any legal restriction.

Seventh — That in other forms of paper, such as are used in artificial flowers, ornamented wrappers, kindergarten papers, covering of children's toys and paper boxes, card board, etc., arsenic is used in the most unrestricted manner; that such articles are freely manufactured and sold here.

Eighth — That in textile fabrics, such as calicoes, cretonnes and many other articles of clothing and ornament, arsenic is used in large quantities, and is thus brought dangerously near to persons; and against all this there is in this State no legal restriction.

Ninth — That restrictive laws in regard to the use of arsenic in manufactures have been enacted in France, Germany, Sweden and other countries, which in some cases prohibit such use for articles for home consumption, but allow it in articles for export.

Tenth — That in consequence of such unrestricted and frequent use of arsenic the health and lives of citizens of our State are often seriously endangered.

For these reasons the Massachusetts Homœopathic Medical Society and the Boston Homœopathic Medical Society, both of which I have the honor to represent, and various other medical societies, representing more than 1,300 practising physicians of this Commonwealth, come to you, by personal petition, requesting that suitable laws should be passed to restrain this widespread and dangerous evil.

Of these physicians, embracing the very best representatives of every school or shade of medical opinion, I may say a word. They do not come to you, asking any personal favor ; it is not to benefit them or increase their professional work ; but, on the other hand, it is for that purpose which elevates the profession far above pecuniary rewards ; it is to protect from danger, to avert disease, to save from sickness. It is one more protection which science and a noble profession — never more noble than when engaged in such a cause — would throw around the community.

I may also say that, aside from the large number of most intelligent and influential citizens who have already joined in this petition, there is scarcely a person who has given careful thought to this subject, but would desire legal protection from the dangers here set forth.

Personally, I must thank you for the long and patient hearing which you have given to this subject, assured from your interested manner that you fully realize its importance, and will give it the consideration it deserves.

That there may be difficulties in framing suitable laws we cannot doubt, but if Germany and France can find means to protect their people, we are sure that Massachusetts can do likewise. When such a man as Mr. Henry Saltonstall, representing four of the largest corporations in the state affected by such legislation, and producing 25,000,000 yards of textile fabrics annually, voluntarily comes before your committee and says that the legislation asked for is proper, and should be granted for the safety of the community, and that if such laws are passed the corporations represented by him will find means to conform to them ; when our paper manufacturers say that it is not only possible but practical to keep their products within a proposed danger limit, we trust that your committee will find it no impossible task to report a suitable bill.

CASE OF ACCIDENTAL POISONING BY ARSENICAL PAPER.

BY J. HEBER SMITH, M.D., BOSTON.

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

It is pertinent to state, at the beginning, that the case of accidental poisoning by arsenic to be narrated is the first and only one established without a doubt, in my active practice of twenty-five years. Patients suffering from chronic dyscrasiæ, of obscure origin, and presenting a singular persistency of symptoms, have been suspected by me of arsenical poisoning, but in every other instance I have failed to satisfactorily establish the fact. In all these cases chemical aid has been sought in the examination of suspected sources of danger, but with the result of excluding the theory of arsenic poisoning in every other instance. As my colleagues are aware, and as proven by the current medical literature of the past quarter of a century, I have been strenuous in detecting and combatting all the possible means of danger to the public through the use in the arts of the various metallic oxides, notably in the instance of the galvanized iron-pipe industry, which through my efforts, at first unaided, was practically crippled in New England.

With a sense of responsibility to the public and to my brother practitioners, through the position which I have occupied so long as a teacher of materia medica in the School of Medicine of Boston University, I wish to hold, in common with you all, a safe and thoroughly scientific ground upon this mooted question of accidental arsenical poisoning. I am assured that such cases exist beyond a reasonable doubt, and it is my conviction that, however infrequent they may be, through the general insusceptibility of the strong, it is the duty of the Commonwealth to interpose the restraining hand of the law in protecting the weak, in this as in all other instances, by suitable and judiciously enforced legislation.

For this cause, I have added my name with the rest to the petition from this society to the General Court, asking for an act to regulate the employment of arsenic in the arts. But it is my candid belief that we shall not strengthen our position as medical witnesses by over-statement of the few facts with which we are personally cognizant. The physician has no more right than any other citizen to offer before a legislative committee knowledge gained at second hand, or to add currency to rumor. Let us, as a body of medicine, quietly set forth our convictions backed by facts! It will be competent for us simply to ask, in behalf of the people, protection against the possibility of injury to the susceptible, be they many or few, from the employment of arsenic in the materials of household adornment and use.

On the third of March, 1886, I was called to attend Mrs. C. E. A., of this city, said to be suffering from "Pink Eye." She was confined at home with violent catarrhal conjunctivitis, which had recently attacked the right eye, with a previous history of similar inflammation of the left, in February, which had been treated topically by another physician. The patient, a strong, well-developed woman of about thirty years of age, had enjoyed well-nigh perfect health from childhood, until within the past three or four months, when she began to notice œdema of the ankles, cachetic complexion, and occasional puffiness of the eyelids and face. There were no symptoms whatever of gastric or other functional disturbance.

The conjunctivitis was treated symptomatically, with remedies thought to be appropriate, with indifferent success, for about a week, when the case was carefully reviewed and circumstances elicited by inquiry, which led to the suspicion that in some accidental manner the patient had been exposed to arsenic. It was learned that she was in charge of the furnishing department at Hollander's, and that the goods which she had in charge, and which she was frequently called upon to display were packed in boxes resting in tiers upon the shelves. These boxes were covered with green paper. On representation of my suspicions to Mr. Hollander he caused this paper to be submitted for examination to Professor Babcock, State Assayer. He reported it as highly dangerous, its coloring matter affording about 60 per cent. by weight of arsenic. This substance had been worn from the boxes by repeated handling, and lay in a fine dust upon the shelves. In handling the goods, this poisonous dust was drawn forward, and had been falling into the up-turned eyes and nostrils of my patient for many months. Another clerk in the same department had been ailing for several months with symptoms now thought to have been arsenical.

The following were the special symptoms of Mrs. A. at the time of coming under my care. Face pale, dyscratic appearing; lids œdematous, and on eversion the conjunctiva presented a high grade of inflammation, with chemosis, and here and there single blood-vessels highly dilated; corrosive lachrymation making the lids and cheeks sore; the eyeball hot, and at every pulsation a stitch; aggravation of symptoms after midnight; burning in the margins of the lids almost constant, and sensation as if they were dry and rubbed against the eyeball; ciliary neuralgia; vision impaired as though looking through thick gauze; photophobia. There were few concurrent symptoms. Those especially noted were chilliness, thirst with dryness of the mouth and throat, especially at night; a continuous sense of great debility as though after a fever; the ankles so swollen

that the boots commonly worn could not be buttoned; no marked disturbance of the digestive organs. The urine, unfortunately, was not examined for arsenic. Very weak topical applications of atropia-sulph., with hot water, were the principal means employed for the reduction of the inflammation, and after a reasonable assurance of the origin of the case, the patient received antidotal treatment for arsenic with gradual relief. She was under observation until the following October, but did not receive very pronounced benefit from anything excepting the great healer, Time, which mends or destroys all things.

Potassic iodide, in small doses was found the most influential for good of any of the remedies employed. The patient at the time of this writing, March, 1891, is in the enjoyment of good health, and has had no return of the symptoms attributed to arsenic. She is still in the self-same employment and place. The prompt attention paid by Mr. Hollander to this case and his immediate remedying of the source of the trouble deserves cordial commendation. It is not believed that business houses in general will fail of using every precaution for preserving the health of employees, on proper representation by our profession of the true facts regarding the dangers from the present use of arsenic in the arts.

A CASE OF ARSENICAL POISONING.

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

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

S. H. S., barber and taxidermist, aged thirty years, nervous temperament, light complexion, medium height, slim figure, temperate habits and good constitution, applied to me several times in the years 1869 and 1870, for medical treatment. From the patient I learned the following history of his case: His first trouble commenced after a hard day's work at a barber's chair, by a sharp pain in the region of the left knee-pan and right instep. This was soon followed by an eruption of small, red spots like flea bites, which rapidly increased to blotches half an inch in diameter, slightly raised, and of a purplish color. The pain did not long continue in his knee and foot, but attacked other parts of the body, and when it appeared in a new place, it left the old. Sometimes the eruption would be confined to the lower limbs, then, leaving the lower, would appear upon the upper, and when it wholly disappeared, nausea, vomiting and diarrhœa ensued. The vomiting was accompanied by a burning pain in the stomach, and great thirst. The stomach became so irritable that neither nourishment or medicine could be retained for days,

seltzer water and champagne mixed being the only thing the stomach would tolerate. The substance vomited was liquid, tinged with bile. The diarrhœa was frequent, accompanied with much griping pain, and mostly tinged with blood. There was observable on the fingers, more particularly about the nails, small ulcers which showed little disposition to heal. These attacks would last, ordinarily, two or three weeks, each becoming more severe than its predecessor, until the final one which nearly culminated in a collapse. The recovery was always slow, prostration and muscular weakness continuing for several weeks. Up to this time, the latter part of 1870, the real cause of these attacks had not been discovered. I early inquired into the nature of the business of my patient, and when introduced into his workroom, where birds and animals were being prepared for mounting, I discovered an odor that was anything but pleasant, and jumped at the conclusion that his sickness was caused by inhaling the odor of decaying animal matter. A later and more careful investigation, however, revealed the fact that in the process of preparing these birds and animals, arsenious acid and alum, equal parts, were used in the form of a powder, and that two drachms of arsenic were used in preparing a bird the size of a robin. He thereby inoculated it under his nails, and in scratches on his hands, as well as inhaled it. He now gave up the business of taxidermy, and for a period of four years had no more attacks of gastro-enteritis, but complained of weakness in his legs and back, and could not endure hard work. He occasionally had eruptions terminating in ulcers, on feet and legs, and slow to heal. In 1874 he had an "inflammation of the glands of the right side of the neck," he wrote me, "so great as to be in line with the face; for two weeks this swelling continued, accompanied with much pain, but showing no disposition to soften." He finally prevailed upon his physician to open it, but nothing except blood discharged. The swelling soon began to subside, and in a few weeks wholly disappeared. But with the disappearance he became very sore all over his body, could not bear to be touched. As the soreness subsided, nausea and vomiting set in, resisting all treatment for ten days. After the vomiting ceased, he gradually gained strength for a time, but was ever after afflicted with sores on legs and hands; general debility increased.

In July, 1881, he had an attack of hemiplegia of the left side, from which he recovered after a few weeks, sufficiently to be able to walk about, but unable to do any business, and gradually failed in general health until March, 1883, when he had a second stroke of general paralysis. From this he rallied sufficiently to walk about, but never regained his speech; could

only swallow liquid nourishment, and gradually declining until February, 1885, he became so feeble that he was obliged to keep his bed. His mind seemed to fail with the body, and he became too imbecile to express his wants, and had to be waited upon as an infant, until the following July, when he died from exhaustion.

A CASE OF POISONING BY PARIS GREEN.

BY J. S. BISHOP M.D., ORANGE, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

The following case is one which interested me much, and at first puzzled me not a little. I have found a comparison of the symptoms with those of cuprum and arsenic both interesting and valuable, especially the comparison with the record of arsenic provings and poisonings in the Cyclopædia of Drug Pathogenesy. As would be expected, there is no one case that perfectly correspond with the one to be narrated.

Before proceeding, I would note that the year before, the patient had had a similar attack under similar circumstances, diagnosed by the physician as incipient gastritis.

Case. — Mrs. M. had been working off and on for two weeks in a potato patch, where Paris green had been used. When first called to see her she had been suffering for several hours with distress in the epigastrium, which had gradually increased until it seemed unbearable. It was remittent in character, the exacerbation being accompanied by intense burning and feeling of weight. She described it later as if her stomach were loaded with a thousand red-hot irons, which were clawing her. The epigastrium was somewhat sensitive to pressure, and there had been some vomiting without relief. There was great restlessness and anxiety, the patient rolling here and there almost constantly. During the exacerbations she lay on her side, with knees drawn up, fists clenched, and face drawn in agony. There was no thirst at this time. The pulse was 85 and good, temperature 99.2 The bowels were undisturbed.

This condition had not come on suddenly, but there had been more or less gastric discomfort on alternate days for a week or ten days previous, with some sore throat and sensitiveness of the eyes.

Relief was obtained in about forty minutes, and she passed a comfortable night. The next day she was feeling very comfortable, with the exception of a slight headache. On the fourth day, having been apparently well meanwhile, she had, at eight A.M., a slight chill, followed at 11 A.M. by a very severe

one. To use her own words, she "shook the bed for three-quarters of an hour." At 1.30 P.M. she was sweating profusely, pulse 110, temperature 103. There was great and constant thirst for *cold* water. She would have used it in quantity, had she been allowed. The tongue was coated white. There had been no sensation of heat following the chill. The same nervous restlessness was manifest as in the preceding attack, but with the addition of a foreboding of death.

The next day she was reported as having passed a good night. The thirst was much less, and pulse seventy.

She continued to be comfortable, though somewhat weak, for three days, when, on the fourth day, again she was taken with symptoms similar to the first attack, except that the burning was not as pronounced. There were, instead, sharp, darting pains across the epigastrium, leaving an aching in their track. This attack was soon relieved, and she passed into a quiet sleep.

On the day preceding this attack, a vesicular eruption appeared in the nostrils, and on and around both lips. The vesicles were in groups, filled with a thin, yellow fluid, and were accompanied with much itching and burning, and a slight watery discharge from the nose. The urine, also, had become high colored, and deposited a fine, brick-dust sediment. Again, on the third day following, she had a slight attack of gastric distress, which was soon relieved without aid, and since then has been well. The eruption remained for some days, and also a feeling of weakness.

The treatment consisted in relief of the pain by injections of morph. sulph., with ars.^{30} and rhus.^{30} internally. These were continued until the chill appeared. After the chill, bry. 3x was given, and after the second gastric seizure, nux vom.^{30} for one day, followed by sep. 6x and 30.

All the symptoms of this case can be found under arsenic in the Cyclopædia, but the case which it most resembles is the twelfth, under poisonings. In that we have the intense distress and burning pain, vomiting, thirst, high-colored urine, anxious restlessness and eruption, but the chill, sweat, and urinary sediment are absent, while the general progress of the case varies widely.

Analyzing the symptoms, and comparing them with the symptomatology of arsenicum and cuprum in the materia medica, we find that most of the symptoms are characteristic of arsenicum. The mental symptoms of anxiety and foreboding of death are clearly arsenical, though Hering gives "paroxysms of anxiety; full of fears," under cuprum. But anxiety and foreboding are expressed again and again in different forms, under arsenic.

The ocular symptoms were not marked enough to be any

guide, but the irritated condition and slight photophobia is more arsenical than cupric.

Again, while we have profuse watery nasal discharges under cuprum, that in the case under consideration was more arsenical in character, being apparently acrid, and rather scanty.

Sore throat is found under both remedies, and as it had passed off with the advent of more serious symptoms, I did not ascertain the condition of the pharynx. The simple white-coated tongue, too, is not characteristic.

Coming now to the stomach symptoms, we find them almost all arsenical. The remittent character of the pain I find expressed under cuprum, which has also the sense of pressure and weight and vomiting. Dunham, alone, of the authorities I have, mentions paroxysmal pain under arsenic. The intense burning, however, is clearly that of arsenic. I missed here the symptom of thirst, but I find little or no mention of it in the cases of poisoning in the Cyclopædia.

The urinary symptoms are not distinctive, simply high colored, cloudy, with brick-dust sediment.

Coming now to the febrile symptoms, the case does not correspond wholly with either cuprum or arsenic, but leans strongly towards arsenic. Allen, on intermittent fever, does not emphasize the fact that one of the three stages may be absent, merely quoting a sentence from Dunham, who, however, speaks quite fully, saying, usually the chill is absent, and the heat increased in severity. In this case, however, the chill was severe and long-lasting, but succeeded at once by sweating. The thirst here is characteristic, cold water in quantity. The herpetic eruption, vesicles filled with yellow fluid, and acccompanied with burning and itching, we find under arsenic and not cuprum.

Two symptoms only have I not been able to find set down in the materia medica, though they may be in Allen, which, unfortunately, I do not possess. They are darting pains across the epigastrium, leaving a heavy aching in their track; and the position, lying with knees drawn up.

I have put this down as a case of poisoning with arsenite of copper. That, however, is only a matter of personal judgment. Feeling, however, after careful study, that my diagnosis was correct, and that I had had a good exhibition of many characteristic arsenical symptoms, the case was one of great interest to me, and I thought perhaps I might be able to give a sufficiently vivid picture to make it of use to others. For my chief difficulty in the study and application of materia medica has been to get a clear comprehension of what a given symptom is, so as to recognize it when met. So that a practical illustration of drug action, such as I judge the case narrated to be, is of great value to me.

SOLANUM CAROLINENSE IN EPILEPSY.

BY N. EMMONS PAINE, M.D., WESTBOROUGH INSANE HOSPITAL.

[*Read before the Worcester County Medical Society.*]

What is Solanum Carolinense? Wood describes it as a herbaceous plant allied to such genera as hyoscyamus, belladonna, stramonium and tobacco, and to such species of solanum having great value, as the common potato. The common name of this plant is horse-nettle, and Wood says it grows along the roadsides from New York to Illinois and Georgia; a rough weed, one or two feet high, with white flowers. Gray describes it as growing in sandy soil from Connecticut to Illinois and southward, with a pale blue, or white, large blossoms, in simple loose racemes, from June to August.

During the spring of this year, I read in some medical journals of the use of a tincture of this plant in epilepsy. One journal said it was a common remedy among the negroes in the South. The writer's manner of prescribing was to produce head-symptoms, such as dizziness, confusion of ideas, headache, etc. He claimed for it great efficacy.

Let us now turn for a moment from the drug to the disease. What is epilepsy? Our patients say it is "fits," and up to the last few months this answer is about as intelligible and valuable as the pathological descriptions of this disease by many of the medical writers. Gowers, in his book on nervous diseases, which is only two years old, after describing the many causes and different forms, says that "the naked eye appearance of the nerve-centres in epilepsy is, for the most part, that of healthy organs." I can testify to the truth of this statement after the autopsies we have made upon those dying with this disease. The only unnatural appearance was the large quantity of blood in the vessels of the brain. Gowers says further, "in the absence of any help from anatomy and histology, the pathology of idiopathic epilepsy is a matter of hypothesis." He believes, however, that the seat of the disease, whatever its nature, is in the cortex of the brain. The last book on the subject, by W. Bevan Lewis, throws more light on the subject. He dissents from the "opinion that the pathological anatomy of epilepsy is the expression of a grave nutritional disturbance of cell-protoplasm, a nutritive disturbance which need not express itself in palpable morbid change, even to the higher powers of the microscope," and he further says that with the fresh methods of research, and by staining with analine blue-black, the nucleus of the affected cells show an "extremely bright, highly refractile spherical body, obviously of a fatty nature." The location of these cells, according to Lewis, is in the second layer of the

cortex. At a later stage the fatty material has burst out of the cell, it becomes "vacuolated," and finally the cell itself disappears. Before leaving this division of the subject, I will add the definition of epilepsy as given by Dr. Hughlings Jackson, the best authority on the subject, which is, "a sudden, rapid, excessive, occasional and local discharge of cerebral cortex."

Before describing our use of solanum in epilepsy, I wish to tell what we had previously done for epileptics. We have always had about five per cent. of epileptics in our population. Just at present the exact number is twenty-nine. Probably no one would expect a cure of any of the cases who come to the hospital. They have, however, received medicines prescribed homœopathically, according to the symptoms. All the well-known remedies have been tried, and also many of the new remedies, and others not in general use. Probably no one medicine has shown more efficacy than belladonna. As individualization of remedies has shown scarcely any cures, I decided to experiment with all the cases at once, by giving all of them one remedy for a definite period, and keeping a record of the attacks. Last November the epileptics were given artemisia absinthium 1x, and that was continued until April. After that time, glonoine 3x was given until July, and then we began solanum Car. tincture. Out of all the patients treated, I have selected fifteen cases for tabulation. These have been taken for this purpose, because they have remained the whole period, and because their fits were more or less regular in their appearance.

The average number of fits for each one of the fifteen patients during the five months from November to April, when receiving absinthium, was 13.7; while under solanum, the average from July to September was 10.1, or about three and one-half fits less a month, for each patient.

A further verification of these figures was made during the month of October. For nineteen days the ten women had no medicine, and the five men had none for seven days. The average number of fits in all these cases during the time they were without the medicine was 12.5, while under solanum from July to November 1st, deducting the days when not receiving the medicine, the average is 10.3.

It is evident from these figures that solanum has reduced the number of fits about twenty-five per cent. It has not prevented that dangerous condition called *epileptic status* occurring in some of these patients. None of them have had any bad effects, or have shown any drug effects. Most of them have appeared better, and in some cases the improvement has been noticed by the nurses. Two of our male patients have left the hospital

after taking solanum, but I am unwilling to ascribe a cure to that medicine, although both showed decided improvement immediately after beginning the medicine.

Our manner of prescription was to give ten drops of the tincture in a glass of water, two teaspoonfuls to be taken four times a day. On the first of October those names falling within the first half of the alphabet had the quantity of medicine doubled, receiving twenty drops in a glass of water, and those in the last half of the alphabet have been given the first decimal instead of the tincture. It is too soon yet to give any results, or to show the average of the different quantities of medicine prescribed.

In calling your attention to this drug, it is not with the claim that it will cure all cases of epilepsy, or that it will cure any case of epilepsy, but only to state that in our hands it has ameliorated the condition of chronic patients. We have not used it in acute cases, because we had no opportunity, but judging from its beneficial effects in our hands, I feel it is safe to recommend its use in general practice, where the disease has only recently begun.

NITRIC ACID IN ACUTE MANIA AND SYPHILIS.

BY GEORGE S. ADAMS, M.D., WESTBOROUGH INSANE HOSPITAL.

[*Read before the Worcester County Homœopathic Medical Society.*]

The patient whose history and treatment I present to you, was admitted to the Westborough Insane Hospital, April 21, 1889. She was a single woman, fifty years of age, and a domestic. Two previous attacks of mania, the last five years ago, had left her apparently well till two weeks before admission. She was fairly well nourished, though the muscles were soft and flabby, but there was a large, irregular ulcer two and one-half inches across, on the upper forehead, a smaller one above it on the scalp, and there were nodes on both tibiæ. The ulcer on the forehead had destroyed all the tissues down to the outer table of the skull, leaving the bare bone surrounded by an inflamed, livid and suppurating border. The ulcer on the head, though much smaller, was deeper, having entirely destroyed the outer table of the skull. These ulcers were not of recent origin. The homœopathic physician under whose care she had been before coming to the hospital, said that they began in the summer of 1889. First a swelling appeared on the forehead with severe pain, and it was followed by a breaking down of the tissues to the extent just noted. He further said that good authority in

Boston had diagnosed the leision as cancerous, but the remedy that seemed of benefit to the ulcers was kali jod.

Careful microscopic examinations at the hospital of the discharges failed to show any cells characteristic of such growths. When admitted, she slept none, but babbled constantly all night. She also had hallucinations of hearing, and would talk, sing and shout to the imaginary persons about her, day and night. She refused to eat, and thought that her food was poisoned. Her language was incoherent, and often obscene and profane. She was never violent, but easily provoked to use abusive epithets. The hallucinations, the restlessness, and the disposition to swear were well covered by nitric acid. The destructive ulcerations are very characteristic of this drug, and clinical experience with it at the hospital in cases of acute mania with syphilis, resulted so favorably that nitric acid 1x dil. was decided upon.

The first prescription was made April 29th. In a week she was sleeping about two hours at night, and she was eating fairly well. In another week, there were lucid intervals of a minute or two at a time, and the borders of the ulcers looked better. I may say here that the local treatment of the ulcers was the same as before coming to the hospital, daily thorough cleansing with warm water and dry dressing of powdered boric acid. By May 26th her condition seemed to be at a standstill, and I changed the treatment to aurum mur. 3x dil., but soon found I had made a mistake, for in a few days the ulcers were inflamed, and the patient again more excited, so June 1st she returned to the use of nitric acid 1x dil., as before.

In a week improvement was again seen, and from this time continued without interruption to complete mental recovery. With the mental change the physical also become better. In two weeks more the ulcers had a healthy appearance, and were appreciably smaller. By the middle of July the smaller ulcer had become entirely cicatrized, and the larger much reduced in size. She was now entirely rational, but still emotionally weak, easily moved to laughter or tears. She continued to take the medicine until August 5th. She remained in the Hospital till Sept. 10th, when she was discharged as recovered.

As a further evidence of her recovery, I have a letter from her physician dated Nov. 10th, two months after her discharge, in which he states that she continues mentally well.

In an epidemic of chicken disease, where the tongue and neighboring parts were much swelled, Herr W—— found that a small dose of merc. cyan. 30 and aconite 30 placed within the bill saved three chickens which were nearly dead. These were the only chickens so treated; the remainder of the flock died.—*Hom. Monatsblaiter.* — *Hah. Monthly.*

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the Women's Industrial Union, No. 98 Boylston Street, Thursday evening, March 3d, at 7.30 o'clock, President George R. Southwick, M.D., presiding.

The records of the last meeting were read and approved.

Lewis G. Lowe, M.D., L. H. Kimball, M.D. and I. B. Hines, M.D., of Boston, were elected to membership.

The names of Drs. John Dike, of Melrose, N. R. Perkins, of Milton, and Martha Champlin, of Boston, were proposed for membership.

Dr. Turner occupied a few moments in speaking of the Fair to be held the second week in May, at Horticultural Hall in aid of the Dispensary, and earnestly solicited the aid and coöperation of all members of the Society.

Dr. Walter Wesselhœft suggested that interesting clinical cases that were difficult of treatment could be reported and discussed by the members of the Society. He thought there should be sympathy enough between the members to express views on cases in daily practice.

Dr. H. C. Clapp endorsed Dr. Wesselhœft and suggested we report the unsuccessful as well as the successful cases, and also those in which we made mistakes.

Dr. Packard thought pathological specimens brought in by the members, would add largely to the interest and instruction of the meetings.

Dr. Wesselhœft moved that once in three months be appointed for the full and informal discussion of clinical cases.

Dr. J. Heber Smith gave a case of arsenic poisoning that was listened to with much interest.

Dr. Henry Spalding presented a case which he called Hydrops Nasalis. The unusual symptoms attending the case called forth general discussion.

Dr. Wesselhœft's report of four cases of Obscure Nervous Diseases was of unusual interest.

Dr. H. A. Gibbs, of Lee, Mass., presented a remarkable case of Cyclops with exhibition of the monster.

M. E. Mann, M.D., *Secretary.*

"Doesn't Dr. Benson tipple a little more than he ought to?"

"Yes; you know the doctor belongs to that school whose motto is: *Similia similibus decanter.* — *Ex.*

HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The annual meeting of the Society was held at Cooley's Hotel, Springfield, Wednesday, Mar. 18, 1891. Meeting was called to order at 11 A.M. by Dr. H. A. Gibbs, President of the Society. The minutes of the previous meeting were read and approved. The report of Treasurer was then read which showed a handsome cash balance on hand.

Dr. H. L. Clark, of Westfield, whose name was presented at the December meeting was duly elected to membership. The election of officers for the ensuing year then took place with the following result:

President. — Dr. J. P. Rand, of Worcester.
First Vice-President. — Dr. A. M. Cushing, of Springfield.
Second Vice-President. — Dr. N. J. Bond, of Adams.
Secretary and Treasurer. — Dr. P. R. Watts, Stafford Springs, Conn.

Censors. — { Dr. N. W. Rand, Monson.
Dr. O. W. Roberts, Springfield.
Dr. G. F. Forbes, West Brookfield.

At this point of the meeting the invited guests, Drs. J. P. Sutherland and Horace Packard, of Boston, entered the room and were presented to the members of the Society. Dr. I. T. Talbot was also expected but sent a telegram regretting his inability to be present.

The meeting was then placed in the hands of Dr. A. M. Cushing, chairman of Bureau of Obstetrics and Gynecology. The first paper was by Dr. G. F. Forbes, of West Brookfield, upon "Dysmenorrhœa." The Doctor described the different varieties met with in practice, emphasizing the fact that dysmenorrhœa was a symptom and not a disease *per se*, and should be treated as a symptom. The several methods of treatment were then given, and by way of illustration, a number of cases. Considerable discussion followed.

Dr. Packard spoke at some length of the surgical relief of this trouble. If the dysmenorrhœa came from a misplaced uterus, the offending organ should be replaced. In cases where the os is narrow or contracted, rapid dilatation with Wyms' dilator will often be followed by relief. He believes in dilating from an inch to an inch and a half. It has been claimed by some gynecologists that the circular fibres of cervix will not contract after such extreme dilatation, but experience proves this to be incorrect. Dr. Packard believes that much trouble in the pelvic organs is occasioned by the use of tight and improper clothing.

Heavy clothes, tight bands, all interfere with the circulation, and all sorts of troubles both directly and indirectly arise in consequence.

Dr. Sutherland thought hot oil in the rectum, as described by Dr. Forbes, to be an excellent vehicle for heat. He believed that medicine alone would not, as a rule, cure dysmenorrhœa. The reason for this was because we have no true similimum. "What drugs produce a painful menstrual flow?" Menstruation is a physiological function, and why should there be pain? Most cases of painful menstruation were associated with a congested uterus. Enervating influences of modern social life and the prevailing methods of dress he believed to be fertile sources of this affection. Dr. N. W. Rand thinks pregnancy and the subsequent parturition the best cure.

Dr. J. H. Carmichael considers the removal of the tubes the only cure, if the trouble originates in those organs.

Adjourned for dinner.

The first paper after dinner was by Dr. J. P. Sutherland, upon "A Plea for Chronic Cases, or the Real Sphere of the Physician." It is generally supposed that the giving of physic is the chief end of a physician's labor. But this is a very minor consideration; too narrow a view; it takes the best part of his work entirely out. The preservation of health is far more important than curing disease. But do we as a rule, *cure* the diseases we are called upon to treat? The acute diseases are usually self limited and it is a question if our remedies have a very material effect upon these affections. We are prone to credit ourselves with a cure when our patients recover, but where is the man that will say, when a patient dies, I killed him? The Doctor divides chronic diseases into two forms, the fatal and the nonfatal, and it is with the latter class that the physician's knowledge and skill are required. Many chronic cases are obscure and often the attending doctor will ease his conscience with that shield for lazy physicians, neurasthenia, and thereafter cease all labor in behalf of the victim. A careful, thorough study of each chronic case will usually result in a correct diagnosis.

Sympathy, on the part of the physician is a great aid in these cases, and often times without it a diagnosis is impossible. An intimate knowledge of physiology is of the utmost importance, for if we do not understand the healthy functions, how can we recognize pathological conditions? Many chronic diseases, so called, are simply the results of improper diet, "Dietetic Error," and not disease. The correct diet without medicine will "cure" these cases. Dr. Sutherland finished his remarks by emphasizing the necessity for all physicians to thoroughly inform themselves upon the physiology of foods. A knowledge

of this neglected branch will give the key to many an obscure case.

Dr. Horace Packard followed with a few remarks upon the advancement which abdominal surgery has made during the past few years. He made special mention of appendicitis. Only a few years ago this disease was called "typhlitis" or "perityphlitis." But with the discovery of Dr. Senn's, that it was an inflammation of the tissue in the vicinity of the cæcum with its origin in vermiform appendix, its true name was adopted.

Operation gives the best results; as under this treatment, where it is not too long delayed, the case is pretty sure to recover. The "calculi" found in the appendix, which so often resemble grape or date seeds, are usually concretions of fæcal matter. They act as a local irritant thus inducing inflammation.

The Society here tendered a vote of thanks to Drs. Packard and Sutherland for their valuable remarks.

The last paper of this day was presented by Dr. C. E. Perkins, of Warren, "An Interesting Case." The case was one of labor in which craniotomy was necessary, but which ended fatally for the mother. The child was deformed — hydrocephalus, talipes, and spina bifida.

Dr. H. A. Gibbs presented a specimen of fœtal monstrosity, but did not read his paper for want of time. The report will appea rin full at another time.

Dr. A. M. Cushing reported a fatal case of eclampsia. During pregnancy the urine would upon boiling, become almost solid albumen. Was delivered of twins but died in convulsions about six hours later.

Adjourned for three months.

P. R. Watts, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

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A Cyclopædia of Drug Pathogenesy. Edited by Richard Hughes, M.D. and J. P. Dake, M.D. Part XIV. Sulphur — Valeriana. London: E. Gould & Son, New York: Bœricke & Tafel.

The pathogenesis of sulphur is completed in this part of our great Cyclopædia so rapidly approaching its completion, and the pathogeneses of sulphur iodatum, tabacum, nicotinun, tanacetum, taraxacum, tellurium, terebinthina, teucrium, thuja, trimethylaminum, uranium, and urtica, with several of the provings

of valeriana are given with that phenomenal care and thoroughness so characteristic of the work. Among the noteworthy records presented are Prof. von Zlatarovich's provings of sulphur, which lasted 428 days and occupies 16 pp., and of thuja, which occupies 13 pp., and which lasted 155 days, during which time 42,260 drops of the tincture were taken. These are amazing instances of perseverance and courage.

The Editors repeat their appeal for contributions to the appendix, which will be commenced in the course of Part XV. It is to be hoped that they will have the hearty coöperation of the profession. Every fresh fascicle demonstrates anew the indebtedness of the profession to them.

A Manual of Modern Surgery. By John B. Roberts, A.M., M.D. Octavo, 780 pages, 501 illustrations. Cloth, $4.50; leather $5.50. Philadelphia: Lea Brothers & Co.

This new candidate for favor in an important and well-worked field has the merit of exceeding practicality. The subject is treated with a vast variety of minute and exact subdivisions, each paragraph being condensed to a degree, and severely to the point. Theory is for the most part omitted, or very briefly suggested, but working methods, all of the most various and most modern, have been collated from every available source, experience, text-books, and monographs, in which latter and often slighted form of publication, is often to be found, as the publishers' notice justly hints, "much of the best and newest thought." The result is a happy combination of text-book and hand-book, which, while it by no means supersedes the older, more exhaustive and more classic works on surgery, can justly enough claim a place it is well-fitted to fill, as a condensed and quickly comprehensible counsellor on modern surgical resources. Being modern and sound, the book naturally takes antisepsis in surgery for granted; and its key-note in this regard, is the terse utterance on page 44, as to its being "the most important duty of the surgeon" to "protect all accidental or operative wounds from infection." The chapter on the "preparation of the patient" is exceedingly thorough, and very well worth the carefullest study. The style of the book is for the most part excellent, though one notes in it, here and there, curious minor inconsistencies; here a touch of the finical, there an inexplicable bit of carelessness. An instance of the former is the author's insistance that various forms of sepsis should be carefully distinguished, in speaking and writing, as "sapræmia," septicæmia, pyæmia, etc., while admitting in the same breath that "their relations are not yet perfectly understood;" another instance,

accomplished in the art of diagnosing diseases of the thoracic viscera requires continued, intelligent practice according to rules and methods devised by a master of the art. Such rules are here presented in so clear, accurate and practical a manner as to enable the careful reader to become, with sufficient practical training, a discriminating diagnostician. The book is destined to remain popular, and is useful to the student and practitioner.

A Practical Treatise on Impotence, Sterility and Allied Disorders of the Male Sexual Organs. By Samuel W. Gross, A.M., M.D., LL,D. Fourth Edition. Revised by F. R. Sturgis, M.D. Philadelphia: Lea Brothers & Co. pp. 173.

Twenty or more annotations have been made by Dr. Sturgis in his revision of this well-known work. None of them are very long, but they are extremely suggestive, and make genuine addition to the value of an already valuable work, in that occasionally a choice of methods is offered for the reader's consideration. For instance: Prof. Gross recommends internal urethrotomy from behind forward, of strictures, while Dr. Sturgis advocates rapid divulsion, or if the stricture be very tight and very deep down, he advises perineal section, and gives his reasons for his preference.

Of all the additions it may be said that they have been judiciously made, and that they bring the book quite up to the latest advancements in the treatment of an important class of disorders.

The March Century has, as its most notable single number, a capital story, very dramatic and original, "Penhallow," by Miss Edith Robinson. Frémont's Expedition is discussed from various points of view; the Memoirs of Talleyrand are fascinatingly continued; and Capt. John G. Bourke begins, by an admirable paper on Gen. Crook in the Indian Country, what promises to be a most graphic and valuable chapter of our country's history. New York: The Century Co.

The Popular Science Monthly for April addresses itself to the interest of physicians in a useful paper on "Race Influence and Disease," by Dr. Hoffmeister. Herbert Spencer, the Duke of Argyll, and Prof. James are among the other noteworthy contributors. New York: D. Appleton & Co.

A good many persons not suicidal in their tendencies, get more of life than they want. One of our wealthy citizens said, on hearing that a friend had dropped off from apoplexy, that it made his mouth water to hear of such a case. — *O. W. Holmes.*

the author's protest against the use of the term "cancer," as being as loosely unscientific as the term "hives." On the other hand, we find a singular inconsistency in the author's own use of plurals, sometimes modern and sometimes classic usage being employed, apparently without motive, as witness his reference to recto-vesical *fistules*, and vesical *fistulæ*; to carcino*mas* and condylo*mata*. These, however, are but superficial blemishes on a work eminently honest in purpose and effective in execution. The mechanical part of the work is altogether beyond criticism, and the volume, as a whole, commends itself heartily to workers in the field which it covers.

Medical Diagnosis with special Reference to Practical Medicine. By J. M. Da Costa, M.D., LL.D. Seventh Edition. Philadelphia: J. B. Lippincott Company. pp. 995. 8 vo. in cloth $6.00.

The first edition of this work appeared in 1864. The second edition of the German translation has appeared. A Russian translation has been published, and it is now being translated into French. For over a quarter of a century it has been the leading text-book in America on the science and art of medical diagnosis, and today it easily retains its hold on popular favor. Its simplicity and directness of style, and its accuracy of statement have made it a classic. In this, its seventh edition, it retains all the features which have made it famous, and by including what is definitely known concerning the relations of micro-organisms to diagnosis, and all that modern research has proven valuable as aids to fine discrimination, it more than maintains its own and its author's reputation. It can need no further commendation to the thoughtful practitioner, than is implied in the mere announcement of its appearance.

A Manual of Auscultation and Percussion, Embracing the physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By Austin Flint, M.D., LL.D. Fifth edition, thoroughly revised by J. C. Wilson, M.D. Philadelphia: Lea Brothers & Co. 268 pp.

There are practically no differences between this and the preceding edition of this standard work. This one has been reduced a little in size by the compositor's utilization of space, and by an omission of references to Allison's Differential Stethoscope and to Holden's Resonator. A short reference to Hawkesley's metal stethoscope is introduced, and an occasional sentence shortened; otherwise Dr. Wilson has refrained from making any marked alterations in a book with which all practitioners of medicine should be thoroughly familiar. To become

MISCELLANY.

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It was remarked by Saint Basilius that children ran less risk in their earlier years, if on a spare diet — and, as physicians, we well know that children who have not been on a flesh diet, and living sparely, are not as liable to sickness, especially enjoying a certain immunity from convulsive diseases, and making a more rapid recovery when sick, than children who live grossly and on flesh diet.

As to adults and old age, Sir Henry Thompson truly observes that the typical man of eighty or ninety is lean and spare, and lives on a slender diet, "*Si homo parum édit et parum bibit, nullum morbum hoc inducit,*" observed Hippocrates. "Eat little and labor if you wish to be well," remarks Aristotle. Galen believed that by dieting and fasting, diseases are avoided, that the delicate could be made to reach old age, and that health depended upon a spare diet. — *Dietetic Gazette.*

For Local Anæsthesia. — At a Philadelphia Hospital, local anæsthesia for minor operations is obtained by combining ten parts of chloroform, fifteen of ether, and one part of menthol, and using the mixture in a hand atomizer. At one minutes application of the spray such a degree of anæsthesia is produced that incisions can be made for the removal of growths, opening a felon or an abcess, without causing pain. — *Dietetic Gazette.*

PERSONAL AND NEWS ITEMS.

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For Sale. — A Morris & Ireland Safe in excellent condition. Size outside measures, 36 inches high; 26 inches wide, and 23 inches deep ; has combination lock, very heavy walls, inside iron chest. Price, $40. At this price it is a great bargain. Address, Otis Clapp & Son, 317 Westminster Street, Providence.

Under the direction of Dr. Mary Morey Pearson, a select entertainment will be given in aid of the New Homœopathic Dispensary, in the amphitheatre of the Boston University School of Medicine, East Concord Street, Wednesday, April 15th. The following artists have kindly tendered their services:

Prof. Silas A. Alden, Mrs. Henry Phillips, Miss Elizabeth Parry James, J. Willis Howard, Miss Cora Smith, and others. Through the courtesy of Mr. J. F. Harlow, the Boston University Glee Club will render their choice selections of song. We hope that physicians and friends interested in this worthy cause, will make this a success by their presence. Tickets on sale at Otis Clapp & Son, 10 Park Square, also at the College Building.

MEETING OF THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.

At the Kansas City Meeting of the National Association of Railway Surgeons last year, it was decided to hold the next meeting at Buffalo, May 7th, 8th, and 9th of this year. But on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold our next meeting at Buffalo, April 30th and May 1st and 2d, to which all railway surgeons are cordially invited. To all railway surgeons sending their names and addresses to the Corresponding Secretary, a copy of the Constitution and Programme will be sent. All those wishing to read papers should send in the titles of their papers without delay. For further information inquire of A. G. Gumaer, M.D., Corresponding Secretary, Buffalo, N.Y.

Now is the time to send all notes, references, cuttings, copies of provings, etc., which have recently been collected for the Appendix to the Cyclopædia of Drug Pathogenesy, to Dr. J. P. Dake, Nashville, Tenn., or to Dr. Richard Hughes, Brighton, England. Do not wait until the work is completed, and then say that something valuable has been omitted. It is the duty of each homœopathic physician to do his share toward making the work perfect.

The graduation exercises of the Cleveland Homœopathic Medical College, which took place on the 25th ult. were exceedingly pleasant to all concerned. A class of eight received the degree of M.D. from this well-known Alma Mater. All the speeches on this occasion, and that of the banquet which followed, teemed with enthusiasm and with loyalty to the college, which seems to stand all the more firmly in the affections of its friends, for the "late unpleasantness."

The thirteenth annual report of the Children's Homœopathic Hospital of Philadelphia is interesting and encouraging. During the year ending Dec. 31st, 109 in-patients have been treated, and 11,674 out-patients. No class more gently appeals to just sympathy, than the sick and poor among little children : and the request for aid to further extend this hospital's lovely work, should meet prompt response from the great-hearted, everywhere.

Charles F. Stillman, M.D., and Arthur B. Hosmer, M.D. have formed a partnership, and are located at 125 State Street, Rooms 15 and 16, Chicago.

At the meeting of the Homœopathic State Medical Society which was lately held in Albany, Dr. F. Park Lewis was elected president. Of interest in connection with the meeting are the resolutions condemning the death penalty which were offered by Dr. Lewis and adopted by the Society.

Whereas, All questions in which human life enters as a factor are of direct interest to the physician ; and

Whereas, The homœopathic school is always among the first in every progressive, scientific, and humanitarian project ; and

Whereas, From the standpoint of humanity, anthropology and self-protection our present plan of killing those convicted of homicidal crimes, is both illogical and defective, therefore be it]

Resolved, That we deprecate the existence of the death penalty for the following reasons :

First, that it has been abundantly demonstrated that it is not a necessity in order that the safety of the community may be preserved ; that in many of our States and a number of foreign countries, including Italy, Belgium, Russia, Portugal, Roumania and Holland capital punishment has been abolished, and in none of these has the proportionate number of murders increased, but rather diminished. If the taking of a human life is not an absolute necessity in order to save life, it is a crime.

Second, from the studies of criminal anthropology we find that the larger number of murders are committed by the instinctive or emotional criminal—in other words, by the congenitally morally deformed, and as we do not find it necessary to kill idiots or lunatics when they become dangerous, so will the safety of the community be the better preserved by the rigid seclusion of the dangerous criminal.

Third, that with the widespread and growing sentiment against killing by law, it is almost impossible to secure juries that will convict when the evidence of guilt is most palpable, and in order that we may secure protection from our dangerous classes, a modification of the law is imperative.

Fourth, that at this particular period, when the constitutionality of our present methods is called in question, the time is most opportune to urge the abolition of the present unjust and iniquitous law.

Resolved, That a committee be appointed to urge upon our Legislature the abrogation of the death penalty, and the substitution of a method of punishment more logical, more reasonable, more humane, more thoroughly effective as a protection, and more in harmony with the enlightened and progressive spirit of the age.

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EDITORIAL.

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THE FORTHCOMING INSTITUTE SESSION.

There is a certain substratum of good sense and good policy underlying the custom of "revivals," so popular in certain of the more emotional religious sects. In numbers there is not only strength, but enthusiasm; and when individual strength is weakening and individual enthusiasm on the wane, nothing has a more literally reviving effect than contact with great numbers of fellow-workers, at the flame of whose faith and courage we may kindle ours anew. "Revivals" indulged in in moderation, are capital things for physicians, no less than for theologians. By contact with inspiring numbers of one's professional brethren, ambition gets a wholesome stirring-up, pride in and affection for one's work a wholesome quickening; new ideas prick one out of the routine professional jog; the horizon is broadened, and the doctor returns to his sphere of work a better doctor for his temporary absence from it. To be sure, professional gatherings are by no means invariable instances of brethren dwelling together in unity; many very learned bodies need truthful James's reproachful reminder, that 'tis not considered proper for a scientific gent to call another one an ass, at least to all intent; but a lively disagreement which stops on the pacific side of fisticuffs, is an improvement on stagnation of thought and interest; at least for once in a way. Moreover it is not

alone the individual physician who is benefitted by attendance on society meetings; the cause with which he is identified is very substantially the stronger for his action. The larger the gathering, the more considerable, in the eyes of the community, the cause which is the motive-power of the gathering. Thus by the assembling of a thousand homœopathists, homœopathy is made vastly more important in the public eye than by the gathering of a hundred of its votaries. In these days of utilitarian judgments, there is something exceedingly impressive in the spectacle of a great number of men willingly foregoing the making of a little money in fees, and willingly spending a little money in travel, to add, by their presence, strength to a gathering in honor of a cause.

It is to be hoped that the gathering of homœopathists at Atlantic City, in June, may be something very great and memorable indeed. There is every reason why it should be. The place is easily accessible; the occasion is a magnificent one. Not only is the American Institute there to meet, but also the International Homœopathic Medical Congress; and no thinking man can be insensible to such an opportunity to meet and see and listen to the representative men of his profession, the masters of his chosen craft. The social side of the gathering is sure to be as brilliant as its scientific side is valuable. Duty and pleasure alike call every homœopathic physician thitherward, to do his share to make the occasion an epoch in the history of homœopathy. No more fortunate moment could be chosen for the practitioner, young or old, who has not yet enrolled himself among the Institute's members, to do so, and date his connection with our national body from this historic year. We urge it upon our readers to begin to-day to lay plans, study time-tables, save pennies, and make arrangements generally to present themselves at Atlantic City on the Institute's opening day. Let them come, if possible, with a carefully-prepared paper on top of the portmanteau; let them come, if necessary to their happiness, with a surreptitious fishing-rod in the bottom of the portmanteau; but by whatever purpose moved, let them come, one and all to the glory of the cause, and their own exceeding profit and enjoyment.

EDITORIAL NOTES AND COMMENTS.

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A Gain in Moral Courage, and a very distinct one, on the part of the medical profession, cannot but have been noted by the thoughtful student of medical literature for the last score of years; and it cannot but be rejoiced in by those to whom ethical progress along professional lines is not less welcome than scientific progress. A noteworthy instance in point is the very much higher stand taken by the average physician of to-day, when discussing matters of sexual hygiene, than was taken by the average physician of a generation ago. Thus, over-rapid child-bearing, imperilling and breaking down the mother's health, was, in the last generation, likely to be philosophically accepted by the family physician as unavoidable ill-luck; to-day it is a matter on which the family physician feels justified in addressing to the head of the family a few comprehensive and emphatic remarks on the existence of marital duties to the occasional limitation of marital privileges. In the last generation, the habit of youthful sowing of wild oats was so graciously countenanced by the medical profession, that it may justly be said to have been preached as a necessity; as witness more than one page and paragraph on the hurtfulness of continence. To-day it is recognized and taught that by sound and sane training, from boyhood, of mind and body, a superb standard of health can be attained and maintained by strong and growing youth without an hour's lapse into self-indulgence. The smile of fraternal toleration with which the average physician of the last generation greeted a patient's story of licentiousness and its grievous consequences, is to-day a smile wholesomely tinged with contempt. A generation ago, marriage was freely recommended as a therapeutic measure; to-day the noble tendency is to regard marriage as a privilege to be debarred the patient in need of therapeutic measures. The medical world does move, and it moves upward.

The above reflections were suggested, in great measure, by certain wise and admirable remarks in Dr. Edward Blake's paper on "Gonorrhœal Infection in Women," included in the

last volume of the Annals of the British Homœopathic Society. It is an essay whose sound morality keeps pace with its sound pathology; manly, outspoken, scholarly. Did space permit, we would gladly quote it entire; as it is, we beg our reader's very earnest consideration of these, its opening remarks: —

"The gonorrhœal virus when introduced into the circulation of a woman, so insiduously undermines her constitution that its ravages are often either overlooked, or else they are attributed to some collateral agency bearing no true causative relation. It saps her vital energy, it poisons indeed the very springs of life. The results of gonorrhœal infection have so often marred the peace, and destroyed the happiness of home, nay they have proved even fatal to so many unhappy women, that nothing can be said strong enough to direct the attention of medical men to the vast importance of stamping out this evil. On doctors it must largely depend to wage a successful crusade against this curse of civilized life. It seems to be demonstrable that the prevalence of gonorrhœa in married women is to a large extent the direct result of our own ignorance or indifference.

"The fact is that latent gonorrhœa or gleet in males is looked upon as too light a matter by the profession at large, and consequently by the public. A young man, having 'sown his wild oats,' contemplates entering the married state. He goes to the doctor to ask if he be fit for marriage. If he have a gleet, a neglected phymosis, or a stricture, and we suffer him to marry without a plain protest, are we not indirectly responsible for the terrible life-long misery that may ensue? *If even the tip of the urethral orifice be adherent in the morning only, a man is totally unfit to contract marriage.*

"Again, if after violent exertion, especially if the effort be accompanied with indulgence in malt liquor, a single drop of muco-pus can be expressed from the *meatus urinarius* next morning, that man is unfit for marriage. He is in a condition more surely to convey infection to his wife than to another. But, alas! infection is conveyed without any of these conditions by tainted semen and by the Cowperian fluid. *I must admit that after carefully investigating the vast mass of new material of which this is a very brief digest, I came to the deliberate conviction*

that I could never recommend any girl to marry a reformed rake, and that my conscience would sternly convict me were I to give any man once infected a certificate of fitness to marry.

"A latent gonorrhœa has been described as occurring in women. This view is probably erroneous; it appears to be based on want of care in investigation. It seems more likely that in every case this disease, contracted for the first time, has to pass through an acute stadium. This early stage does indeed vary greatly in its severity. The intensity does not probably depend so much on the virulence of the contagious material, as Saenger suggests; it seems more likely that it bears a far closer relationship to the temporary health of the subject, to certain anatomic peculiarities of the pudenda, and to the natural vigour of her constitution. You are all familiar with plenty of examples in germ-invasion where these points manifestly hold good. Add to this that the special course and history of any given case is much modified by the method of invasion, of which more anon.

"*Typical Case.* — The history of a typical case of infection in a modest married woman is as follows: A robust girl in vigorous health is married to a man who has led an immoral life. He has a morning gleet. He has been assured by a physician, who unfortunately is not an expert with the endoscope, that he is "cured." The wedding festivities cause an increased discharge. A few days elapse, and the luckless bride begins to feel a little irritation in Bartholini's glands, followed by suppurative catarrh of very varying intensity. This passes most naturally, in the case of an average woman, hopelessly ignorant of physiology, as the mere result of physical interference. It is treated late, and we know too well the sequel.

"Syphilis may be a more serious disease in men than clap, though when caught early in a well-fed man and not overtreated, it is often a very mild business. Gonorrhœa has possibly proved more frequently fatal through its remote effects in the case even of man than the more dreaded disorder, but as to the question which is the more disastrous in its effects on the female economy, there exists not a shadow of doubt in the minds of those most competent to judge."

The Evolution of Patent Medicines is treated of in the May issue of the *Popular Science Monthly*, by Mr. Lee Vance, in a very entertaining and a very suggestive fashion. An especially good point made by him, is the demonstration that to-day's patent nostrums are lineal descendants of the charms and amulets of the middle ages: and that it is exactly the same cause, — namely, the attraction of the mysterious, — which draws the unthinking and the uneducated, to the one, as it formerly drew them to the other. Mr. Vance's remarks on the harmfulness of many of these widely-used compounds, are far from overdrawn; the effects, for instance, of a habit of morphine-taking, or an appetite for liquor, bred by the ignorant use of some "medicine" in which these deadly substances are weighty ingredients, is an evil which deserves far wider condemnation than it receives. Space forbids our quoting Mr. Vance's admirable paper, in full; but we take much pleasure in giving our readers a taste of it, here and there.

Patent medicine had its origin in folk medicine. We are thus enabled to examine patent medicine as a magical practice and art of gradual development, and of slow and subtle transformation. We shall argue that the blind, unthinking faith in a secret compound known as "patent medicine" is, for the most part, a survival. Further, we shall be able to show how magical practices, as of the Indians, develop into the remedies of the folk, of the people who share least in progress; how folk practices, in turn, in the hands of the mediæval leech and alchemist, become "occult science"; how, finally, out of leechcraft and quackery was evolved our curious system of patent medicine. The modern doctor is the heir of the leech, apothecary, and alchemist. He too seeks the elixir of life. He now makes a lymph more wonderful than the witches' ointment, which enabled people to sail through the air.

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The general patent acts of the United States were passed in 1790. They follow, in many respects, the old English legislation on the subject. The sole right of compounding medicines was allowed under the phrase, "composition of matter." What may be patented? The law says, "any new and useful art, machine, manufacture, or composition of matter." See the result. To take a noteworthy example: a patent was denied to the discoverers of the anæsthetic powers of chloroform and ether, but quacks, with their nostrums, could take out patents. In 1874 a law was passed abrogating the practice of copyrighting labels for patent medicine.

It is surprising that the American people still retain their faith in patent medicines. Rather than pay an educated physician a fee of two dollars, some people will spend that amount for a bottle or a box of patent medicine. They will try one nostrum after another until they are cured or killed. The superstition is not confined to the common folk alone. People who should know better are among the

best customers of the nostrum-vender. The steady purchasers of patent medicines are the poor and ignorant. To be ignorant is to be credulous, and it is to the credulity of our people that the nostrum-vender appeals so strongly. The farmers and their families are afraid of the doctor, but they make friends with the quack. A correspondent of the *New York Sun*, in describing the peculiarities of Western farmers, says: "If one patent medicine fails, it is because it is not the right patent medicine, and they try another. They prefer patent medicine, partly because there is a certain mystery about the ingredients, and they are put up in an attractive form."

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It is time that some restrictions were thrown around the sale of patent medicines. Venders of secret remedies practice cruel and dangerous deception. The traffic in some sixty thousand nostrums, many of them containing deadly drugs, has given rise to an anomalous state of affairs. For obvious reasons, the law should compel nostrum-venders to make public the names and proportions of the ingredients. That is what is done in other countries. Even the Japanese are in advance of us in regulating the sale of patent medicine. They compel the proprietor of a secret remedy to present a sample, with the name and the amounts of the ingredients, directions for its use, and explanations of its supposed efficacy. Or, we might adopt the French plan of making nostrum-venders declare the composition on a label and to submit the stuff to official analysis. In England, as in this country, the unrestricted sale of patent medicine has been again and again discussed in print, and the absence of proper legislation there has allowed quacks and impostors to grow and flourish.

Frankly speaking, nostrum-venders no longer rely on the curative power of their drugs. They depend now on the power of advertising almost exclusively. They have a literary man to "write up" the remedy in ingenious fashion; an artist to show the patient "before and after" using the panacea; a poet to compose odes and lyrics; a liar who rivals Munchausen; and a forger who signs all kinds of testimonials. The great point seems to be to make people feel that they are in the last stages of decline. A cleverly-worded circular is enough to give one a fit of the blues. In the opening chapter of his amusing book, "Three Men in a Boat," Mr. Jerome hits off this particular point. "I never read a patent-medicine advertisement," says one character, "without being impelled to the conclusion that I am suffering from the particular disease therein dealt with, in its most virulent form." It is not uncommon for the nostrum-vender to offer one thousand dollars reward for any case he fails to cure. He is safe enough, even if the remedy kills, for there is no time specified within which a cure is to be effected.

The Abuse of Dispensary Charity, given in our present issue by our esteemed contributor, Dr. L. A. Phillips, as his reason for non-support of the present effort to enlarge the working facilities of our homœopathic dispensary, is, as it seems to us, a trifle overdrawn in his graphic statement. It without doubt happens, and happens too often, that those capable of paying for medical attendance, dishonestly avail themselves of

dispensary charity, in getting it for nothing. But to give this fact as a reason for doing away with dispensary charity altogether, or for arbitrarily limiting its natural growth, seems to us a very impossible and fantastic piece of logic. As well give up free seats in churches because they are sometimes occupied by those who could afford to pay for pews; or abolish soup-kitchens because they are occasionally sought by people who could afford a ten-cent meal; or, in a word, cry out upon all charity because it may be abused. We take issue, too, with Dr. Phillips' suggestions that all cases of illness among the poor could practically be covered by young physicians willing to work for small fees, or older ones willing to give service for charity's sake. There is a commendably self-respecting class among the very poor, and especially among those ordinarily self-supporting, but through loss of work, or misfortune, temporarily in extreme need, to whom neither of these resources would apply. They have no money to pay the smallest fee; and they have a very comprehensible feeling that to ask charity of an indivdual physician is a course much more humiliating to self-respect than to accept charity from an institution for just such cases established and maintained. Moreover, with every possible respect to the majority of our profession, it is not at all unlikely that there are physicians' offices in Boston where a charity patient, frankly announcing himself as such, would receive far from a cordial welcome; and the chance of finding one of these is quite enough to deter the class of poor we allude to from any such experiment. No, dispensaries have their undeniable uses; and no dispensary has a more certain use, or, we make bold to say, an administration on the whole more discriminating and more conscientious, than the Boston Homœopathic Dispensary, to the extension of whose usefulness so much commendable and successful effort is now being directed by friends of homœopathy, professional and lay.

Answer to Dr. Phillips' — as it seems to us — somewhat hasty charge that our plea for charitable opportunity is in reality a masked plea for clinical opportunity, is found sufficient in the fact that our dispensary antedated our college by a matter of a decade or more of years. Its freely-given charity was planned and operative very long before it was possible to turn

the workings of that charity to account in the instruction of students whose future work for charity could be the more effectively done, for the opportunity thus afforded. There is every reason to believe that the disinterested impulse which so long ago founded the dispensary, is the controlling influence in its maintenance to-day. That incidentally its work can be made tributary to the training of students in homœopathy seems to us matter for frank and open congratulation, rather than deprecation and concealment. The usefulness of both the hospital and the dispensary to our students has always been not only most candidly admitted, but has had its just and convincing part in every plea made for the extension of these sweet and noble charities.

COMMUNICATIONS.

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HYDROPS NASALIS.

BY HENRY E. SPALDING, M.D., BOSTON.

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

The patient was English, fat, fair and fifty. While certainly never very ill, she often complained of not being very well. No particular, localized trouble, but a general combination of miserableness. Like many another corpulent person, she often spoke of being bloated. There was no anasarca, neither was there perceptible increase or diminution in girth of body or limb, and the face never lost its round, full-moon appearance. In fact, she seemed to be pretty well, only that the superabundance of adipose deposit she found burdensome to carry about in the performance of her daily domestic duties, which she scarcely ever failed to attend to.

For two years, or more, she had not demanded medical attendance. Then, not as a sequela of other diseases, without any premonition, veritably like a lively shower from a cloudless sky, her nose began to drop water. She thought it was probably a cold that would soon exhaust itself and run dry. But in this she was disappointed, and at the end of about a week she called upon me for aid.

She was certainly in an uncomfortable predicament. A large towel pinned around her neck covered her lap, on which lay another large towel to catch and absorb the water which fell

from her nose in rapid drops, as she sat in her easy chair, with her head bent forward. She could not, for a few moments even, rest the head back, for the salt-tasting water then flowed down the throat, and swallowed into the stomach, soon caused nausea, even to vomiting. For this reason it was quite impossible to lie down at night, and her most comfortable position for sleep was with her forehead resting upon the back of a chair or table drawn up before her. If she moved about the room, she did so with the head bowed, and a napkin constantly at the nose. She was suffering not only from want of rest, but from hunger, for she found the greatest difficulty in carrying sufficient food to the mouth, and have it escape the fast-falling drops from above. She had no pain in any part of her body. There were absolutely no symptoms except this drop, drop, dropping of saline fluid from the nose. It came from both nostrils, but mostly from one. The nasal mucous membrane was glassy, paler in color than usual, and thickened. I made a most careful physical examination of other organs of the body, especially of the urinary, thinking that this peculiar outbreak might be only an accompaniment of some other and remote disease. I found absolutely nothing to aid me. All books within my reach were silent on this subject. Even the symptomatology of the homœopathic materia medica aided me little. Plenty of remedies gave "fluent coryza," or "profuse discharge of watery mucus," but this was not coryza, neither was the discharge mucous. Allen's Symptom Register gives a long list of remedies under the head of "watery discharge from the nose," but a study of the remedies showed plainly that the condition described was not such as this one presented.

I prescribed various medicines internally, but with no seeming effect. I tried astringent powders by insufflation, washes by the syringe or douche, vapors by the atomizer. One day I found the "consummation devoutly wished for" had been gained, much to my patient's discomfort and my distraction. The flow had stopped, but the stopping was attended by a most intense headache; a bursting pain, head hot, face flushed, etc. She had been using an astringent wash, but it was the same she had used for several days without effect, hence I did not think that could have been the cause of the sudden checking. The day before she had complained of pains in her limbs, which she called rheumatism, and which I thought were, more likely, caused by sitting almost constantly, and in one position. However, I must prescribe something, and it was a comfort to find some remedy indicated, hence I gave her rhus tox. I could not think that this had been the cause of the sudden change of symptoms, resulting in such extreme distress to my patient.

Neither do I now think it was. The flow stopped because it stopped, and then came the headache, was the only conclusion I could reach. I was satisfied that relief to the head would come with the reëstablishing of the flow from the nose. How to bring back a thing I knew nothing about, when I had it right before me, was a puzzle. However, the symptoms called for bell., and I gave it. The next day I found the patient happy, the head being relieved, and the saline flow as active as ever. She felt better, but I now felt not only perplexed, but anxious. I knew not which way the waters might not next take their course. I determined to no longer risk the use of remedies applied locally to the nasal passages, but to depend upon indicated remedies, if I could find any that fitted the indications.

Fortunately my patient had far more confidence in my skill than the facts warranted. She was very polite and patient, for which I thanked her, and cursed myself and the poverty of drug symptomatology. I sought for light, but found none. Then I must confess that I made some random shots, for I must do something. One day, without any special reason for it, except perhaps that it came handy, or that I was about to go through the list of remedies in their alphabetical order, I gave apis, and left the patient, determined not to see her again until I had laid the case before our distinguished *confrère*, Dr. Conrad Wesselhoeft, who was spending the summer in the neighborhood. I thought that he, if anyone, could tell me if that symptom belonged to any known drug. A press of work on my part, and engagements detaining him in the city on his part, prevented, day after day, my getting the desired counsel. Ten days had passed since I last saw the patient, and simply as a matter of form, with no hopeful anticipations, I went to see her.

What was my happy surprise, to find her attending to her regular household duties. "H'I'm real glad you've come," she said, "for h'I wanted to tell you 'ow much good you have done me. The next day h'I was much better, and since then 'ave had no trouble at all."

I was uncertain whether or not this might be a spontaneous cure, the remedy, apis, having nothing to do with it. Fortunately, however, for apis, the trouble returned a few months later, when a single prescription of apis stopped it. Since that time she has had no return of the difficulty.

THE graduating exercises of the Homœopathic Medical College of Missouri were held on March 12th. Fine music and stirring addresses made the occasion an exceedingly pleasant one. The Degree of Doctor of Medicine was bestowed upon sixteen graduates.

A FEW CLINICAL CASES.

BY L. ALLEN, M.D., SOUTHBRIDGE, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

The following cases are reported simply because they confirm characteristic symptoms.

I. In August, 1888, I was called five miles out to see a child with entero-colitis ; aged about five years. The parents were young, and could not give very intelligent answers to my inquiries. So for two days I could not make very satisfactory prescriptions, nor did the case improve any. On the third day and at my third visit, I noticed on entering the room, that the child was lying on the sofa asleep and uncovered. I covered him with a sheet that was lying at the foot of the sofa. In about thirty seconds both feet were kicked into the air, and off went the covering. This manœuvre was repeated three or four times inside of ten minutes, and all the time the child was sound asleep. The discharges were profuse, frequent, watery, offensive. The child was feverish, thirsty, restless and weak, with anorexia, and painless stools. The extremities were cold with this marked aversion to being covered. I prescribed sec. cor. 3x dilution, and on arriving at my office and studying up the case, I was surprised to see the exact picture of the disease in the pathogenesis of the drug. Hering's Condensed Materia Medica says under Sec. Cor.—"stools ; watery, slimy ; offensive, watery ; watery, yellowish or greenish, discharged rapidly with great force or involuntarily. Painless, without effort, with great weakness." Vid. Lilienthal's Therapeutics.

II. On July 5, 1890, the parents brought to me their child, a girl, five years old. She had cried almost constantly while awake for six weeks, with teethache. The crowns of nearly all her teeth were more or less decayed, some as low down as the gums. Gums bluish red and inflamed. The worst decayed teeth were the incisors and the bicuspids. She slept very little without anodynes. Their allopathic physician had advised extraction. I prescribed kreosote 3x dil., 2 discs every hour till the pain ceased, and then every two hours ; to come again in five days. When the five days had expired they reported an entire change in the child. And sure enough ! Before receiving the kreosote the child was peevish, crying constantly ; at times hungry, but could not eat ; at other times no appetite, thirsty, emaciated, with fœtid breath. Now all that was changed. The child was happy, cheerful, singing to herself most of the time ; had good appetite, was full of play, and very glad to see her doctor. The decay ceased, and the child has not had teethache since.

III. On July 8, 1890, Mrs. H——, presented herself in my office. She is sixty years of age, height 5 ft. 8 in., weight about 200 lbs. Irish by birth. Four years previously she had all her teeth extracted, and from that time to the date of appearing before me, she had had constant neuralgia day and night in the whole right half of her head and cervical regions, anterior and posterior. The most sensitive spots were on the gums, over the locations of the stomach, and first molar teeth. She had consulted physicians in Boston, Worcester, and Springfield, Mass.; in Hartford and New Haven, Conn.; in New York and in Philadelphia. None had relieved her, and she had spent nearly $500 in seeking a cure. All the physicians hitherto consulted were of the allopathic school, and I was the only homœopathic physician she had ever visited. I could not discover any constitutional dyscrasia, but in the course of making a medical diagnosis, she said that she could not put her hands into *cold water* without a severe and often a terrible aggravation of the pain, and there was no knowing how long it would continue in its severity. Most of her former consultants had advised her to go to the hospital and have the trigeminal, and possibly the facial nerve severed. I advised her not to consent to such treatment. With the key-note of aggravation by placing hands into cold water, I prescribed phos. 6x dil. Not having any phos. above the 3x dil. I prepared a fresh dilution of phos. 6x in my office. She was to take 2 discs every two hours till better; then lengthen the intervals. In two weeks she returned, a happy woman, and here is her story: — After taking the second dose she began to feel better, and a sort of thrill went through her system. Soon a warm perspiration came out all over the affected parts, and the pain gradually ceased, and with such indescribably joyous relief. This was the first time that a *warm perspiration* had appeared since her teeth were extracted.

Now what was the pathological condition of the parts? Was it simply a neuritis of the trigeminal, and a sympathetic irritation of the facial and cervical nerves? Or was there a threatened or even incipient periostitis and possibly necrosis about the course of the trigeminal nerve? Who can answer?

IV. In Aug., 1889, Miss H——, age thirty-eight years, came to me for bronchial asthma. She has been a sufferer from it for many years. She has seen physicians far and near, and given a long trial to a celebrated physician of New York, without benefit or even relief. At her first visit to me there was the following picture of disease: — Her breathing is labored and rattling; countenance somewhat Hippocratic; eyes protruding and staring; pulse weak and frequent, above 100 per minute;

slight fever, about 99.5°. Auscultation showed râles of all descriptions all over the lungs.

Percussion showed slight dullness in apices of both lungs and at bases. Expectoration was at times mucous, and at other times muco-purulent. Emaciation was considerable. I gave an unfavorable prognosis, but promised to do what I could. I prescribed ars. iod. 3x trit., two grains every three hours till better; then four times a day. Reported in one week that she felt somewhat better. Thus she gradually continued to improve through the fall, and spent the winter without a single attack of asthma, and up to the present date (Feb. 9, 1891,) she has been without an attack, and can ride out, on the coldest and windiest days of this rough winter, with impunity.

V. In Dec. 21, 1890, I was called out five miles to see a child, eight months old, with a severe cold, as we then supposed. I found the child with slight fever, skin moist, almost constantly bathed in a warm perspiration. The breathing was labored, nose obstructed. Cough hoarse, barking, with a cry preceding and following. The right lung showed congestion all over, especially in the upper lobe. The left lung was then normal. The child was fretful, restless, and cried more or less. I prescribed ver. vir. 1x dil. in water. The next day at 10 A.M. found him worse. Respiration now was rattling all over the right lung, and even more rapid. Gave spongia 3x. At 9 P.M. he seemed better. The next morning, however, he was decidedly worse, the disease having invaded the left lung, while the right one appeared to be resolving. The nights of the third and fourth days I stayed with the child. He received at different times arn., bell., lob., ant. t., bry. and ars. alb. The remedies did no good, and the child was rapidly sinking. We tried hot-water baths; they relieved him temporarily, but proved very weakening for the little fellow. The base of the left lung, and then the whole of the lower lobe became water-logged. This last sign, together with symptoms of restlessness, rapid and jerking breathing, and exceeding doleful and pleading looks and cries to his attendants, lead me to the choice of ars. iod., which I gave him in the 3x trit., one grain every fifteen minutes. Improvement was marked and immediate, so much so that the parents noticed it, and inquired as to what the medicine was that I had given him. In about three hours he fell asleep and slept for an hour and a half. From that time on he received ars. iod. 3x trit. at increasing intervals, till I dismissed him, Jan. 3, 1891. Ars. iod. saved the boy's life.

I believe we have in ars. iod. one of our most powerful homœopathic remedies, if not a polychrest. But we need a most thorough and complete proving of the drug. Thomas

Nichol, M.D., of Montreal, Canada, (now deceased) in his very valuable series of articles on "Ars. Iod.," in the N. E. Medical GAZETTE for 1887 and 1888, says: — "Ars. iod. is poverty-stricken in the sphere of the respiratory apparatus, for the only symptom we possess was given us by Dr. Beebe — 'Slight hacking cough, with dryness and stoppage of the nostrils' And yet," he says, "it is in pulmonary diseases that this great agent has won its brightest triumphs."

Do not fail to read carefully this writer's productions on ars. iod.

In another place the same writer says: "I may remark that *depression* of spirits is very frequently present in cases where this remedy is indicated; and I incline to look upon this as a characteristic symptom, a 'key-note' in fact. This depression is in marked contrast to the buoyancy of spirits so often seen in consumptives."

Although Dr. Nichol was writing of altogether another class of pulmonary diseases than the case I have cited, still the same or similar symptoms occur in both, and are as applicable in the one as in the other.

KOCH'S BACILLI, AGAIN: AN OPEN LETTER.

BY J. P. RAND, M.D., WORCESTER, MASS.

Editor of the Gazette:

In your last issue I notice an article by Prof. H. C. Clapp, in which he would correct any "wrong impressions" which my "Observations of Koch's Bacilli," might make upon unsophisticated physicians. I am truly sorry if a simple statement of facts has led any one astray. My paper was not an exposition but a report, and I do not think I drew any extravagant or unwarranted conclusions from it. I am very glad to learn, however, that he "cordially assents" to the generally accepted proposition, that the presence of bacilli is positive evidence of pulmonary phthisis, and I am well aware that failure to find them can never be like evidence to the contrary. Negative evidence however many times repeated is negative still. It may become presumptive, but it never can rank in value with positive seeing. It would certainly be impossible to examine all expectorations of a patient, and the part examined may not contain bacilli, so the fault may be in the specimen, the procedure, or in the observer himself. And yet the impression from my paper, which Prof. Clapp would correct: "That if bacilli are not found pulmonary phthisis does not exist," while not true of the subject in general, was surely the only legitimate conclusion

that could be drawn from the limited number of cases reported. While I have no right to expect it to continue, so far the results of my observation have proven just that. No case in which I failed to find the bacilli has yet developed consumption, which speaks something both for careful work and positive value of a negative result. "No news is good news," we are told; and bacilli are so uniformly present in phthisis that failure to find them, by a competent observer, must surely be some ground for hope. In 982 cases examined by Gaffky, bacilli were found in all but forty-four. The first 120 cases of Fraentzel, to which Prof. Clapp referred, gave positive results. There are exceptions to all rules, but if I mistake not, they are not more common in this than in the results of ordinary physical examination.

The question of the bacilli being the earliest evidence of phthisis, to which Prof. Clapp takes exception, must depend upon the skill of the observer and the ætiology of the disease.

An expert may detect conditions impossible to the ordinary sense, and such are the authorities he quotes in favor of his position. But we should at least be consistent. Because bacilli are not found until after other symptoms appear, does not prove them to have been previously absent, nor is it any reason why they should not be sought for, unless the latest symptoms are sufficient to place diagnosis beyond question, which is seldom true in the curable stage. *If bacilli are the germs and cause of consumption, they must be present from the first.*

A child scratches with the "itch," but the scratching is not the cause nor is it the specific irritation. It would surely be illogical to diagnose scabies by the dermatitis and scratching, and to speak of the "acarus scabiei" as "corroborative testimony," as Prof. Clapp does of the bacilli. Itching and dermatitis may result from a variety of causes, true scabies but from one, and it is hardly fair to delegate that to the rank of a "corroborative" symptom, simply because it was not observed.

I do not know that Prof. Clapp still holds the views he advanced in the preface of his second edition of "Is Consumption Contagious?" Then he speaks in italics of Koch's bacilli as being the "*specific parasites of tubercle.*" If so, they must be always present, and when found would surely be more than "corroborative evidence" of phthisis.

The situation resolves itself into this: Are bacilli the cause, result, a constant or only an occasional accompaniment of tuberculosis? If the cause, and the experiments of Koch prove this if they prove anything at all, they are present in all cases from the start, they are the start, and should be looked for and detected as early as possible. If the result, they are of no consequence, and we are still left to conjecture the cause. If a

constant accompaniment of this disease and found in no other, they are pathognomonic and, so far as diagnosis is concerned, are quite as important as though they had been the cause. If only occasionally present, like the vagaries of any malady, while they may be interesting they are hardly worth looking for. I do not consider myself competent to decide these suppositions. Opinions differ but facts remain.

Prof. Koch lays especial emphasis upon the examination of sputa as a means of early diagnosis. Other physicians would not examine it at all. He may be mistaken, the others may be right. Time will tell. All are not experts in physical examinations. Few can appreciate the entire significance of what they hear, and many when they have tried and listened to the best of their ability, are still in doubt. To such the microscope will be of service. If it fail to aid them, they are no worse off than they were before. If it reveal the bacilli, their diagnosis is positive and assured. Respectfully,

Worcester, Mass., April 21, 1891. J. P. Rand.

PRACTICAL POINTS ON FISTULA.

BY F. W. HALSEY, M.D., BOSTON.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

One of the distinctive features of this society, and one that appeals particularly to my sense of the eternal fitness of things, is the limited number of papers, or subjects introduced at each meeting, and the generous time allowed for discussion of each. Owing to the wide range of subjects covered, this is possible only to a very limited degree at our state society sessions, or at the monthly meetings of our city society the value of these discussions is often greatly lessened by or owing to the small number present.

Unfortunately this was not true of our last meeting but one, and interested as I naturally was in the subject of rectal fistula, so ably and exhaustively presented by Dr. Spalding in his paper, and much as I should have enjoyed listening to the discussion, the order of things had been changed, our time had been consumed, and all discussion had been cut off. This was to me a matter for great regret.

Your busy secretary, searching around for semi-annual victims, has fastened his harpoon into me. On one or more antecedents occasions, when he has lunged for me, I have dived, shaken off the line and escaped, but this time the prodding-iron has entered so deep, that escape seems impossible.

While Dr. Spalding's paper covered the field of rectal and anal fistula thoroughly, there are many points which can be brought out by discussion, some of them should be accentuated, and all are of importance, and ought to be of interest to surgeons.

The doctor mentioned seven different methods, employed in the surgical treatment and cure of fistula, describing each in detail. These methods included the free laying open of the sinus by the knife; cutting through the tissues by means of the elastic ligature; irritation and drainage by sea-tangle tents; injection into the sinus of stimulating and irritating fluids; a combination of these two latter methods; dilating the sinus by means of graduated steel sounds, curretting thoroughly, and then packing with oakum; and lastly the somewhat new method of attempting by careful dissection, and painstaking closure of the wound, to not only remove all diseased tissue, but to render the part aseptic, and by nice coaptation, secure union by first intention. These different methods fully described by Dr. Spalding, and more or less familiar to you all, I have no need to more than mention. The points which I wish to bring up and discuss are these. Primarily having a fistula in ano under consideration, what have we to guide us in the selection of one of these many methods. Is it a simple matter of preference, or are certain cases peculiarly adapted to certain lines of treatment? I believe the latter to be true. Not infrequently the method adopted is chosen out of deference to the wishes of our patient, and possibly against our better judgment. While this may not be right, strictly speaking, it resolves itself into acceding to the wishes of our patient, or turning him over to some other surgeon, who will do so, and who, moreover, is quite likely to cure him. Under such circumstances, it becomes our duty to state the case as we see it, setting forth fully, and explaining the method we believe to be best adapted to the treatment; if then our patient persists in favoring some other, the burden of the failure, if failure there be, rests on him. The fact that a fistula can often exist for years in a person, causing little or no impairment of the general health, and the fact that the average business man feels as though he could not possibly take time enough to be sick or laid up for repairs, hardly to die even, both contribute to make the patient hesitate about submitting to the usual cutting operation, which necessitates an enforced rest of body, if not of mind. When such a person applies to us we have little choice left in the matter, and must select from the many conservative operations, one most likely to prove successful. I wish, however, to speak first of the class of cases consulting us, in which the choice of operation is left entirely to our judgment. Does fistula in ano present then, any characteristic

peculiarities, pointing to any special form of operation, or must each surgeon be his own mentor? Let us see. That the operation by the knife and director is not only the favorite, but the best, I think there can be no doubt, and yet this operation has its dangers, and they are by no means trivial ones. Almost anyone who has ever used a scalpel or bistoury, can open up a fistula, but to do so thoroughly, secure perfect healing, leave the patient perfect retentive power, the functions of the sphincter muscle not being impaired, is by no means an easy procedure. When should the knife be given the preference over other methods of operating? The converse of this proposition is easier to state. If the external opening of the fistula be situated quite a little distance outside of the anal margin, away from and external to the sphincter externus, if the external opening into the bowel be small, and difficult to find, and if the fistula itself be a straight and proper tube, without any branching sinuses, then, and then only, have we any reasonable right to expect to cure the case by any other than the cutting operation. The reasons for this are obvious, if we reflect a moment. The constant involuntary action of the external sphincter, interferes with the efforts of both nature and the surgeon, in their attemps to heal such a lesion by conservative means, hence the farther away from the action of the muscle the opening may be, the better chance of success. Branching sinuses shooting out at right angles, or great curvatures from the main canal, make it difficult, if not impossible to penetrate all the branches either with probe and curette, or even with cauterizing fluid, and the failure to find and kill all of the pyogenic membrane, means a failure to completely cure the case. A large patulous internal opening being the result of an internal ulceration, makes a cure by conservative methods very difficult and uncertain. Fæcal matter is constantly oozing into the sinus, hindering our efforts to promote healing, and unless we are able to prevent this by packing within the rectum, we cannot hope to cure the case. When these three important indications are present, we can attempt the conservative treatment of fistula with some hope of success. Having decided to so treat the case the simplest way, (other things being equal) is usually the better. Here again, however, we are influenced as to the choice of methods, according as our patient may be a resident of the same city with us, or a non-resident. Should he be the former, I should decide at once to dilate the sinus with graduated steel sounds, then curette the entire canal with slender curette, lightly but thoroughly, and afterwards pack the canal firmly with marine lint. The first packing to be left in situ for from 24 to 48 hours, a small strip of adhesive plaster over the outer opening

will help you to do this easily. On removal, the packing is to be renewed but more lightly. This is repeated each day, it being found possible to pack in less and less, until finally the sinus is perfectly healed. This can be done at your office without ether, and under the influence of cocaine quite painlessly. Such a course of treatment, with or for a patient living out of your city, and unable to get to you each day, being impracticable, the next most successful plan is that by injection. It makes really very little difference what agent or liquid you use, provided it be of sufficient strength to kill the pyogenic membrane, and nothing can be better for this purpose, or less painful than a 95% solution of carbolic acid, thoroughly injected and worked into the sinus. This can be repeated at intervals of every five days at first, and then every ten days, and such a line of treatment will frequently cure. The attempt to cure by such procedure is also justifiable when the internal opening of the fistula is very high in the bowel, and the operation by the knife would involve both serious hemorrhage hard to control, and also great danger of loss of power of the sphincter muscle. I have treated a number of such cases, patients who had been refused an operation at some of our large hospitals here, fearing such results as just stated, and these conservative methods faithfully carried out have resulted in perfect healing. It is in such cases as these that the treatment by elastic ligature can be resorted to, even after failure by injection. The advantages possessed by the elastic ligature over the knife as a means of operating, have been fully set forth by Dr. Spalding. The *fact* that it can be applied and do its work, allowing the patient to keep on his feet, is its main claim for preference, viewed from the patient's standpoint, and the immunity from hemorrhage which it affords, its chief point as viewed by the surgeons. I have never encountered so great pain as described by Dr. Spalding in one of his cases, the main and about the only pain being on the first night after its application, and that I have always easily controlled by a suppository of morphia and belladonna, medium dose. Could we always feel absolutely sure that no branching sinuses exist, our choice of this method would be far more frequent; unfortunately we cannot; and although it might seem that these branches could be treated by subsequent ligatures, after the main channel had been cut through and opened up, the fact is that healing generally takes place so rapidly, following the ligature as it cuts its way through the tissues, that these branching sinuses are often healed over and concealed, when the rubber drops out, and the first evidence we have that our operation has not been a success, is in the formation of new abscesses at the exact point at which the ligature has been applied.

The operation for immediate closure of the sinus by dissection, and deep sutures, does not appeal to my judgment as often expedient. While some *time* can undoubtedly be gained, should the wound unite by first intention, it is very difficult to be certain all your diseased tissue is removed, and failures are very common and mortifying.

A word regarding the common operation by knife and director. Although as Dr. Spalding says, the operation especially in anal fistula is almost the simplest in surgery, and can frequently be done without ether, I have always followed Dr. Allingham's rule, and never to my regret, namely, never to operate by the knife, except the patient be under the influence of an anæsthetic, for it happens very frequently, that on opening up what has every indication and appearance of a most trifling sinus, branches running at different angles are found, and an anæsthetic must be resorted to, or the finishing of the operation postponed.

One great secret in the successful operation for fistula, is in the finding of the true opening into the bowel. I have seen otherwise good surgeons, hunting for this opening, finally lose patience and thrust the director through the thin mucous-membrane of the bowel, on a line where the opening ought to be. This is not good surgery. Painstaking and careful post-mortem dissections, and statistics by Riber, Cripps, Smith, Allingham and others, have demonstrated that in more than 75% of cases, the internal opening of the fistula is within half an inch of the external sphincter, and posteriorly. This should be a great help in the search for the internal opening, and wherever the external opening may happen to be, keeping in mind this fact, will cut short our manipulations, and lead us into the right canal. Not so many years since if two or more external openings existed, especially if on opposite sides of the bowel, it was considered proof positive of an equal number of internal openings, and when operating, these canals were laid open separately, and in almost every instance more or less loss of power, sometimes amounting to complete incontinence resulted. This has not tended to popularize the operation by the knife amongst those afflicted, and may account in part for the reluctance of patients suffering with fistula to consent to go into hospital and submit to such operation. When we reflect that it has been clearly demonstrated that in 95% of cases there is but one internal opening, it can be readily seen that there is no excuse for such reckless surgery. The main sinus discovered, and properly laid open, all the other canals will be found tributary thereto. Each can be laid open freely, and yet the sphincter muscle really divided but once. Another point and of great importance :

Most patients are discharged after operation for fistula, too soon. The wound has healed almost entirely, the merest trace of the trouble is left, but this, at the location of the internal opening. If the fistula has been one produced originally from a break in the mucous-membrane internally, followed by ulceration, this is just the most dangerous portion to be left to the indifferent care of the patient, on going out. The surgeon says, "you are practically cured, use a little ointment for a short time, and report if you do not get along all right." Possibly a little of the diseased mucous-membrane at the point of this ulceration has been left at the time of the operation, the dissection has not been made with sufficient care, or for some unexplainable reason, this unhealed surface, minute and trifling as it may appear, irritated by passing fæces refuses to heal at all, becoming the nucleus for the formation of another fistula, which breaks out within a few months. That this is the history of many a case I know full well; and it accounts for the recurrence of the disease in very many cases.

Discussion.

Dr. J. K. Warren considers the thermo-cautery the best method of treating rectal fistula.

Dr. Boothby agrees with Dr. Halsey that if the patient will not submit to the method the surgeon would choose, we should do the best the patient will allow. His opinion was favorable to the cutting out of the whole fistulous tract, as there could be no question of its results, if the cut was made into sound healthy tissue, and this is easy if one is not afraid to cut.

He also was favorably impressed with the plan of injecting the strong carbolic acid to *fill* the canal, but a *weak* solution would fail to destroy the membrane.

Dr. Joseph Chase had used carbolic acid with success in many cases, and had also seen good results from the use of turpentine after the first injection of carbolic acid.

In answer to a question as to the danger of poisoning by carbolic acid, Dr. Boothby replied that the cauterizing effect of 95% acid would prevent absorption.

To Prevent the blood from settling under a bruise, there is nothing to compare with the tincture or a strong infusion of capsicum annuum mixed with an equal bulk of mucilage of gum-arabic, and with the addition of a few drops of glycerine. This should be painted all over the surface with a camel's-hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. — *Medical Era.*

DYSMENORRHŒA.

BY GEORGE F. FORBES, M.D., WEST BROOKFIELD, MASS.

[*Read before the Homœopathic Medical Society of Western Massachusetts.*]

Dysmenorrhœa, in its varied forms, is getting to be so extremely common, as well as so extremely troublesome a disease, that it may be well to compare notes again as to our real or fancied progress towards a cure, or at least its relief, even though I advance very little that is new or startling on this hackneyed theme.

For many years dysmenorrhœa has been divided by most medical men into the neuralgic, congestive, and obstructive forms. The neuralgic form seldom exists without some congestion, and without some obstruction to menstrual flow; there is, in most cases, sufficient irritation to give rise to distant and reflex pain, as headache, pain in the breasts, intercostal neuralgia, etc., and often the extreme excitability of the nervous system previous to the menses, indicates the most important condition, and that chiefly calling for treatment. It is not a disease in itself, only a symptom, secondary to some other and primary affection. If, as is sometimes claimed, there is always congestion or inflammation and obstruction as a primary cause of the neuralgia, it would follow that the pain is mainly due to the local congestion or accumulation of clots or membranes within the os.

In purely obstructive dysmenorrhœa, the pain does not commence more than a few hours before the appearance of the flow, unless there is extreme stenosis, and we have pains of an intermittent character, dependent upon painful uterine contractions.

One authority claims the "physical diagnosis of the cause of dysmenorrhœa is merged in the diagnosis of inflammation, congestion, or displacement, or other morbid condition of the uterus, ovaries and adjoining parts, or stenosis of the cervical canal or vagina," and Dr. Southwick truthfully remarks, "the pathology is not well understood."

In the congestive or obstructive forms we find the appearance of numerous shreds, membranes, and sometimes clots, which are expelled with considerable pain and suffering. Some are greatly troubled with hot flashes, nervous erethism and violent headaches, prior to the menses.

In several patients I have found the severity of the prostration, and the leucorrhœa following, corresponding in large measure to the severity of the suffering during the flow. Modern research shows conclusively that the membranes thrown off correspond in shape and form to the uterus, Fallopian tubes,

and the os internum. Virchow claimed it to be the altered lining of the uterine cavity which has been cast off by a species of physiological moulting. At any rate, I can say with Ludlam that in these cases, as well as in some other departments of our art, rapid and brilliant cures are the exception, and not the rule, and as this paper does not pretend to give the diagnosis or etiology of this malady in detail, I will merely give some slight resumé of my own methods, hoping to get some light on this subject from the members present.

A patient of mine experiences every other month a sense of fullness and pressure over the region of the left ovary, about twelve days previous to monthly illness; this is followed in about twelve days by pain, tenderness, swelling, inability to extend the left leg when in the prone position.

Then there are two or three days of great suffering, which I have been unable to entirely control; the pains are characterized by neuralgia, uterine contraction or spasms, accompanied by expulsion of shreds, clots and membranes. Sometimes there is uterine displacement by the violence of the spasms and cramps.

After the third or fourth day there is a large quantity of blood with the menstrual flow discharged; much in excess of the normal quantity, and showing the membranes were detached from a very vascular sub-mucous surface; occasionally the local spasm or irritation of the cervix is perpetuated, the remote pain and suffering (intercostal neuralgia, etc.) do not subside, but persist throughout the month. This form of secondary neuralgia is often misleading unless we are on our guard. In one case a hearty dinner at the approach of the nisus caused much increase of suffering. In another case the pain was aggravated by sexual intercourse just previous to the advent of the menses; this husband was also in much trouble, as this was the only "safe" time for him. Cold or iced drinks have caused uterine spasms and severe dysmenorrhœa, and it is recommended by most authorities that medicines be given in hot water. Previous to each *alternate* period this woman has a comparatively easy time; if there is pain at all it is on the left side, or at the umbilicus, but the flowing, both in quantity and quality, continues about the same each month.

Dilatation with tents, at one time persistently tried for three months, failed to relieve, and she now resorts to palliatives or opiates. This woman was in a hospital once for six months, but without material benefit.

Another case, a childless woman aged forty, has severe pain for about twenty-four hours, fourteen days previous to her approaching menses, in the left hypogastrium; after twelve hours

the pain moves downward over the fundus uteri ; after this subsides, in twelve hours more, there is little or no trouble until the menses are to appear, then with a chill the flow appears, accompanied with neuralgia and uterine contractions of a spasmodic character. In another case there is not only neuralgia through both sides and over the region of the bladder, but there is suppression or lack of secretion of urine, only about two ounces secreted in first twenty-four hours, and four ounces the second day, followed for two or three days with headache from uræmia, which shows a reflex action in distant branches of the sympathetic nerve.

But in dysmenorrhœa as in some other diseases, it is easier to write of cases occurring in active practice, than to prescribe a given course of treatment, one warranted to *cure*, as some of our cases are extremely obstinate and persistent.

Perhaps the application of dry heat externally, and hot water, clear or medicated, internally, are applicable to more cases than any other one remedy. The recumbent position mitigates the sufferings of most patients. Dilatation as a radical cure, forcible or gradual, with steel dilators or tents, has been alternately advocated and discarded by eminent gynecologists since the days of Simpson, but so far as I can judge, recklessness of experiment with dilators, as well as curettes, has now been succeeded by a calmer or more judicious mode of procedure, and we endeavor by medication, palliatives and adjuvants, to cure, or at least to relieve, our patients, and we usually succeed better than with forcible means.

A drachm of fluid extract cim. or caul., in one-half pint of hot water or olive oil as an enema, two or three times a day just previous to the period, will often prevent, or at least mitigate the paroxysm. This can also be used after the flow has been established, where the pain continues, and I have found it to give great relief. Cim., or its active principle, macrotin IX, internally, is especially useful in ovarian dysmenorrhœa. Xanthoxylum is, according to Dr. Cullis, indicated in females of spare habit, nervous temperament and delicate organization. Some brilliant cures of dysmenorrhœa have been made by xan. frax., Shüssler's mag. phos. has relieved some patients where the spasmodic form is well marked. Some have tried svapnia with equal success. Following nervous exhaustion, we sometimes find the severest and most aggravated forms of spasmodic or neuralgic dysmenorrhœa ; ten grain doses of antipyrin is said to relieve these cases. In a few of them I have tried successfully enemas of warm olive oil and calendula oil — a teaspoonful of fluid extract calend. to two or four ounces olive oil, heated as hot as it can be borne, and used per anum, has relieved some

hard cases. Viburnum with the oil has been used with benefit in the same way. I do not remember ever to have seen hot olive oil recommended for this disease, but as I have found enemas of it beneficial, not only in dysentery, but also in tedious labor, I was led to try it also in dysmenorrhœa, with success.

The olive oil seems to very perceptibly relax the rigid or spasmodic action of the uterine muscles, retaining its high temperature longer than hot water; it has been used preferably per anum, it being thus retained for a considerable time. Dr. Talbot uses am. carb. in cramp-like pains, and Dr. Conrad Wesselhoeft also uses the same remedies. One lady cannot get along, or thinks she cannot, without the hot oil enemas each month, while another is using applications of four per cent. cocaine on hot cloths, and another tries Hayden's vib. comp., with more or less benefit.

But these are palliatives and adjuvants merely, useful to help us out of trouble, but who will give us the true homœopathic specific for this distressing malady, especially the spasmodic or neuralgic variety, which seems to be ever on the increase?

HOMŒOPATHY; ITS PRESENT RELATION TO THE OLD SCHOOL.

BY HORACE PACKARD, M.D., BOSTON.

[*An Oration Presented at the Semi-Annual Meeting of the Massachusetts Homœopathic Medical Society.*]

Mr. President and Fellows of the Massachusetts Homœopathic Medical Society:

There are undoubtedly among us to-day, a few members who can look back forty or fifty years to the time when homœopathy was a new and almost untried method of practice. We, the junior members of this society, who know only by tradition of the trials and persecutions of the pioneers of homœopathy, regard with peculiar reverence the valiant and steadfast men who dared to brave the censure of their colleagues and the derision of a large part of the public, for the upholding and upbuilding of a principle. As I look to-day over this assembly, gaze into the earnest faces of my associates, and listen to the scholarly, scientific papers which are presented by the bureaus covering the departments of Materia Medica, Obstetrics, Clinical Medicine, Gynæcology, Surgery, Diseases of Children, Electro-therapeutics, Ophthalmology and Otology, and Insanity and Nervous Diseases, I can but soliloquize upon the present antagonistic attitude of the two principal schools of medicine, the homœopathic and the "regular." Permit me to

digress sufficiently to say that I use the term "regular" in speaking of our friends of the old school, not because I concede there is any marked regularity in their method of practice, and certainly none in the personal relations which they maintain towards us, but because it is the designation which they choose, and by which they wish to be known.

Whatever may have been the cause in the early history of homœopathy for the persecution and vituperation in which the "regulars" indulged, the pertinent question now arises: "Is there any reason *to-day* for the continued maintenance of the exclusive and dictatorial attitude which has characterized their action in the past?"

Let us look for a moment at what the Homœopathic School represents. According to the latest census, there are in round numbers, twelve thousand homœopathic physicians in the United States. The national society, the American Institute of Homœopathy, numbers a membership of over one thousand. There are thirty state and ninety local or county homœopathic societies; twenty-two medical clubs; thirty-four general and thirty-four special hospitals; forty-six dispensaries under the management of homœopathic physicians; twenty-six homœopathic journals, and fourteen medical colleges which teach, in addition to all other branches of medicine, the homœopathic system of therapeutics. During the last year these have graduated three hundred and sixty-five physicians.

Let us glance for a moment at the character of the work accomplished by these hospitals and colleges, taking for examples, the Massachusetts Homœopathic Hospital and Boston University School of Medicine. The last annual report of the Massachusetts Homœopathic Hospital shows five hundred and twelve cases treated, with a death rate of 5.07 per cent. Of these 152 were medical cases and 360 surgical. Of eight deaths in the medical department, *not one* was from acute disease. In the surgical department, though the list includes the most serious and difficult operations in the field of surgery, and many in which operation was resorted to as a last hope, the remarkably low death rate of 4.7 per cent. has been maintained. This is but one example of the work which is being accomplished by the sixty-two homœopathic hospitals scattered over this country. Inferior in no way, that I can discover, to the work done in hospitals conducted by the "regulars."

Boston University School of Medicine, taken as a type of the medical colleges under the management of homœopathic physicians, presents a compulsory course of study of four years, of eight months each, and covers every branch of medical science. In this matter of medical education the homœopathic school

to-day takes the lead. By recommendation of the American Institute of Homœopathy, every homœopathic medical college in this country after 1891, is to adopt the compulsory four years' course of study.

It has been my purpose to present to you this brief review of the magnitude and force of the homœopathic school, not as a matter with which you are unfamiliar, but as a subject for mutual congratulations. Now I have no desire to cast reflections upon the institutions of the "regular" school, but the thought forces itself upon my mind, "What would the Massachusetts Medical Society, Harvard Medical School and the 'regular' hospitals have been to-day had the force and energy been expended upon them, that has built up this society, Boston University School of Medicine and the homœopathic hospitals of this city and state?"

There never was a greater mistake made, nor one more deeply regretted to-day by our friends, the "regulars," than that base act of twenty years ago, which expelled William Bushnell, Samuel Gregg, George Russell, David Thayer, Milton Fuller, H. L. H. Hoffendahl, I. T. Talbot and Benjamin West from the Massachusetts Medical Society for practising homœopathy. My colleagues, it meant something then to be branded before the public as "guilty of conduct unbecoming and unworthy an honorable physician."

The revered Samuel Gregg; the faithful friend, George Russell; the kindly Milton Fuller; the bold, fearless physician, Henry L. H. Hoffendahl; the spotless William Bushnell, have passed from us forever. Will the Massachusetts Medical Society permit the years to roll on until the three who remain have yielded up this life, before undoing that base, unmanly act of twenty years ago?

From time to time salutations of friendship and indications of a willingness to bury the past, come to us from individuals of the "regular" school, and occasionally through the columns of the medical journals. We can, however, but view these approaches with feelings of distrust. As long as the medical journals of the "regular" school stoop so low as to publish falsehood and calumny, as long as "regular" physicians appropriate from, and publish as their own, the literature of the Homœopathic school, without giving credit therefor, as long as the "regular" school seeks to enact laws for the regulation of the practice of medicine, which shall in any way jeopardize the liberty or limit the progress of the Homœopathic school, and until those beloved and honored members of this society, who were so basely expelled from the Massachusetts Medical Society twenty years ago, are reinstated to full membership, then

and not until then, can we view any professions of friendship or repentance of the past, with other than the keenest suspicion. Indeed it is but within the last year that some of us have been interviewed, and specious inducements offered us to sever our connections with all organizations bearing the name Homœopathic, and join the Massachusetts Medical Society. All the apparent fairness and liberality of this salutation is lost upon us, when we learn that this is a deep-laid plan to draw away from this society its most liberal members, and thus decimate its ranks, until it should die a natural death.

You are familiar with that valuable source of medical reference in this city, the Boylston Medical Library. Wishing to avail myself of the facilities there afforded for reading and research, I applied for membership in that association about one year ago. This is the answer I received from the liberal and upright member in whose hands my proposition for membership was placed: "*I am sorry to say that all rather objected to allowing anyone claiming to be a homœopathic teacher or practitioner to use the books of the medical library. I need not tell you that I have no sympathy with such bigotry. I think them more intolerant than the Catholics would be in their dealing with Protestants. I cannot be sure, but from the intercourse I have had with Catholics, I judge that they would willingly let me read their books, if for no other reason than perhaps they might hope to win me over to what they deem the true faith. My time for work is fast slipping away, and although I see light breaking, I fear the full day of toleration will not come in my time.*

What a *reductio ad absurdum!* The Massachusetts Medical Society, foster-mother of the Boylston Medical Library Association, recognizes the diplomas of certain homœopathic medical colleges. A graduate from one of these colleges must renounce his *alma mater*, and resign his position as teacher therein, to secure membership in the Library Association, and with it a member's privilege for reading and study.

With such a policy as this, can the Boylston Medical Library hope to maintain the confidence, and secure the aid of the public?

Fellows of the Massachusetts Homœopathic Medical Society, we can well afford to wait.

Our past history is one of uninterrupted progress.

To the watchful eye and the listening ear, there are positive indications that "the great tune is slowly coming into harmony." True, from individuals of the "regular" school we now and then hear echoes of the old-time cries, "quack," "fool, or knave," "should be hung," "exclusive dogma," and other similar epithets; and from the medical journals that, "according to

the most careful observation and estimate, homœopathy is slowly dying." But all this we can generously overlook, for those who indulge in such musing to-day are wofully in ignorance of the true state of affairs. We extend a cordial invitation to our friends of the "regular" school to visit our societies, our hospitals and our colleges. This would seem to us the honorable thing to do, rather than indulge in slander from the distance.

In the rank and file of the "regular" school a marvellous change has slowly been wrought in the past twenty years. A large percentage of so-called old-school physicians to-day use drugs according to the homœopathic system, and acknowlege that the rule *similia similibus curantur* is a valuable guide in the treatment of the sick.

The literature of the homœopathic school is freely appropriated, and the journals and text-books teem with suggestions for the treatment of the sick, borrowed from homœopathic literature.

The journal of the American Medical Association last year published an analysis of the work done by all the medical colleges of the United States, and in comparing all the homœopathic with all the "regular" colleges, a result was reached that the requirements for graduation in the homœopathic are of a higher standing than in the "regular" colleges.

The American Medical Association has recommended that the principles of homœopathy be taught in all the "regular" medical colleges in the United States, and at the last meeting of the New York State Medical Society this recommendation was unanimously endorsed.

Last year the Massachusetts Medical Society placed upon its list of "recognized" medical colleges, Boston University School of Medicine, Hahnemann Medical College of Chicago, Chicago Homœopathic Medical College, University of Michigan Homœopathic Medical College, Homœopathic Medical College of St. Louis, New York Homœopathic Medical College, Cleveland Homœopathic Hospital College, Pulte Medical College (Cincinnati), and Hahnemann Medical College (Philadelphia), all homœopathic institutions.

In the petition for State aid, which the Massachusetts Homœopathic Hospital laid before the legislature last year, the most telling argument in its favor was made by a "regular" physician, a member of the House.

Thus, one by one, the barriers of exclusion and the spirit of intolerance, oppression and extermination are passing away. There remains but one bone of contention, the *name*. We are asked by the "regulars" to renounce the name, homœopathy. The principle is accepted, the practice is incorporated in their

own school. Homœopathic provings are printed in their text-books and journals. Homœopathy is to be taught in their schools; diplomas from homœopathic colleges are accepted as a passport in their societies. We are asked to do that which we cannot if we would, and would not if we could. Homœopathy is the name of something, a principle, and as such must stand as long as the human race exists.

We are not worshippers of Hahnemann, we are promulgators of a *principle*, and we have lived to see that principle permeate the whole body medical of this country, and shed its beneficence on humanity.

It is, after all, a matter of comparative indifference to us how, or when, or where, or if ever, the "regulars" cease the losing combat which they have unceasingly waged for twenty years.

Our rapidly-increasing ranks; our flourishing societies; our magnificent hospitals and colleges; our patronage and support by the State and by the most intelligent portion of the public, mean to us a future of progress more brilliant than the past.

A LETTER AND AN EXPLANATION.

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

To the Editor of the New-England Medical Gazette:

Having felt constrained upon principle to resist the urgent solicitation of professional friends and associates, and decline to take an active part in the effort to increase the facilities and funds for the dispensary work connected with the medical school, and knowing that my refusal to participate may be by many misinterpreted, I desire through the GAZETTE to give my reasons for so doing.

It is, I think, a fact which cannot be denied, that in Boston as in nearly all large cities, — particularly those in which medical schools are located, — the free dispensary charity is already overdone! — that hundreds of persons able to employ and pay a physician are treated gratuitously at the dispensaries. The effect of this is most harmful to the recipients themselves, as it makes paupers of those not needing such charity, and it also wrongs many of those younger physicians, who, while willing to give service at a minimum price, need the proceeds which *should* come to them from this class of patients, while establishing themselves and gaining practice of a more desirable sort. Furthermore, there are, I am confident, very few physicians who would refuse to any really deserving case, their best service, but in such private charity they *would discriminate* between this class and the professional paupers, and habitual

beats who constitute so large a proportion of the dispensary patients. I cannot therefore feel that it is desirable or even right to increase a work already overdone, and which by its excess, and through the desire to make a great record, seeks rather than excludes the unworthy and mendicant classes. The charity plea then in this matter has for me no force, and on this ground there seems to be no call for the requested effort. If the promotors of this effort would come out squarely and acknowledge what we must perceive is the real object, viz., to furnish clinical material for the medical school, they would then furnish the one good honest reason for an effort. To secure this, to afford the students all possible clinical advantages, is a worthy and desirable object; but it need not be done under the guise of charity, and *should* not be by pauperizing the poor, and encouraging mendicancy.

It is not then that I would withhold aid to the worthy poor, for never yet has an appeal from a sufferer for professional aid been refused by me, and I gladly do much work of this kind every year, — nor is it that I would not have the advantages which the medical school can afford its students increased; but simply because I cannot conscientiously aid in increasing a work which I believe to be a source of evil to many, not by its purpose, but by its excess.

Leslie A. Phillips.

Boston, April 23, 1891.

SOCIETIES.

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MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Massachusetts Homœopathic Medical Society was held at Steinert Hall, Boston, Wednesday, April 8, 1891.

The meeting was called to order at 10:25 by the President, James Hedenberg, M.D.

The reports of the treasurer, auditor, and necrologist were read and accepted.

The following candidates were then elected to membership: Howard C. Jewett, M.D., Haverhill; George F. Lewis, M.D., Bristol; Charles W. Morse, M.D., Salem; J. Summerfield Sanborn, M.D., Nantucket; Lucy Chaloner Hill, M.D., Fall River; Anna B. Taylor, M.D., Somerville; Samuel H. Spalding, M.D., Hingham; Joseph Emmons Briggs, M.D., Boston; George H. Talbot, M.D, Newtonville; Eloise Augusta Sears, M.D., Waltham; S. Saltmarsh, M.D., Lexington; Wesley B. Perkins,

M.D., Malden; A. E. Perkins, M.D., So. Ashburnham; Sarah A. Jenness, M.D., Boston; W. S. Hincks, M.D., Hyde Park; T. R. Grow, M.D., Rockport; E. B. Coleman, M.D., Nantucket; Daniel E. Brown, M.D., Brockton; Benjamin P. Barstow, M.D., Kingston; George P. Sword, M.D., Worcester; George H. Wilkins, M.D., Palmer; Francis M. Bennett, M.D., Chicopee; Maurice Worcester Turner, M.D., Brookline; W. K. Knowles, M.D., Everett.

The approval of the records of the semi-annual meeting was followed by the reading of the records of the executive committee.

At eleven o'clock the polls were declared open for the election of officers, and Drs. C. H. Thomas and George A. Tower were appointed tellers.

REPORT OF THE COMMITTEE ON CLINICAL MEDICINE.

N. W. Rand, M.D., Chairman.

General Subject: Diseases of the Heart.

1. The Heart in Rheumatism. E. H. Packer, M.D.
2. Valvular Diseases. L. F. Potter, M.D.
3. Cardiac Tonics and Stimulants. H. A. Gibbs, M.D.
4. Clinical Suggestions. H. C. Clapp, M.D.
5. Calcification of Aortic Valves. Case. P. R. Watts, M.D.
6. Rapid Dilatation from a Blow. Case. F. L. Babcock, M.D.
7. Functional Disturbance. Case. J. H. Sherman, M.D.
8. Examination of the Heart. N. W. Rand, M.D.

Discussion. — Dr. N. R. Morse felt that Dr. Sherman, in his paper, failed to call attention sufficiently to the frequency of "tobacco heart." Is of the opinion that too many of our patients are addicted to, and the victims of, the use of tobacco, and quoted numerous cases of functional heart disturbance entirely relieved by a discontinuance of the use of this drug.

His experience had led him to think many cases erroneously diagnosticated organic heart disease, were amenable to homœopathic medication.

Dr. A. J. French regretted that more had not been said in the Report of the Bureau upon the much talked of "'heart failure." It seems to be the fad at present to have our patients die of "heart failure," and this probably has been adopted as has other labor-saving expedients, to relieve the physician of the trouble of searching for some organic cause of the failure. He had at present, however, a patient dying of heart failure without any apparent organic disease.

Dr. William H. Lougee spoke of obscure cases of Bright's disease as a frequently overlooked cause of heart failure, and

urged a careful examination of the urine in all cases of failure of circulation.

Dr. F. A. Warner finds arsenicum a very valuable remedy for tobacco heart.

Dr. Edward Holt protested against the use in one of the papers of the terms "cardiac stimulants and tonics," and insisted that we as homœopathists ought to have no use for tonics or stimulants any more than we have for diuretics, cathartics or emetics. We have no need to swerve from the carefully selected homœopathic remedy, except in some rare cases for the removal of the cause of disease.

This position was vigorously discussed by Drs. Rand, Klein and others, they contending that many times it became necessary for the welfare of the patients that we administer medicines in physiological doses, as for the elimination of uræmic poison, the evacuation of an obstructed bowel, or to empty a stomach of poisonous contents. Drugs used for these purposes should have some special designation, and the terms objected to by Dr. Holt were convenient and useful as descriptive of the action of physiological doses of certain agents.

After some further discussion of the papers presented, the bureau was closed.

Dr. I. T. Talbot wished to say a few words in regard to homœopathy in Massachusetts. We may congratulate ourselves upon the general success of our movements at the present time. Improvements now being made on our hospital will enable us to care for one hundred and fifty-five patients in the near future. The new dispensary building is up to its second story, and although we have not the funds to complete it at present, we shall have greatly increased facilities for dispensary work. A fair is to be held to aid in the erection of this building and it must be a success. He referred to the unrestricted use of arsenic and to the efforts made in the past to secure legislation upon the matter. It remained for the Massachusetts Homœopathic Medical Society to take this fight up and bring it before the Legislature and the public. The matter is now before the committee and we have brought a mass of testimony, embracing hundreds of cases of poisoning, in support of our plea for protection of the people against this evil. But wealthy, unscrupulous corporations are our opponents, and if we are to be successful it can only be by the influence each one of us can bring to bear upon our individual legislators.

Dr. Talbot then read a letter from the Secretary of the Melbourne Homœopathic Hospital introducing Dr. ——— of Melbourne, Australia, and the gentleman received a cordial greeting from the members present. The doctor sketched briefly

the struggles and victories of homœopathy in Australia, its growth from a small beginning to its present representation by a splendid hospital standing on three acres of ground, and accommodating one hundred and fifty patients.

The meeting then adjourned, and the members repaired to Hotel Thorndike, where about one hundred and twenty-five sat down to a satisfactory and well-served lunch.

The meeting was again called to order at Steinert Hall, at half past two o'clock, and the President, Dr. James Hedenberg, delivered an interesting address, retrospective in character, for which he received the thanks of the Society.

REPORT OF THE COMMITTEE ON DISEASES OF CHILDREN.

The only paper presented was one entitled "The Children and the Doctor," by J. J. Shaw, M.D., Chairman of the Committee.

REPORT OF COMMITTEE ON OBSTETRICS.

H. E. Spalding, M.D., chairman.

1. A few Hints from recent Obstetrical Literature. H. E. Spalding, M.D.

2. Paper. Walter Wesselhoeft, M.D.

3. The Vaginal Syringe in Obstetric Practice. H. M. Hunter, M.D.

4. A Case: A large Uterine Tumor developed during Pregnancy. Hysterectomy. Samuel H. Spalding, M.D., and N. W. Emerson, M.D.

The papers of this Bureau were of great interest, but received no discussion.

The tellers announced the election of the following officers for the ensuing year:

President, A. J. French, M.D., Lawrence.

Vice-Presidents, L. D. Packard, M.D., So. Boston; John P. Sutherland, M.D., Boston.

Corresponding Secretary, J. Wilkinson Clapp, M.D., Brookline.

Recording Secretary, F. C. Richardson, M.D., E. Boston.

Treasurer, H. C. Clapp, M.D., Boston.

Librarian, Horace Packard, M.D., Boston.

Censors, H. P. Bellows, M.D., West Newton; Walter Wesselhoeft, M.D., Cambridge; John L. Coffin, M.D., Medford; D. B. Whittier, M.D., Fitchburg; E. P. Colby, M.D., Wakefield.

By vote of the Society, S. M. Cate, M.D., was reinstated as a member of the Society.

REPORT OF COMMITTEE ON NERVOUS AND MENTAL DISEASES.

E. P. Colby, MD., Chairman.

1. Some Nervous Conditions following Traumatism. E. P. Colby, M.D.

2. Climacteric Neuroses. F. C. Richardson, M.D.

Discussion. — Dr. J. K. Culver spoke of a case of traumatic spine, resulting from a slight wrench, the patient complaining of inability to walk, numbness of the right cheek and right half of the nose, and two fingers on the right hand. In this case the urine would not exceed in quantity a pint in twenty-four hours.

Dr. Colby wished to impress upon his hearers that although these cases are functional in character, they may give rise to most profound disturbance, and in support of this mentioned a case, a patient of Dr. Richardson's, in which there was complete anuria for a period of five days. Of the complete suppression of urine in this case there could be no doubt, as the bladder was repeatedly catheterized, both by Dr. Richardson and himself, and all possible chance of deception was guarded against.

Dr. Richardson wished to say in regard to the case just mentioned, that there was not, at any time, any indication of uræmic absorption, and the first urine voided was normal in quantity, color, reaction, and constituents. The patient complained of severe, diffuse, abdominal pain, the "abdominal shocks" of Charcot, probably. She made a tedious recovery, and is well at the present time, two years after her illness.

Owing to the late hour, further discussion was impossible, and the meeting adjourned about five o'clock.

F. C. Richardson, M.D., *Secretary.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Women's Industrial Union, No. 98 Boylston street, Thursday, April 2d, at 7.30 o'clock.

Dr. Southwick having been called away, Dr. Farnsworth was elected president, *pro tem.*

The records of the last meeting were read and approved.

Drs. John Dike, of Melrose, N. R. Perkins, of Dorchester, and Martha Champlin, of Boston, were elected to membership.

Dr. Powers gave an encouraging report of the progress being made for the fair, and spoke of the interest manifested by the profession outside of Boston.

The hour from 7.45 to 8.45 was devoted to the discussion of clinical cases.

Dr. Thomas reported an interesting case of nicotine poisoning, markedly improved by the administration of cicuta virosa. Drs. Farnsworth, Woodvine, and Hines also reported cases of interest.

Drs. Talbot, Walter Wesselhoeft, and H. C. Clapp had a few words to say upon "La Grippe," which seemed to present some new phases at this time.

Prof. Rockwell read a very interesting paper upon "Physiological Dietetics," with suggestions for diet in various diseases. The discussion was opened by Prof. J. P. Sutherland.

Meeting adjourned at ten o'clock.

M. E. Mann, M.D., *Secretary.*

RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Rhode Island Homœopathic Society was held April 10, at the office of R. F. Eaton, M.D., corner of Waterman and Gano streets, Providence. The meeting was called to order at 8 o'clock P.M., President Barnard in the chair. The minutes of the previous meeting were read and approved.

W. H. Stone, M.D., tendered his resignation as secretary of the Society. His resignation was accepted. L. D. Lippitt, M.D., of Olneyville, R. I., was elected secretary to fill the vacancy.

It was voted unanimously to invite the American Institute of Homœopathy to hold its session in 1892, in Rhode Island.

A study of Magnesia Muriatica and Natrum Muriaticum was read by E. A. Phillips, M.D., of Pawtucket, also a paper on the Therapeutics of Intermittent Fever, by A. H. Wood, M.D. Drs. Peck, Budlong, Barnard and Amesbury took part in a discussion of the papers.

The reading of several other papers was omitted on account of the lateness of the hour.

L. D. Lippitt, M.D., *Secretary.*

THE NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

The New Hampshire Homœopathic Medical Society held its third quarterly meeting at the office of Drs. Gallinger and Bothfeld, Concord, N. H., on the 18th of March, 1891.

The president being absent, the meeting was called to order by the secretary. Dr. Charles Adams, of Franklin Falls, was elected president, *pro tem.*

The records of the previous meeting were read and approved. The regular routine of business was quickly dispatched, after which, the subject that more particularly interests the medical profession of this state, at the present time, namely, "The Medical Registration Bill," was taken up and freely discussed. This subject has created considerable interest of late among the physicians of New Hampshire. There seems to exist, in the dominant school, a disposition to restrict the progress of all physicians whose faith and practice does not harmonize with their own. This idea is more than suggested by the bill which was presented to the present Legislature. The bill is so constructed that should it become a law it might be used so as to greatly retard the future progress of homœopathy in the state, but the Committee on Legislation, chosen by the Society, have been vigilant and active to defeat the passage of any discriminating bill, and the present outlook is, if there is any legislation on the subject, it will be of such a character as to give equal privileges to all graduates from well-established schools of medicine. Surely the future prospect of success for homœopathy in New Hampshire looks more encouraging.

Dr. E. Morrill and Dr. J. F. Bothfeld, of Concord; Dr. H. H. Darling, of Keene; Dr. J. M. Bishop, of Bristol; and Dr. C. W. Adams, of Franklin Falls, were elected delegates from this society to the Homœopathic International Congress, which is to be held at Atlantic City, N. J., in June.

Dr. Arthur F. Sumner, of Claremont, and Dr. Walter Tuttle, of Exeter, were admitted to membership.

Voted, that the annual meeting shall be held on the first Wednesday of July next.

Adjourned. J. M. Bishop, M.D., *Secretary.*

The Germans have a practice which has many things to commend it. They declare a "jubilee" for some respected and honored man, and at a great feast, to which he is invited, they review his labors, his work, the results he has accomplished, and shower congratulations upon him. This is worth infinitely more to him than post-mortem demonstration.— *Chicago Medical Times.*

Dr. Youngbee — "I tell you, young man, you'll have to give up the tobacco habit; it 'll make a perfect slave of you, if you don't."

James Goodboy — "Why, doctor, I never smoked in my life!"

Dr. Y. (losing his temper at this "way-off" diagnosis) — "Why the devil don't you then?" — *Pharmaceutical Era.*

Professional Estimate. — A young mother asks her butcher to weigh the baby.

"With pleasure, madam."

After having examined the scales:

"Ah! Thirteen and a half pounds, madam, with the bones." — *Paris Figaro.*

GLEANINGS AND TRANSLATIONS.

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A Cigarette in the Bronchus for Four Months. — Dr. Lapeyre mentions in a Paris medical journal a remarkable case in which an elderly gentleman, in consequence of a sudden slap on the back, unconsciously drew the cigarette he was smoking into his right bronchus, where it remained without causing any symptoms or in any way revealing its presence for nearly two months, when it set up pneumonia of a circumscribed area, and produced cardiac weakness and some œdema of the legs. After this condition had lasted without much change for about two months more, the patient expelled, during a violent fit of coughing, the cigarette, enveloped in mucus and waxy-looking matter, and then remembered that he had never found his cigarette after the slap on the back four months before. The pneumonia persisted for two or three months after the expulsion of the foreign body, and some œdema of the right leg, due probably to embolism, remained at the date of the report nearly a year later. This, as well as some other cases that have been published, appears to show that the bronchi are exceedingly tolerant of foreign bodies even when not encysted. — *Lancet.*

Unconscious Parturition in a Primipara. — A case of high obstetric and medico-legal interest is to be found in the *Archives de Toxologie* for November. Physiologically painless parturition is rare. Tarnier has related some cases, including one instance where a Canadian woman occasionally dropped a baby on the ground, at term, without noticing it. In Howard's case, labor took two hours; the patient was reading a book till a quarter of an hour before the child was delivered, which event occurred after some straining, not sufficient to make her cry out. In Dr. Brunon's case, newly reported, a married woman, aged twenty-two, had a troublesome cough one day shortly before term. The coughing was accompanied with lumbar pains, which increased. At 11 o'clock in the evening the patient tried to pass a motion. She sat over one hour in the closet, believing that her pains signified painful defecation. Then she went to bed. At half-past 1 o'clock she woke up feeling a desire to pass a motion, with lumbar pains such as she had felt before when constipated. As she rose to go to stool a smart lumbar pain occurred, and she felt something between her thighs. On handling it she found, much to her surprise, that it was the head of her first-born. She declared to Dr. Brunon that the pains were entirely lumbar, she had no colicky sensations, and none of the expulsive pains usually so severe, especially in

primiparæ. The desire to defecate was strong, and she stated that the child might have been born into the pan of the closet without her recognizing the truth of her condition till the moment of its delivery. The patient was an intelligent, well-educated woman, free from any neurosis. This case proves that in the case of an inexperienced person an infant might be expelled into the water in the pan of a closet without intended infanticide. — *British Medical Journal.*

A Novel Mode of Contracting Syphilis is quoted in the *Lancet.* At the last meeting of the Société de Dermatologie et de Syphiligraphie, M. Feulard related the case of a man who, having been treated at St. Louis Hospital for post-scabious eczema, principally of the arms, sought re-admission for syphilitic roseola. Researches made as to the seat of inoculation of the virus, revealed an enlargement of the epitrochlear gland, and hard chancres of the posterior surface of the right forearm, of the elbow of the same side, and of the left elbow, the genital organs being free from all sores. It was remarked that the chancres corresponded with the points which would touch a table when, the arms being folded, it served as a *point d'appui* for those members. It is consequently surmised that the raw eczematous surfaces on the back of the arms became inoculated by contact with an infected table in the ward. M. Besnier remarked that instances of the contraction of syphilis in the wards of an hospital were extremely rare, it being probable that the activity of the virus deposited on instruments, furniture, etc., is only of limited duration. The only exception is the frequent transmission of the disease by means of the Eustachian catheter. M. Lailler cited a case where syphilitic infection occurred at a hospital through a vaginal canula in indiscriminate use for all the patients. — *Boston Medical and Surgical Journal.*

Cocaine in Small-pox. — Drs. Luton and Ory recommend highly the internal use of cocaine in the treatment of variola, having tried it during a severe epidemic that raged in Algiers, in November, 1889. The good effect of the remedy was shown almost immediately by a lightening of the color of the eruption and disappearance of many of the papules without becoming purulent. Even in those cases in which the papules persisted for some time there was no suppuration. One of the cases in which the remedy was tried was one of black small-pox, from which the patient recovered. The cocaine was exhibited in a five-per-cent. solution, of which from ten to twenty drops were given every six hours. As no pustules were formed, there was no pitting. — *Med. Record.*

A Simple Method of Curing Obesity. — In a French journal is announced the discovery of a means, as simple as it is strange, for curing obesity, which is attributed to a medical officer in the army. Thanks to this means, a colonel, who was threatened to be obliged to retire from the army, as he was so heavy that it required two men to lift him into the saddle, became thin in a few weeks, and to such an extent that he had to take means to recover, in a measure, what he had lost. It was to his doctor that he was indebted to have become a general. The means consisted simply in never eating more than one dish at each meal, no matter what that dish may be, and a person may consume as much as the stomach may bear, and satisfy the appetite without the least reserve. Nevertheless, nothing but the one dish should be taken; no condiments, no soups, nor supplementary desserts should be allowed. This system was recommended by the author to a lady who was slightly obese, and who put it into practice with the best results. The lady observed that she suffered no inconvenience whatever from this diet, and the result obtained by the medical officer may be well understood, as she found by her own experience that the partaking of only one dish, whether it be meat, fish or vegetables, brought on a sense of satiety much sooner than if she had partaken of a variety of dishes, whence the effect of relative abstinence. — *N. E. Med. Monthly.*

Sponge Dressings in Wounds with Profuse Secretions. The *Annals of Surgery* refers to Dr. Antonio Ricci's account, in *Lo Sperimentale*, of his success in the treatment of an extensive suppurating surface, caused by a burn of both sides of the body, with thin slices of sponge sterilized in boiling water, and soaked in an antiseptic solution. On removing the sponges, the surface of the wound was found free from any secretion, and of a healthy reddish color. The presence of the dressing produced not the slightest irritation. After about six days of this treatment the ulcer began to close; the number of sponges was then gradually reduced, and repair progressed to complete recovery. — *N. Y. Medical Journal.*

Charges Against American Physicans. — *Punch*, in a pathetic little poem anent the life of the physician, speaks of

"Living hysterical scandals down,"

as one of the concomitants on medical practice. Dr. Lovelady, of Nebraska City, appreciates this fact, for he has just been acquitted of a charge of criminal assault brought by a hysterical girl. He is the fifteenth American physician so acquitted in as many months. — *Medical Standard.*

Stomach Washing in very Young Children. — In order to discover the therapeutic value of lavage of the stomach in very young children, Dr. Froitzky tabulated the results obtained in sixty-five babies of from two weeks to four months of age. A Nelaton sound was used, with a glass funnel, and the stomach washed out with a three-per-cent. solution of salicylate of soda, in water which had previously been boiled. At least two washings were required to entirely stop vomiting. The treatment was well borne by the children. The author concludes as follows: 1. Lavage of the stomach is a valuable means of stopping the development of gastro-intestinal inflammation, especially if begun early. 2. The most favorable results are obtained in cases of dyspepsia without fever, especially if the stomach alone is at fault; the improvement is slower in gastro-intestinal affections, and still less marked in purely intestinal trouble. 3. It is as useful in acute gastro-intestinal disease as in summer diarrhœa, but is not in itself sufficient, and must be aided by other therapeutic measures. 4. Chronic forms of gastro-intestinal disturbance are improved, but treatment must also be supplemented by other means. — *Archives of Gynæcology.*

Painless Circumcision. — Since the introduction of cocaine, I have used it almost exclusively in men, and frequently in children, by injecting it beneath the integument in the prepuce (having previously placed a rubber band around the penis half an inch or more back of the corona to limit its effect to the prepuce).

The pain attending the introduction of the needle into the sensitive skin has been a serious objection in men, and almost as bad in children as the operation itself. Then I have had various postponements, and often complete abandonment of it, because I could not promise "that it would not hurt." Now I can promise an operation where a child would not even know it until it was performed.

I do not want my patient to see the operation, and in the case of a child I conceal the instruments. I then place the patient upon his back and lay a small pillow on his chest so that he cannot see over it. I then adjust the rubber band, take a freshly prepared thirty-per-cent. solution of cocaine, and inject with a small blunt-pointed syringe a few drops into the preputial orifice; at the same time I hold the end of the prepuce with my left hand, to prevent the escape of the fluid. I then press upon the fluid with my right hand to enable it to come in contact with the entire mucous membrane. I hold it for five or six minutes, when the mucous membrane is completely anæsthetized. I then introduce carefully my hypodermic needle

through the preputial orifice, and then penetrate the mucous membrane and inject a few drops of cocaine. I then move it to another part and repeat the injection. It necessarily requires caution to prevent puncturing the integument, which would cause pain. I operated upon a child six years old, very small, nervous, and excitable, while he was discussing with his mother the kind of toys he would get for Christmas. I also operated upon a boy fourteen years old that came from an adjacent town (using a silk-gut ligature); he did not feel the slightest prick of the needle. He returned home the same evening and recovered without a bad symptom. It is always better to use a ligature that does not require to be removed. —*The Epitome of Medicine.*

REVIEWS AND NOTICES OF BOOKS.

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Diseases of the Digestive Organs in Infancy and Childhood. By Louis Starr, M.D. Philadelphia: P. Blakiston, Son & Co. 1891. Second edition: 396 p.p.

Dr. Starr's excellent and practical treatise has been, in this its second edition, partly rewritten, somewhat added to, and generally brought up to date. Among the new matter, are chapters on alterations in the odor of the breath, in disease; on urine alterations; on massage in pediatrics; on second dentition and its influence on the health. The qualities which commended the first edition of the book so strongly to popular favor, characterize it still; brevity, comprehensiveness, good sense, and the sound modern tendency to dwell on hygiene rather than medicine, and on means of prevention rather than on theories of cure. The sections on the making of a diagnosis are especially noteworthy, being full of original and excellent suggestions as to questioning the attendants, and points as to the details of a child's appearance and behavior in normal health, as a basis from which to note deviations, which, with their significances, are admirably explained. A full index adds much to the value of the book, for quick consultation. It is to be commended alike to student and to practitioner.

Orificial Surgery. By E. H. Pratt, A.M., M.D., LL.D. Chicago: Halsey Bros. 164 pp.

It is always pleasant to meet an enthusiast, and Dr. Pratt's enthusiasm, when treating of his specialty, is of the heartiest sort. If it cannot always convince, it can at least suggest, and that very interestingly. If the all-around practitioner accepts in good faith Dr. Pratt's italicized postulate that in all long-standing pathological conditions there will "invariably be found

more or less irritation of the rectum, or the orifices of the sexual system, or of both," he will perhaps not be able to accept, without a gulp, the author's inference — a most candid bit of *post hoc ergo propter hoc* reasoning — that this irritation is causative as well as collateral; for the third proposition, following inevitably and logically upon these two, would naturally be that the removal of the orificial irritation would be followed by the prompt disappearance of all pathological difficulty, and the cure of the patient; which, unluckily we know can by no means be counted upon to happen. Still the existence of orificial troubles as at least one factor in chronic-disease conditions, should by no means be overlooked by the wide-awake practitioner; and to the discovery and the radical cure of these conditions, Dr. Pratt's little book is a very valuable guide. It is illustrated with many useful cuts of instruments, positions for operating, etc., and is exhaustively indexed.

Practical Treatise on Electricity in Gynecology. By Egbert H. Grandin, M.D., Obstetric Surgeon, New York Maternity Hospital; and Joseph H. Gunning, M.D., Instructor in Electro-Therapeutics, New York Post-Graduate Medical School and Hospital. Illustrated. Octavo, 180 pp. New York: William Wood & Co.

Electricity in the diseases of women, is here treated of "not as a specific, but as an adjuvant"; a bit of modesty much to be appreciated in these days when every specialty would fain pose as covering every field of disease. The style of the book is terse, simple, and graphic, and the descriptions of electrical appliances and their use, profusely illustrated with cuts, so exhaustive that the student can readily grasp them. The application of electricity to the routine treatment of gynecology, to the treatment of malignant growths, and to certain obstetric exigencies, is discussed in the various brief chapters. Of these, the one dealing with electricity in obstetrics is, perhaps, the most novel. The author's claim is that this agent is far more easily available and more practically efficient than is ordinarily believed, in many of the complications which may arise in the lying-in room; such, for instance, as uterine inertia, threatening hemorrhage. On the whole, the little work is sensible, modest, suggestive, and useful, and deserves popularity.

The Diseases of the Nervous System. By Wm. A. Hammond, M.D. With the collaboration of Græme M. Hammond, M.D. Ninth edition. New York: D. Appleton & Co. 932 pp.

The issue of nine editions of Dr. Hammond's book, the first appearing twenty years ago, and its translation into three of the languages of continental Europe, convincingly testify to its firm

hold on the favor of the medical profession. In this latest edition, Dr. Hammond's son has acted as his collaborator. Several new chapters have been added to the work, and notably to the section on obscure nervous diseases; to the three diseases treated of in the last edition — that of 1886 — being joined accounts of Landry's paralysis, acromegaly, and other rare affections. Six new illustrations have been added to the already considerable number. A brief section on electrical reactions, normal and pathological, is new to the present edition, and will be found exceedingly suggestive. As a classic, and an authority on those forms of disease with which physicians' attention is more and more occupied, as the unnatural rush and strain of modern life so favors their development, this work will doubtless as it has already done, triumphantly bear the the test of time.

Heredity, Health and Personal Beauty. By John V. Shoemaker, A.M., M.D. Philadelphia: F. A. Davis. 422 pp.

Dr. Shoemaker's book, despite its somewhat romantically fetching title, is of interest rather to the trained student than to the general reader. The young woman seeking in it a royal road to beauty, will be likely to stop on the way, tangled in a briery thicket of technical terms. Our chief quarrel with the book is its wordiness; its four hundred pages could quite well be condensed three-fourths, with no loss of anything more substantial than generalization and platitude. Thus condensed, it would be found to contain some very sensible, if not altogether novel, teaching as to bathing, clothing, cooking, the care of the hair, the teeth, the skin, and the like. Since cosmetics are evils apparently come to stay, Dr. Shoemaker's recipes for comparatively harmless ones may, perhaps, if widely circulated, dissuade would-be artists in self make-up from the use of deadlier patent preparations.

The Year-Book of Treatment for 1891. Philadelphia: Lea Bros. 480 pp.

This always welcome visitor has appreciably increased in bulk, since its last annual appearance; which is matter for congratulation, as the well-chosen information that it brings, is always of the fresh and practical sort one cannot have too much of. As always, the entire field of medicine and surgery, as represented in contemporary professional literature, has been laid under tribute to furnish, in a highly condensed form, new ideas, summaries of clinical experience, and in a word, all matters in which physicians are glad, with a minimum expenditure of time, to keep abreast of the age. The summary of therapeutics, for the past year, is exceedingly interesting, as seemingly showing

a more conservative temper toward the adoption of new agents, and a frank tendency to question even well-established ones; sulphonal, antifebrin and antipyrin all being sharply arraigned, on facts drawn from clinical experience, for their toxic dangers in anything but the most guarded handling.

The "Year-Book" is a genuine necessity to every physician's library; and from its very moderate price, it is fortunately an easy possibility, as well.

TRANSACTIONS OF THE TWENTY-SIXTH SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA. Philadelphia. 1891. 286 pp.

Perhaps the most interesting single paper in these admirable records of earnest work, is that of Dr. Chas. Mohr, on "Beliefs Concerning Materia Medica." There is originality, courage and much suggestiveness in the author's claim that the teaching of materia medica should cover the full four years of the college course, and should be so comprehensive as to include the classification of drugs as practised by old-school therapeutists, the effect on the healthy human body, of material and toxic doses; the study of pathogeneses in narrative form; and many other often neglected but significant branches of the science of materia medica. In the discussion which followed the reading of this paper, Dr. Mohr's deprecation of the teaching of "key-notes," early in the materia-medica course, since "the student who has learned the key-notes is wont to flatter himself that he knows the drug," was most sound and commendable. The volume as a whole is most creditable and interesting.

TRANSACTIONS OF THE TWENTIETH AND TWENTY-FIRST ANNUAL SESSIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN. 1889-90. 196 pp.

The papers here published are notable for their brevity and practicality. They prove our Western *confrères* to be well abreast of the times in all matters medical, and generously willing to give of their scant leisure, in formulating their experiences for the benefit of others. Among the most interesting contributions are Dr. Grant's on "Orificial Philosophy," Dr. Watson's on "Thermic Fevers," and Dr. Porter's on "Dry Heat in Uterine Disorders."

The April CENTURY presents a rich variety of tales, essays and verses. Among the more noteworthy contributions are a series of the posthumous poems of Charles Henry Lüders; several "California" papers, dealing with the journey thither, in '49, and the diplomacy through which the state was brought

into the Union ; a short story by Richard Harding Davis, full of the pungent individuality of this young writer ; and continuations of the serials by Mr. Eggleston and Mr. Hopkinson Smith. New York : The Century Co.

The Popular Science Monthly for May has several papers appealing very directly to physicians ; prominent among them, M. Delepine's "Fortifying Against Disease," and Mr. Vance's "Evolution of Patent Medicine." Dr. Cahall has an interesting sketch of the French Institute; and among other contributors are numbered the Duke of Argyll and Dr. Andrew White. New York : D. Appleton & Co.

PERSONAL AND NEWS ITEMS.

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Dr. F. H. Davis has removed from Barre to Lyndenville, Vt.

At the April meeting of the Rhode Island Homœopathic Society it was unanimously voted to invite the American Institute of Homœopathy to hold the session of 1892 within the boundaries of that state. It is understood, accidents excepted, that the particular place will be the Ocean House, Newport, and the time the fourth week in June.

The graduating exercises of the Homœopathic Medical College of Missouri were held on March 12th. Fine music and stirring addresses made the occasion an exceedingly pleasant one. The degree of Doctor of Medicine was bestowed upon sixteen graduates.

A newly-invented bed-pan was introduced recently into the City Hospital, and it presented such superior qualities that several were ordered, but later it leaked out that the thing was invented by a homœopath, and now objections against its use have begun. — *Springfield (Mass.) Homestead.*

The twenty-seventh annual session of the Homœopathic Medical Society of the State of Ohio will be held at Findlay, O., May 12th and 13th. An excellent programme is promised and a large attendance expected. E. R. Eggleston, M.D., of Cleveland, is President of the Society.

INTERNATIONAL HOMŒOPATHIC CONGRESS, AT ATLANTIC CITY, N. J., JUNE 16th TO 23rd.

Dr. H. A. Houghton, of the committee on railroad fares of the American Institute of Homœopathy, has perfected arrangements with the New York and Boston lines so that members may secure a reduction in rates of fares to Atlantic City in June, by observing the following instructions:

NEW YORK AND BOSTON LINES PASSENGER COMMITTEE. REDUCTION IN FARE ON CERTIFICATE PLAN.

Instructions to Persons Attending the Meeting.

1. The reduction is to persons going to the meeting from New York and Boston Lines Passenger Committee territory ; *i. e.*, from points named below.
2. The reduction applies to persons starting from said territory by any of the lines named below. If the starting point is not located on one of those lines, or

is a point on those lines where certificates and through tickets are not issued, tickets should be purchased to the most convenient point on any of the said lines, and thence, by direct routes only, through to place of meeting.

3. The reduction is fare and a third, on Committee's certificate, conditional on there being an attendance at the meeting of not less than 100 persons holding certificates.

4. The going ticket must be purchased within three days before, or — for meetings continuing six or more days — two days after, the opening date of the meeting; otherwise no reduction in fare will be made on the return passage.

5. Each person availing of the concession will pay full first-class fare going to the meeting, and get a certificate filled in by the agent of whom the ticket is purchased. Agents at all stations named below are supplied with certificates.

6. Present the certificate to the proper officer at the meeting, that the reverse side may be filled in.

7. Certificates are *not transferable*, and return tickets secured upon certificates are *not transferable*.

8. On presentation of the certificate, duly filled in on both sides, within three days (SUNDAY EXCEPTED) after the adjournment of the meeting, the ticket agent at the place of meeting will sell a ticket to the person to starting point, by the line over which the going journey was made, at one-third the highest limited fare of such line. The return ticket will in all cases be limited to continuous passage to destination.

9. *No refund of fare will be made on account of any person failing to obtain a certificate.*

Instruction to Officer Endorsing Certificates at the Meeting.

10. Fill in the blank side of the certificate, and sign same, *provided there is an attendance at the meeting of not less than* 100 *persons holding New York and Boston Lines Passenger Committee certificates.* Should the Trunk Lines, Central Traffic, Southern Passenger, Western Passenger, or Associations in New England join in the concession, the certificates of either or all of the Associations may be counted in the hundred. The certificate will then entitle its holder to the reduction set forth in clause 8.

LIST OF LINES MAKING THE CONCESSION, AND POINTS THEREON FROM WHICH IT APPLIES:

Boston & Albany R.R.,
New York & New England R.R.,
New York, New Haven & Hartford R.R.,
New York, Providence & Boston R.R.,
Stonington Line.
Old Colony Railroad.,
Fall River Line,
Norwich Line,
Providence Line,

EAST-BOUND.

Taunton, Mass.
Westerly, R. I.
Wickford Junct., R. I.

WEST-BOUND.

Blackstone, Mass.,
Brockton, Mass.,
Hartford, Ct.,
New Bedford, Mass.,
New London, Ct.,
Mansfield, Mass.,
Middletown, Ct.,
Providence, R. I.
Springfield, Mass.,
Waterbury, Ct.,
Willimantic, Ct.,
Worcester, Mass.,
Boston, Mass.,
Fall River, Mass.,
Kingston, R. I.,
New Britain, Ct.,
Newport, R. I.,
Meriden, Ct.,
Palmer, Mass.,
Putnam, Ct.,
Stonington, Ct.,
Westerly, R. I.,
Winsted, Ct.,
Bridgeport, Ct.,
Fitchburg, Mass.,
Lowell, Mass.,
New Haven, Ct.,
Norwich, Ct.,
Middleboro, Mass.,
Pawtucket, R. I.,
So. Framingham, Mass.,
Taunton, Mass.,
Wickford Junct., R. I.,
Woonsocket, R. I.

Delegates and others, availing of this reduction in fare, must present themselves at the offices for certificates and tickets at least thirty minutes before departure of trains.

THE

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Boston, Mass.

EDITORIAL.

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SUGGESTED BY A PATHOGENESIS.

The analysis of Belladonna, published in our present issue, though presenting many of the imperfections to be expected from a work so large and so detailed, and accomplished by so many different and exceedingly busy hands, is yet of very serious interest as illustrating many points connected with the revision of the materia medica. It illustrates, for instance, the solidly satisfying fact that here is a drug capable, under whatever circumstances taken into the human system, of producing certain clearly-defined symptoms. It may be taken in well-calculated doses by students desirous to prove it; it may be taken, in excessive doses, by patients who fancied themselves taking moderate ones; it may be administered as a poison, with homicidal intent; it may be taken as a poison, with suicidal intent; in each and all of these conditions, with the wide variation of their accompanying mental states, Belladonna shows itself capable of producing certain definite, unvarying, physical symptoms. Tried by that all but infallible test, the "deadly parallel column," the drug stands firmly to its record of power not only to cause symptoms, but to cause *practically identical symtoms in a great many different people:* a fact which, as has been said, is a most solidly satisfying fact, from which the homœopathist can draw the yet more solidly satisfying inference that here is a drug capable of curing these symptoms in a great many different people, and even in a great many differing so-called diseases in connection with which they may

show themselves. No other assurances than these need be looked for by the homœopathist; for all his sphere of work as a homœopthist lies in precisely these two things: a knowledge of the symptoms each drug is *certainly* capable of of producing, and the administration, to the sick, of the drugs capable of producing the symptoms manifested in each case presented for treatment. So said Samuel Hahnemann, in the third paragraph of his Organon; and how far have his followers departed from his saying? "He should clearly comprehend what is curative in drugs in general, and in each drug in particular; that is, he should possess a perfect knowledge of medicinal powers." How many homœopathic physicians of to-day can write themselves down such by virtue of that test? How many homœpathic physicians can claim "certain" and "perfect" knowledge of even one single drug? They may boast passing familiarity with the symptoms attributed to it in the text-books; but that is knowing nothing in the least definite or accurate about the effects it is actually capable of producing. For the symptoms of the text-books are as a crowd of phantoms, moving so dimly through a fog of uncertainty that no man may distinguish the shapes of fact from those of fancy. They are utterly impossible things, with no scientific ancestry whatever; their sources unchallenged, and in not a few cases practically unknown; and in them the really pathogenetic and the so-called "clinical" are mixed to an undistinguishableness which might well make Hahnemann turn in his grave. Wherefore to know these text-book symptoms is to know a "great many things that aren't so;" with disastrous results to science, and, incidentally, to patients. To know the reliable symptoms of a drug, is to know the symptoms that it can be proved to have caused, over and over again, in widely different people, and under such widely differing circumstances that the factors of imagination and of personal idiosyncrasy have but a minimum chance to work. Such knowledge of the power of a drug is all that the homœopathist, *as such*, can possibly concern himself with. When he passes from the pathogenetic to the clinical, in his study of symptoms, he passes from homœopathy to pure, old-fashioned empiricism. We are far from

claiming that he has not an absolute right to make this passage as often as he chooses. We are far from saying that, apart entirely from its known pathogenesy, there may not be occasional, partly accidental and exceedingly valuable discoveries of the clinical power of a drug in some unusual disease-condition, and with some exceptional sort of patient. We do not condemn the collection and tabulation of these real or supposed "clinical" symptoms; we cordially approve and commend it. But in the name of all that is reasonable, we plead that they be recognized as belonging to empiricism, and not to homœopathy, and that, in our minds and in our text-books, like rational and scientific beings, we sharply separate the pathogenetic and "clinical," giving each its place.

That Belladonna has a pathogenesy, clear, sharply individualized, established in the mouth of many witnesses, and with an all but magnificent certainty, the analytical study of the drug published in our present issue, most solidly proves. The symptoms there set down can be selected as those for which to administer it, with an absolute assurance on the part of the homœopathic prescriber that he is practising honest and scientific homœopathy.

And scarcely less interesting and significant than the study of the symptoms which have borne the test of analysis, will be found the study of symptoms which have not borne that test. The mere mention of the fact that but a comparatively small number of the symtoms out of the text-book rabble of some 2,600 odd symptoms have survived searching inquiry, should bring every thinking homœopathist to pause. In that pause, let him ruminate on the fact that an immense number of the discarded symptoms come from the so-called provings of but a few individuals who knew the properties attributed to the drug they were experimenting with, and were clearly determined not only to experience them all or die in the attempt, but to "go them one better," if the inelegance may be pardoned; and who went them, as an inevitable consequence, several hundreds better. Unwatched, wildly imaginative provers are the curse of the honest seekers for pathogeneses. The fact that their symptoms as a rule outnumber all other symptoms, and absolutely lack

corroboration from those of any other provers, except those who, having read them, are looking for them, speaks for itself.

We offer this pathogenesis of Belladonna, as one having behind it an impregnable wall of demonstrated fact. We call especial attention to the feature, novel as compared with former drug-analyses, of the five-column chart in which the various symptom-sources are compared, and which demonstrates so splendidly how infallibly certain symptoms — and not general but sharply individual symptoms, — belong to the drug under ALL circumstances of administration. Such symptoms — it cannot be too often reiterated, it cannot be too clearly understood! — are the only tools with which the homœopathist, *as such*, has any right to work, with any certainty of success. To seek such symptoms, by the straight and patient road of critical analyses, through the mad mazes of our present materia medica, is the noblest task the friend of scientific homœopathy can set himself to-day. Let others, at their leisure and to their hearts' content, make bric-a-brac collections of "peculiar" symptoms and "clinical" symptoms, but let reasoning men see to it that these symptoms are sternly debarred admixture with the reliable pathogeneses on which alone can be built an enduring temple to homœopathy. To such odd collections we may all turn, in our moments of frank empiricism; but let it be understood, once for all, that such collections have no place in homœopathic literature.

In conclusion we must express our profound regret that a gigantic task, undertaken unselfishly, by Dr. F. P. Batchelder, in the interests of science and in connection with the present analysis of Belladonna, has been, by Dr. Batchelder's illness, left so incomplete as to make publication impracticable. This task was no less than the selection from Lilienthal's Homœopathic Therapeutics of all the symptoms, (except those whose clinical origin is apparent to the most superficial glance) for which Belladonna is recommended. Such a selection, on comparison, would have demonstrated convincingly the reduction in bulk and the gain in solid reliability which will characterize that millennial text-book some day, a century or two hence, to be built on critically-analyzed pathogeneses.

EDITORIAL NOTES AND COMMENTS.

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Therapeutic Failure and Diagnostic Error; there is often, between these two unpleasant conditions, a closer connection than the physician is quick to recognize. It is a point worth bearing in mind, that when the carefully selected and apparently well-indicated remedy fails, after a sufficient trial, to act favorably on the patient's condition, it may be more profitable to turn to closer physical examination of the patient, than to closer study of the materia medica. Therapeutic failure may mean, not unwise choice of a remedy, but an existent and undiscovered pathological condition which drugs have no power over whatever, but in which we must call to our aid some more empirical agent, be it radical change of diet, or treatment through mental influence, or resort to the knife. Too often it happens that a conscientious homœopathist goes on for weeks burning midnight oil over materia medica text-books, and changing from one remedy to another on eagerly sought "peculiar" indications, and his patient goes on getting no better with a persistence which in time becomes so wearisome to himself that he politely dispenses with our conscientous homœopathist, altogether. And the next physician summoned makes a careful and exhaustive examination of the patient, from head to foot, with the aid of instruments of precision for such cases made and provided, and in fifty per cent. of such cases discovers the morbid growth, or the dietetic evil, or the error of vision which is at the root of the trouble, and which set right, all is set right. There is no earthly reason why the homœopathist should not have wrought the cure and won the glory, except that he refused to take the hint offered by his therapeutic failure that something was amiss with his diagnosis. After one or two apparently well-indicated remedies have failed — thus the fable teaches — it is always a wise and fruitful proceeding to interpret this fact as meaning a latent and undiscovered pathological condition against which any drug is powerless; and to work on this hypothesis until we have demonstrated it a false one; which in most instances need be neither a long nor a perilous proceeding.

An Absurd Misnomer, whose obvious absurdity should preclude its employment by any lover of accurate phrase, is the use of "key-note" symptoms, as applied to unusual, striking, and too frequently non-pathogenetic symptoms. A clearer case of *lucus a non lucendo* it would be difficult to imagine. We all know the key-note in music to be the essential, the *fundamental* note; the note on which the whole musical composition rests, and without which it would not be a musical composition at all, but merely a meaningless aggregation of vague and disconnected chords. What discoverable analogy is there then, unless the Hibernian one of being "twins because they're so unlike," between the key-note of music, and a symptom of a drug which occurs but rarely and sporadically, if indeed it can be proved to the reasoning mind to exist at all, and which bears no relation to the drug's proved, consistent and sequent symptoms? The key-note symptoms of a disease, for instance, were the phrase ever employed in such connection, would naturally be its *invariable, characteristic* symptoms, and not the accidental ones, occasionally observed in connection with its course, and half guessed to belong not to the disease at all, but to some idiosyncrasy of the patient. Logic would insist, then, that as the key-note in music is the *fundamental* note, and the key-note in disease the *pathognomonic* note, so the key-note of a drug means its best established *pathogenetic* symptom; the symptom it has proved itself capable of invariably producing, under whatever circumstances administered.

Let us then, brethren, by preaching and example urge the correct use of this much-abused phrase, the "key-note," as applied to symptoms, and we may help to work a better than verbal reform.

The Homœopathic Dispensary Fair proved, we rejoice to chronicle, a noteworthy success. Nearly, if not quite $10,000 net profit was cleared from the week's sales and from the entertainments given in collateral aid of the fair. When it is remembered that the fair was given at the extreme end of a busy and brilliant season, during which endless demands had been made on the time and energy of workers and the purses of the buy-

ing public, it must be admitted that this result was most creditable to the capability and the generosity of friends of homœopathy. From an artistic point of view, as well as a pecuniary, the affair was highly successful. Horticultural Hall wore for the entire week, an atmosphere of carnival gayety, to which a score of pleasant sights, scents and sounds lent each a share. The decorations of the hall were genuinely decorative; the tables were crowded with not only pretty but quaint, novel and ingenious articles. From a Japanese balcony came the tinkle of mandolins and whiffs of spicy Eastern incense. A group of *belles chocolatieres* dispensed that pleasant beverage from a garlanded booth. In a curtained pagoda silhouettes, such as in tarnished frames adorned the walls of our great-grandmothers, were cut and mounted "while you wait." Thanks to the generosity of an uncommonly large number of the best known Boston artists, the art table furnished a really noteworthy exhibition of original work in water colors and black-and-white. Capital music tempted light feet and light hearts to end every evening with an impromptu dance. Where all the tables were so attractive, individual mention seems invidious; but an especial word of congratulation and commendation must be given to the "students' table". Many of the students of our medical school are necessarily strangers in the city, with no circle of friends of whom to beg the making of the pretty trifles on which the fair tables depend; all of our students are, in these weeks immediately preceding examination, working under very high pressure, and to the full measure of their time; and that in face of these and other obstacles our students should, even under such able and enthusiastic leadership as that under which they worked, accomplish so much for the good cause, testifies no less than magnificently to their energy, their unselfishness, and their devotion to the interest with which they have so heartily, though so lately, identified themselves.

The fair served a noble end, and served it gracefully, graciously and effectively.

Small Parks. — A Committee of the Boston City Government gave a hearing recently, on the petition of Robert Provan, M.D., and others, that the city set apart a few open spaces in the tenement districts, from half an acre to two acres in size, which would furnish places for recreation and sports.—*Bost. Med. and Surg. Jour.*

COMMUNICATIONS.

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AN OPEN LETTER FROM PARIS.

BY MYRA DE NORMANDIE, M.D.

Paris, April 12, 1891.

Now that the Spring has come in Paris, and the shrubs and horse-chestnuts are in bloom in the gardens and on the Champs Élysées, one begins to wonder if after all, the winter was as severe as we thought, and, indeed, one could almost regret the freezing omnibus. For it was wonderfully good weather for work, and one felt energetic enough for the slow horses and long distances between the hospitals, though fingers and toes did ache.

The immense distances are the greatest drawback to study here, and one longs, for more reasons than one, for the dear old Allgemeines Krankenhaus, where five minutes was sufficient to pass from one clinique to another, and the stolid, hard-working German students left you to serenely pursue your own work in quite a different way from the French students, whose very politenesses are irritating. But one must not complain while accepting "without money and without price," the immense advantages offered here, where every clinique, hospital, lecture and library is open to you freely.

There is no doubt but that Vienna is the place for practical obstetrics, though it has sadly changed in these last few years, and both Dr. Peters and Dr. Weiss are off the clinique of the III Geburtshélfe. With many another American woman I feel like paying them some tribute of respect, as I think of their kindness to us in those long days and nights in the VIIth Hof., waiting for a version, or forceps, or craniotomy. The instruction was very thorough, and the amount of material enormous; and no where else have I seen such successful management of the perinæum. Indeed I have seen no results here in Paris, which would lead me to change from the German method of delivery, on the left side, to the French method of delivery on the back; either to the Tarnier clinique, where the operator stands at the right side of the patient; or at the maternité, where the support of the perinæum is made with the left hand; but one must argue fully with the French theory: that whatever force is brought to bear in saving the perinæum, must be exerted on the head and not on the maternal parts. Their diagnosis of position and presentation by external palpation is wonderful, and far exceeds anything I saw in Vienna, as does also their discrimination between the different varieties of position and presentation for

application of forceps. The rules, indeed, are exceedingly complicated, but the results are excellent. They use the Tarnier traction forceps in all cases, with brilliant success, for rotation in posterior or transverse-occipital or face presentations.

If there is a *fad* just now in obstetrics, I should say that it was in inducing labor before term, with a viable fœtus, in cases where there is any form of contracted pelvis or vitiated canal, or even in cases where the previous labor ended merely in a difficult forceps delivery.

I have seen quantities of cases, especially at La Maternité, and Pinard has certainly a wonderful array of statistics, having lost only one case in the last hundred, and that from another cause. He uses the Charpentier ballon in most cases of multiparæ or primiparæ, if the os is dilatable, otherwise the Tarnier ballon, followed after its expulsion by the Charpentier. The cases are generally delivered spontaneously within twenty-four hours, with no bad results of any kind and no rise of temperature. The children are generally put in an incubator for a varying period, and seem to suffer in no way from the shortened uterine existance, while the mother has been saved from an exceedingly difficult, if not dangerous delivery. The length of time before term of operating, is determined by the degree of contraction, size of fœtus, condition of mother, etc., and varies from six and a half to eight and a half months. The antisepsis is very rigid, using mostly iodiform, bichloride of mercury and sulphate of copper, the latter being used at the Tarnier clinique as an inter-uterine irrigation, after even a perfectly normal delivery.

Of course, with all the rest of the Americans, we have followed the Apostoli clinique, which is private and not at all frequented by the French students. The opportunity for diagnosis in pelvic tumors is excellent, and one can follow the cases week after week in detail. M. Apostoli always gives an intra-uterine application, but does not use nearly as strong a current as some of the English electricians. There is often a very evident amelioration in the acute spmptoms of hemorrhage, pain, soreness, difficulty in micturition, etc.; but it would require months to give a fair judgment in regard to the diminuition in bulk of the tumors. In the last two months there has been a masseur who, through the courtesy of M. Apostoli, has been demonstrating the efficiency of massage applied in cases of uterine hypertrophy, retroflection, endo-, peri-, and para-metritis, salpyngitis, old adhesions, constipation, etc. It is astonishing how the sensitiveness decreases in a ten-minute treatment, and often the mobility of the uterus is pronounced after a séance, in cases of old pelvic cellulitis. M. Eykmann, the masseur, is

a disciple of Brandt, whose methods are constantly growing in favor among the French gynecologists, especially at the Chéron clinique, where one finds as good work and results as anywhere in Paris, in that all-difficult and all-abused practice of gynecology.

The cliniques in diseases of children are, perhaps, the best of all, and the opportunities for observation and diagnosis are wonderfully fine under the service of M. Legroux, at l' Hôpital Trousseau; and at Des Enfants Malades, under Maucher and Simon.

But one must stop sómewhere, though one could write another chapter on hypnotism as seen both at the Salpétrière, under Charcot, and under Luys, at La Charité, whose cliniques are quite as amusing as the Hippodrome.

The French are "très forte," as they say, in any mechanical way: their anatomical preparations, dissections, surgical instruments and appliances of all descriptions are wonderfully fine; but they are not spiritual enough to believe in any force outside themselves, and their therapeutics and internal medicine are enough to make one shudder. And I cannot understand how studying in Paris could turn one a hair's breadth from the true line of homœopathy. M. de N.

CHRONIC HYPERTROPHY OF THE TONSILS.

BY CARL CRISAND, M.D., WORCESTER, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

In presenting this paper I do not expect to throw any new light upon this familiar disease; my motive is almost, though not wholly, a selfish one; namely: to instigate a discussion in which, I trust, my older and more experienced brothers will unfold to us their knowledge on the subject and give the results of their experience. Chronic hypertrophy of the tonsils is certainly a condition which deserves our attention, for although it is seldom, if ever, the cause of death, it does impair the health of many a child seriously for life.

During the past few years quite a good many cases have come under my notice either for treatment or advice, and consequently I have been very much interested in the subject, and I find that although its etiology, pathology and symptoms are pretty well understood, its treatment is not so simple. It is much easier to tell the anxious patient that in time the child will outgrow the trouble, which to a certain extent is true; but the fine prescriber, who frowns at such poor advice, will administer the exact (?) similimum, pocket his fee, and ninety-nine times out of one hundred the doctor and not the patient will

receive the greatest benefit from that prescription. The medicine is given to the patient conscientiously, and if there is any virtue in mind-cure, it ought certainly to verify itself, for the faithful mother administers every dose with the full conviction that it will improve her darling's trouble because Dr. —— said it would.

Many factors enter into the etiology of the disease. The causes may be either predisposing or exciting. Among the former, hereditary scrofula (or tuberculosis, as Senn would have us call it) stands foremost. In scrofulous children we find, that especially the glands about the throat and neck enlarge upon the slightest provocation. Every little cold attacks the tonsils, and in the majority of cases each successive attack leaves them a little larger than they were before. A true tissue-change takes place, which makes itself manifest, like the coral-building polyp, by having added new cells to the already existing mass. Hereditary syphilis is also a predisposing cause. When neither scrofula nor syphilis is present, a naturally weak and feeble constitution makes the patient susceptible to this disease. In these cases, exciting causes such as the specific poisons of the various exanthemata have full sway and count their victims by the thousand. In addition to these may be mentioned exposure to wet and cold. And even certain seasons of the year produce more cases than others. From statistics found in the *Reference Hand-book of Medical Sciences*, which were "compiled from fifteen hundred cases of tonsilitis seen during several years' service in the throat department of the Dental Dispensary, N. Y. City, and may fairly be taken as representing the relative frequency with which such attacks occur during the different months of the year" in that city, December, January and February produced 463 cases; March, April and May, 487; June, July and August, 278; September, October and November, 304. Thus it will be seen, that the spring months produce the more cases, and of these March had 181 out of the 487. The smallest number occurred during the summer months.

Frequent attacks of quinsy are one of the most common causes of chronic hypertrophy of the tonsils and, vice versa, the hypertrophy predisposes to quinsy.

Mackenzie says that "hypertrophy of the tonsils is sometimes congenital, and often met with in the first month of life, that the male sex is more prone to the disease than the female, and that it tends to spontaneous cure after thirty." But a great deal of mischief may have been done long before that time. He says further that "the diseased condition is a true hypertrophy, a veritable hyperplasia, in which the volume of the glands is not only increased, but increased by a multiplication of their constituent tissues and follicles."

The symptoms of the disease are so familiar to physicians and even the laity, that it is hardly worth the while to mention them here. Indeed, because of the very fact that so many children have enlarged tonsils, many parents look upon them as ordinary accompaniments of childhood, and physicians, either from lack of interest in or lack of knowledge of the real dangers of this trouble, pass it slightingly by and pay little attention to it. But is this disease really so unimportant, that we should take so little heed of it? Let us look at some of its evil effects. There certainly is not a more vital organ in the body than the lungs, and we all know that when their activity is interfered with by one cause or another, the whole system suffers. Enlarged tonsils constrict the pharynx, the very gate-way to the lungs, and impede the ingress and egress of the air, contracting the chest walls and producing the "chicken-breast." In consequence of insufficient aeration of the blood the body is poorly nourished and the child succumbs easily to diseases involving the air-passages. Therefore, if for no other reason, the obstructing hypertrophy should be removed.

The voice, also, is seriously impaired. Singing is an impossibility, and speech is thick and guttural. Even the expression of the face gradually changes from the bright, happy look to that of depression and idiocy. The eyes look dull and expressionless, and the mouth is kept constantly open. All this should be and can be changed by proper treatment. And what shall this treatment be? It may be either local, constitutional or operative. Numerous methods of local treatment have been employed consisting either of the application of astringents, such as perchloride of iron, chloride of zinc, tannin, alum, etc., or escharotics such as nitrate of silver and London paste. Mackenzie speaks highly of this paste, but confesses that all local treatment is tedious. It certainly must be, for unless the redundant tissue is removed in thick layers, the hypertrophy is reduced very slowly and this keeps up a constant inflammation, which must be very annoying to the patient. Helmuth claims to have had good success with the paste. The enlargement can be removed also with the galvanic cautery.

Constitutional treatment consists mainly in building up the system with cod-liver oil in combination with the phosphates, or administering the various preprarations of calc. I think I have seen some improvement follow the use of calc. iod. 2x, and also calc. phos., but it was only temporary and not permanent. And that is what is demanded of us when we are called upon to treat this trouble. Theoretically hydriodic acid should be beneficial in reducing the hypertrophy; but practically all remedies, but one, which I have tried, fall short of the theory. I have yet

to see the first case of chronic hypertrophy of the tonsils, in which they are almost constantly rubbing themselves against each other and secreting an unhealthy yellowish exudate, cured or materially reduced by the internal use of any remedy even after continued persistent use for months. I should hail with delight any remedy which would give only a fair degree of success. Until now I have found none, which have given greater satisfaction than ferrum metallicum shaped into volsellum forceps and long blunt-pointed scissors. I would recommend this remedy to you, for it certainly meets all the requirements of the case, being both safe, speedy and sure as anything in this world can be, except death, which never fails. It is agreed by some members of the profession, that in females it is not safe to operate before puberty because it is claimed to effect the reproductive organs; but among the authors which I have consulted, none support this idea. More than a year ago I operated on a girl, thirteen or fourteen years old, and thus far there has been no ill effect upon the menstrual function.

I can find no good reason why some physicians are so set against operating on the tonsils in children unless it is on account of foolish prejudice, or that they are afraid of doing it. Surely every child needs all the breathing capacity which it can get, and such an obstruction as enlarged tonsils is really a serious matter. After their removal, respiration is free and quiet. The see-saw breathing in the day-time and the snoring by night cease, and the child's general health improves greatly.

It is always well to allow all acute inflammation in the glands to subside before operating. The operation is a very simple one, and on adults need not occupy more than five or ten minutes. In operating upon children it is preferable to administer an anæsthetic. If the heart is strong, give chloroform, but ordinarily ether. Cocaine is recommended to be injected into the gland for a local anæsthetic where general anæsthesia is not desirable. The parent or an assistant holds the child on his knee facing the light; another attendant has charge of the ether-cone and holds down the tongue with a long-handled tongue-depressor, and the operator sits directly in front of the child, with his back to the light. The tonsil is now grasped with the forceps and with a few snips of the scissors it is cut off. To check the hemorrhage I apply hot water on a cotton swab. It is very seldom that any other hæmostatic is necessary. The after-treatment consists of the use of a gargle of calendula or arnica and the internal administration of aco. or bell. Semi-solid and liquid food is given for a day or two and then solids are easily swallowed.

If then, it is possible to relieve a patient, and in the majority

of cases effect a cure by means of a simple operation, which is all done within half an hour, is it not our duty to give him the benefit of this possibility, instead of wasting precious time and sacrificing the child's comfort and health by experimenting with remedies? It is much better to operate even two or three times and give immediate relief each time (such cases are rare, however,) than to let nature run her course and impair the health of the child. In the treatment of any case, which comes to us, we should strive to restore a patient's health as quickly as possible rather than try to support a theory at the expense of the patient's health.

May 13th, 1891. CARL CRISAND.

A STUDY OF MAGNESIA MURIATICA AND NATRUM MURIATICUM.

BY E. A. PHILLIPS, M.D., PAWTUCKET, R. I.

[*Read before the Rhode Island Homœopathic Medical Society.*]

In the study of these two drugs for purposes of comparison, some confusion arose in my own mind from finding that Heinigke includes the characteristic effects of natrum carbonicum with the muriate, and the sulphate of magnesia with magnesium chloride. Hering's Condensed Mat. Med. gives separate provings of the carbonate and the muriate of natrum, but none of magnesia sulfurica, thus leaving us to suppose that he has also included it with the muriate. Hughes does the same.

I have, therefore, compared symptoms as I found them in the medical books with the original provings, as carefully as I was able.

Both drugs have the *weeping mood.*

Mag. is *worse* from mental exertion.

Nat. has *difficulty* of thinking, both will and memory are weak.

Mag. is ill humored, irresolute, anxious — dislikes any earnest work. Rather lazy withal.

Nat. has much excitement of the brain, is frolicsome or quickly angry with outbursts of passion, is anxious about the future.

Both have vertigo in the morning.

Mag. vertigo goes off in the open air; it has also heaviness with reeling and tendency to fall.

Nat. vertigo is felt, while walking and on rising, with trembling limbs and sensation of fainting.

Both have bursting headache, and headache which seems to press the head hard.

Mag. headache is worse from motion and in the fresh air, and has beating or throbbing in the forhead.

Nat. headache feels the concussion of stepping quite painfully, is worse from moving the head or eyes, from reading or talking, and the throbbing is all through the head, like little hammers.

Both have hallucinations; those of mag. are rather illusions of fancy, felt considerably during reading; while nat. is more wrapped up in herself, thinks of her own sickness either mental or bodily.

Both have sensitiveness to touch.

Mag. has it chiefly on the scalp.

Nat. feels it all over the body, and is more sensitive to a rough touch.

Both have lachrymation and burning of the eyes, swelling of the upper lid, conjunctivitis and dimsightedness.

Mag. has the lachrymation and burning when looking at the light, also burning when looking intently.

Nat. has aching in eyes from looking intently, the tears are acrid and excoriating, and, when looking intently, small objects seem to be moving promiscuously.

Among the nasal symptoms, both have redness and swelling of the alae nasi, loss of smell and taste, sneezing, pain in the nose, nosebleed and dullness of smell, watery coryza and feeling of obstruction.

In Mag. the watery discharge is acrid, corrosive, there is some burning of the nostrils, and a scurf inside which is painful to touch.

Nat. has the watery discharge in alternation with the feeling of obstruction, scabs in the nostrils accompanying the pain, and may have acute smell instead of the dullness.

The ears, of both drugs, have hardness of hearing which may amount even to deafness for a time, heat, stitches, pulsation in the ears, a sound of flapping or roaring, and itching behind the ears.

In Nat. the heat and stitches are accompanied with toothache and stinging pain extending through the Eustachian tube to the pharynx, and a sound of cracking while chewing.

Both have paleness or yellowness of the face, pain in the bones of the face, and eruptions.

The mag. pain is severe and cramp-like.

The nat. pain is in the cheek bones, felt more when chewing, and is a bruised pain. The eruption itches.

Both drugs have herpetic eruption on the lip.

Mag. has vescicles, more on the lower lip.

Nat. has blisters like pearls all round the mouth.

Both mag. and nat. have toothache which is worse from touch of food. Mag. upper teeth are more disposed to feel too long.

The decayed teeth of natrum feel loose, and there is pain in molars when chewing. Both have swelling and easy bleeding of the gums.

The mag. mouth has a burnt feeling of the tongue, rhagades and burning of tongue, and rough feeling of the inner side of upper lip.

Both have dryness of the mouth and throat, and bitter or sour taste, or may have loss of taste.

Nat. tongue is dry, — has herpes — burning of the tip, and blood blisters inside upper lip.

Among the throat symtoms, pharangeal catarrh is common to both. Nat. has a feeling as of a plug in the throat, and hawking of transparent mucus; while mag. has the sensation of a ball arising from the stomach to the throat, and thick tough mucus, sometimes bloody, which is hawked up with difficulty, more in the morning.

Both have loss of appetite. They have also great hunger and thirst, and in both the hunger may be soon satisfied; but nat. has this ravenous hunger with want of appetite and longing for different articles of food; and mag. has a gnawing sensation and subsequent nausea, she also feels hungry but does not know for what; the thirst is the greatest in the middle of the afternoon, and nat. thirst is worst evenings.

In the epigastrium and hypochondria, both have nausea in the morning, water-brash and eructations. Mag. has regurgitation of food while walking. Nat. has acid eructations after eating; nat. also has a dull, heavy aching and feeling of distension in the right hypochondrium after eating, which lessens as digestion advances. Mag. has eroding pains in the stomach, which are better after eating and worse at the end of digestion. Nat. has cramp pain in the stomach, which is better from tightening the clothes. The mag. stomach symptoms are generally better from eructations.

The symptoms of the stomach and bowels are quite similar, but, in addition to the gastric catarrh and indigestion, and hepatic swelling, mag. is more likely to have swelling of the left lobe of the liver, and consequent jaundice; while nat. is more inclined to have swelling, also, of the spleen and vomiting of mucus with gastric hemorrhage.

Both have swelling of the abdomen and colic.

The mag. abdomen is frequently tense, and the colic is more in the evening, or soon after midnight extends to the thighs and is followed by fluor albus. The nat. colic is accompanied by nausea and relieved by emission of flatus.

Both have hard, crumbling stools — from mag. they are knotty, like sheep's dung. Both, also, have diarrhœa, and blood

is passed with the stool; but mag. has mucus with it, and nat. stools are more apt to be greenish, watery, or brown, and with nat. there is likely to be bleeding of the anus after a hard stool.

Both drugs cause frequent calls to urinate. Mag. has a scanty flow while the natrum urination is copious. There is weakness of the vesical muscles, so that the mag. patient must strain to void the urine by bearing down with the abdominal muscles. The nat. patient has to wait a long time for the urine to pass if others are near her. The natrum urine, also, is frequently dark, like coffee, attended and followed by burning in the urethra, stitches and smarting. The mag. urine may be pale yellow, followed by burning, or it may look as if mixed with yeast.

In the symptoms of the genital organs, both cause erections in the morning, relaxed scrotum and itching. In natrum the sexual excitement may be wanting, and there is physical weakness.

Both cause bearing down in the pelvis. Mag. has uterine spasms extending to the thighs, suppressed menses — menses may be profuse or scanty, early or late. Natrum has cramps, with burning and cutting in the groins. The first menses may be delayed, and the flow, when present, may be profuse and early, or if it delays it is scanty. Mag. leucorrhœa comes after stool or after the uterine spasms, or it may be profuse, thick and slimy, with pain in the hypogastrium and back at a period about two weeks before the menses, when it is frequently followed by metrorrhagia. Nat. leucorrhœa appears after the colicky pains in the morning, is purulent, acrid, causing itching and soreness of the external parts.

Mag. is liable to inflammatory conditions of the uterus with profuse leucorrhœa, and pains resembling those of labor. Nat. is liable to have swollen ovaries, and infarction of the uterus, with its consequent displacement from increased size and weight.

The labor pains of mag. are violent and are interrupted by hysterical spasms, while those of nat. are feeble, the cause of which *seems* to lie in the sad feelings of the patient.

In the respiratory tract, both have hoarseness with dryness of the larynx, dry cough, cough from tickling in the throat, bloody expectoration, tension of the chest and oppressed breathing.

Mag. is apt to have the hoarseness in the morning. Nat. has mucus in the throat mornings, which must be got rid of.

The mag. dry cough is attended by pain, sore feeling, burning in the larynx and chest. She dreads the cough though it relieves her.

The nat. dry cough has rattling in the chest, and may have, also, retching and vomiting of food.

The oppression of the chest and short breath in mag. show themselves after meals and from climbing. In nat. they are accompanied by dull stitches in the lungs, and come from any quick, lively movements. The bloody expectoration of mag. is from congestion to the chest, such as comes from sea-bathing. In nat. it comes with the cough.

Mag. has palpitation of the heart more when sitting still or rising from a seat; it goes off by motion.

Nat. has palpitation when moving, lying on left side, or going to sleep and waking up; is better from quiet, and from turning on to right side.

Both have accelerated pulse.

Mag. has swelling of the cervical glands, pain as from bruises in and above the small of the back and in both hips, with sensitiveness to touch; stitches, tearing, burning feeling in small of back.

Nat. has soreness of the cervical glands on coughing, pain as if bruised, stitches, cutting and pulsation in the small of the back, and over-sensitiveness of the spine. Nat. may also have swelling of the sub-maxillary and cervical glands, but there is lilely to be, also, swelling of the axillary and inguinal glands.

In the extremities, mag. has rheumatic pain in the shoulder joint, which extends to hands. Nat. has feeling of lameness and like a sprain in the shoulder joint, and it is difficult to move the finger joints.

Mag. has twitching and tearing in the *hips*, restless feeling in the thighs, so has to draw the legs up for relief. Nat. has twitching in the muscles of the thigh and restless feeling of the legs so she must move them constantly.

Both have heaviness in the legs, pain in the knees, cramp in the calves, and burning of the feet. The mag. knee feels weak, as if something were tied round it, and the burning of the feet is more in the soles.

Nat. has feeling in the knees and ankles, as if they had been sprained, and the cramp in the calves is accompanied by tension.

Both have feeling of much weakness in the limbs. Nat. has with it a bruised sensation, and is worse mornings.

Mag. has a general inclination for motion, and most of its symptoms appear while sitting, and are relieved by motion and exercise. Any stretching, however, hurts the stomach.

Nat., on the contrary, is averse to motion, and its symptoms are generally better from quiet, with exception of the breathing — that is better from exercising the arms; but neither rest nor motion exert any constant influence on the complaints.

Both drugs have stretching pains and bruised sensations. In mag. they are mostly in the muscles and ligaments of the neck, thorax and back. In nat. they appear in the loins and limbs in addition.

Mag. has weak, tired-out feeling of the whole body; heaviness; a feeling of being sick all over; after a sea-bath is greatly prostrated, as if all the vitality was gone.

Nat. has much hysterical debility, some chorea, feels prostrated, knows he is weak and doesn't want to move. This prostration seems full as great before rising in the morning.

Both have much sleepiness during the day, with frequent yawning; a restlesseness of the body, many dreams and an unrefreshed, tired feeling in the morning.

The mag. patient is sleepless at night from heat of the body; the restlessness begins in the evening as soon as the eyes are closed, and has many anxious, frightful dreams.

The nat. patient is sleepless from depressing events, or from grief; the restlessness shows itself during sleep; the dreams are vivid but not specially unpleasant. Both patients start and talk during sleep.

Mag. has its aggravation more during the night and in the early morning.

Nat. aggravation is mornings and forenoons.

Both are better in the open air, except the headaches.

Mag. has blood-boils and sense of formication of the whole body; pustules which come more on the face and upper part of the body, and icteroid discoloration of the skin.

Nat. has large red blotches — a stinging rash over the whole body, and itching and pricking of the skin. It has nodules and vesicles which may come in any part of the body; and the formation of *brown* spots on the skin.

For fever symptoms, mag. has its chill in the afternoons, from 4 to 8, — is less in the open air or in bed, and is followed by heat until midnight; the sweat is not prominent; the heat is accompanied by thirst; it has, in some conditions, morning sweats, with thirst.

Nat. has chill mornings — it is mostly internal, and the chilliness predominates; sweat starts easily and relieves; it has heat *without* thirst. It causes a fever which is intermittent in its character and is characterized by the violent headache which accompanies the paroxysms.

THE RULING PASSION.— Hockstein — "I vos tired of life. Gif me some poison, and so I vill kill meinself."

Drug Clerk (jocularly) — "All right. What do you want — arsenic or strychnine?"

Hockstein — Vich vos der sheapest?" — *New York Herald.*

VIENNA HOSPITAL NOTES.

BY ELOISE A. SEARS, M.D., WALTHAM, MASS.

While looking over my notes taken in the lying-in wards in the Vienna Hospital, it has occured to me that they might be of interest to some of your readers, especially the younger members of the profession.

I know of no place in our own country where one can get the course in obstetrics that is available in the Austrian capital. The opportunities for other lines of medical work are excellent at home, but there is great difficulty in getting practical work in this particular branch. The opportunity for *operative* work is not as good in Vienna, as formerly, I judge. There are three obstetrical wards in the hospital, one of which is exclusively devoted to giving instruction to the midwives who have the care of all normal cases. Into this clinic foreign women physicians, chiefly English, Russians and Americans, are admitted. As the midwives' privileges are very limited, they not being allowed, unless special permission is given, to do much beside support the perinæum, ligate the umbilical cord, give massage to the uterus, and dress the child, many of the operations fall into the hands of the women doctors. They have always paid well for the privilege, and have received valuable instruction in this way. Of late, the Austrians have felt that too much knowledge was thus being exported while their own young men were clamoring for just this kind of work. If we stop a moment and consider the condition of things in Austria, we shall wonder they did not awake before; perhaps the weight of the Gulden kept their eyelids down. All normal births in this foreign land are presided over by midwives, a physician never being called unless there is something abnormal; many of the midwives being ignorant, they do not realize the gravity of the case in hand till many times it is too late to render any assistance. When they think everything is not as it should be, they will call in a physician. If it be a young man this is very likely the first time he has ever seen a woman in labor, outside of his text books. No wonder he often loses his wits, and sends the patient at once to the hospital if near at hand.

Under these conditions, you will see that a most thorough understanding of operative obstetrics is most essential, and the system also tends toward multiplying specialists in this line of medical science. About a year and a half ago, they began to admit young men, graduates of their university, into this clinic, and when I was there, there were four serving as sub-assistants, each one of whom served a period of three successive days. Thus the opportunities of operating on the living are rather more

curtailed than formerly, but, when we remember there are, on an average, about ten thousand births a year in this hospital, giving more than three thousand a year to each clinic, such opportunities are not lacking. The touch course which occurs three or four times a week is of great value, as it is well conducted, and there is plenty of material. They are firm believers in the use of antiseptics, and all rules pertaining to their use are rigidly enforced. A solution of potassium permanganate is much used to irrigate the uterus after any operation where lacerations are visible or suspected, followed by carbolic acid 2–3%; carbolic acid 5% for instruments; corrosive sublimate with potassium permanganate added for hands; iodoform powder dusted on wounds, and iodoform pencils within uterus after curettement; no sponges used in the operations, but squares of cheese cloth stitched together. Despite every precaution, cases of septicæmia occur occasionally; often infection has taken place before the patient is brought to the hospital. The yearly mortality from septicæmia is about two in one thousand; if an epidemic occurs the number may be increased to five in one thousand. When a case of sepsis is discovered their measures are vigorous. The uterus is at once curetted by means of the sharp curette, followed by a thorough irrigation with potassium permanganate and swabbing of interior with pledgets of cotton saturated with tincture of iodine. After-treatment is irrigation of vagina twice a day with carbolic acid 3%, and if fever continues high, the uterus to be irrigated with permanganate on day following curettement.

The irrigators, both vaginal and uterine, were made of glass, the receptacle for the irrigating fluid was also of glass; glass catheters were in daily use, and all instruments when not in use were behind glass, on a glass slab. The anæsthetic used on every occasion was a mixture of alcohol, chloroform, and ether, though not in same proportion as our a. c. e., mixture. They use of the alcohol and ether each thirty parts, and one hundred of chloroform. The patient comes readily under its influence, and oftentimes a few moments are sufficient for the return to consciousness. I saw it used over and over again, and never an unfavorable symptom occurred. Episiotomies were quite common, and the especial delight of the midwives, for it is a great misfortune to her if the perinæum is ruptured to the extent of a quarter of an inch, she much preferring two episiotomies to that calamity. If the child is asphyxiated when born, she will first ascertain the condition of the perinæum, and then turn her attention to the child. The woman is allowed to lie on her back till the head of the child begins to press on the perinæum, then she is placed on her left side, with hips well out on the edge of the

bed, and support of the perinæum begins ; if it begins to tear, an episiotomy is made at once, and when forceps are used, two are often made, one on either side. When sutures are necessary, they are inserted immediately after the birth of the child without the use of an anæsthetic. Search is always made well up into the vagina for lacerations, where they are very often found, though the external injury be slight. Abnormal cases were numerous, and of every description. The greater number called for the use of forceps, although it so happened that turning was nearly as common. Two face presentations, both mento-posterior, were left to nature, and in both cases the chin rotated forward. In Porro's operation which I witnessed, performed by Prof. Gustav Braun three times, I noticed one step in the operation which I have not seen mentioned in the cases reported in our medical journals. They now fasten the broad ligaments on either side to the stump by sutures, in order to prevent their retraction, with internal hæmorrhage as the result. A short time before, they had lost a case from this cause, and now this precaution is always taken. A case was admitted about the middle of April which caused much perplexity as well as interest. A young woman ; menses ceased twelve months before admission ; about one month previous, slight hæmorrhage commenced which continued at intervals ; complained of pain in abdomen for about a month ; milk in breasts ; cervix soft ; uterus apparently not connected with tumor. Abdominal palpation, on account of the perfectly *smooth* surface, did not confirm pregnancy, though there was something of firm consistency in the center, and fluid apparently on either side and above. No part of a child could be detected by this examination, but it caused so much distress it was limited, and not at all satisfactory. The diagnosis lay between extra-uterine pregnancy, and abortion taken place with a large cystic tumor present. Abdominal section disclosed extra-uterine pregnancy, with child fully developed though much macerated. This case appeared to be a particularly discouraging one. She had suffered a long time before coming to the hospital, was pale and emaciated, albumen and casts were found in the urine, and the outcome looked doubtful. She rallied however, the placenta after several weeks was entirely cast off, and in August, after about four months in the hospital, she was discharged, having gained in flesh and strength, and looking well.

Warm baths of fifteen to twenty minutes were employed in delayed labors, and many anticipated forceps deliveries were finished by nature without such aid. Few drugs were administered ; sometimes a little senna was given on the third day, and in case of high fever, one of their antipyretics. It has become a matter of routine practice to use nitrate of silver 1–2%, a drop

in child's eyes immediately after birth as a preventive of ophthalmia neonatorum. I saw no severe cases of this disease. The doctors in charge impressed me as being very thorough in their work, and they demanded the same of others. They employ sufficient time to be exact and pains-taking in all that they undertake, and the results certainly justify such a course.

E. A. S.

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*BELLADONNA; A CRITICAL ANALYSIS OF ITS SYMPTOMATOLOGY.**

EDITED BY J. P. SUTHERLAND, M.D., BOSTON, MASS.

INTRODUCTION, BY J. P. S.

"Every powerful medicinal substance produces in the human body *a kind of peculiar disease;* the more powerful the medicine, the more peculiar, marked and violent the disease." — Hahn. "Lesser Writings," p. 265. (New York: Wm. Radde, 1852).

Nearly a hundred years have passed since that great man among the world's greatest men wrote the lines above quoted. The italicized phrase, one to which especial attention is now called, is elsewhere translated "a peculiar kind of disease" (see "History of Homœopathy," Ameke, p. 106). The difference is not essential.

The essay in which this paragraph is found, was written (published in 1796) by Hahnemann, when he had but a faint idea of the full application of his newly found therapeutic law. He was still searching for "specifics" in accordance with his theory that in order to cure a disease it was necessary to implant upon the diseased body a similar but more powerful artificial disease. As a rule his followers "enthused" with the idea of obtaining voluminous "symptom-lists," have entirely lost sight of this original idea of discovering the "*peculiar kind of disease*" a drug is capable of producing, and have instead, exhibited wonderful skill and industry in accumulating vast records of single and unconnected symptoms, or sensations, presumably caused by drug-action upon the healthy.

In 1805, after more experience in drug-proving than anyone since can boast of, Hahnemann wrote (vide "The Medicine of

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* The Analytical Charts were prepared by the Hughes Medical Club, Boston. Charts No. 1 and No. 2, were analyzed by J. P. Sutherland, M.D. Charts No. 3, 4 and 5, were analyzed by Charles L. Nichols, M.D., Worcester. The comparative chart, constructed to show the relative value of symptoms derived from different sources, and based upon the summaries derived from the analyses, was made by J. P. Sutherland, M.D.

Experience," Lesser Writings, p. 451). "Every simple medicinal substance, like the specific morbific miasmata . . . . causes a peculiar specific disease — a series of determinate symptoms, which is not produced precisely in the same way by any other medicine in the world."

With the purpose, then, of ascertaining the "peculiar kind of disease," the "series of determinate symptoms," or a definite recognizable pathogenetic record of Belladonna, that can be relied upon in the treatment of the sick, the following study has been made. The method used in the study is the critical analysis by means of charts, first presented in perfected detail by Dr. C. Wesselhoeft to the Mass. Hom. Med. Socy., in Oct., 1888. Five separate charts (or series of charts) have been constructed for the purpose. Allen's "Encyclopedia," for reasons which must here be passed by, being the source from which the records have been drawn. The first chart contains only the symptoms produced upon the healthy by the intentional use of the drug in doses (unknown; few grains, $\frac{1}{8}$ gr. to 10 grs. ext.; ϕ 4 to 30 gtts.; 1st, 10 to 50 gtts., 30 and 200 No. 291; 6000 No. 241; 15th, No. 215; 4th, Nos. 216-217) ranging from 10 grains of the extract, 30 drops of the tincture, to the 6000 attenuation, only a few of the provers, however, using anything over the 4th attenuation, so far as known. 31 *provings* have thus been utilized.

The chart No. 2, contains the non-fatal poisonings (although during analysis, references to 6 fatal cases were found, Nos. 16, 39, 191, 258, 268, 261). 127 cases of poisoning have thus been tabulated.

Chart No. 3 includes records of 28 cases of overdosing; — the use of the drug in treatment of disease.

Chart No. 4 represents 42 accounts taken from authors.

Chart 5 is a miscellaneous collection of fatal cases of poisoning, results of local application, and poisoning of animals, 17. In all a total of 245 records, presenting 2682 symptoms.

It is necessary to remember that the number of times a symptom is said to occur, refers to the number of records in which it is found, and not the number of times it is repeated in all the provings, unless so stated; for one prover might, (and sometimes does) refer to a symptom several times, which is a very different thing from several provers recording it as a symptom produced by the drug.

A certain degree of latitude must be allowed in interpreting the phraseology used by the provers. And some allowance is asked for such inaccuracies as necessarily accompany the performance of such a task by many hands, which inaccuracies however, as thus far discovered by the editor, do not militate against the general deductions.

ANALYSIS OF PROVINGS, BY J. P. S.

Mind Symptoms are recorded in 17 of the 31 proving-records. We find a state of exhilaration, quickened imagination, as if intoxicated, 13 times; illusions and hallucinations, 4 times; ill-humor (fretfulness, irritability, tendency to quarelsomeness), 6 times; moroseness (sad, weeping, timid mood), 4; indifference (apathy, disinclined to mental or physical work), 5; absence of mind (forgets what he intended to do, can't recollect himself), 4; incoherence, loss of consciousness (too severe for a proving), 2 times.

It will thus be seen that no definite mental effect can be predicated of small doses of Belladonna. The mind seems to be stimulated by the drug, but whether one becomes irritable, sad, or apathetic, would seem to depend upon individual mental characteristics.

Head Symptoms.—No better idea of the value of this method (or plan) of analysis could be offered than the results of its application to the head symptoms of Bell., produced in its provers. Out of the 31 provers' records found in Allen's "Encyclopædia," 23 have head symptoms, and these 23 have headache; 15 record vertigo. The adjectives used to describe the pain (or headache) differ somewhat, for instance we find "pressive" 11 times, "pulsating" used 7 times, "throbbing" 4, "shooting" 3, "stabbing" 3, "cutting" 2, "darting" 2, and "lancinating, jerking, tearing, digging, drawing, twisting and gnawing," once each; the forehead was the favorite location in 15 instances; the headache was noticed "soon after waking in the morning," 5 times; was worse on motion (as coughing) 8 times, and relieved by lying down 3 times.

Eye symptoms are found in 23 of the 31 records, thus indicating that Bell., in small doses, affects the eyes; but there is too much diversity to permit a well-defined and recognizable picture to be drawn from them. We find "inflammation of the eyes" 3 times; "injection of the sclerotic veins" 4, and "conjunctiva injected" 3 times. The pupils are dilated 4 times, and contracted 4 times, unequally so, 1. "Pressive pains in the eyes" is found 9 times. The sensations recorded are numerous and varied; a feeling of "protrusion" is found 4 times, of "burning" 3, of "dryness" 2, of "heat" 1, of "crawling" 3, feel full of sand 2, a feeling of "drawing, smarting, shooting, fine sticking, darting, and itching," once each. It will be observed that several of these terms, as dryness, heat and burning, indicate but different intensities of the same sensation. *Vision* is more or less disturbed, but in different ways: weak, 3; as through a fog, 2; double, 2; sees sparks before the eyes, 2; and a halo around a

flame, 2. Although there are only 2 records (a small minority out of the 23 records) which agree as far as these last symptoms are concerned, they are here repeated because they will be found to agree very well with the eye symptoms recorded under the poisonings. The *eye-lids* are recorded as trembling (quivering), 5 times, as heavy, 3; as agglutinated in the morning, 2; dilated and swollen, once each. *Lachrymation* is recorded in 3 of the provings.

Ear Symptoms are recorded in 14 of the 31 provings. We find pain in both ears, 7 times; in the right ear, 6; and the left ear, 3 times; in the internal ear, only 1. The character of the pain is, of pressure, 7 times; tearing, 5; shooting, 3; and drawing, cutting, pulsating and burning, 1 each. Deafness, 2. Various noises in the ears are recorded: roaring, by 3; humming, by 2; and ringing, whistling, tingling, buzzing, fluttering, bubbling, as of rushing wind, and drums and trumpets, by 1 each.

Nose Symptoms are found in 12 of the 31 provings. There is dryness in 4 instances, and pressing in 3, drawing in 2, a bruised sensation in 2, and shooting, burning, tickling, stitches and cramp in 1 each. Fluent coryza is recorded in 4; alternating with dryness, 1; epistaxis, 2; discharge of blood-mixed mucus, 2; sneezing, 2; and redness of tip in 2 instances.

Olfaction is decidedly disturbed, as follows: too sensitive, 2; "breath smells sour," 2; tobacco, soot, and camphor are intolerable, and an offensive smell is complained of, like rotten eggs, 2; herring-pickle and fresh fish, 1 each.

Face Symptoms are found in 15 of the 31 provings. Pains and sensations are again numerous. They are described as shootings, 3 times; pressing, 2; tearing, 2; and drawing, burning, tensive, pinching and sharp, 1 each. The cheeks are red in 7 instances, bluish-red in 1, hot in 3, and swollen in 5. Lock-jaw, a suspiciously severe symptom for a proving, is recorded 1. Lips are swollen 3. Drawing and burning in lips, and cracked lips are recorded 1 each.

Mouth Symptoms are recorded by 17 of the 31 provers. *Toothache* (or pain in the teeth) is found in 8 of the provings. It is described as "drawing" in 4, "tearing" in 2, "dull," 2; jerking, digging, shooting, pulsating, steady, forcing, cramp-like, bubbling, and slight in 1 instance each (that is, these adjectives are found but once each). In regard to the *gums*, we find itching, throbbing, scratching and scraping, heat in, and vesicles on, 1 each; and bleeding twice. The *mouth* is *dry* in 8, *but looks moist* in 2, is slimy, burning, and feels raw, 1 each; mucus in the mouth in the morning, 3; salivation, 2. The *tongue* is coated white in 6 instances; lifeless and furred, 2; cracked, dry, cold,

painful, smarting, 1 each; the papillæ are described as red, inflamed, swollen, 1 each.

Taste (like special senses of sight and hearing, and the mental effects) is decidedly affected, but not exactly in the same way in all provers. Taste is putrid, 4; disgusting, 1; nauseous, 2; slimy, 2; (one might say "offensive," and thus classify and show a larger proportion affected in a similar way), insipid, 2; pappy, 1; clammy, 1; sweetish, 1; aromatic, 1; salty, 2; sour, 3; and bitter, 1.

Swallowing, (water especially) difficult, 3; *speech* difficult, 3. *Thirst* is only referred to once, notwithstanding numerous references to dryness of mouth.

Throat Symptoms are found in 14 of the 31 proving-records. Without reference to any particular locality, we find that no fewer than 9 of the 14 records have sensations described as follows: sore, 4; burning, scraping, dryness, constricted, and shooting, 2 each; of narrowing and of swelling, 1 each. The same sorts of sensations are referred to the pharynx, 2; œsophagus, 1; glottis, 1; epiglottis, 1; fauces, 4; and tonsils, 3; (swollen, 2; inflammation of, 1; cramp from tonsils to pharynx, 1).

Deglutition painful or difficult, 8 times; inability to swallow, 2; and constant urging to swallow, 2.

Stomach Symptoms are found in 20 of the 31 records; 12 of them having pain or distress of some kind. The pains experienced are described according to their severity and character as,—pressive in 6, shooting in 2, and as squeezing, contractive, griping, sharp, cutting, tensive, burning, periodical, pulsating, throbbing, crampy contracting, violent ache, and distress, 1 each. There was spasm of stomach, 1; epigastrium distended, 2; and emptiness, and swollen feeling, 1 each. These vivid descriptions of pains certainly suggest colic.

The *appetite* is referred to as affected in 11 of the records. We find no appetite, 4; appetite diminished, 2; capricious, 1; loathes everything, 2; aversion to food 1, and to milk, 1; hunger, 2; and thirst, 3.

Eructations are quite frequently referred to as, bitter, 3 times; not described, 2; burning, sour, 2; tasteless, 1; taste of ingesta, 1; and urging to eructate, 1.

Nausea is found in 7 of the records. *Vomiting* in 2; excited with difficulty, 1; inclination to vomit, 3; and empty retching, 1.

Hiccough is found in 4 records.

The *Abdomen* is referred to in 16 of the 31 provings. The entire 16 records give evidence of more or less severe colicky pains. The adjectives used signify much the same thing, as squeezing, cutting, shooting, pinching, griping, clutching, as if seized with the nails, clawing, violent stabs, spasmodic tension,

pressive and constrictive pains, etc. As to *location*, the umbilical and hypogastric regions seemed the favorites, although all regions were visited. This would indicate affection of the small intestines rather than the colon. A gradual increase and decrease of pain is noted (1) once; "can't bear the slightest touch," is found but once, and then in the most unreliable of provings. The "raw and sore feeling," (key-note symptom) is not duplicated, and like so many key-notes, is an isolated though euphonious symptom. Modalities are not prominent.

The *Rectum and Anus* are referred to in only 6 of the 31 proving-records. The rectum was the seat of various sensations; pain of a contractive nature is mentioned 3 times, and itching, tickling, pressure, raw feeling, severe shootings and dull shoots, once each: indicating proctalgia and some slight, perhaps congested condition.

There was itching at the anus in 4 cases; contraction, constriction, moisture, prolapse (at stool) in one each. Hæmorrhoidal flow occured in two, diarrhœa and constipation are mentioned once each, and tenesmus is spoken of by two.

The *Stool* is referred to in 11 of the 31 records. Constipation or tendency thereto, is mentioned 5 times; diarrhœic or loose stools are referred to 9 times; very small stools, 4 times; frequent desire for stool, 4 times; urging or tenesmus, 4 times; and small, rapid, involuntary stool occurred in two provers.

The *Urinary Organs* offered symptoms in 10 of the 31 provers. Frequent desire in 7 (with great exertion in 2 of them) presents marked congruity. Enuresis, nocturnal, in 2, and diurnal (while asleep) in 1, is to be noted. Diminished urine is recorded 4 times, and an unusual color (white 1, golden yellow 1, and turbid yellow 1) 3 times. Vague sensations in urethra 2, and bladder 1, need hardly be noted.

The *Sexual Organs* are referred to in 9 of the 31 provings, but the symptoms are of slight moment. Nocturnal seminal emissions are noted by 3, discharge of prostatic fluid by 2; a few other symptoms stand in lonely solitude. The catamenia anticipated in 2 (four days in one of them), and metrorrhagia is noted twice. Most of these symptoms are found in one record. The key-note "violent pressure towards the genitalia as if everything would fall out," is a solitary symptom that has no parallel in suggestion or fact as far as the other provings are concerned.

Respiratory Organs. — Under this caption, symptoms from 9 of the 31 provings are found, *cough* being a prominent symptom in 7 of them. As to the *kind* of cough, it is to be remarked that 6 describe it as *dry*. This cough is also noteworthy since it occurs chiefly just before, or soon after going to sleep: e. g., about 10 p. m., 1; after going to bed, 1; violent during sleep, 1;

awakes from sleep, 2. The expectoration is not a marked symptom, but is described as "numerous" in 3 provings, (bloody in 1 of them). The *cause* of the cough must also be noted, for it is located in the larynx: e.g., dryness in the larynx, 3; tickling itching in larynx, 2; and violent scraping in larynx, 1; indicating probably, a difference in *degree* but not in *kind* of sensation. Apart from the cough, the larynx is the seat of sensations — it is dry in 3 provers, and there is pain on motion (cough and hiccough) in 2. The *voice* is, therefore, altered more or less, being husky or hoarse in 3, and tending from weakness to aphonia in 4.

Chest symptoms were experienced by 8 of the 31 provers. The sensations are almost too varied for comparison, but the marked ones are pressure and constriction. As to *location*, the *right side* was preferred by these sensations in the proportion of 2 to 1 of the left side. As, however, between two sides there is a middle line, so here we find that the sternum and xiphoid cartilage formed a middle ground in which lodged 5 symptoms.

The *Heart and Pulse* are referred to in 11 of the 31 records. The only heart symptom to be noted is palpitation, and this is referred to 6 times. The pulse seems to have been affected, but apparently without any reference to the heart. The pulse is described as full, 4 times; slow, 3; quick, 3; small, 3; and as variously affected, several times. Figures are found only once, — pulse lowered 20 beats. In view of this fact, and the non-conformity of the pulse symptoms, their entire omission would not injure the provings in the least.

The *Neck, Back, and Extremities in general*, are referred to in 13 of the 31 records. The symptoms are numerous, and can be analyzed only by being classified into first, the *kind* of sensation; and second, its *locality*. The adjectives used to describe the pains felt in the back have by this time become familiar, and would seem to indicate nerve perturbation (neuralgia). "Pressive" leads with 6 references: "cramp-like" has 4; "shooting," 3; and "violent drawing," 3. "Gnawing," "tensive," "stabbing," "cutting," and "sharp," although each used only once or twice, help to indicate the *kind* of sensation. In regard to *location*, we find the preferred spot to be the "spinal column" in 5 records, "between the scapulæ" in 5, and the nape of the neck in 4, the other symptoms indicating preferably the upper part of the back in the scapular region. The right side is preferred to the left by 6 to 4.

Upper Extremities present symptoms in 14 of the 31 records. Here also the symptoms allow only a differentiation of *kind* and *locality*. The *kind* of symptom experienced by the provers is described as a "shooting" pain by 6, "tearing" by 5, and

"drawing" by 3. This is all that a limited, literal application of our guiding principles can offer us in the way of agreement. But such is not the way to apply these principles. Phraseology must be overlooked somewhat in favor of essential meaning. For example, sensations describable "as if jammed," or "pounded," or "bruised," are practically the same, although different words are used to describe them. This, as I understand it, is the principle which must underlie drug analysis, and therefore the sensations now under consideration might be put into two classes, as follows: — 1, pains of a dull aching order which are represented by 20 *symptoms;* and 2, pains of a sharp (cutting, lancinating, stabbing, etc.) character, by 10 *symptoms.*

In regard to *locality*, we find *symptoms* distributed to the upper extremity as follows: — hand or digits, 12; carpus, 3; forearm, 3; elbow, 2; upper arm, 7; and both arms, 4; right side, 13; and left side, 14 times.

Lower Extremities as referred to in 14 of the 31 records. Again, from the indefiniteness of symptoms, it is possible only to indicate the *kind* and the *locality* of sensations experienced by provers. As to *kind*, these sensations may be divided into two classes, as in the preceding section, of the "dull" order of pain (described as "tearing," "digging," "drawing," "bruised," "jammed," "gnawing," etc.), 36 symptoms are found; while of the "sharp" order, 21 symptoms are found. To follow the diction of the provers, one finds "shooting" pains in 6 of the records, "tearing" in 8, "drawing" in 6, "tension" in 4, "twitching" in 3. 9 other terms are duplicated, while a still larger number stand in isolation. In regard to *locality*, the foot is referred to 13 times, the leg 12 times, the knee 6, and the thigh 5 times; the right side is mentioned 14 times, and the left also 14 times.

Generalities. — This department of otherwise unclassifiable symptoms is represented by 11 of the 31 provers.

The symptoms, though somewhat numerous, present but little congruity. Weakness (loss of strength, weariness, lassitude, etc.), is referred to 11 times; restlessness 3 times, and increased sensibility 3 times.

One symptom attributed to No. 1 (Hahnemann), "after death, rapid septic changes occur," would seem to throw doubt on the validity of the "proving" No. 1.

Skin symptoms occur in 11 of the provings. The symptoms here are numerous and only occasionally duplicated. So in order to present any definite idea to the mind, a classification will be resorted to as heretofore. 1, the *kind* of *sensation* experienced; 2, the *kind* of *lesion* noticed, and 3, the *locality* of the sensation or lesion.

1. The *kind* of *sensation*, is described as "itching" in 5 of

the 11 provings. Other sensations are described as creeping, crawling, stinging, like flea-bites, smarting, tearing, painful, and scraping, 1 each. Corroboration of idea is seen to be possible in these isolated expressions.

2. *Kind of lesion.* Spots (papules) are referred to 10 times; erythema, 4; boils, 3; and pustules, 2 times. One proving refers to nettle-rash, roseola, scarlatina, measles, small-pox, comedones, gangrenous erysipelas, etc. This is Houat's proving of the 15th dil., upon an unknown number of people, and it furnishes food for the credulous. Since it is found among the others it has been included in the chart, but it might well be, or ought to be, left out, especially as, since its incorporation in the Encyclopædia, it has been designated utterly untrustworthy.

3. The *localities* referred to are, the face and head, 18 times; body, 8; and extremities, 6 times. Minuter subdivisions would lead only to uncertainty.

It might here be stated that proving No. 8 refers to "young children" and "persons," thus indicating its composite character, as well as the difficulties of making a satisfactory analysis according to any scientific principle.

Sleep and Dreams, referred to in 17 of the 31 provings. These symptoms are found;—yawning in 3 provings, drowsiness in 5, very deep sleep, 3, and sleeplessness, 3. Restless or disturbed sleep (as waking in fright, wakes and can't go to sleep again, etc.), is found 7 times. The *dream* symptoms aggregate 16, but their great variety precludes the assumptiom of any special characteristic.

No. 1 gives a symptom: "In the morning feels as if he had not slept enough," which can hardly be attributed to the presumably small dose taken. No. 8 says, "It is only after moder ate medicinal doses that we witness sporific effects," etc., evidently not a symptom to be obtained from a proving. Nos. 1, 8, 13, and 215, prove themselves to be composite, not single provings, and for this reason might have been thrown aside, but, being a part of our materia medica, have been included in our study.

Fever symptoms are found in 16 of the 31 records. *Chilliness*, varying in degree, is referred to 8 times, and *coldness* 3 times. Nothing more explicit in the way of *location* or *conditions* is given.

Heat is referred to 8, and increased temperature and fever 4 times, the favorite *location* being the face, which is mentioned 5 times.

Doubtless, all of these "symptoms" are merely sensations, since there is nothing convincing to the contrary. It should be remembered that when these provings were made, the clinical

thermometer was not considered a necessity to the physician.

Sweating is referred to 15 times or more, but without special chacteristics being given, except that "night sweats" have 4 provers to found claim to our credence upon.

The relations of *thirst* to either chill or heat are not established by the provings.

ANALYSIS OF POISONINGS, BY J. P. S.

According to the plan adopted, a special set of charts of "poisonings" has been made. It was intended to include in the charts only the non-fatal cases of poisoning, so as to secure a good picture of the drug's action in "heroic doses." It so happened that while studying and comparing the records, Nos. 16, 39, 191, 258, 261, and 268, were found to include "fatal cases," or to be records of fatal cases. These do not, however, seriously affect our conclusions. Of the poisoning-records, 127 are given in the "Encyclopædia." Unfortunately for our purposes, they are not all of single cases. The majority of the records state definitely that there was one victim, or 6, or 10 victims of the poisoning accident, as the case might be; but quite a number of the records refer to the "children," "several children," "several persons," "soldiers," "family," etc., so that the reader is left in doubt as to the exact number. Under the circumstances even this is not of vital consequence, as it does not invalidate our conclusions.

Mind.—Referred to in 77 of the 127 records. Even a superficial examination of the accounts under consideration establishes the fact that Belladonna exerts a decided influence upon the mind. Stillé classed it with *narcotics*, among the *cerebro-spinal stimulants*. A later classification, H. C. Wood's, places it among the *delirifacients*, and if it be justifiable to classify such a polychrest on account of one of its most marked influences, no exception can be taken to this one, for in 34 of the 77 records, *delirium* is distinctly mentioned, the term itself recurring over 80 times. This delirium, in the language of the records, which for many purposes it is desirable to follow as closely as possible, is described as wild, violent, furious, raging, and quarrelsome, as its chief characteristics, although it is occasionally loquacious, rambling or merry. Its suggested resemblance to delirium-tremens is well founded.

Mania is frequently referred to, and *mania*, that is "insanity characterized by excitement, hallucinations and delirium" is a condition plainly depicted by the symptoms. *Hallucinations*, as a symptom, is many times repeated, and the power of Belladonna to produce *hallucinations*, *delusions*, and *illusions*, is amply

testified to. In this connection, disorders of the motor centers might be noticed, for "twitching," "subsultus," "spasms," and "convulsions" are symptoms occurring repeatedly. Epilepsy, however, is not as strongly suggested as is apoplexy, for apoplectic conditions are referred to in a large percentage of the records; "loss of consciousness," "insensibility," "stupor," "coma," "lethargy," and "apoplectic," all significant terms, being found, in all, nearly 40 times. Dejected, despondent conditions are referred to so infrequently as perhaps to warrant their rejection as characteristic symptoms.

Head symptoms are recorded in 33 of the 127 reports of poisonings. *Vertigo*, not specially described, is found 17 times; "staggers, as if drunk," 6; and "confusion, as if intoxicated," 4 times.

Cephalalgia is referred to 16 times; "violent," "throbbing," and "intense," being the adjectives chosen to describe it. The locality is not mentioned.

Eye symptoms are found in 55 of the 127 records of poisonings. In this section, if in any, a certain agreement is to be expected in the records, and such is found. Dilatation of the pupils is, of course, most often found, being mentioned 28 times. "Pupils insensible" is found 6 times, and eyes insensible to external impressions, 3 times. The eyes are rolling, squinting or in constant motion, 10 times; are projecting or protruding, 13 times. Vision is disturbed, weak, obscured, perverted, double, etc., nearly 30 times, while loss of vision, and actual blindness are mentioned 10 times. Isolated symptoms pointing to inflammation, such as redness, heat, dryness and pain, are recorded 8 times; "conjunctiva injected" is found 8 times; and "swollen lids," 6 times. Numerous other symptoms, most of them single, are found, which tend to confirm rather than detract from the above summary.

Ear symptoms are peculiarly scarce, only 5 of the 127 records containing any; but of these 5, 3 mention loss, or hardness, of hearing.

Nose symptoms are recorded in only 7 of the 127 records, and only 7 symptoms are given, "dryness" being mentioned twice, and paroxysms of sneezing twice.

Face symptoms are found in 42 of the 127 records. Redness is mentioned 26 times. "Face swollen," occurs 15 times. Paleness of face is found 3 times. Spasmodic closure of jaws, 6 times; and convulsive play of facial muscles, 5 times; and features variously distorted, 11 times.

Mouth symptoms occur in 42 of the poisoning records. Dryness of the mouth in general is found 19 times, of the pharynx, 5 times. The *Tongue* is referred to as dry, 9 times, and swollen,

5 times. *Speech* is described variously as impeded, difficult, and stammering, up to loss of speech and dumbness, 11 times. *Taste* is referred to only twice, once as "sour," and once as "metallic." *Thirst* is only mentioned 3 or 4 times, and the other symptoms recorded are isolated ones.

Throat symptoms are found in 29 of the 127 records. The various sensations so common in other regions of the body are found here. Dryness of throat is a symptom recorded 13 times. Heat and burning occur 5 times. Throat sore and painful 5 times, and a feeling of constriction, 6 times. Difficult swallowing is noted 15 times (whether from dryness or constriction it is impossible to say definitely), and impossibility of swallowing, 7 times (in 3 of these cases when trying to swallow, water was returned on account of spasm of pharynx). "Inflamed tonsils" is mentioned once only; likewise inflamed fauces,

Stomach symptoms are noted in 34 of the 127 records. Nausea is recorded 6 times; vomiting, 10 times; vomiting "excited with difficulty," 2; and "vomiting not produced by 14 grs. of ant. tart., not even nauseated by it," 1; are evidently not symptoms due to Bella. Violent thirst is noted 12 times, moderate thirst 4 times, and absence of thirst 3 times. Decreased appetite is found 5 times; and pain in the stomach (excruciating, severe, burning), 8 times. These other symptoms recorded show a tendency to distension and sensitiveness of the epigastrium.

Abdomen.—Symptoms found in 21 of the 127 records. Distended, (inflated, swollen) abdomen occurs 7 times, meteorism 6 times. Pain in abdomen, (drawing, griping, colic, etc.) 5 times, and tenderness, even to light pressure, twice.

Stool symptoms are found in 14 of the 127 cases. "Passage retarded," 6; constipation, 2; and torpid state of bowels, 1; show a total of 9 concordant symptoms. Frequent evacuations and diarrhœa, occur 5 times (the stool being greenish in 2 of them). Suppression of fæces and urine with profuse sweat, 2; and involuntary evacuation from temporary paralysis of sphincter ani, 1; are symptoms worth recording here an account of their connection with other parts of the body.

Urinary and Sexual Organs. — Symptoms found in 29 of the 127 records. Involuntary micturition is noted in 5 of the records, one of them including 6 children. Temporary paralysis of neck of bladder, though only once noted, might be added to the preceding. Urine increased (more copious) is found 7 times; diminished (scanty), 5 times. Frequent desire, is noted 5 times. Difficulty in urinating, violent urging and strangury show a total of 5 references; and passing on to retention (with or without urging) and inability to urinate, we find no fewer than 10 references; catheterization was resorted to in 3 cases. Irri-

tation of the genitalia, with constant erections, in boys, is one record given; but we do not know how many boys were under observation.

Respiratory Apparatus. — Symptoms noted in 29 of the 127 records. Dyspnœa (difficult, anxious, laborious respiration) is recorded 9 times; accelerated, rapid respiration being referred to 8 times; and stertorous respiration, 4 times. Alterations in the voice are referred to but a few times; weak, changed and hoarse, 2 or 3 times each, 8 in all; while croupy cough is noted 3 times.

Heart and Pulse. — Symptoms are found in 25 of the 127 records. Only 4 symptoms refer to the heart alone, 2 of them indicating weak action. The *pulse* symptoms show increased frequency, (pulse quick, accelerated) 19 times; in several cases where the pulse was counted it ranged from 70 to 130, averaging 107. Other symptoms are, pulse weak, 5 times; small, 4; contracted, 3; and intermittent or irregular, 3 times.

Neck, Back, and Extremities in General, have symptoms in 17 of the 127 records. The symptoms in this section have to do chiefly with the extremities. Trembling in all the limbs occurs 5 times; convulsive movements, 4 times; inability to walk, 5 times; constant motion of limbs, 3 times; and weakness of the limbs, though not often spoken of as a symptom, is evidently a condition present in several of the cases.

Upper Extremities have symptoms in only 9 of the 127 records. There are only 12 symptoms recorded, but they corroborate the summary in the preceding section;—constant motion (choreic in 2) is referred to 4 times; twitching of muscles and tendons, 2 times; and incoördinate movements, 2 times.

Lower Extremities.—Symptoms are found in 11 of the 127 records. Weakness of the legs is a very marked symptom, being referred to 10 times, and being manifested by insecurity when standing, by trembling, and by a staggering and tottering gait. Temporary paralysis of lower extremities is noted 2 times.

Skin symptoms occur in only 14 of the 127 records. A red, skin (erythema) is noted 6 times, no single part of the body being especially referred to: slight fever or heat was present in 2 of these instances. Scarlet redness, scarlet eruption, "a beautiful scarlet rash," are symptoms mentioned by 7 observers. One of them, No. 189, saw a "scarlet eruption on the arms and legs in *several cases*," although in our records it is counted only as *one* symptom or case. It will be noticed that these symptoms are objective ones, and that the poisoning-records differ markedly from the proving-records in the comparative absence of sensations (subjective symptoms).

Sleep symptoms are present in 23 of the 127 records. Sleep-

lessness is recorded only 3 times; frequent yawning, 3 times; great inclination to sleep, 5; profound (stertorous) slumber, 4; somnolent, soporous condition, 5; restless, disturbed sleep, 5 times (one of them says "at night *boys* became restless and etc;" but we cannot tell how many, and as with other similar records it is counted as only 1 instance); awoke as if frightened, (with wild look, screaming), 3 times. One record reads, "In *some* the delirium subsided into a sort of sleep, with pleasant dreams which provoked laughter".

Fever symptoms are present in 28 of the 127 records. Heat (or fever) is mentioned 17 times (the exact temperature not being given in any instance); the heat is said to be burning 9 times; and heat in the head is spoken of especially, 3 times. Coldness (or lowered temperature) is mentioned 6 times. The skin is said to be dry, 3 times. Thirst and sweat are scarcely mentioned. Redness of skin is spoken of 6 times (the face being mentioned twice).

Generalities of *poisonings* not analyzed since this section covers the whole ground, 9 cases being detailed at length—analysis therefore would be simply repetition.

ANALYSIS OF CHART NO. 3.—RESULTS FROM OVERDOSING.
BY C. L. N.

23 records present symptoms in the following ratio:

Mind, 15.	Head, 8.	Eyes, 15.	Ears, 2.
Nose, 1.	Face, 16.	Mouth, 16.	Throat, 8.
Stomach, 5.	Abdomen, 3.	Stool, 3.	Urinary & Sexual, 8.
Respiratory, 4.	Chest, 2.	Heart & Pulse, 5.	Neck, Back and Extr., 5.
Upper Extr., 5.	Lower Extr., 3.	General, 8.	Skin, 7.
Sleep, 4.	Fever, 10.		

MIND — 15 cases; 20, 21, 23, 40, 41, 43, 50, 56, 60, 61, 65, 80, 104, 129, 236.
Senseless talk, 3 cases; (20, 40, 104).
Loud laughter, 4 cases; (23, 40, 104, 236).
Rambling delirium, 3 cases; (21, 40, 56).
Imagines he sees things not present, 7 cases; (40, 41, 43, 60, 65, 80, 236).
Stupefaction, 4 cases; (20, 61, 65, 129).

HEAD — 8 cases; 20, 21, 40, 43, 50, 56, 60, 129.
Confusion of the head, 3 cases; (40, 56, 129).
Vertigo, 6 cases; (20, 21, 40, 43, 50, 60).

EYES — 22 cases; 20, 21, 40, (8 cases under 40), 43, 49, 50, 56, 59, 61, 65, 105, 129, 209, 236, 282.

Dimness of sight, 17 cases; 20, 21, 40, (1, 5, 8, 11), 17, 18, 26, 49, 50, 61, 105, 209, 236, 282.
Dilated pupils, 9 cases; (20, 40, 2 cases; 56, 59, 105, 129, 236, 282) right eye only.
Diplopia, 1 case, 43.

Ears — 2 cases. Nothing congruent.

Nose — 1 case.

Face — 16 cases; 20, 40, (5, 11, 13, 14, 16, 19), 49, 50, 56, 60, 65, 68, 80, 105, 129.
Pale, 129, pale and sunken; 40 (5, 16, 1), 1 pale and then red.
Hot, 20, 105.
Red, 49, 56, 68; scarlet, 80; dark red, 105.
Swollen, 20, 40, 11, 13, 14; left cheek 19; near nose, 49, 50; lips, 56, 60, 65.

Mouth — 15 cases; 20, 27, 40, 7, 8, 11, 6, 12, 20, 22, 49, 50, 60, 61, 104, 129.
Dryness of the mouth, 5 cases; 27, 40, (7), 50, 104, 129.
Tenacious, stringy mucus, 5 cases; 40 (6, 12, 20), 49, 61.
Grinding the teeth, 4 cases; 40 (6, 20, 22). 60.

Throat — 8 cases; 20, 24, 40 (6, 25), 43, 56, 64, 129.
Difficulty of swallowing from dryness, 4 cases; 20, 24, 56, 129.

Stomach — 6 cases; 27, 40 (5, 10), 43, 50, 56.
Vomiting of mucus, 4 cases; 27, 40 (5), 43, 50.

Abdomen — 3 cases; 40, 49, 105.

Stool — 3 cases; 40, 49, 129.

Urinary and Sexual Organs — 8 cases; 20, 34, 40, 49, 50, 65, 129, 210.
Diminished flow of urine, 4 cases; 20, 34, 40, 210.
Frequency, 2 cases; 20, 65, profuse also.

Respiratory — 4 cases; 40 (12, 22), 105, 129.

Chest — 2 cases; 40, (11, 18).

Heart — 5 cases; 40 (1, 14), 105, 129, 236.

Neck, Back and Extremities — 5 cases; 20, 40, (12), 60, 105, 236.
Trembling and spasms of limbs, 6 cases; 20, 40, (1, 12), 60, 105, 236.

Upper Extremities — 7 cases; 20, 40 (120, 22), 60, 65, 129.
Spasms of the arms, especially the right, 4 cases; 40, (1, 20, 22), 129.

Lower Extremities — 3 cases; 40, 50, 59.

Generalities — 8 cases; 23, 40, 60, 65, 105, 129, 236, 284.
Prostration, 5 cases; 23, 40, 105, 236, 284.

SKIN — 7 cases; 20, 40, 50, 60, 65, 68, 80.
Dark red or scarlet eruption, 6 cases; 20, 40, 60, 65, 68, 80.
SLEEP — 4 cases; 40, 56, 129, 236. Nothing.
FEVER — 10 cases; 20, 23, 40, 41, 51, 60, 65, 80, 105, 129.
Fever heat, 8 cases; 20, 23, 40, 41, 51, 65, 80, 105.

ANALYSIS OF CHART NO. 4. — EXTRACTS FROM AUTHORS, TREATISES, ESSAYS, ETC. BY C. L. N.

42 references offering symptoms as follows: —

Mind, 11.	Stomach, 5.	Extremities, 3.
Head, 8.	Abdomen, 6.	Upper and Lower, 2.
Eyes, 16.	Stool, 5.	Generalities, 1.
Ears, 2.	Urinary & Sexual, 7.	Skin, 9.
Nose, 1.	Respiratory, 6.	Sleep, 4.
Face, 6.	Chest, 3.	Fever, 4.
Mouth, 9.	Heart and Pulse, 1.	
Throat, 10,		

MIND — 11 cases; 48, 57, 67, 70, 72, 73, 81, 196, 197, 229, 245.
Rambling delirium, 3 cases; 57, 73, 81.
Loud laughter, 2 cases; 57, 67.
Imagines he sees things not present, 4 cases; 48, 196, 229, 245.
Mental confusion, 3 cases; 70, 72, 197.
Stupefaction, 2 cases; 73, 197.
HEAD — 8 cases; 18, 52, 70, 81, 197, 198, 211, 214.
Confusion in head, 2 cases; 70, 198.
Pressure in forehead, 211.
Pressure in occiput, 214.
Vertigo, 3 cases; 18, 52, 81.
EYES — 16 cases; 52, 70, 81, 82, 83, 84, 194, 196, 197, 200, 201, 208, 211, 242, 245, 246.
Dimness of sight for near objects, 4 cases; 196, 197, 211, 246.
Dilated pupils, 4 cases; 82, 83, 194, 196.
Diplopia, 3 cases; 70, 196, 246.
Good sight for distant objects or parallel rays, 4 cases; 52, 83, 84, 201.
Disturbed vision, sparks, 81; yellow, 245; black dots, 211.
EARS — 2 cases; 73, 201.
NOSE — 1 case; 211.
FACE — 6 cases; 38, 70, 198, 201, 202, 250.
Spasms of face and jaws, 4 cases; 38, 202, 198, 250.

MOUTH — 9 cases; 52, 70, 73, 76, 81, 198, 211, 246, 250.
Dryness, 3 cases; 52, 81, 246.
Tenacious mucus, 2 cases; 70, 211.

THROAT — 10 cases; 73, 78, 197, 211, 242, 246, 251, 252, 253, 254.
Difficult swallowing, 5 cases; 73, 211, 246, 253, 254.
Dryness, 4 cases; 78, 246, 251, 254.
Burning heat, 6 cases; 197, 211, 242, 251, 252, 254.

STOMACH — 5 cases; 52, 70, 194, 242, 246.
Loss of appetite, 2 cases; 246, 52.
Nausea with effort to vomit, 4 cases; 70, 194, 242, 246.

ABDOMEN — 6 cases; 194, 197, 203, 211, 214, 242.
Bloated, 3 cases; 197, 203, 242.

STOOL — 5 cases; 36, 45, 76, 194, 211.
Greenish and thin, 211; nothing marked.

URINARY AND SEXUAL — 7 cases; 18, 35, 52, 197, 200, 203, 212.
Offensive flow from uterus, 35.
Strangury, 52, 197.
Involuntary micturition, 200, 203.

RESPIRATORY — 6 cases; 67, 73, 194, 201, 203, 211.
Hoarseness even to aphonia, 4 cases; 67, 73, 194, 201.

CHEST — 3 cases; 57, 73, 213.
Oppression of chest, 57, 73.

HEART AND PULSE — 1 case; 197.

EXTREMITIES — 3 cases; 70, 81, 214.

UPPER AND LOWER — 2 cases; 78, 242.

GENERALITIES — 1 case; 194.

SKIN — 9 cases; 67, 77, 81, 85, 202, 203, 214, 251, 252.
Scarlet eruption, 8 cases; 67, 77, 81, 85, 202, 203, 251, 252.

SLEEP — 4 cases; 67, 70, 81, 197.
Somnolence, 2 cases; 67, 70.
Waked by fearful dreams, 1 case; 81; or in delirium, 197.

FEVER — 4 cases; 67, 81, 194, 214.
Fever, 2 cases; 67, 81.

I have included several symptoms not recorded by three or more cases as I knew they were present in the provings or overdosing cases — thinking these might verify those. C. L. N.

ANALYSIS OF CHART NO. 5. — FATAL CASES. — RESULTS OF LOCAL APPLICATIONS. — POISONING IN ANIMALS.

17 references.

Mind, 5.	Respiratory, 1.
Head, 1.	Heart, 1.
Eyes, 8.	Lower Extr., 3.
Face, 3.	Generalities, 9.
Mouth, 5.	Skin, 4.
Throat, 1.	Sleep, 3.
Urinary, 2.	Fever, 2.

MIND — 5 cases; 188, 238, 249, 278, 280.
Stupefaction, 2 cases; 188, 238.
Rambling delirium, 2; 249, 280.

HEAD — 1 case; 95.
Confusion in head like vertigo, 95.

EYES — 8 cases; 69, 95, 204, 238, 249, 260, 278, 283.
Dilated pupils, 5 cases; 95, 204, 238, 260, 278, 283.
Diplopia, 1 case; 283.

FACE — 3 cases; 238, 249, 260.
Red and flushed, 2 cases; 249, 260.

MOUTH — 5 cases; 95, 188, 238, 260, 278.
Dryness, 5 cases; 95, 188, 238, 260, 278.
Tenacious mucus, 3 cases; 188, 238, 260.

THROAT — 1 case, 192; dark red and swollen, 192.

URINARY — 2 cases, 188, 238; strangury, 188, 238.

RESPIRATORY — 1 case; 188.

HEART — 1 case; 238.

LOWER EXTREMITIES — 3 cases; 188, 238, 278.
Weakness and powerlessness, 188, 238, 278.

GENERALITIES — 9 cases; 54, 188, 204, 224, 238, 259, 260, 279, 257.
Great restlessness, 2 cases; 188, 238.
Twitchings and convulsions, 2 cases; 188, 260.

SKIN — 4 cases; 224, 238, 278, 279.
Redness, 3 cases; 224, 278, 279.

SLEEP — 3 cases; 188, 238, 278.

FEVER — 2 cases; 224, 238.
Fever heat, especially head and face; 224, 238.

COMPARATIVE CHART, SHOWING THE RELATIVE VALUE OF SYMPTOMS DERIVED FROM

	PROVINGS.	POISONINGS.	OVERDOSING.	EXTRACTS FROM AUTHORS, TREATISES, ESSAYS, ETC.	MISCELLANEOUS. FATAL CASES, LOCAL APPLICATIONS, EXPERIMENTS ON ANIMALS.
MIND.	Exhilaration, quickened imagination, as if intoxicated; illusions, hallucinations; ill-humor; moroseness; indifference; absence of mind; incoherence; loss of consciousness.	Delirium (wild, violent, raging). Mania; hallucinations, delusions, illusions. Disturbance of motor centres manifested by twitching, subsultus, spasms and convulsions. Apopletic conditions, (unconscious, insensible, stupid, comatose).	Senseless talk; loud laughter; rambling delirium; imagines he sees things not present; (hallucination); stupefaction.	Rambling delirium. Hallucinations, (sees things not present). Mental confusion. Loud laughter. Stupefaction.	Rambling delirium. Stupefaction.
HEAD.	Headache, pressive, pulsating, throbbing in forehead, soon after waking in the morning, worse on motion: relieved on lying down. Vertigo.	Headache: violent, throbbing, intense. Vertigo, staggers as if drunk, confusion as if intoxicated.	Vertigo. Confusion of the head.	Vertigo. Confusion in head.	Confusion in head like vertigo.
EYE.	Inflammation of the eyes, injection of sclerotic veins, and of the conjuctiva. Pupils dilated, contracted — pressive pain in eyes; eyes feel protruded, burning, dry, full of sand. Vision weak, blurred, double; sparks before eyes, halo around a flame. Eyelids trembling, feel heavy, agglutinated in morning. Lachrymation.	Pupils dilated, insensible. Eyes rolling, squinting or in constant motion: protruding. Vision weak, obscured, double; loss of vision, blindness. Eyes feel red, hot, dry, and painful. Conjunctiva injected, lids swollen.	Dimness of sight. Dilated pupils — diplopia.	Dilated pupils, dimness of sight for near objects, (good for distant objects). Diplopia. Sparks before the eyes.	Dilated pupils. Diplopia.
EAR.	Otalgia (in both ears, and in right ear). Pain is pressive, tearing, shooting. Deafness. Noises in ears—(roaring, humming. etc.).	Loss, or hardness, of hearing.			
NOSE.	Dryness; pressing, drawing, bruised sensations; fluent coryza, epistaxis, discharge of blood-mixed mucus; sneezing; olfaction disturbed, too sensitive, bread smells sour — offensive smell, (like rotten eggs).	Dryness. Paroxysms of sneezing.			

COMPARATIVE CHART, SHOWING THE RELATIVE VALUE OF SYMPTOMS DERIVED FROM [Continued.]

	PROVINGS.	POISONINGS.	OVERDOSING.	EXTRACTS FROM AUTHORS, TREATISES, ESSAYS, ETC.	MISCELLANEOUS. FATAL CASES, LOCAL APPLICATIONS, EXPERIMENTS ON ANIMALS.
FACE.	Pains in face (shooting, pressing, tearing); cheeks red, hot and swollen; lips swollen.	Redness of face. Swollen face. Paleness. Spasmodic closure of jaws. Convulsive play of facial muscles. Features variously distorted.	Face swollen, red, hot, pale.	Spasms of face and jaws.	Face red and flushed.
MOUTH.	Toothache (drawing, tearing, dull, etc.). Bleeding of gums. Mouth is dry; dry but looks moist; mucus in mouth in the morning. Salivation. Tongue coated white; lifeless and furred. Taste offensive (putrid. nauseous, slimy), insipid, sour, salty. Swallowing (water especially) difficult. Speech difficult.	Mouth and pharynx dry. Tongue dry and swollen. Speech impeded, (difficult, stammering, dumbness). Taste sour or metallic.	Dryness of mouth. Tenacious, stringy mucus. Grinding the teeth.	Dryness. Tenacious mucus.	Dryness. Tenacious mucus.
THROAT.	Soreness (burning, scraping, dryness, constricted feeling, shooting, etc.) in fauces, pharynx, tonsils, (glottis, epiglottis and œsophagus). Deglutition painful, or difficult, (or impossible). Constant urging to swallow.	Throat *dry*, hot and burning; sore and painful; feels constricted. Swallowing difficult, impossible.	Difficulty of swallowing from dryness.	Difficult swallowing, burning heat, dryness.	Dark red, and swollen.
STOMACH.	Gastralgia—pains colicky: (pressive, shooting, squeezing, griping, sharp, cutting, etc.). Appetite diminished or absent, or capracious; complete aversion; hunger; thirst. Eructations, bitter, burning, sour. Hiccough; nausea; vomiting.	Nausea. Vomiting. Thirst: violent (12), moderate (4), absent (3). Appetite decreased. Excruciating pain in stomach. Distension and sensitiveness of epigastrium.	Vomiting of mucus.	Nausea, with effort to vomit. Loss of appetite.	
ABDOMEN.	Colicky pains (squeezing, cutting, shooting, clutching, clawing, etc.) chiefly in the umbilical and hypogastric regions.	Abdomen distended. Meteorism. Pain in abdomen (drawing, griping, colicky). Tenderness to even light pressure.		Abdomen bloated	

Rectum and Anus.	Proctalgia, and congestion of mucous membrane of rectum; (contractive pain, itching, tickling, pressive. raw sensations). Itching at the auus, with vague, uneasy sensations. Hæmorrhoidal flow (?) and tenesmus.	Paralysis of sphincter ani with involuntary stool — (a possible though isolated symptom).			
Stool.	Constipation — Diarrhœa or loose stools; small stools; frequent desire — urging, tenesmus; small, rapid, involuntary stools.	Passage retarded, constipation and torpid state of bowels. Frequent evacuations, and diarrhœa (greenish). Suppression of fæces and urine, with profuse sweat.		Greenish and thin stools.	
Urinary and Sexual Organs.	Frequent desire, with great exertion, to urinate. Enuresis, nocturnal and diurnal, while asleep. Urine diminished, and of an unusual color; (vague sensation in urethra, Nocturnal seminal emissions; discharge of prostatic fluid. Catamenia anticipated. Metrorrhagia.	Involuntary micturition (in children). (Temporary paralysis of neck of bladder). Urine increased; diminished. Frequent desire to urinate. Difficulty in urinating, violent urging and strangury. Retention of urine; inability to urinate. (Irritation of genitalia, with constant erection in boys).	Diminished flow of urine. Frequent urination.	Involuntary micturition. Strangury. Offensive flow from uterus.	Strangury.
Respiratory Organs. Chest.	Cough: dry: just before or soon after going to sleep. Mucous expectoration. Cough caused by dryness of, tickling and scraping in, larynx. Larynx dry, and painful on motion. Voice husky or hoarse, weak; aphonia. Pressure and constriction of chest; chiefly right sided.	Dyspnœa. Accelerated, stertorous respiration. Alteration in voice (weak, hoarse). Croupy cough.		Hoarseness, even to aphonia. Oppression of chest.	
Heart and Pulse.	Palpitation. (Pulse full, slow, quick, small.)	(Weak action of heart). Pulse increased in frequency — (weak, small, contracted, irregular).			
Neck, Back and Extremities in General	Neuralgiac pains (pressive, cramplike, shooting, etc.) in spinal column, between scapulæ; in nape of neck, and upper part of back: (right side).	Trembling in all the limbs; convulsive movements; inability to walk; constant motion of limbs; and weakness.	Trembling and spasms of the limbs.		

COMPARATIVE CHART, SHOWING THE RELATIVE VALUE OF SYMPTOMS DERIVED FROM [Continued.]

	PROVINGS.	POISONINGS.	OVERDOSING.	EXTRACTS FROM AUTHORS, TREATISES, ESSAYS, ETC.	MISCELLANEOUS FATAL CASES, LOCAL APPLICATIONS, EXPERIMENTS ON ANIMALS.
UPPER EXTREMITIES.	Pains of a dull, aching, and of a sharp, cutting character, in hands and fingers, carpus, forearm, arm.	Constant motion (choreic); twitching of muscles and tendons, and inco-ordinate movements.	Spasms of the arms; especially the right.		
LOWER EXTREMITIES.	Pains dull, tearing, drawing, bruised, etc., and sharp in character: in foot, leg, knee, and thigh.	Weakness of legs, (trembling, staggering, tottering gait). Temporary paralysis.			Weakness and powerlessness.
GENERALITIES.	Weakness; restlessness; increased sensibility.	[*The whole sphere of action of Bella. is represented by the nine cases of poisoning* given in the "Supplement" to Allen's Encyclopædia, and by these unclassified symptoms; so they are omitted.]	Prostration.		Great restlessness; twitchings and convulsions.
SKIN.	Itching, (creeping, crawling; stinging, smarting, and painful sensations) of skin. Erythema—Boils—Pustules: chiefly on face and head; body next; and extremities next in order.	Erythema, — scarlet redness and rash.	Dark red or scarlet eruption.	Scarlet eruption,	Redness of skin.
SLEEP and DREAMS.	Drowsiness; yawning; very deep sleep; sleeplessness. Restless and disturbed sleep (waking in fright). Dreams (great variety of).	Great inclination to sleep. Somnolent, soporous condition; profound (stertorous) slumber. Restless, disturbed sleep; awoke as if frightened. Sleeplessness. Dreams provoke laughter.		Somnolence. Waked by fearful dreams, or in delirium.	
CHILL. FEVER. SWEAT.	Chilliness. Coldness. Heat, increased temperature, fever; especially face. Sweating. Night sweats.	Heat. Fever. (Burning heat, and heat in head). Coldness. Skin dry. Redness of skin.	Fever heat.	Fever.	Fever heat; especially head and face.

SOCIETIES.

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WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting was held at the Bay State House, Worcester, on Wednesday May 13, 1891. The meeting was called to order at 11 A.M., by the first Vice-President, Dr. Lamson Allen, of Southbridge.

The minutes of the last meeting were read and approved. The censors reporting favorably, Dr. A. J. Atwood of Townsend, was unanimously elected a member of the society.

The resignation of Dr. L. W. Atkinson, on account of his removal from the State, was aceepted, with the best wishes of the society for success in his future home.

The meeting was then placed in charge of Dr. C. S. Pratt, of Shrewsbury, Chairman of the Bureau of Surgery and Zymotic Diseases.

The first paper was read by Dr. Carl Crisand, of Worcester; subject: "Chronic Hypertrophy of the Tonsils."

He discussed the causes, predisposing and exciting of this condition and the evil effects of enlarged tonsils upon the constitution through their interference with proper respiration. The treatment he divided into local, constitutional and operative. He considered the operative treatment the best and quickest way of dealing with this trouble though he would not advise it in all cases.

Dr. W. E. Cole, of Worcester, who was present, was invited to participate in the discussions.

Dr. Brick had seen relief follow from use of phytolacca and baryta iod.

Dr. Cole concurred with Dr. Brick in the use of phytolacca.

Dr. Warren asked if the doctor would recommend operating in any special class of cases or in all cases of enlarged tonsils. He (Dr. Warren) felt that unless there was some special diseased condition of the tonsils, as either cystic or ulcerative condition, it was better not to operate, but to depend upon internal medication. Of course if there was very decided obstruction to respiration, he would advise excision. Have had good success with kali. bich. 2x.

Dr. Glazier was of the impression that patients whose tonsils had been removed were more liable to certain forms of chronic disease, though it might be due to the scrofulous taint in many of these cases. He preferred medicinal to operative treatment, unless the patient's condition absolutely demanded the latter.

Dr. Whittier in the main would agree with the paper. Is inclined to avoid operating through fear of after effects, though

does not know that his fear is well grounded. Always inquires into constitutional taint and believes in first building up patient's constitution.

Dr. Pratt claimed good results from baryta carb. 6x, kali chlor. and chloride of barium. Had found fluoride of calcium valuable when the tissue was hard.

The second paper was read by Dr. Geo. S. Adams, of Westboro; subject: "Disinfection and Disinfectants."

He dealt principally with the methods of disinfection employed at the Westboro Hospital for the Insane. There were three methods employed—

1. Dry heat, for disinfecting clothing and other articles liable to be injured by fluids.

At the hospital they have a large oven provided with racks upon which the articles can be placed. The oven is then heated to a temperature of 225°, Fahrenheit, which is below the point when wool will scorch, and the articles to be disinfected are kept in this temperature for eight hours.

2. Fluids, chiefly bi-chloride of mercury 1–1000. This solution is used upon dejections of all patients suffering with typhoid, malaria, diphtheria, etc. The secretions from the mouth and nose are treated in this way and then burned. The sputum of all phthisical patients is burned.

3. Sulphur dioxide. This for disinfecting rooms, furniture, etc. Burns in the room three pounds of sulphur for every one thousand cubic feet of space, allowing the room to be shut up for twenty-four hours. The walls, floor, ceiling, etc., are previously washed with bi-chloride solution. Has used other disinfectants, as sanitas, hydronapthol, Hubbard's vegetable disinfectant, Platt's chlorides, etc. As a general disinfectant in the wards we use hydronapthol.

At 1 P.M., adjourned for dinner.

Afternoon session called to order at 2:15.

Dr. J. K. Warren reported a few interesting surgical cases, one of cleft palate, one of cancer of omentum, and one of amputation of foot for gangrene following what appeared to be typhoid fever.

The last paper of the day was read by Dr. G. P. Sword, of Worcester; subject: "Nicotine Poisoning," being the recital of a case of poisoning from excessive smoking.

This was followed by some general discussion, and at 4 P.M. the meeting adjourned.

EDWARD D. FITCH, M.D., *Secretary.*

WHATEVER a rich woman, a noted doctor, a fashionable undertaker and a swell clergyman do, is all right.—*Med. Era.*

OREGON HOMŒOPATHIC MEDICAL SOCIETY.

The fifteenth annual session of the Homœopathic Medical Society of the State of Oregon, was held in the parlors of the Hotel Portland, in the city of Portland, May 12 and 13. The session was well attended, and manifested an increased interest in the society, and the cause of homœopathy in general.

The officers elect for the year are, viz: President, B. E. Miller, M.D.; 1st vice-president, Osman Royal, M.D.; 2nd vice-president, H. C. Jefferds, M.D., all of Portland; recording secretary, Orpha D. Baldwin, M.D., of East Portland; treasurer, C. L. Nichols, M.D.; corresponding secretary, H. F. Stevens, M.D., both of Portland.

At the last biennial session of our State legislature the society endeavored to secure the passage of a separate examining-board bill, similar to the New York bill, but were unsuccessful in the effort. We were offered one member on a board of five, the other four comprising one eclectic, and three regulars. This proffer was declined, as we preferred to have the board stand as it is now, having three members, who are appointed by the governor, regardless of school. A homœopathic governor may some day give us a homœopathic board. The chances of this we thought preferable to a permanent hopeless minority. But we will continue to work for the separate board.

In lieu of the usual society banquet a committee was appointed to arrange for a mid-winter meeting and grand banquet, at which there is to be a general gathering of physicians, and friends of homœopathy. This will be the first gathering of the kind ever held here, and is look forward to as the beginning of new and better things for our cause.

At the conclusion of the state meeting there was effected a re-organization of the Multuomah County Homœopathic Medical Society. The officers elected were Osman Royal, M.D., president; E. C. Brown, M.D., vice-president; C. L. Nichols, M.D., secretary and treasurer.

Drs. Emma J. Welty, Orpha D. Baldwin, N. J. A. Simons and the undersigned are all in love with this beautiful clime and country, and have no thought of looking for a better, the existence of which we doubt, but we cherish the memories of our alma mater and grow, if possible, even more loyal to her as time goes on, and do not want to be out of touch or reach of her.

We are proud that she still leads the way in the work of higher education and the cause of homœopathy, and though distant from her, we yet try to follow where she leads.

OSMAN ROYAL, M.D., *Secretary.*

ANNUAL MEETING OF THE ALUMNI OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

The annual meeting of the Alumni Association of the Boston University School of Medicine was held at the Parker House, Thursday evening, May 21st. The new feature of holding the meeting at the same time and place that the Faculty tendered their reception to the graduating class, proved an immense success and made the occasion one of unusual interest.

The business meeting was called to order at 6.45 P.M., by Dr. J. F. Hadley, vice president, owing to the absence of the president, Dr. F. B. Percy.

The reports of the secretary and treasurer were read and accepted.

Dr. Horace Packard, Chairman of the Ways and Means Committee made his report recommending that the association keep in view the needs of the medical school. The committee had

purchased and given two valuable microscopes to the college during the past year, and wanted the advice of the alumni as to future donations toward fitting up the new laboratories and library, costing $40.000, which the trustees had unanimously decided to add to the medical department building. By vote of the association the executive committee were authorized to appoint a ways and means committee with power to raise a fund to be devoted to that purpose.

Dr. Horace Packard was elected delegate to the American Institute.

On motion of Dr. C. H. Thomas, of Cambridge, the association voted that the executive committee be authorized to make such payments from the general fund as they may deem proper toward the furnishing of the college laboratories.

Dr. H. A. Chase, of Cambridge, having received the highest number of votes on the Convocation ballot, was placed in nomination as a member of the board of trustees of the University. Dr. Almena J. Baker being second, becomes the Convocation vice president.

The following officers were elected for the ensuing year: —

President, Dr. J. F. Hadley, Waltham; vice-presidents, Dr. B. P. Barstow, Kingston; Dr. M. E. Mann, Boston; secretary, Dr. C. N. Thomas, Cambridge; treasurer, Dr. J. Wilkinson Clapp, Brookline.

At 8 P. M. the meeting resolved itself into one of a social character, and in conjunction with the Faculty received the graduating class.

Dinner was served at 8.30, nearly 100 being seated at the tables, Prof. I. T. Talbot acting as toastmaster and chairman. He made a vigorous plea for support from the alumni association financially and otherwise, outlining the remarkable progress of the college, emphasizing the high professional standing of its graduates, and promising for the future equally satisfactory results.

Dr. Hadley being called away by illness, Dr. Thomas was called upon to respond for the alumni. He stated briefly the action taken by the association at its business meeting, promising support to the college in its intended improvements.

Other remarks were made by Drs. Joseph Chase, Jr., of East Weymouth; Horace Packard, of Boston; E. B. Hooker, of Hartford; Prof. J. Heber Smith, of Boston, and Mr. O L. B. Nason for the graduating class.

Adjourned at 11 P. M.

C. H. Thomas, M.D., *Secretary.*

The world never sits down twice on a man who is at all sharp. — *Med Era.*

THE INTERNATIONAL CONVENTION: FINAL NOTICE.

The Annual Circular of the American Institute of Homœopathy will have reached the profession before this notice appears in print. If any homœopathic physician has failed to receive a copy, the undersigned will mail one on application.

There is not an indication pointing to a possible failure of the Convention in any respect. The fear that it might be international only in name has no longer any warrant in fact. There will be representatives present from England, France, Germany, Russia and, probably, some other European countries; and of our distinguished trans-atlantic bretheren, there will be at least twenty-five of them represented either by essays or reports or by their personal presence.

A casual examination of papers and addresses to be presented will show that the Convention is not likely to follow, altogether, the well-beaten track of the typical society meeting. In its effort to secure the discussion of broad and comprehensive questions and issues, the committee has not labored in vain. The profession has approved and supported the effort.

It is requested that the instructions for securing reduced rates on railroads, shall be read with great care. Every direction necessary will be found there. Also, that physicians not members of the Institute, act promptly on the suggestions about uniting with that body. And also that each of those who attend shall, before leaving home, decide which of the essays he or she can discuss to the greatest advantage of the profession, and come *prepared* to do so.

PEMBERTON DUDLEY, M.D.
15th and Master Sts., Philadelphia, Pa. *Gen. Sec., A. I. H.*

GLEANINGS AND TRANSLATIONS.

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A NEW INTERPETATION. — An English quack was recently brought before the police court for practising without due qualification, who, in defending the use of the characters M.D. and F.R.S. after his name, said they meant "money down" and "fosterer of real science." The individual's genius, however, did not save him, for he was fined twenty pounds, M.D. — *Journal of American Medical Association.*

QUILL DRAINAGE-TUBES. — Dr. Otis K. Newell, Surgeon to the Outpatient Department of the Massachusetts General Hospital, Boston, says, in the *Medical Record*, that Dr. Beach has used for the past two years, at his clinic, drainage-tubes made from large-sized imported goose-quills, such as are used for making the finer grades of camel's-hair brushes. The quills are taken without cutting off the dermal end, and perforated at intervals with an ordinary round leather punch. A delicate and smooth probe-pointed tube is thus provided, presenting the maximum lumen and minimum thickness of wall. This tube is made from a natural dermal appendage and is absolutely unirritating. It can be readily cut with scissors, and is not fragile like glass. It does not undergo any of the irritating chemical changes which are frequently seen where rubber tubes have remained for any length of time. These tubes are preserved in corrosive sublimate or carbolic acid solutions, and are easily sterilized.

Nitrite of Amyl in Chloroform Poisoning. — I desire to add another case of chloroform poisoning treated successfully by the inhalation of nitrite of amyl. The facts are as follows: At about 7 P.M. of March 13, 1890, I received a telephone message to come hastily to M. P——, who had taken chloroform and could not be awakened. The distance was about one and a half mile, and I stopped at a drug store to procure five-drop pearls of nitrite of amyl. Time of arrival was about half an hour after being called. I found the patient in a profound stupor, respirations shallow, pulse rapid and feeble. A three-ounce bottle was found in his coat pocket, half full of Squibb's chloroform. A telephone message to the druggist revealed the fact that he had purchased three ounces of the drug some two hours before. He had swallowed apparently about one and a half ounce. Air was at once freely admitted to the room and to the patient, and a pearl of the nitrite given by inhalation. The effect was immediate and apparent. After the lapse of fifteen minutes, pulse again became rapid and feeble, and another pearl was used, with the result of deepening the respirations and increasing the vigor of the pulse. The same thing was repeated at lengthening intervals eight or nine times. Meanwhile hypodermic injections of atropia were twice given, and towels wrung out of cold water dashed upon the chest. After four hours the patient awoke from his stupor, and in another hour was out of danger. Recovery was somewhat slow, owing no doubt partly to the great destruction of red blood-corpuscles, as evidenced by the extreme icteric hue of the skin, which persisted for two weeks. In my judgment this patient could not possibly have survived without the use of amyl. — *Med. Record.*

REVIEWS AND NOTICES OF BOOKS.

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Materia Medica for Nurses. By Lavinia L. Dock. New York: G. P. Putnam's Sons. 201. pp.

The object of this little book is to present in concise form, for ready reference, such instruction in materia medica as is ordinarily given to nurses in the training-schools connected with hospitals under old-school control, and especially in the Bellevue Training School. It does not touch upon therapeutics; the application of medicine to disease being, as its compiler truly says, no part of the nurse's province. It gives, in the briefest possible terms, the origin or chemical composition of the chief drugs in the materia medica, their pathogenetic effects, their usual doses, the symptoms of poisoning by them,

and the antidotes to such poisoning. Such knowledge is of practical and immediate value to the trained nurse, and can be acquired from this excellent little manual without loss of time or serious expenditure of money.

Quiz-Compends. Gynecology: By Henry Morris, M.D. — Anatomy: by S. O. L. Potter, M.A., M.D. — Diseases of Children: by M. A. Hatfield, A.M., M.D. Philadelphia: P. Blakiston, Son & Co.

The exceeding practicality and admirable arrangement of this series of quiz-compends are too well known to need dwelling upon. Of the three now under consideration, that on anatomy is the most considerable in point of bulk and fulness of detail. A very valuable feature of the little book is its appendix, containing sixteen plates, with accompanying explanatory charts, whose purpose is to present readily to the eye and the memory the arterial and nervous systems, their course, relations and functions. Dr. Morris's compend on gynecology is also rich in illustrative cuts; and that by Dr. Hatfield, on Diseases of Children, has an elaborate colored diagram explanatory of the fœtal circulation. The faithful student of these little books may await examination-day without a tremor; and the busy practitioner will find them most useful when the memory needs quick refreshment on some knotty or obscure point.

The Popular Science Monthly for June has a most cheering and convincing article by Mrs. H. M. Plunkett, showing that "Our Grandfathers Died too Young," and that, thanks to hygiene and popular enlightenment, longevity is distinctly on the increase. Among the more general contributions of much interest, are papers on Marriage by Capture, by Col. Ellis; on The Natchez Indians, by Howard Giddings; and on the Music of Birds, by Simeon Cheney. New York: D. Appleton & Co.

PERSONAL AND NEWS ITEMS.

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Dr. C. D. Briggs has removed from Bridgewater to Rochester, N.H.

Dr. Horace Packard will sail for Europe on June 27th, he expects to return September 5th.

Mrs. Jeannie O. Arnold, M.D., has located at 17 Beacon Ave., Providence, R. I.

Frank Kraft, M.D., editor of the *American Homœopathist*, has removed to 1905 Euclid Ave., Cleveland, O.

Emma A. Phillips, M.D., has settled at 18 Summer Street, Pawtucket, R I. Office hours: 8 to 10 A.M., 2 to 4, 7 to 8 P.M.; Sundays, 3 to 4 P.M.

DURING Dr. F. W. Payne's absence in Europe, from on or about June 4th to the last of September, Dr. L. H. Kimball will take charge of his practice, having hours daily at Hotel Pelham, from 12 to 2 o'clock.

DR. J. HERBERT MOORE will spend the summer at The Pemberton, Hull, as hotel physician, as was the case last year.

His Brookline practice will be attended from June 20th to Sept. 1st, between the hours of 8.30 A. M. and 3 P. M.

THE generous sum of $100 has been added to the Boston Homœopathic Dispensary Fund, as the proceeds of a concert gotten up by Dr. Mary Morey Pearson, assisted by Dr. Klein and several artist friends, of whose kindness Dr. Pearson desires to make grateful acknowledgement.

SAMUEL O. L. POTTER, M.D., of San Francisco, well known to the profession, has recently, after the necessary examinations and formalities, been admitted to membership in the Royal College of Physicians, London, so that he is now not simply M.D. (Jeffic) but M.R.C.P. (London.) This is a noteworthy fact since Dr. Potter is the second American graduate to obtain this diploma.

THE Indiana Institute of Homœopathy held its quarto-centenary meeting in the State House, Indianapolis, May 13 and 14. The occasion was a most successful one, the list of papers presented being long and interesting. The officers of the Institute for this year are: President, Dr. E. W. Sawyer, of Kokomo; vice-president, Dr. M. H. Waters, of Terre Haute; treasurer, Dr. J. S. Martin, of Muncie; secretary, Dr. W. B. Clarke, of Indianapolis.

MR. J. R. COCKE, masseur, has removed from Washington Street to No. 24 Worcester Street, (see card in advertising columns.) In spite of the usually insurmountable obstacle of blindness Mr. Cocke has just completed, with most creditable success, his second year of study in Boston University School of Medicine. Mr. Cocke's proficiency in microscopic anatomy, combined with his wonderful delicacy of touch, bids fair to make him an expert in physical diagnosis, a field already cultivated to quite an extent during his experience as a masseur.

A NEW INSANE ASYLUM. — Dr. G. E. White presented a petition to the Governor of Massachusetts on Jan. 12th, signed by all the selectmen, several of the leading citizens, the dean of the Homœopathic Medical College, in Boston, and several other physicians, Ex-Governor Brackett and others, for a license to keep a private insane asylum in Sandwich. This petition was referred to the State Board of Lunacy and Charity. They sent Dr. Moulton, inspector of public institutions, to interview Dr. White. The board objected to the granting of the license for certain reasons which, having been overcome, the Governor, on April 29, sent to the council the nomination of Dr. White for a license. A week later the council confirmed the nomination and the next day Mr. White received the license. The license is absolutely unrestricted.

Dr. White proposes to adopt the cottage system for his asylum, and the probabilities are that Miss Alice R. Cooke, who has such a large and decidedly successful experience in the management of the insane, will be the matron of the institution. The plans are not all perfected yet, and he will not be ready to receive patients for some little time.

Dr. White is the only homœopathic physician who has ever applied or received a license to keep a private insane ayslum in New England. He is indebted to the Massachusetts State and the Boston Homœopathic Medical Societies for valuable aid in obtaining the license.

The demand for some insane asylum in this State, of the homœopathic school is quite obvious. All the similar institutions in the State are crowded. The State is about to build a very large one in addition to what they already have. It is doubtful if a better locality can be found than the town of Sandwich for such an institution, and from assurances already received it promises to be a very successful undertaking.

DRUGGISTS always do business on a small scale. — *Med. Era.*

THAT the difference between an angel and a ghost is the difference between what a man expects to be himself and what he expects his neighbor to be. — *Med. Era.*

THE

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EDITORIAL.

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NOTES ON THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

The fourth quinquennial meeting of the International Homœopathic Convention is now matter of history. The Convention met in conjunction with the American Institute of Homœopathy, the latter celebrating its forty-eighth anniversary, in Atlantic City, New Jersey, on and from Tuesday, June 16th to and including Monday, June 22d. To give a complete account of its doings would be to anticipate the valuable, interesting and ponderous volume of Transactions to be issued. To let the great event pass unnoticed would be an unpardonable affront to homœopathy, an exhibition of a lamentable lack of *esprit de corps*, and would, in fact, be so altogether foreign to the traditions of the GAZETTE, that the idea is untenable.

For a year or more plans were being carefully laid to insure an unprecedentedly successful meeting, and it is but justice to the committees appointed for the purpose, to say that they deserve unqualified praise. Their wise prevision had evidently anticipated every emergency, had overlooked no single detail, had tactfully discriminated in the selection and arrangement of subjects included in the programme, and had provided equitable rules, adherence to which resulted in the rapid and frictionless disposition of the great mass of business presented.

ATLANTIC CITY, where the meeting was held, is too well known to need description. The great sea on one side and salt marshes on the other do not offer especially picturesque scen-

ery. The coast has no bold outlines or rugged promontories contesting the authority of the waves, but the very monotony of the scenery, aided by the absence of business and manufacturing interests, and the suggestion of dignified leisure in the long stretches of residences, cast a restful spell that is as refreshing to the mind's eyes as sleep is to the weary, physical ones. After a hot and dusty ride in the train, the odor of the sea and the cool breezes were invigorating. The weather was probably not ordered for the occasion. By the evening of the second day east winds and lowering skies brought persistent rains. While such weather interfered materially with excursions and fishing, it probably assisted in crowding the hotel parlors and the pavilion in which the sessions were held.

The generous capacity of the United States Hotel was taxed to its utmost by the first influx of delegates, and on the second day of the Convention applicants were assigned to apartments in neighboring houses. The dining-hall of the hotel, however, proved exceptionally capacious, and without crowding, accommodated the hundreds who assembled with unfailing regularity within its walls. The "Pavilion" or ball-room of the hotel, in which the sessions were held, proved to be cool and commodious, but its acoustic properties proved sadly inferior. The outside of the hotel was freely decorated with flags of all nations, past, present and to come; the interior of the "Pavilion" was artistically draped with flags and bunting of the national colors; shields were suspended from the rafters, bearing on reverse sides names of departed and illustrious pioneers and champions of homœopathy; names, which in themselves preached courage, endurance, and hope; names that are an inspiration. Similar shields were interspersed in the frieze decorations. No fewer than fifty-eight heroes from Hahnemann's day to our own, were thus commemorated. The influence of their lives being a living factor in the progress of homœopathy to-day, it was appropriate to thus honor their memory. Over the official platform hung in brilliant letters the familiar "Similia similibus curentur." Above and back of the President's chair, hung a large portrait of Hahnemann, whose benignant countenance seemed to look encouragingly down on his surprisingly large family. The plat-

forms were tastefully and appropriately built, and were hedged off by an abundance of potted plants.

The Social Features of the convention were factors of considerable importance in making it so memorable a success. Except for certain hard-worked officials and committees, the evenings were, with one or two exceptions, devoted exclusively to recreation and social enjoyment. Some programme was provided for each evening for the entertainment of all who were inclined to escape from the atmosphere of the serious and scientific matters which held sway for six hours or more daily. A series of entertainments was thus provided, each one of which presented something sure to give pleasure. Well-selected and finely executed instrumental and vocal music, solos, duets and quartettes, recitations, readings, etc., offered an appetizing change from the routine of business. A resident orchestra mingled its music with the chat in dining-hall and corridors. Large parlors and wide verandas offered unlimited opportunties for isolated or general conversation. Dr. Gatchell's exhibition of "mind reading," was a clever exposé of the technicalities of the mysterious art, which gave much pleasure to his fortunate spectators.

The provisions thus made for the pleasure of delegates and visitors, the opportunities for the renewal of old friendships and the institution of new ones, lent grace and brightness to the great gathering.

The Memorial Service, held Sunday evening, was from the sacred associations of the day, and the sympathetic and reverent spirit in which it was conducted, a fitting tribute to those whose "warfare is accomplished." It was no hurried or perfunctory performance of a formality, crowded into a business session, but a tranquil and impressive public testimony to the affectionate esteem in which those members were held, who, during the past year, have entered into their rest. Such names, for instance, as David S. Smith, Alfred I. Sawyer, George E. Belcher, could summon up only pleasant and helpful recollections. The words spoken by colleagues and personal friends of those who had gone, were touching, tender and appropriate.

The introduction of clerical exhortation was to be deprecated, as foreign to the spirit of the occasion, which is preëminently a family, and not a public ceremony. Fine vocal music, at such a time, is, however, peculiarly fitting, as it lends an influence wholly in harmony with the sentiment of the hour.

The Attendance, as shown by the effective plan of registration used by the indefatigable Chairman of the Bureau of Registration, etc., Dr. Thomas F. Smith, was unprecedentedly large. The names of 493 physicians were on the roster. It is to be mentioned with commendation and congratulation that the South sent a large contingent, considering the small number of representatives homœopathy can boast of in the Southern states. And this contingent is an influential one, consisting of such names as Holcombe, J. P. Dake, Orme, Fisher, Stout, Monroe; "good men and true," every one. England and Germany sent delegates, but other countries were represented only by papers, reports, etc. In addition to the members there was a large number of visitors present, relatives and friends of physicians, all having an active and intelligent interest in the proceedings. The number of visitors present reached 567, a total in members and visitors of 1,060.

The Scientific Sessions were held in the forenoon and afternoon of each day, lasting three hours each. The attendance was uniformly good, and the discussions unusually animated and amicable. The great majority of papers read bore unmistakable marks of serious thought and careful preparation. The subjects presented were numerous and varied, being chiefly, though not exclusively, confined to general and special branches of medical science and practice in relation to which homœopathy plays a significant part. Each day's session was opened by a specially prepared address, not necessarily connected with the subject under consideration during the day, but intimately connected with some special phase of homœopathy: such as "The Ethical Basis of the Separate Existence of the Homœopathic School," "Practitioners of Homœopathy Always the Defenders of Medical Freedom," "The Duties and Responsibilities of Homœopathic Medical Colleges as Leaders in Medical Pro-

gress," "The Influence of Homœopathy on Recent Medical Literature and Practice," "The Growth of Homœopathy in the United States in the Past Five Years."

It is impossible here to refer in detail to any of the papers read. Suffice it to say that our literature will be enriched by their publication.

Materia Medica Day (Thursday, the 18th,) was a day long to be remembered in the annals of our school as the red-letter day of the Convention, a banner day in the history of homœopathy. It marked an epoch in the growth of materia medica as a science. No time was spent in the reading of lengthy provings. Not a moment was lost in boasting the victories thus far achieved through our materia medica. The papers read and the discussions which followed were filled with a seriousness and unity of purpose which offered the highest possible encouragement to workers in this field, and promises the accomplishment of great things in the near future. The eager and intense earnestness to establish materia medica upon an imperishable foundation of truth, which breathed through the papers and was manifested by the speakers, was something from which to gather inspiration for the work of a lifetime. With the high purpose of serious workers in difficult and unsettled problems, living issues were met squarely and manfully.

The words used by President Talbot in his brief address at the opening of the Convention, seemed to have the significance of prophecy when recalled after the proceedings of the day.

"Second: We come as homœopathic physicians, believing that the principle of *similia similibus curentur* is the best guide in the application of medicine to disease. *It is our object to do what we can to make these methods more exact and less difficult*, so that in time this God-given law shall, by its demonstrated success, become universally accepted. *In this matter it is rather our duty to consider the failures and the weak points of our system, and how to remove them*, than to dwell more pleasantly upon those things already well understood and sufficiently successful."

A realization of the fact that the future of medicine depends on the scientific accuracy of the materia medica, must have been

impressed on the minds of all present. As progress and improvement are possibilities only to those conscious of present imperfections, it was acknowledged, though without pessimism or discouragement, that materia medica has not yet reached full perfection. To aid in attaining the ideal standard, the following subjects were presented and discussed, after the report on the Cyclopædia of Drug Pathogenesy had been read: "Drug Proving of the Future," "The Demands of Modern Science in the Work of Drug Proving," "A Reconstructed Materia Medica," "Indexes and Repertories," "Discussion of Dr. Hughes' Proposed Index to the Cyclopædia of Drug Pathogenesy," "The Pharmacy of Tinctures," (two papers), "The Pharmacy of Triturations," "The Probable Homœopathic Uses of Some New but Unproved Drugs." The thoughts of such men as Richard Hughes, J. P. Dake, T. F. Allen, C. Wesselhoeft, A. C. Cowperthwaite, Chas. Mohr, A. W. Woodward, Chas. S. Mack, Lewis Sherman, A. J. Tafel, J. W. Clapp, and E. M. Hale, were well worth listening to, and were rich in suggestions of the future possibilities of homœopathic materia medica.

The plan of "Reconstruction," advocated by the Baltimore Medical Investigation Club, and the method of "Revision," proposed by Dr. C. Wesselhoeft, are matters that have made a distinct impression, but, as evidenced by the majority of speakers, the time is not yet ripe for the wide acceptance of such "radical" (?) measures. The tide of conservatism may yet be too strong for such revision and reconstruction to make marked headway, but signs were not wanting that the tide is on the turn.

Another "Big Day" was Monday, the last day of the Convention. The interest centered not so much in any single aspect of homœopathy, its science or its art, as in the broad and general relations existing between homœopathy and the world at large: its growth and the obstacles to its development; its political standing, aspirations and influence; its possibilities for increased hospital and dispensary work; its historical aspect. Statistics, historical sketches and general reports from Great Britain, Manitoba, New Zealand, and India, from Austria, Hungary, Germany, Switzerland, Denmark, and Russia, were

read. Mexico was also heard from, and a special sketch from Dr. Banerjee, of Calcutta, gave personal experiences in establishing dispensaries in that strange, dark, far-away land. Concerning hospitals, there was free expression of opinion. Construction, maintenance and management were topics which interested those who realize the wide influence exerted by such public institutions. Hospitals as charities, hospitals as clinics, hospitals as signs of high civilization, hospitals in connection with medical schools; these were points dwelt on, and the opinion clearly obtained that the hospitals now under homœopathic management are few to the number we shall count a few years hence.

The Banquet. — The Convention concluded with a banquet worthy the name. According to programme, several papers on miscellaneous subjects had been put down for Tuesday forenoon, but by judiciously economizing time these papers were included in the afternoon session of Monday, so that the Convention adjourned before the banquet. The after-dinner speaking on this occasion was bright, cordial and congratulatory. The Convention was over; it had proven a great success, and there was cause for rejoicing. Dr. Hughes spoke for our English, and Dr. Villers for our German colleagues; Gov. Abbett responded for the State of New Jersey, Dr. Talbot for the Convention, and Dr. Kinne for the A. I. H. The Homœopathic Personel was responded to by Dr. J. P. Dake; the most telling, one may say without invidiousness, the brightest speech of the evening was made by Dr. Julia Holmes Smith, who spoke for "The Woman of the Nineteenth Century." It was a fine and touching tribute to woman, setting forth the development of her present position and her possibilities for the future. Woman's professional position was graphically and appreciatively portrayed by a gracefully modest representative.

Thus it was that in excellent spirits, earnest desire, sincere effort, hopeful minds and renewed energy, delegates and visitors parted and the Convention terminated, it being a prevalent opinion that a memorable and successful meeting had been held.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

At the recent meeting in Atlantic City, in conjunction with the International Homœopathic Convention, only the necessary routine business was transacted. Something like twenty reports had to be made by special committees, many of which were of considerable importance. Aside from the principal session, held on Tuesday, the 16th, short ones of half an hour were held daily, preceding the morning session of the Convention.

Additions to Membership. — The Board of Censors reported favorably upon 247 names, which were accordingly added to the list of members. This is the largest number added at any one time, the largest addition prior to this having been at Boston, in 1869, when 212 new members were elected. The next largest was 156, in New York, in 1867. The incalculable importance of the national association, the power it may become through unity and organization, should be appreciated by every member of the profession. In fact, the Institute should include in its membership every true-spirited homœopathist. The privilege of attending its sessions, even occasionally, and possessing a member's copy of its "Transactions," is ample compensation for the small annual dues; while the satisfaction of helping in even a slight degree the progress of a noble cause is a stimulation and an encouragement to good work and individual growth that is elsehow unattainable.

The Intercollegiate Committee is destined to become a powerful factor in educational matters in our school. Twenty-six delegates from the sixteen colleges met at Atlantic City. The unanimity which has characterized its recent meetings is matter for congratulation to the whole school. Appreciation of the necessity of adherence to high standards is a feature of the committee, and it is of importance to the whole country. The intention to enforce, at the earliest possible moment, a four-years' course of medical instruction, and the adoption of a uniform minimum curriculum to cover the present three-years' course, should have wide commendation and assistance.

Washington, D. C., is the place selected for the next meeting of the A. I. H., (in 1892). The time will be a little earlier

than usual. Since this will be the first meeting in the Nation's capital, it becomes a matter of pride and duty that it prove even more successful than the one just held at Atlantic City.

The Seniors. — The balancing power and influence of this body is rapidly increasing. Twenty-six veterans were present. The experience resulting from twenty-five years of interested membership in the Institute, noted fidelity to the cause, professional and executive ability, mature and deliberate judgment, these and other qualities make the Seniors indeed a "grave and reverend" body. The comradeship and affectionate regard, born of such long companionship and united effort, have received outward and permanent expression in the shape of a "Loving Cup," to be used annually at the special feast of the Seniors. The dedication ceremonies (so we have heard) were particularly impressive, and the extemporaneous sentiments offered as the cup passed from hand to hand of the twenty-four present, were as original as heartfelt. The cup is inscribed only with the date and place of dedication. The dignity and privileges of seniority are attained after twenty-five years of membership in the Institute. Moral — Join the Institute early in life, and keep annual dues paid up.

A Resolution. — The rich experience, profound learning and mature judgment of Dr. R. E. Dudgeon, Honorary President of the International Homœopathic Convention, received recognition in the following resolution, upon which it is unnecessary to comment except to commend :

Resolved: That R. E. Dudgeon, M. D., of London, be requested to prepare for publication : 1st, A new edition of his translation of Hahnemann's "Organon," with such annotations as his studies and experience may suggest. 2nd, A collection of hitherto unpublished letters and writings of Hahnemann, in his possession or accessible to him.

Sterilization of Nail-Brushes. — Spielhagen found that nail-brushes which lie on washstands with the soap, as they so often do, and also those which have been used for scrubbing hands and patients' skins, contain generally a large number of micro-organisms. The best and quickest method of disinfecting them is by boiling. Another thorough method is to keep them permanently in a solution of corrosive sublimate (1-2000). The author finds that those brushes which have wooden backs are not much injured by either process. — *Bost. Med. and Sur. Jour.*

COMMUNICATIONS.

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HOMŒOPATHIC "CERTA" AND "DUBIA."

BY R. E. DUDGEON, M.D., LONDON, ENGLAND.

[*Address to the International Homœopathic Congress of* 1891.]

Esteemed Colleagues:

It is impossible for me to express in adequate terms my sense of gratitude for the high honor you have conferred on me in inviting me to preside over the distinguished assembly of homœopathic colleagues which meets this year in your wonderful country, or my regrets at my inability to comply with your wish. My age, with its attendant infirmities, warns me that I could not efficiently perform the duties of your president, and that I ought not to take a voluntary voyage across the stormy Atlantic, when I can almost see the old ferryman, Charon, imperatively beckoning to me to embark on his boat for a very different and longer journey; and that is an invitation which I am powerless to decline.

Though I am unable to accept your flattering offer of the presidency of the Congress, I cannot refuse to accede to your wish that I should send you an address, though I am fully sensible of my inability to give you anything that is worthy of your acceptance. Had I been able to attend your meetings, I should have preferred to remain a private member, for I know that I should have had everything to learn from my American colleagues, and nothing to teach them. For it is from America that all the advances and improvements in homœopathy now come. While in the tradition-bound, conservative Old World the number of avowed adherents of homœopathy remains stationary, or even declines, in the New World — especially the United States — where opinion is unfettered by authority or antiquity, the number of homœopathic practitioners increases by leaps and bounds, so that your country possesses more than ten times the number of doctors avowedly practising homœopathy than are to be found in the whole world besides. And I may add that their zeal and industry are so great that they furnish more than ten times the quantity of useful works for the enrichment and development of our art, than the whole of the rest of the world produces. Such being the case, it would be impertinence in me to presume to teach anything to you, whom we, homœopathists of stagnant Europe, acknowledge to be our teachers and our masters.

But though unable to instruct, I may, perhaps, succeed in interesting you for a brief space of time by looking back on the first principles of homœopathy, and endeavoring to discriminate

between the essentials and the non-essentials of Hahnemann's system. For it is a mistake to suppose that all the teachings of Hahnemann are of equal importance. Hahnemann's great service to medicine in the discovery of the therapeutic rule that should guide the practitioner to the selection of the proper remedy, should not blind us to the fact that, like other great medical authorities, he was fond of theorizing, and that his theories need to be received with caution, and should be rejected if found inconsistent with well-ascertained facts. It may be useful to recall to your recollection the various points of Hahnemann's doctrines, and to attempt to apportion to each its true value. We shall find that while there are some points which Hahnemann fixed once for all, and on which he never varied in his teachings, there are others on which he held a diversity of opinions at different times, and which have, of course, no binding force on his disciples. On these latter points the opinions of his adherents have often differed from those of the Master, and from one another.

The excellent motto from St. Augustin, which was adopted by the *British Journal of Homœopathy*, "In certis unitas, in dubiis libertas, in omnibus charitas," expresses the sentiment that should still animate the disciples of Hahnemann. The only *certa* in the Master's teachings are the fundamental therapeutic rule for the selection of the remedy, *similia similibus curentur*, and the mode of preparation of the medicines and their attenuations. These we should hold in their integrity, on these we should be united. With respect to the first we are all of one mind. But the advocates of the so-called "high potencies" have departed widely from Hahnemann's pharmaceutic method, and in so doing they have sacrificed entirely the uniformity which Hahnemann so strenuously insisted upon. According to Dr. Fincke, there are no fewer than twenty-four manufacturers of so-called "high potencies," each of whom has his own peculiar method of making them, which differs from that of his rival manufacturers, and differs still more widely from Hahnemann's precise and well-considered method. In the use of these, uniformity is impossible. The diluting medium employed is not Hahnemann's, and is not the same in any two of the twenty-four kinds. In place of the alcohol employed by Hahnemann, the latter use mostly the service water of the locality where the manufacturer resides. As this water contains more or less organic and inorganic impurities, the kind and quantities of those impurities differing in every different locality, and as these impurities are "potentized" *pari passu* with the medicine, it is evident that the resulting preparations of the Dicks, Toms and Harrys, who try to persuade us to buy and use their preparations, cannot

possibly be identical. If we read of a case cured by, say, the 100,000th "potency," and wish to repeat the experience, we should require to know who made the "potency." For if the preparation used for the treatment was made by Dick, and we were to employ the corresponding potency made by Tom or Harry, and failed to cure, we should be told that the cause of our failure was that we had not used Dick's preparation. And so complexity and diversity are introduced into practice where Hahnemann had established simplicity and uniformity. Again, if Hahnemann's assertion, in the *Organon*, that successive dilutions lose medicinal power in a certain mathematical progression, so that, for example, the 30th dilution has just half the medicinal power of the 15th, then the medicinal power of the 100,000th, or even 10,000th, must, one would think, have reached the vanishing point of medicinal action. But apparantly the "high-potency" men think they know a great deal better than Hahnemann, when they assure us that Hahnemann was mistaken, and that their exalted dilutions, made with impure water, increase in medicinal power the further they are carried. And yet they call themselves "Hahnemannists," and effect to believe that those who stick to Hahnemann's pharmaceutical process are no true disciples of the Master. For my own part, I prefer to be guided by Hahnemann in the preparation of the implements for the practice of his system, for I know what they are and can always rely upon having the same article. But I marvel at the presumption of those who reject Hahnemann's pharmaceutical method, and endeavor to persuade us to buy their own wares, which are prepared quite differently from those of Hahnemann, and according to the caprice of each manufacturer, so that nobody knows exactly what they are, and all that we do know is that dilution of medicines by different makers, though they may bear the same numbers, represent quite different things. What are the inducements offered to us in order to persuade us to exchange the simplicity, certainty and uniformity of Hahnemann's method of preparing his medicines, for the complexity, uncertainty and diversity of the so-called "high potencies"? We are told that by using them we shall be acting in accordance with the teachings of Hahnemann, that our cures will be "Hahnemannian," and we shall deserve the name of "Hahnemannists." But that is manifestly absurd. For how can we be acting in conformity with Hahnemann's teachings, how can we show our respect for the Master by rejecting his explicit and reiterated directions for making his implements of cure, and adopting methods which he knew nothing about? Indeed he implicitly condemned the employment of water as the medium for making his dilutions, by pointing out that "the internal change and

chemical decomposition of the component parts of the water constantly going on, would destroy and annihilate the medicinal power of a drop of vegetable tincture in the course of a few hours."

The only rational ground for preferring the preparations of the high dilutionists to Hahnemann's, would be that the former cured better than the latter. But a pretty extensive acquaintance with the records of homœopathic cures has not shown me that those effected by the so-called "high potencies" exhibit any superiority, if indeed they are equal to the results obtained by the use of the Hahnemannic preparations. Nowhere, in fact, can we find better cures than Hahnemann's model cases where the pure undiluted juice of *bryonia* and the 12th dilution of *pulsatilla* were employed. If the so-called "high potencies" were even as efficacious as the medicines prepared according to Hahnemann's method, which I doubt, we ought still to prefer the latter, as it is a maxim of conduct not to employ complex means when simple means are equally good, and moreover *pietas* towards the founder of homœopathy should lead us to prefer his preparations to the very different articles advertised by interested individuals, medical and non-medical, who seek to obtain notoriety or pecuniary gain by wares manufactured by them in a manner not only not authorized by Hahnemann, but in direct opposition to his repeated directions.

There are some other points of homœopathic practice which we could willingly consider as coming under the category of *certa*, such as the selection of the remedy strictly in accordance with the totality of the symptoms, and the administration of only one medicine at a time. But unfortunately Hahnemann himself has removed these points from the *certa* to the *dubia*. Thus by his doctrine of the origin of chronic diseases he has created exceptions to his original rule of guidance by the totality of the symptoms only, for in the treatment of these diseases he teaches that we are to be guided to a certain extent, by a pathological theory which limits us to a use of a certain set of medicines having certain hypothetical qualities indicated by the terms antipsorics, antisyphilitics and antisycotics. It is curious to note that Hahnemann, after his frequent condemnations of the traditional method of being guided in the treatment of diseases by pathological theories and hypothetical qualities of medicines, should have himself adopted the very plan he so often denounced. Another instance in which Hahnemann was guided to the remedy solely by a pathological theory and a hypothetical quality of the remedy, is his treatment of cholera by camphor. Cholera he imagined was caused by minute organisms (microbes), and camphor cured cholera by killing those morbific

microbes. In this theory he anticipated Koch by nearly 60 years, so that whether the theory is correct or not it is certainly "up-to-date" medical science. The introduction of what are called "key-notes" as indications for a remedy is distinctly a departure from the selection from totality of symptoms. It may have some justification as long as those key-notes are peculiar or characteristic effects of the medicine, but "key-notes" which are not taken from the provings cannot command our confidence and are quite opposed to Hahnemann's teachings. I need only point to two such so-called "key-notes"; the "fan-like movement of the nostrils" as an indication for *lycopodium*, and the "occurence of a stool when he lies on the left side," as an indication of *phosphorus*, neither of which symptoms is to be found in the pathogenesis of those drugs. But a still further departure from Hahnemann's teaching is when the indication is derived solely from the supposed pathological condition. And here the self-styled Hahnemannists are the greatest offenders. Thus Dr. Skinner gives us a case of what he calls treatment "*secundum artem* on Hahnemannian principles," in which the sole indication was "chronic inflammation and induration of the left ovary," which led him to give *lachesis*, m.m., and yet there is not the slightest hint of any such pathological state in the very voluminous proving of that remedy, and of course Hahnemann knew nothing about the "m.m." potency of *lachesis* or of any other medicine, and Dr. Skinner is one of the most through-going "Hahnemannists," and he denounces all who do not agree with himself as "mongrels," "Hendersonians," and unworthy of the name of homœopath. I am far from denying that we may often be guided to a remedy by a pathological resemblance between medicinal action and disease, as for instance to *antimonium tartaricum* in pneumonia; *arnica* in erysipelas; *arsenic* in cancer, etc.; in fact when we come to consider the matter it is in every case the pathological resemblance which guides us, only in some cases we are able to compare the actual objective changes of medicinal and natural disease, whereas in others we can only observe the subjective symptoms and compare these; but we must admit that when the subjective symptoms of medicinal and natural disease are alike, the pathological alterations which produce these similar symptoms, must also be alike. But to prescribe a medicine for a given pathological change which has no analogue in the known effects of the medicine, is pure empiricism, and is not homœopathic in a Hahnemannic, or Hendersonian, or any other sense, Then as regards the single medicine, we know that at one period Hahnemann commended and himself practised Aegidi's innovation of mixing together two medicines in one prescription, a very serious de-

parture from his original rule to give only one medicine at a time, which has met with no approval from any considerable section of his followers.

One of the *dubia* of homœopathic practice, in which we may claim *libertas* for the practitioner, is the much vexed question of the alternation of medicines. This practice is frequently denounced by the self-styled Hahnemannists as utterly contrary to the teachings of Hahnemann, and should never be employed by any true homœopathist. But not only has the experience of thousands of Hahnemann's devoted followers shown this practice to be eminently useful in many cases, Hahnemann himself has sanctioned it by his own example. Thus he advises *bryonia* and *rhus* in alternations in the typhoid state following cholera; *cuprum* and *veratrum* alternately in the second stage of cholera, and also as a prophylactic of that disease; *spongia* and *hepar* alternately in croup; and several other instances of his alternations of medicines may be found in his published works and letters, even as late as the second edition of the *Chronic Diseases*. The alternate employment of two medicines is justified rationally by the complex or compound nature of many cases of disease, by the insufficiency of the recorded pathogenetic effects of one medicine to cover all the symptoms of a case, by its success in practice, and, as before said, by Hahnemann's own example.

The selection of the 30th dilution as the proper dose for all medicines in all cases was purely arbitrary and not founded on anything like a basis of facts; for it would require more than a lifetime to ascertain which was the best dose of any one medicine in any one disease. Though at one time Hahnemann fixed the proper dose at the 30th dilution, he allowed himself frequent variations of doses. Thus in the last edition of the *Chronic Diseases* he advises *thuja* at first in the 30th, then in the 24th, 18th, 12th, and 6th dilutions, with the local application to the figwarts of a strong tincture of the same medicine, and he recommends *nitric acid* in the 6th dilution. At one time he held it to be best to administer the medicine by way of olfaction. And yet in the latest edition of the *Materia Medica Pura* he continues to give as examples of his homœopathic treatment the cases which he cured respectively with the pure juice of *bryonia* and the 12th dilution of *pulsatilla*.

If we wish to obey Hahnemann's celebrated injunction, "machts nach" etc., i. e., "repeat what I have done exactly as I did it and you will obtain the same result," we shall, in a similar case of gastralgia to that recorded, prescribe the pure *juice* of *bryonia*. Though he says in a note that a single minute globule moistened with the 30th dilution of *bryonia* taken or smelt would have cured the case equally well, that is merely his opin-

ion. As a matter of fact the case was perfectly cured by the drop of the pure juice, and that dose, not the 30th dilution, we must give if we are to comply with Hahnemann's desire that we should repeat his experience exactly. Besides that right has the "might, could, would or should have done," in comparison with the "has done," and why should we give a dose laboriously diluted through 30 vials, when it was perfectly competent to cure, and did cure without being subjected to any such complicated manipulations?

The theoretical parts of Hahnemann's teachings in the *Organon* and elsewhere, all belong to the *dubia*. The chief of these is his theory of the origin of all chronic diseases from three miasmata or viruses, to which I have already alluded and need not dwell on. It is distinctly a recurrence to the traditional method of being guided by a pathological theory to the selection of remedies to which hypothetical qualities are ascribed, a method which he previously condemned. It was a manifest departure from his rule for the selection of the remedy from the similarity of its pathogenetic effects to the totality of the morbid symptoms in each case. His division of medicine into antipsoric and non-antipsoric, seems to me to be quite arbitrary, and no one can tell why such medicines as *agaricus*, *anacardium*, *aurum*, *clematis*, *colocynth*, *conium*, *dulcamara* and *euphorbium* should be classed among antipsorics, while *argentum*, *ferrum*, *nux vomica*, *belladonna*, *pulsatilla*, *rhus*, and many other polychrests are not credited with antipsoric powers.

Hahnemann's theory of the origin of chronic diseases, though spoken of with respect, has long ceased to influence the practice of his adherents who have reverted to his original rule of selection of the remedy strictly according to similarity of symptom of medicine and disease, without regard to his hypothetical and arbitrary classification of medicines.

The theory of diseases being caused by the derangement of a supposed spiritual entity called the "vital force," which Hahnemann promulgated in the last edition of the *Organon*, is one for which no proof is offered, nor can be given. The existence of such a separate and controlling power in the organism as a vital force or independent spiritual power is rejected by modern physiologists, and needs no special repetition from me.

Hahnemann's theory of the dynamisation of medicines by the processes of dilution, succussion and trituration, which is, as it were, a corollary from his "vital force" theory, is still a subject of discussion and controversy. It is indeed hard to ascertain what his theory was exactly. In one place we find him recommending the dilution of medicines for the purpose of avoiding excessive aggravation of the disease, aggravation of some sort

being in his opinion essential to the cure. In another place it would seem that he regarded the processes of trituration, dilution and succussion as increasing the medicinal power of the drug, as in his note to the proving of *thuja*, and he there alleges that these processes resolve the material substance of the drug into "pure medicinal spirit." Elsewhere he talks of these processes unfolding or liberating the medicinal power, but he still retains in the *Organon* (note to sec. 280) the statement that however highly diluted, the smallest conceivable part must be a portion of medicine itself. Obviously Hahnemann's ideas about dynamisation varied considerably at different times. So also his views as to the power of succussion. In the *Organon* he directs 2 succussion strokes only to be given to each successive dilution, and he dreads the effect of giving more than this number to any dilution. He even warns against carrying liquid medicines in the pocket case, as the shaking they must there receive would dynamize them to a dangerous degree. He also asserts that *drosera* 30, each of the dilutions of which had received 20 shakes would endanger the life of a whooping-cough patient, whereas a preparation of the same nominal dilution where 2 shakes only had been employed to each bottle would cure the case without any risk. He mentions too that a grain of *soda* dissolved in an ounce of water was brought to the equivalent of the 30th dynamisation by merely shaking it in a bottle for half an hour without diluting it further. But in another place in the *Organon* he says that the medicinal power of medicines diminishes in a fixed mathematical ratio at every successive stage of dilution. If this statement is true it is obviously incorrect to speak of higher dilutions as higher "potencies," when it is manifest that according to Hahnemann they must be lower degrees of potency.

Hahnemann's dread of excessive dynamisation by succussion seems to have undergone a great alteration in later years, for in the preface to the 5th part of the second edition of the *Chronic Diseases* he recommends that 10, 20, 50 or more powerful succussion strokes should be given to each successive dilution.

Hahnemann's views as to the repetition of the medicine varied greatly at various periods. At one time he stated that it was wrong to repeat the medicine at all. One dose was to be allowed to act for days, weeks or months, and at the end of that time a different medicine would be required as the symptoms would then have undergone such an alteration that the same medicine would no longer be indicated. But latterly he directed that the same medicine might with advantage be repeated "an incredible number of times" at short intervals. To be sure he directs that the "potency of the solution should be altered at

each successive dose by a number of succussion strokes," but that is a detail that does not obviate its manifest discrepancy with the previous dictum that the same medicine should not be repeated, and it is manifestly in direct contradiction to his other dictum, that when a medicine is repeated it should always be given in a lower dilution. Obviously, then, we may repeat the medicinal dose as often or as seldom as we may deem requisite, and still claim that we practice according to Hahnemann's teachings.

I need not expatiate on the other *dubia* of the homœopathic system for which we claim liberty of opinion and practice, such as the local application of remedies and the employment of mechanical, hydropathic, calorific, refrigerant, magnetic, electric, mesmeric and other auxiliaries.

While we maintain a unity of belief as regards the *certa* of Hahnemann's teachings, to wit, the homœopathic therapeutic rule and the method of preparing the implements of cure, we are free to adopt, modify or reject the *dubia* in obedience to reason, experience and the progress of scientific knowledge. Hahnemann's writings are not sacred books, and we are in no way bound to accept his teachings where they are in contradiction to those of science. We are physicians before being homœopathists or even high-dilutionists; our chief object is, or ought to be, the cure of our patients, and if we can do this better by other than homœopathic means, we are morally bound so to do. Hahnemann himself shows us the example. He relates cases where he cured serious diseases by means of the water cure, without giving any medicine whatever, and he deviated from his homœopathic therapeutic rule when he cured the cholera in its first stage by employing the microbicidal power of camphor. I do not say, and do not know that any better remedies for diseases than the homœopathic have been discovered, but should they be, then as physicians we are bound to give our patients the benefit of them. We have seen many novelties of treatment promulgated and eagerly accepted by the profession and public during the last decade, but hardly any of them have stood the test of experience. The latest of these, Koch's famous *tuberculinum* cure of consumption and lupus, though received with almost ecstatic jubilation by the profession and by the public, has already been hopelessly discredited and I may say abandoned by most of its original advocates. We should distrust all remedies and modes of treatment which attain a rapid popularity. They are sure to fall into disrepute with almost equal rapidity. Every year, every month almost, some new hypnotic, analgesic, or antipyretic is announced, and its predecessors are discarded for the new comer, which in its turn is ousted by a

later novelty. And this is inevitable, for these remedies are directed to unscientific symptomatic treatment of the crudest sort, the treatment of one symptom — sleeplessness, pain or high temperature. Therapeutics of this kind is predoomed to perish.

There is no need for me to speak of the third clause of the old motto "*in omnibus charitas*," for that we already all act up to. We never (or hardly ever) call one another names, we never (or hardly ever) arrogate to ourselves the possession of superior knowledge, and we never (or hardly ever) assert that our practice is pure homœopathy, while that of our colleagues is quite the reverse. In short, we are animated by the purest charity towards one another's opinions and practice, and accord to all the same liberty in those matters which we claim for ourselves.

I have finished. My aim was a modest one. I have not sought to open up to you any new line of thought or practice, I have not even suggested a twenty-fifth way of making un-Hahnemannic dilutions. My object has rather been to act the part of a humble signal-man on the homœopathic line, to try to keep the train on the main rails, to warn it against diverging into theoretic sidings, which lead astray from the true goal, and to prevent it, if possible, getting off the track altogether into some "high-potency" bog or "key-note" swamp. Probably many of you differ from me in the opinions I have expressed, but I am sure you must agree with me that my address is but a poor performance. In the happy conviction that on one point at least we are in full accord, I now take my leave of you, with cordial wishes and earnest hopes that our labors may tend to the scientific development and popular progress of homœopathy.

THE DUTIES AND RESPONSIBILITIES OF HOMŒOPATHIC COLLEGES AS LEADERS IN MEDICAL PROGRESS.

BY I. T. TALBOT, M.D., BOSTON.

[*Read before the International Homœopathic Convention.*]

The condition of medical instruction in this country during the first century of the republic, has not been such as to give us much satisfaction or to foster professional pride. During this time the Medical Schools were often but little better than a farce. They were, to a great extent, irresponsible bodies established under color of law, not infrequently for purposes of professional or pecuniary speculation. The number rather than the quality of its students was made the test of the medical school or college or university, as it was ambitiously self-styled. No previous acquirements were needed for admission, no con-

trol was held over students during their term of study, and the examination for the medical degree was, in the majority of cases, a mere pretence.

Intense rivalry between the different schools, or chartered concerns, broke down all restraints or proper safe-guards to entrance into the profession; the most unblushing falsehoods were uttered in the annual announcements and advertisements, and in great cities "runners" were actually employed to secure students and divert them from their rivals by any possible means. To such a depraved condition did medical education sink, that diplomas were unblushingly offered for sale without any required medical knowledge.

The advent of homœopathy did not tend to improve this state of affairs. The small size of the doses and their harmless character removed all fear of danger in administering them even by the most timid. The "box and book doctors" sprung up almost like mushrooms — in a night.

It is true that in spite of all this there were many learned and honorable physicians, who by years of study and effort sought to raise medical instruction out of the slough into which it had fallen. In our own school, under the modest title of the Allentown Academy, we find an early effort to secure medical knowledge by quiet, continuous, pains-taking study, but this effort was too short-lived to make any important impression on the profession. In 1848 and thereafter, homœopathic colleges were established in accordance with the existing methods of the day. They were no better, and I think we are justified in saying they were no worse, as a rule, than their colleagues. They had not the means at their command to accomplish all that was desirable, still on the whole they did creditable work, and resisted the strenuous efforts made to crush out the revolution in medical practice. They were in a sense successful, and as they became more numerous and influential, they became an important factor in the matter of the medical education of this country. To-day there are sixteen of these colleges engaged in active and progressive work, and they have furnished no less than eight thousand five hundred members to the profession. They have done more than this: they have been steadily striving to accomplish better work. They have combined, considered, and in our national association, discussed annually, the best means of raising and improving the standard of medical education. They have unitedly required a preliminary examination for all students allowed to enter their colleges; they have adopted a progressive course of study covering three full collegiate years; they hold annual examinations on the studies of the year last passed. A still further step has been determined upon, and one

greatly in advance of any other medical schools in this country. It is, that henceforth all students before graduation will be required to have spent four years in medical study. The first of these must be devoted to the foundation sciences of medicine, and the student's proficiency is to be determined by thorough examination ; the last three years must be spent under the careful instruction of the medical school. So far the homœopathic medical colleges are united and stand in advance of all other medical schools in this country, and it only requires that each college faithfully insist upon the fulfilment of those re-requirements by every student who graduates therefrom, and that the profession see that all these obligations are fully enforced.

But there are other requirements necessary if these colleges would assume and hold the position as leaders in medical progress. It is not many years since instruction in medical colleges was almost wholly didatic in its character ; gradually clinical instruction and demonstrated experiments were introduced, and in some of the best, laboratories for practical instruction were introduced. These have all been steps in the right direction. But the requirements of to-day, and the still greater requirements of the future demand more thorough facilities for instruction in all the practical departments. It goes without the saying that the principles of general chemistry and its analytic and synthetic methods should become familiar to the medical student. Still more important is it that medical chemistry should be taught, and the student be required to investigate and analyze the various products and excretions of the system. A greater amount of time and greater facilities should be given to the study of anatomy, — general, topical and special ; while embryology and histology should be rendered familiar by the practical work and experiments of the student. The microscope, especially to the homœopathic physician, who sees in the minutiæ of life the elements of disease and destruction, should be a daily companion, and in the medical school he should be familiarized with it, and taught to use it with the greatest facility and knowledge. In physiology, too, the thousand practical experiments which teach the functions and conditions of the human system in health and disease, should be practically made, and their lessons enforced in suitable and well-equipped laboratories. Pathological anatomy with all organic changes should be made familiar to the student, which can only be done when a well-arranged museum is at command, with the frequent use and exhibition of its material under the microscope. Didactic teaching cannot possibly give any clear and competent idea on this subject. As well might one expect to study without eyes the

wonders of a landscape. Equally essential, and perhaps almost the foundation of a medical school competent to fit the student for the practical work of his profession, is an extensive, well-arranged hospital, in which the student can, from day to day, study the more severe forms of medical and surgical diseases, and a dispensary for the treatment of out-patients, to which can resort a large number of cases of the severe, as well as the more common and mild forms of disease.

In this I have but briefly outlined in part the absolute requisites of such a school as should be provided for every one who intends to become a homœopathic physician.

Let us summarize these requirements:

First, a laboratory for anatomy and dissection.

Second, a laboratory for physiological study and experiments.

Third, a laboratory for microscopy, histology and bacteriology.

Fourth, a laboratory for pathology, with well-arranged museum attached.

Fifth, an extensive medical library and reading-room.

Sixth, a hospital with at least one hundred and fifty beds.

Seventh, a dispensary capable of treating 10,000 patients annually.

Eighth, an amphitheatre and lecture room for didactic and general instruction.

Ninth, suitable dressing-rooms for students.

Tenth, sufficient space for the other important requirements of the school.

It is obvious that the minimum cost for providing, furnishing, and properly fitting up all these necessary departments of the school, involves a large expense, which, as it is for the benefit of the entire public, certainly should not fall upon the profession alone. Nor is it possible to properly sustain this by the fees of the students. When we compare the requirements of a school of law, divinity or liberal arts, with those of a medical school, we see at once how much more extensive and costly are the necessities of the latter. Medical schools are, however, often established and conducted solely on the income to be derived from tuition fees. Now, while it would be deemed a folly to attempt to carry on a literary college or university without endowments of the most substantial character, and appeals for aid in behalf of these institutions are constantly presented to the public, how much greater is the necessity that the public should assist in the establishment and support of the necessary medical schools. No department of education is of greater practical importance than that of medicine. The health and life of the community, collectively and individually, comes within its scope, and although in this country the subject has never been pre-

sented forcibly and efficiently to the public, yet there is now awakening a sentiment in regard thereto, which it is the duty of our profession to still farther cultivate. Hospitals of the most costly and valuable character have been and are constantly being erected in different parts of the country, devoted entirely to the care of the sick and destitute, without any regard to the even greater benefit they may confer upon the whole community by contributing to the better education of its physicians. They should be fields for careful study, observation and research, not for experiments as is sometimes falsely charged against them, and they should be so conducted that they may be of the greatest value to the students, while at the same time they would be more serviceable to the patients in the greater care, study and effort which would be given to each case. That physician is competent neither as an instructor nor as an attendant in any hospital, who would not give to its inmates his best skill and greatest care. The same general idea is true of the dispensary. Its relative value and importance becomes greatly enhanced when it carries with it a department of instruction. The hospital and dispensary, so essential to clinical instruction, require a large fund for their foundation and support; and this the public is already accustomed to provide, and it oftentimes is done with great liberality. It only remains to demonstrate the importance of the other departments, and to appeal to the public earnestly, efficiently, persistently for the means suitable to conduct a medical school.

Conscious as we are that our system of medicine is to form the basis of medical instruction in the future, is it not our duty to take such wise and comprehensive action as shall make us the leaders in medical progress? Our schools should not only be provided with all the needed means for instruction, but so endowed that they can command and compensate the best professional talent as teachers. It is too much to expect that our schools will, at a single bound, reach the point of desired completeness; but, as in the last ten years they have progressed with such rapidity in their ideals and standards of instruction, should they not each and every one seek to secure in the near future all these required facilities? It is for our whole profession, for every individual member of it, to give such assistance as he can in this work. This can be done first, by contributing something annually to the pecuniary support of these schools; second, by arousing in the community a generous sentiment in favor of giving such assistance; third, by sending to these schools only the most carefully prepared and capable persons, who, when properly educated, will benefit the profession and the community.

Let this appeal go to every physician of the United States, — let him lay aside all petty jealousies and cynical criticisms, and realize that in his hands to some extent, rests the honor, the position and the progress of medicine.

THE PROGRESS OF HOMŒOPATHY IN NEW HAMPSHIRE.

BY J. FRANCIS BOTHFELD, C.B., M.D., CONCORD, N. H.

[*An After-Dinner Speech Delivered at the Annual Banquet of the New Hampshire Homœopathic Medical Society, at Concord, July* 1, 1891.]

Mr. Toastmaster, Ladies and Gentlemen: — I feel some natural hesitation and diffidence in replying to "The Progress of Homœopathy in New Hampshire," because of the short time that I have had the honor of being a fellow practitioner with you; still, this very fault may not be so much of a disadvantage when treating of my subject, after all, for my view of homœopathy's rough pastures reclaimed from the allopathic wilderness among the granite hills, if not very intimate or comprehensive, yet will certainly be fair and unprejudiced. I am glad to respond to this toast. Ever since leaving the good old Bay State, I have felt, to a certain extent, that I had fallen among Gentiles, for I had the impression that homœopathy was anything but flourishing in New Hampshire, but the inquiry which my subject has caused me to make, has completely eradicated the illusion under which I was laboring, and now I am proud to know, for the honor of this good Commonwealth, that she is on a par with any of her sister states of New England, excepting Massachusetts, in her welcome and hospitality to the disciples of progressive and liberal medicine.

To convince you that this is no wild statement, I shall run over a few figures covering a period of twenty years, to show the comparative increase in the numbers of our practitioners in New Hampshire, Massachusetts, Rhode Island, and Vermont.

Number of Homœopathic Physicians.	1876.	Gain, 5 yrs. 1881.	Gain, 5 yrs. 1886.	Gain, 5 yrs. 1891.
New Hampshire .	37	5%	2 1-2%	25%
Massachusetts .	312	12%	20%	25%
Rhode Island .	50	12%	9% loss	27%
Vermont .	60	?	32%	14% loss.

or a gain in twenty years for

New Hampshire, 35%.	Total No. Hom. Physicians, in 1891,					50
Massachusetts, 68%.	"	"	"	"	"	525
Rhode Island, 30%.	"	"	"	"	"	65
Vermont, 13%.	"	"	"	"	"	68

Leaving out of consideration for a moment Massachusetts,

where our growth has been remarkable, you will see that our progress in New Hampshire has been slow but steady for the past twenty years, and compares more than favorably with that in Rhode Island and Vermont.

Let us look a little more specifically into our standing in New Hampshire. We learn from the Transactions of the World's Convention of Homœopathy, of 1876, that scientific therapeutics was first introduced into New Hampshire in 1840, by Moses Atwood, at Francestown; that in 1850, there were about thirteen practitioners, who, in 1852, incorporated our honored State society. It is worthy of note right here, to remember that we still have one of our incorporated members with us, Dr. Emil Custer, of Manchester.

From the foundation of our Society to the present day our progress has been sure, solid and steady. In the last ten years we have increased our numbers 31 per cent., while the population of the State has gained only 8 1-2 per cent. This is surely not a discouraging outlook. Still, let us enquire critically why we have not made such enormous gains as has our mother State, Massachusetts. In ten years the Massachusetts homœopathic practitioners have increased 50 per cent., the State population 46 per cent. Homœopathic gain in excess of that of general population, in New Hampshire, 22 per cent., in Massachusetts, only 4 per cent.; but to offset this advantage of New Hampshire, while our State has only one homœopathic physician to 7,531 inhabitants, Massachusetts has one to every 4,265.

Why are Homœopathic practitioners more numerous in Massachusetts in proportion to the population than in New Hampshire? This is a question which will bear a few moments discussion and some thought, and from which we may draw a few deductions that will prove of benefit to ourselves. As the first cause of New Hampshire's poorer showing I would place the character of her population. New Hampshire has only five cities with population over 8000, and her urban population is only 27.37 per cent. of the whole. This of itself would have the utmost influence upon our numbers, for it is well known that it is in the most densely settled districts of our country, in the larger towns and cities, which naturally become the centers of education, refinement and wealth, that Homœopathy has the strongest hold. Massachusetts, instead of five, has forty-seven towns and cities of over 8000 inhabitants, and her urban population, instead of 27 per cent., is 70 per cent. of the whole. Do not infer from statements just made that I consider the New Hampshire people outside of her five cities incapable of apppreciating the benefits of Homœopathy. Far from it. Has it not been amply demonstrated in Alstead, Antrim, Berlin Falls, Bristol, Claremont,

Coos, Farmington, Franklin, and so on through the alphabet, that Homœopathy can and will take the lead in a country practice?

The trouble lies not in the education or intelligence of such communities, those that have had the chance have soon recognized the superiority of Homœopathy; but rather with our graduates and young physicians themselves. Our students, immediately on graduation, have in the past desired to locate directly in cities, with the hope of the sooner aquiring a large practice. Now that the demand for Homœopathic physicians is more nearly being met by the supply, this tendency will be less apparent, and more of our young men will be found willing to settle in smaller places. It is this tendency, which I predict for the future, that we should do our utmost to encourage. Let not one of us leave a small town without getting some one to take our place; let us do our best to induce young graduates to locate in our thriving towns and villages, and let us each strive to send a New Hampshire young man or woman to our representative medical college, towards his future settlement in this state.

As a second cause of the greater vigor of our brethren in Massachusetts, I would mention the activity and energy of their State Society. I will admit that the cases are hardly parallel ones. Within one half hour's travel of Boston are several hundred Homœopathic physicians, making a good attendance at their Society meetings almost certain; while in New Hampshire it would be impossible for more than ten of our school to get together in that time. Yet, are we doing as much as we can towards the establishment of those fraternal and intimate relations, towards that feeling of coöperation and organized strength which is the very life of such a society, and without which perpetuity of any cause is precarious?

If for no other reason than our own preservation as independent and progressive physicians, we should maintain to the highest state of perfection our central organization. Our lack of such united working force was deplorably evident at the beginning of our late legislative fight, and it was only by much exertion that finally even one half of our numbers, twenty-five out of fifty, were induced to take an active part in that contest which resulted in the unqualified defeat of the Allopathic examining bill. This urgent need of intimate organization will undoubtedly be felt again, and for the same cause; therefore let us be better prepared to meet it. I have not dwelt upon the higher aims and purposes of our State Society, since those are to be ably placed before you by another gentleman; but I have limited myself to this very material need of maintaining a strong central organization, namely, the preservation of our existence.

In going over this comparison of Homœopathy in our state with that in the rest of New England, I have not touched upon our material results,— dispensaries, insane asylums, hospitals. If you will allow me, I shall postpone my discussion of this side of the question until our Society's Centennial Celebration; should I then be living, I shall have the pleasure of referring to our list of several hundred members, to our State Insane Hospital, to at least ten city hospitals with equal privileges to existing schools, and to our large and prosperous State General Hospital.

Until then may our efforts be toward the continued and increasing progress of the Homœopathic Medical Profession of New Hampshire.

ANTIPYRIN.

BY F. G. OEHME, M.D., ROSEBURG, OREGON.

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

The following poisonous effects from antipyrin have been collected from allopathic journals within the last few years, and make no claim to completeness.

Doses of 3, 5, 10 grains, from two to four hours apart had been given frequently, 30 to 35 grains a day. There is the same diversity in the violence of its operations, and in the selection of the organs of the body, as in those of other drugs. In some cases the system rebelled only after frequent and large doses, in others very serious symptoms appeared from one or two comparatively small doses, and even death resulted. In some patients, certain organs were seized, in others different ones; in some the drug produced more of a general effect.

We have, as far as practicable, not separated the symptoms, and not classified them strictly according to the organs affected, but kept them together, hence there will be occasionally a repetition of a few symptoms.

As *general effects* we find drowsiness, sopor, confused ideas, great weakness, great nervousness, excitement, tingling and numbness.

In one case we find pressing pain in the occiput, dizziness, roaring and singing in the ears, very violent palpitation of the heart (200 a minute), dyspnœa, cold perspiration of the face, sensation of great heat in the whole right side, and of coldness and numbness in the left side of the body, complete amaurosis, difficult speech.

Large doses produce vomiting, cerebral depression, trembling all over the body, shivers, chilliness, cyanosis, syncope, collapse. It lowers the temperature and reduces the pulse and respiration sometimes to a dangerous extent. Excessive and frequently

cold perspiration for several hours. In one case paralysis of the left side ; in the other cases, hæmatemesis, convulsions and death. These symptoms would justify its administration in paralysis, and particularly in threatened collapse in many acute diseases.

Antipyrin has a cumulative power.

Head: Headache, with snapping in the head ; pressure.

Eyes: Loss of vision for several hours. Red spots before the eyes.

Ears: Pain under and in the ears ; excessive secretion from the ears ; itching and bleeding.

Nose: Very violent and frequent sneezing ; running of a very copious, watery, sometimes acrid fluid from the nose and eyes ; itching and pricking in the eyes ; itching and burning in the nose ; the mucous membrane so swollen that breathing through the nose is impossible ; eyes, nose and lips, swollen ; stupid, tormenting feeling in the head ; pain over the frontal sinuses ; flashes of heat, alternating with chilliness.

These symptoms are observed very frequently, and represent a complete picture of a violent coryza.

I aborted, lately, a violent coryza within an hour in the following way. I mixed in the palm of my hand a little vaseline and about 1-4 grain of antipyrin, and applied it with the little finger in both nostrils, as far up as I could.

Mouth: Pain in all the teeth in the lower jaw ; burning and itching in the mouth, especially in the roof of the mouth ; salivation.

Throat and Lungs: Burning and itching in the throat ; severe fits of dry cough ; severe cough with an abundant mucous discharge ; hoarseness ; pressure in the chest, sense of suffocation ; dyspnœa ; quick, labored respiration.

The symptoms of the nose and chest clearly indicate antipyrin in influenza.

Alimentary Tract: Burning sensation in the œsophagus; violent pain in the upper part of the bowels, going upward.

Female Organs: When antipyrin is given during the first two or three days of the menses, it arrests them, and causes fainting, violent chill, with trembling of the limbs, and cyanosis of the face ; in one case, repeated attacks of syncope ; watery leucorrhœa ; it arrests the flow of milk, if given when the flow first fills the breasts. What better adapted remedy could we wish for re-establishing the suddenly suppressed menses ?

Skin: Œdema of the face and limbs. After three (3) doses of ten (10) grains each, hourly, there appeared on the eighth day, a papular eruption on the face ; the next day all over the body ; eyes suffused, much congested ; ears swollen, and cov-

ered with papulæ, exactly like measles. In over fifty cases antipyrin produced an eruption like measles; some of these eruptions appeared with gastric symptoms, tightness of the chest, etc. The rash was usually on the exterior side of the limbs, not on the palmar and plantar surfaces, and lasted from four to eight days. Adding to these symptoms those mentioned above, under "nose" and "chest," a greater similarity between the antipyrin-measles and the genuine ones cannot be found. In other patients antipyrin produced urtricaria, and in still others, erythema. As a drug can produce different skin diseases on one and the same person at the same time, it is less strange that it should cause different skin diseases in different persons. When I proved Rhus venenata some thirty years ago, I would frequently have eruptions like urticaria, measles, eczema and erythema at the same time and in close proximity to each other. Antipyrin is, certainly, a very powerful and far-reaching drug, which deserves our full attention, and should be proved. We have, of course, not mentioned for what diseases the old school uses, or rather abuses it, as their use is at utter variance with ours.

In closing I should like to ask one question. Has any one given it to make labor painless? If so, have any ill effects been noticed at the time, or afterwards?

CLINICAL MEDICINE.

BY M. D. LUMMIS, M.D., LOS ANGELES, CAL.

It is upon this field—as narrow as the bedside of the sick, yet broad as the whole science of healing—that our battles are won; here where our losses cost us dear; here where we most have need for a reason for the faith by which we work, and where we must have, in its patent results, a clear answer to those who are doubters or questioners; and this in an age which is one great interrogation point. The surgeons dazzle and overshadow us by their brilliant successes; specialists to the right and left encroach day by day upon the few insignificant portions of the anatomy that they have left us; great men with great ideas, and little men who follow and mis-represent them, are leaving the open field for dark by-ways and strange sewers where they hope to find at once the cause and cure of all mortal ails, in their own peculiar brand of micro-organism; our own journals are filled with advertisements of concoctions of all kinds for specific cases; ingenuity is taxed to find names enough for all the new narcotics, while there are a host of practicably unanswerable statements made by those who advocate unmedicated sanitation alone. Among them all, what wonder if the every-day physician,

who makes the usual round in the usual way, studying the same old diseases by the same old bedside year by year, seems but the very symbol of the common-place, whom, it is hoped, "goes to his reward," as it is certain it rarely comes to him here. Yet mute in the magazines, or inglorious in the search after notoriety, of such is the rank and file of the army, and it is they who do much of the active fighting. The others, all glittering and covered with orders and decorations, survey the enemy's country, discover the points of attack, devise new modes and new machines, and by their fierce aspect alone scare away an impending microbe or two ; but when the battle is on there must be fighting all along the line. There may come a time when war will be no more among the nations of the earth, but as long as civilization hurries us on in an ever increasing life-pressure, there will be a corresponding number of new diseases, and new manifestations of the old. They cannot be arbitrated, but must be met and conquered one by one.

The proper diagnosis of disease, the intelligent administration of a remedy chosen in enlightened accordance with the law of similars, and the consequent restoration to health, is a link in the long chain which holds us together as rightful exponents of an art that we believe is as beneficent as it is truly homœopathic. But the chain can be no stronger than its weakest link, and therefore it is imperative that each link grow to the surety and reliance of the whole. As the individual physician, then, strengthens himself in his profession, and adds, year by year, data of worth to his own private records, so is he also perfecting that great whole, which at last, like the immemorial treasures of sculpture, poetry and painting, is undisturbed by the petty accidents of time, and growing with the world's growth must be coexistent with it. Permit me then to suggest a few practical ways by which the general practitioner may build for himself a useful room in this house of many mansions. These ways have nothing to do with the search after place, the cultivation of social graces, the advantages of membership in societies or churches, or with the mysteries of self advertisement ; but in the final review of life they will be found to have amply repaid for their exercise, and sometimes even to have paid in vulgar coin of the realm.

First then the cultivation of a habit of thought. It is so easy to do, and so hard to think ; to think for one's self, — almost a gift of the gods. By thinking one does not mean the unconscious play of the intelligence, but determined, conscious activity of the brain, whether it is occupied in the study of final causes of disease, a delicate diagnosis, a choice of phrases in the questioning of a patient, or even the deftest way to fold a powder paper.

The famous painter who mixed his paints with brains was not more sure of his effects than is the physician who uses the same thing as a vehicle for his prescriptions.

The man who thinks is the man for emergencies, the man for unexpected crises, and whose action, being the result of thought, will tell. The man who thinks will not make mistakes that are a source of shame to himself and a reproach to the profession; he will not be carried away by every wind of new doctrine, nor will he hold fast by the old because his fathers did, but by the very action of his thought he will sift out and hand on whatever is worthy and of good repute. The very suggeston, at first, perhaps, seems a gratuitous impertinence, but a strict survey of the every-day practice of the best among us will show how common it is to take the easy way, and let our text-books, our journals and our bigger brethren do our thinking for us.

Next in value to the power of abstract thought, is the ability to make pictures on the mental canvas; not impressionist sketches — though even these have an ephemeral value — but strong in coloring and perfect in detail, a pathological picture that is always recognizable in any light and under any sky. The same pictorial ability which places before the mind the totality of the symptoms, is able to group the remedies in their orderly places, and has at command both cause and cure.

Every young physician that leaves college rejoices that now he may proceed to forget all his anatomy and most of his materia medica; and who can blame him, for he has already discovered that the physician who knows all the muscles, their attachments and the 600 pages of materia medica often knows nothing else? But he who can think and can make pictures will never be without a clue that he may safely follow.

As Cuvier was able to reconstruct the entire animal from a single bone, so may a puzzling or obscure pathological state be recognized by some symptom, trifling in itself but manifestly a part and portion of the whole, which an accurate diagnosis seeks to construct. We can not go back quite 500 years, as Dr. Holmes advises, for the causes of disease in the individual, but we can, oftener than we do, forbear to waste time, medicines and the patient's endurance in efforts to remove symptoms rather than their cause.

In the practice that comes more and more into the hands of women physicians, such careful and tactful study into remote causes of certain widespread and distressingly common ailments, is especially necessary, and must in due time lead to better and wiser means of help. Some women are born nervous, some achieve nervousness, and some have it thrust upon them by the incessant demand of the intricate thing called 19th century

civilization, where her demand for a fuller activity is acceded to, but accompanied by the expectation that she show an instant perfection as an excuse for her audacity, and rarely allowing for the growth and gradual adjustment to new conditions, that is the fundamental law of all healthful progression. To teach the nervous invalid how priceless is the value of repose, how easy it is to strain the nerves to a dangerous tension, and the effect of such tension upon homes, husbands and children born, or to be born, is one of the great tasks of the woman physician. It is a comprehending sympathy, not a sentimental one, that is needed. One of the most brilliant and most thoroughly neurotic women I ever saw, spent her last cent in paying a famous specialist for his advice. "He couldn't help me," she said, "for he didn't understand. He looked at me and said mentally, 'Oh, I know you,' you belong under neurosis, pigeon-hole 97, and there he put me, and there I stayed, and never got any better till I came out here and sat in the sun all day, and wrote nonsense-verses."

In the course of practice, each physician must carry on for himself a sifting and revision of his materia medica. The first years of practice give him a fair working basis, and he learns to depend upon and expect certain effects, as he expects to see tomorrow's sun. But every once in a while there comes an occasion when all signs fail, and experiment must take the place of calculation. The success of this drug or potency here, and its failure there are laid away in the memory for time to come, the mistakes teaching a more lasting lesson than the successes, and exercising upon our already redundant material a very salutary elimination. One may very much grudge the space given in the magazines to the heralding of new drugs, for if one knows that gelseminum will in a certain case produce a certain effect, of what avail is it for one to read that avena sativa will produce it also, as it is by no means claimed that it will produce the said effect more quickly or more efficiently. It is something like the granting of an indiscriminate franchise; it makes double labor for a single end. It is better to admit to our suffrages the tried and the true, cut off the incapables and the slightly proven, and admit to the regular ranks the new only upon long probation.

Finally is it not worth while to make a decided effort to educate the laity with a view to the raising of their standard of medical service? Is it not worth while not only to give one's patients the best possible, but also to take the time to see that they know to some elemental degree what the best is. There must be a worthy satisfaction in so educating the patient of average intelligence that when he is lost to you, he is prepared to choose his physician with judgment, and is practically imper-

vious to patent medicines and quacks. To those who are incapable of its digestion even truth itself is harmful, but the word in season, the line upon line, and precept upon precept, embodying some vital reason, impressing upon the mind the sure effects of simple causes, cannot fail in the long run to lessen the ignorance, folly and credulity that fill the purses of the quacks, and retard the world's sanity and health. To conceal simple processes under long names, to play the roll of high priest in a temple full of the unexplainable and the mysterious, belongs to the past; today everything must be open to the public. If then they will see and will hear, is it not our plain duty that they see and hear the true and not the false? Cases of cruel injustice to the patient are by no means uncommon, especially here, where daily the sick are sent from the East, they know not where or for what, and spend their scanty savings and their last hours of life in an aimless, hopeless, or falsely hopeful wandering from spot to spot, never having been trusted with an intelligent diagnosis or the simplest itinerary of travel.

In the face of the thousand and one practical details making up what is called clinical medicine, mere suggestions like these seem almost absurd, and yet all working is but the result of intention, and attention without intention is waste, and waste is tragedy.

The life-long cultivation of the habit of conscious hard-thinking, the training of the mind in quick, accurate, pictorial vision; the constructive power to build up a pathogenetic whole from a single clue, leading to sure diagnosis; the special and delicate work among their sisters that it is possible for the women physicians only to do wisely; the scientific sifting and common sense use of the materia medica, and the gradual lifting of the standard of the laity, are the somewhat impalpable points I have hoped to make. If they seem of the stuff that dreams are made, rather than of any practical suggestiveness, I can only remind you that a greater than any of us has said

"The dreamer lives forever, but the toiler dies in a day."

INTERROGATIONS BORN OF FAILURE.

BY J. P. RAND, M.D., WORCESTER, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

Gentlemen: — Two weeks ago I lost an acute case with inflammation of the bowels. I don't wish to repeat the experience as the attending circumstances were exceedingly sad. I have no information of any value to give you regarding it. I do not even know the origin of the malady or other important facts

that *post mortem* only could reveal. I know the symptoms, I know the result. I would like to do better next time. Let me give you the history, then tell me how.

My patient was a young man of sixteen years. He was awakened with pain in his stomach, about one o'clock upon the morning of Monday, Sept. 1st. He had always been subject to painful attacks of indigestion, for one of which I had attended him a few weeks before. The Saturday previous he had returned from Falmouth Beach, where he had been wont to bathe several times daily. The last bath had been taken on the preceding Thursday. Sunday the family had lobster, and later, the same day, he had chewed the juice from several green apples. It was about 7 o'clock Monday morning when I was called. He had vomited slightly, and still suffered from nausea. Thinking his stomach might still contain some irritating substance, I gave him a quantity of warm water which was promptly ejected, but nothing appeared that he had eaten the day preceding. After vomiting, the nausea was relieved. He still suffered a good deal of pain in the region of the stomach. So in addition to the homœopathically selected remedy, I gave him a 1-8 disk of morphia, ordered a mustard paste for his abdomen, and left, having told his mother to report to me at noon. For a time after, he was quite comfortable, until he felt a desire for stool, and he persuaded his mother to give him an injection to help it along. This seemed to bring back and intensify all his pains of the morning. The movement was not a success, even the injection did not all come away.

The distress meanwhile continued. When I returned at noon, he was feeling so badly that I gave him a 1-8 disk hypodermatically. This relieved him, and he passed the day in tolerable comfort. At this time his temperature was 101°. At night it fell to normal; pulse was 108. The next day he commenced with a temperature of 99 4-5°, pulse, 104. The bowels were tender, not especially bloated; the pain seemed to shoot from his stomach up into the chest. Every breath hurt him. I gave him aconite, bryonia, and dioscorea. Ordered poultices and hot water bag for the abdomen,. but he was so restless and nervous it was hard to keep them in place. He spent most of that day in a reclining chair. Tuesday and Wednesday he seemed to be doing well, the pulse remaining at 104, the temp. not exceeding 101°. Wednesday night was more restless, and Thursday morning I did not think he seemed as well. Twice during the latter part of the night he had passed a little slimy substance from the bowels, and then had developed a tenesmus of the bladder. During all the week he had complained of pain in the rectum, and as he had had no free evacuation I thought

I would see if I could find any fecal obstruction with my finger, but could not.

Thursday P. M. as I was detained with an obstetric case, Dr. Warren saw him for me. He had not improved at all during the day, and later in the evening he was, if anything, still worse. Friday morning he seemed more comfortable; the bowels were not so hard, the pain less, and the patient more cheerful. Dr. Warren saw him with me, and in order to avoid the spasmodic pains of the day before, gave him 1-16 grain of morphine every three hours.

Saturday morning at 1 o'clock I was called again. He was very restless, and insisted on having a movement. Occasionally he would cry out with severe pain. I again examined the rectum, and this time I found a few little lumps of hard fæces; so I gave him an injection of oil, and followed with one of water. His bowels were too tender for straining, and I emptied the rectum with the finger. He got little relief from the operation, and I was forced to give him another hypodermic. With all his excitement and distress his pulse only numbered 92, and the thermometer registered 100 4-5°. Stayed with him until he seemed easier, and returned home. I learned afterward that he got no rest the balance of the night, though his symptoms were not especially different. At six again in the morning, I was called. He had been vomiting for the first time since the initial attack. His hands and feet were cold; pulse feeble and thready, at 150 per minute. He could retain nothing on his stomach or in the rectum, for we tried to stimulate him from both directions. At intervals he would throw up a pint or so of black, filthy matter, which must have come from the small intestine. We gave him repeated injections under the skin, of brandy, to which we added such remedies as seemed best, but nothing was of use. He grew gradually weaker, and died at 1 P. M.

In my own practice I have had but little experience with cases of this kind. Some of you, I know, have had more than you would care to repeat. While the details are fresh in my memory I would like to store up something besides my own trials and failures, to help me, should I be called to another. Have any of the physicians present been able to cure a well marked case of idiopathic peritonitis, and if so, how? Our old school friends can boast of no great measure of success. Flint and Loomis both speak of it as a very fatal disease. Both forbid the use of cathartics, and follow the opium treatment first introduced by Prof. Alonzo Clark. This consists, as you know, in administering enormous doses of opium, or its alkaloid, from the very beginning of the attack. In this way the patient is kept in a semi-conscious condition, and all the vital processes stagnated.

Loomis recommends that the respirations be reduced to twelve per minute; that hot fomentations be applied to the abdomen, and the intestines be pricked with a very small aspirating needle, should the tympanites become excessive. Dr. Ross, on the other hand, in 'The Reference Hand-Book of the Medical Sciences,' says: "It is the custom with some physicians to push opium to full narcotism. This I believe to be not only unnecessary, but actually injurious. All the good that can be accomplished by opium in this disease, can be effected by doses just sufficient to arrest pain and limit the peristaltic movements. Its power for good depends entirely upon the fact of its being able to bring about these results, and anything more is certainly injurious." Other physicians rely upon large doses of mercury and quinine.

Now with every case the question arises, how are you going to treat it? Under all methods, so far as I can learn, the patient is pretty sure not to recover. Here is opportunity for some genius to step out from the ruts and make a great reputation.

Shall we open the abdomen as recommended by the new school of laparotamists, and wash out the peritoneal cavity with an antiseptic douche? Shall we apply hot dressing or cold? Shall we narcotize, or simply relieve the pain with opium, or shall we trust, with Dr. Schüssler, to ferrum phos. and potassium chloride to pull the patient through? Personally I don't see how we can relieve the pain, and render life bearable without the exhibition of some narcotic. Suppose it were ourself that were ill, would we endure the agonizing pain to establish a theory? Physicians are all cowards when in distress, and some of them get hurt rather easily.

I am inclined to think the mortality of this disease is due to the same reason ascribed by the church to the failure of prayers to relieve the lamented Garfield. Because, said the clergy, the autopsy showed the wound to have been fatal from the first. The few cases of apparent idiopathic peritonitis, whose history has been confirmed by a *post mortem* examination, show some sufficient mechanical reason for the attack, which, if unrelieved, must of itself prove fatal. They were not idiopathic at all. But how are we to know the real from the apparent? Shall we cut down upon every case of abdominal colic to pull the kinks out of the small intestines, and examine the vermiform appendix for seed? Shall we keep a patient dead with opium for a week, and then wake him up and ask him where he feels pain? If the trouble is caused by impacted fæces, what good will the opium do? How can we know an incipient attack from an ordinary colic, especially if unattended by much fever or local tender-

ness? I am asking for information. I thought at first my patient had a simple attack of indigestion, and blamed the oft-abused lobster for the mischief. I do not know even now that such was not the case. What I wish to learn is, is there any way of finding out the primary cause of inflammation without an autopsy?

A CASE OF DOUBLE UTERUS WITH RIGHT HÆMATOMETRA.

BY HORACE PACKARD, M.D., BOSTON, MASS.

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

In June of last year, a girl of eighteen years came under my care with the following history: Her childhood years up to puberty were unmarked, except by an attack of typhoid fever, with severe enteric complications, from which she did not fully recover for two years. At the age of fourteen, her first menstruation occurred, which was repeated after the usual interval, followed by amenorrhœa for six months, then a single menstrual period followed by an interval of one year. On the resumption of the menstrual function, a new phase appeared, viz., a constant but slight flow of blood between the periods, which now occurred with considerable regularity, and were accompanied by severe dysmenorrhœa. Gradually her periodic pelvic pain became more or less constant, and finally localized itself in the left hypo-gastric region. She had received both local and general treatment, but without relief, and with no satisfactory explanation to account for this unusual condition.

The above history was given me by her mother, who expressed the most dismal forebodings of her daughter's future, which were heightened by the result of the last consultation and examination, in which a tumor was discovered, and abdominal section advised. I had not yet seen the patient, and from the description of the mother, I was prepared to meet a poorly developed, emaciated, pale and sickly girl. I was consequently much surprised to see, when she was brought to me a day or two later, a fresh, blooming, well-developed, ruddy-cheeked young woman. Her face indicated suffering, but not of the kind seen in pyosalpinx or any suppurative disease in the pelvis, such as might be conjectured from her history.

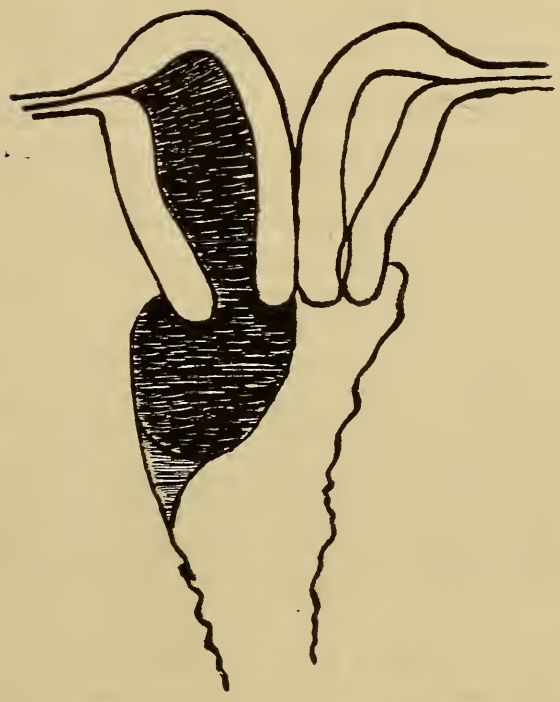
On making a vaginal examination, my finger first came in contact with a baggy swelling on the right side of the vagina, occupying about one-third of the distance from the vaginal vault to the perineum. This felt under the finger, like an accumulation of fluid of some kind, yet in all my experience, including the diagnosis and treatment of many cases of pelvic abscess, hæmatocele, etc., I had never met anything like this before.

On carrying the finger still further into the vaginal canal and beyond this swelling, I came in contact with the cervix, which was normal in size and character, as far as I could determine. Bimanual examination enabled me to outline a fundus uteri, belonging to the cervix, which was carried to the left side by an oval, well-rounded tumor just beside it, extending a trifle higher in the pelvis, and occupying the right side. It was at the site of this tumor that the patient had suffered all her pain, and which was very sensitive to pressure through the abdominal wall.

I could easily account for a tumor to the right of the uterus, but what mystified me was the fluctuating swelling in the vagina, bulging into the canal, with no induration about it, and little or no sensitiveness on direct pressure.

I frankly told the mother that I could not tell her the nature of the trouble, but asked for the opportunity of examining the patient under ether, for the purpose of making a diagnosis if possible, and if anything in the way of an operation could benefit her, I would be prepared to go on with it. She readily gave her consent, and on the following day I anæsthetized the patient, and after thoroughly cleansing the vagina, punctured the vaginal swelling with an aspirator needle. I was rewarded by the appearance of a very thick, dark brown fluid which flowed through the aspirator, with the greatest difficulty. It looked like long-retained meustrual blood; In a moment it flashed into my mind, that I had a case of *double uterus with atresia of the right os, accumulation of menstrual fluid and hæmatometra.* I at once laid open the swelling, and out came quantities of dark stringy, thick, molasses-like fluid. Pressure on the tumor above caused a freer flow, and with it a diminution in the size of the tumor.

After thoroughly washing the cavity, I passed my finger into the opening, which swept about a cyst-like cavity, covered only apparently by the vaginal mucous membrane. This cavity I found communicated with another above, through an opening which seemed like an os. Into this I introduced the sound, which, I could feel through the abdominal walls, had entered the tumor, and into which it passed about four inches. I cut the vaginal mucous membrane, covering what seemed to be the os of another uterus, freely away, to ensure for the future a free exit for menstrual fluid. Exploration of the other uterus showed it normal in depth. Bimanual examination of the pelvic viscera could now be much more satisfactorily accomplished, and what seemed to be both segments of the uterus could be easily outlined lying closely together with a distinct sulcus separating the fundi.



A rapid convalescence followed, with gradual diminution of sensitiveness in the right side. Her first menstrual period after the operation was accompanied by considerable pain and prostration, but the succeeding one was a great improvement over anything she had known before, and did not prevent her from pursuing her duties in school.

Five months after the operation, I had an opportunity of making an examination, and found the os of the right segment open, into which the sound passed the normal depth of the uterus.

A letter recently received, now nine months from the date of the operation, tells me that the patient is in excellent health, beyond some fatigue from overwork in school, and menstruates with a fair degree of regularity,

CONCLUDING REMARKS.

There is no question in my mind but that this is a case of veritable *uterus didelphys*, with that rare complication, *atresia of one side, and hæmatometra.*

My first theory was that there was, also, a partial vaginal septum, which had early in the fœtal development of the patient, become agglutinated to the right side, along its lower border, but the more plausible theory seems to be, that the os of the right side was simply occluded by the vaginal mucous membrane, and as the menstrual fluid accumulated within the uterine cavity, it encroached in the direction of the least resistance,

which was the elastic, vaginal mucous membrane, and pushing it before, finally resulted in the baggy swelling which presented first on examination.

E. Börner, in his interesting article on this subject * says, "The number of positive cases of uterus didelphys is too small for us to form any correct clinical picture of the anomaly, nor can we say whether the functions of the two divided halves are also complete." "As to mensturation it is normal." "There is no alternation between the two organs." "Atresia and unilateral hæmatometra may occur." Then follows an interesting record of three cases, one of which was verified on the *post mortem* table, another by abdominal section and death, while the third was treated as this case was, and recovered.

As to the probability of pregnancy, Börner further says, that conception is not interferred with, if the vagina is cohabitable, and either or both segments may become impregnated, also that childbirth at term does not seem to differ from that of uterus bicornis.

Dr. Henry J. Garrigues says, in the American System of Gynæcology, "In women with double uterus the menstrual flow comes sometimes from both halves of the uterus, sometimes from one only, and if it comes from both, it may come at different times, from the two halves." He quotes from cases, in one of which examination during menstruation showed the flow coming from both halves; another in which the period came only at intervals of two months; still another with a flow every two weeks; and a fourth, in which a *post mortem*, made just at the close of a menstrual period, showed one side only implicated.

The embryology of double uterus is well understood, through the investigations of Müller and Kussmaul. Vagina, uterus and Fallopian tubes are developed from two tubes, which coalesce from below upward, and amalgamate normally into one canal. If they remain separate, double vagina and uterus result; if they unite only as far as the cervical portion, single vagina and double uterus follow: while union at a still higher point gives a uterus bicornis.

To arrive at an approximate conclusion of how frequently duplicity of the genital organs of women occurs, I have caused to be made an examination of medical literature since 1887, with the following result:

Laudowski. Uterus et vagin double sur le vivant. Bull. Soc. d'anthrop. de Par. 1886. 3. s., IX. 285.

Doleris. Uterus double; considérations operatoires lieés à

* Cyclopædia of Obstetrics and Gynæcology.

l'existence de cette malformation. N. Arch. d'obst. et de gynéc. Par., 1886, 1, 687.

Perez. Un caso de útero bicorne.
[From: Rev. méd. de chile.] Rev. asturiana de cien. méd. Oviedo, 1886, III. 273.

Guzzoni degli Ancarani (A.) Vagina doppia ed utero unicorne. Rev. clin., Bologna, 1886, 3. s. vi., 907–920.

Calderini (G) Uterus septus duplex. Ateneo. méd. parmensé, Parnia 1887, 1, 71–74 — 1 pl.

Frænkel (E.) Uterus bicornis bicollis (septus) und vagina duplex (septa) Breslau, aerztl. Ztschr., 1887, IX. 75.

Strauch (M) Ein Geburtsfall bei doppelter Gebärmutter und doppelter Scheide (uterus didelphys cum vagina duplice.) Centralbl. f. Gynæk., Leipz., 1887, XI., 684–686.

Tauffer (E) Durch einen uterus didelphys erschwerte Geburt. Centralbl. f. Gynæk., 1888, XII. 236–238.

Handfield-Jones (M.) Case of double-bodied uterus. Tr. Obst. Soc. London, (1887,) 1888, XXIX., 146.

Donald (A) Abortion in double uterus. Brit. M. J., London, 1888, I., 1, 217.

Zinsmeister (O.) Demonstration eines Falles von uterus bicornis. Wien. Med. Bl. 1888, XI. 882.

Double Double vagina and uterus. Am. Gynæc., Boston, 1888–9, II. 104–1 pl.

Dunning (L H) Double uterus and vagina, J. Am. M. Ass., Chicago, 1888, XI. 762–766.

Dunning (L H) Double uterus and vagina, J. Am. M. Ass., Chicago, 1889, XII. 361–366.

Fromnel Demonstration eines Nebenhorns, Sitzungsb. d. Gesellsch. f. Gynæk. in München (1885–86) 1887, 1, 28.

Tait (L) Bifid uterus. Illust. M. News, London, 1889, II. 126–130.

Himmelfarb. (G. I.) [Pregnancy in rudimentary cornu uteri.] J. Akush. I. jeusk. boliez. St. Petersb. 1888, II., 281–303.

Dodge (L P) A case of double uterus and vagina with pregnancy. Northwest Lancet. St. Paul, 1890. 335.

Hepburn (D) Malformation of the female organs of generation, vagina duplex et uterus duplex, associated with displacement of the right kidney. J. Anat. and Physiol., London, 1890–1, XXV. 24–30.

Gusserow Pyocolpos lateralis; uterus duplex; Schwangerschaft, Charité. Am. Berl., 1890, XV. 618–621.

Bœhmer Observatio de utero humano bifido et bicorni cum vagina duplici. Am. Gynæc., Boston, 1889–90, III., 111–113 2 pl.

Burns (B) Uterus bicornis; or two-horned uterus with double vagina. Pittsburg Med. Rev. 1890, IV. 79–82.

Currier, A. F. A case of uterus bicornis unicollis, with parenchymatous abscesses of the portio vaginalis. Ibid, 321–324, 2 pl.

Uterus unicornis rudimentaris cum rudimento cornu alterius. Ibid, 263.

Dunning (L. H.) Uterus bilocularis, J. Am. M. Ass., Chicago, 1890, XV. 282–284.

Chapin (W. B.) A case of uterus bilocularis unicornis. New York, M. J., 1890. 352.

Andronecccu Vagin dublu si uter didelf; abort in a III a luna; retentia placenter; extractiunea er; vindecare. Spitalul, Bucuresci, 1888, VIII, 474–480.

Praeger (J) Ein Fall. von uterus bicornis rudimentarius mit defectus vaginæ totalis. Centralbl, f. Gynæk, Leipz., 1889, XIII, 290.

SOCIETIES.

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MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The semi-annual meeting of the Massachusetts Surgical and Gynæcological Society was held at the Crawford House, Boston, June 10th, President J. K. Warren, M.D. in the chair.

The following candidates recommended by the executive committee were all elected to membership.

Howard P. Bellows, M.D., of Boston.
Carl Crisand, M.D., of Worcester.
Jeannie O. Arnold, M.D., of Providence.
Charles R. Hunt, M.D., of New Bedford.
O. B. Ferguson, M.D., of Salem.
George E. May, M.D., of Boston.
Waldo H. Stone, M.D, of Providence.
A. H. Carvill, M.D., of Somerville.

The report of the Committee on President's Address was accepted, and the committee discharged.

Of the recommendations submitted, it was voted *not* to include obstetrics in the work of this Society. To make and preserve records of verified symptoms was unanimously adopted, and 5,000 copies of blanks ordered printed.

Action regarding the founding of a scholarship in Boston University School of Medicine was postponed to next meeting.

An amendment to the By-Laws, increasing the annual dues

from $1.00 to $2.00 was presented to be acted upon at next meeting.

Dr. Lamson Allen read an interesting paper entitled "Episiotomy," which was discussed by Drs. Southwick, Whitmarsh and Allen.

Laparotomy for Vesical Calculus, with report of a case, by Dr. H. A. Whitmarsh, was discussed by Dr. Powers, who favored supra-pubic operation, without opening the peritoneum.

Dr. W. P. Defriez presented a report of a peculiarly interesting case of sloughing, which illustrated the surgical method of treating spermatorrhœa.

Dr. Boothby doubted if operative treatment would often be successful, as it would hardly be made extensive enough to make the contraction of the scrotum permanent.

Dr. Boothby made a verbal report upon some Recent Developments in Surgery, chiefly relating to appendicitis and operations upon the intestines.

Dr. Phillips read a paper upon The Radical Cure of Uterine Displacements.

A very satisfactory supper was served at 6.30 P.M., which enabled *all* present to take an active part in the meeting.

Adjourned at 9 P. M. to the annual meeting, Dec. 9th.

L. A. Phillips, *Secretary.*

MAINE HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-fifth annual meeting of this society was held at Portland, in the private parlor of the Falmouth Hotel, on Tuesday, June 2d. Promptly at 10.30 A. M. the call to order came from the President, D. C. Perkins, M.D., of Rockland. The address of welcome was made by L. E. Sylvester, M.D., of Portland, for the committee of arrangements. The roll-call through the day showed an attendance larger than ever before in the history of the society, the number being thirty. Three physicians were received as members, viz: Dr. Charles R. Cole, of Rockland; Dr. Anna G. C. Ohler, of Portland, and Dr. Ralph H. Pulsifer, of Waterville. President Perkins' address was a good one, full of suggestions looking to the improvement of our standing in the State.

The treasurer being absent no report was received.

Papers upon the following subjects were read, and free and full discussion ensued upon many of them: By C. M. Foss, M.D., upon "Verified Symptoms of Kali Carb., Lycopodium, Calcarea Phosph., and Ptelia Trifol.;" Gertrude E. Heath, M.D., on "The Summary of a Critical Analysis of Cocculus Indicus;"

A. I. Harvey, M.D., on "Passiflora Incarnata;" S. Abbott, M.D., on "Cactus Grand. in Valvular Insufficiency of the Heart;" S. E. Sylvester, M.D., on "Four Cases in Surgery;" A. K. P. Harvey, M.D., on "Orificial Surgery;" J. M. Prilay, M.D., on "Acute Epiphysites;" F. A. Gushee, M.D., on "Intra Capsular Fracture of the Femur;" S. E. Sylvester, M.D., on "Laryngeal Phthisis;" W. V. Hanscom, M.D., on "The Importance of Diagnosis in Affections of the Eye;" H. M. Potter, M.D., on "Two Cases Simulating Hystero-Epilepsy;" J. W. Whidden, M.D., on "A Few Cases in Gynecological Practice, Illustrative of Several Operative Procedures," with morbid specimens; W. M. Pulsifer, M.D., on "Two Cases from Aural Practice". Discussion was general and lively upon many of the papers.

Officers elected for the ensuing year were: for President, W. F. Shepard, M.D.; Vice-President, W. E. Fellows, M.D.; Recording Secretary, J. C. Gannett, M.D.; Corresponding Secretary, F. A. Gushee, M.D.; Treasurer, Thos. S. Thompson, M.D.; Censors, H. C. Bradford, M.D.; W. F. Cleaveland, M.D.; J. M. Prilay, M.D.; T. N. Drake, M.D.; C. S. Philbrick, M.D.; Committee on Legislation, Drs. W. L. Thompson, C. M. Foss, A. I. Harvey, S. E. Sylvester, M. S. Briry. The various bureau appointments were made as usual.

Delegates were appointed as follows: —

To the American Institute. — Drs. H. C. Bradford and W. L. Thompson.

To New Hampshire. — Drs. J. H. Knox and Solon Abbott.

Vermont. — Drs. George A. Clark and M. S. Holmes.

Massachusetts. — Drs. J. M. Prilay and Thomas N. Drake.

Rhode Island. — Drs. A. K. P. Harvey and Edwin F. Vose.

Connecticut. — Drs. Gertrude E. Heath and E. E. Briry.

The special committees reported no special work accomplished upon either the matter of State licensure on the securing control of the proposed Insane Hospital. No appropriation was made for the hospital, nor was any move made towards State medical registration at the session of the legislature last winter.

The Society adjourned to meet at Portland in June, 1892, when it is proposed to celebrate in a fitting manner the quarter centennial anniversary of the forming of the Society.

J. C. Gannett, *Recording Secretary.*

Mortality. — In England, in every thousand births, one hundred and forty-five children die within the first year. The death rate in male children under five years of age, during the last decade as compared with the decade of thirty years ago, decreased nine and twenty-six hundredths to the one thousand, while that of adults decreased but two and twenty-three hundredths. This improvement is to be largely attributed to greater care and intelligence in the management of infants.

REVIEWS AND NOTICES OF BOOKS.

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A Cyclopædia of Drug Pathogenesy. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part XV. London: E. Gould & Son. New York: Boericke & Tafel.

With the appearance of this fascicle of the Cyclopædia it may be claimed without fear of challenge that one of the most important branches of medical science, a knowledge of drug action, has attained an eminence and perfection hitherto not approached in any other work. Concise, reliable narratives are given of the results of drug action on the healthy human body, in small, in medium, and in fatally toxic doses. The knowledge thus presented in terse and graphic paragraphs is nowhere else obtainable by the general practitioner. The work has nothing to do directly with therapeutics, with theories, with chemistry or botany, with pharmaceutics, with "antagonists," "incompatibles," or "synergists," but is devoted simply and directly to pure drug pathogenesy. There being no other work like it, it stands a pioneer in its chosen field.

In this fascicle valeriana is completed, and the stories told of veratrum album, veratrum viride and the veratrum alkaloids (veratrinum, veratroidia and viridia), of vinca, verbascum, viburnum, viola odorata and tricolor, viscum, xanthoxylum, and zincum and its compounds. Finis, however, is not yet written, for the Appendix, with its emendations and additions, is only partly done. The portion of the Appendix here given has references to 61 drugs, from acidum carbolicum to duboisinum, which latter is incomplete. As to emendation, digitalis is conspicuous, since a retranslation of the originals has rendered numerous corrections necessary. This may be taken as an example of the great care bestowed upon the work. In the appendix, also, several drugs appear for the first time in the work; e. g., acidum hydriodicum, anilinum, (with antifebrin, exalgin, and fuchsin), chlorum, citrus vulgaris, duboisinum, and several others. It is to be noted also that records of provings and poisonings which have appeared in American periodical literature as recently as April, '91, are included in this part. This seems almost incredible but it is true in regard to cuprum arsenicosum; and is a fact to encourage those who have any references, clippings, or any pertinent matter, to send them immediately to either Dr. Dake or Dr. Hughes, as there is a possibility of such being included in Part XVI., which will soon be issued.

A Treatise on Diseases of the Eye. By Henry C. Angell, M.D. Seventh edition. Boston: Otis Clapp & Son. 357 pp.

A work that for over twenty years has been used as a text-book, and is so thorougly and favorably known as is Dr. Angell's treatise, needs no lengthy introduction to the profession. Six previous editions have been exhausted, and this, the seventh, has been carefully and specially prepared. It contains a useful chapter on "The Eye in Relation to the General System," contributed by Dr. F. Park Lewis, of Buffalo, N. Y. Illustrations are more abundant than in its predecessors. The test types for determining the state of vision are retained without change.

It must be remembered that the main purpose of the work is to make the recognition and differentiation of diseases of the eye a possibility to the general practitioner, and to suggest to him what is best in the way of local, mechanical, and surgical treatment of these diseases. In the matter of medicinal treatment there is marked simplicity and absence of theory — a few remedies only are recommended, but these few are "tried and true," as may be seen by consulting the list in chapt. XXI. This simplicity is sanctioned by the objects of the book, and by the wide experience and close observation of the author.

The enviable reputation which the work has made for itself will assuredly be increased by the present edition. The mechanical side of the volume's make-up is altogether admirable.

The Homœopathic Treatment of Alcoholism. By Doctor Gallavardin, Lyons, France. Translated by J. D. Foulon, A.M., M.D., LL.B. Philadelphia: Hahnemann Publishing House.

In this little book, startling cases of inebriety cured by taking, unknowingly, infrequent doses of high dilutions, are related. The author's practice is founded on two precepts: I. Note the intellectual and moral symptoms of patients, and II., in chronic cases give one dose of the remedy, and let it act for weeks and months. About one-third of the book is taken up by a discussion of "The philosophy of homœopathic doses" and methods of potentizing remedies. Though not at all relevant, this might be passed by were not the materia medica, or symptomatology, upon which his practice is based, so fatally absurd, and so utterly destructive of any value the book might otherwise have. For instance, "Young girls burning with the desire of marrying," "Bachelors and, more still, licentious husbands," "Persons who are always thirsty and take any kind of drink, even water," "Tobacco users, gamblers," "Adults lacking in common sense," are symptoms of some of the remedies recommended by the author. One would expect such remedies to act only in the 200 or 10,000 potency used by the author.

INTERNATIONAL CLINICS: A QUARTERLY OF CLINICAL LECTURES ON MEDICINE, SURGERY, GYNÆCOLOGY, PEDIATRICS, NEUROLOGY, DERMATOLOGY, LARYNGOLOGY, OPTHALMOLOGY, AND OTOLOGY. By Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain, and Canada. Edited by J. M. Keating, M.D., and J. P. Crozier Griffith, M.D., of Philadelphia, and J. Mitchell Bruce, M.D., F.R.C.P., and David W. Finlay, M.D., F.R.C.P., of London. Philadelphia: J. B. Lippincott Company. April, 1891. 350 pp.

So reads the somewhat formidable title-page of a work that is doubtless destined to wide popularity. The idea of the work is to furnish as complete a course of post-graduate instruction as is possible from the literary standpoint, for those who are unable to attend the clinics, but want the lectures. The lectures have been stenograghically reported, and have been revised by the lecturer, so that they represent the best and latest that modern thought has to offer.

According to the publisher's announcement, nearly 250 contributors have been secured. From such a number of clinical teachers much of immense value must surely be acquired. In volume I. (April, 1891) 36 lectures are to be found, 9 on general medicine, 9 on surgery, 4 on gynæcology and obstetrics, 3 on pediatrics, 5 on neurology, etc. Some of these lectures are devoted to special and rare subjects, while others are on every-day topics that by most rerders will be considered "practical." Examples of the latter are "Ulcers," by David W. Cheever, M.D., "Sore Throat," by Christopher Heath, F.R.C.S., "Tonsillar Diphtheria," by F. Forchheimer, M.D., (who, by the way, goes out of his way to instil a little prejudice against homœopathy into the minds of his hearers), "Psoriasis," by George H. Fox, M.D., "The Treatment of Obstinate Sciatic Pain by Splint-rest and Cold," by S. Weir Mitchell, M.D., LL.D.

Readers will be certain to find many interesting and instructive lectures in each volume. The price, $2.75, in cloth, per volume, brings it within easy reach.

PERSONAL AND NEWS ITEMS.

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OF course it was a foregone conclusion, but the Convention *was* a success.

W. B. FRENCH, M.D., 91, B. U. S. M., has located in Brighton, Mass., 13 Sparhawk street.

W. NEWELL EMERY, M.D., '91, B. U. S. M., has located in East Boston, 274 Meridian street.

DR. WALTER WESSELHOEFT, of Cambridge, sailed for Europe, June 17th, for a few month's rest.

DR. C. H. FESSENDEN, of Newton Centre, will spend the summer at Forest Hills Hotel, Franconia, N. H.

Dr. John H. Payne, of Boston, is in Europe visiting the hospitals and clinics. He expects to return about Sept. 21.

Solid foundations are being laid for the laboratories, etc., which are to be added to the B. U. S. M. this summer. Judging from present indications, the addition is to be a fine structure.

Dr. F. B. Clock has returned from Europe after an absence of fifteen months, and resumed practice at his residence and office, Hotel Berkshire, Dartmouth Street, near Copley Square, Boston.

New England was honored by the selection of Dr. I. T. Talbot, Boston, as presiding officer at the International Homœopathic Congress. For self-possession, executive ability, quick judgment, firmness, and just ruliug, the selection was a happy one. Everything and everybody had to "come up to time."

During the summer, or while his house is undergoing repairs, Dr. L. A. Phillips may be found at Dr. Fuller's office, No. 19 Dartmouth street, from 11 A. M. to 3 P. M., Wednesdays and Saturdays. Orders left at the office will receive prompt attention at all times. Dartmouth, West End, and all Tremont-street cars pass near the office.

The following physicians have been appointed by the Managing Committee as representatives of this Charitable Dispensary, from May 1st, 1891, and until further notice, with power to represent this Institution at the Congress, to raise funds, etc., and for similar other important objects. Dr. J. P. Sutherland, America; Dr. Willmar Schwabe, Germany; Dr. Oscar Hansen, Denmark; Dr. Boniface Schmitz, Belgium; Dr. Alex. Villers, Dresden; Dr. Sulzer, Berlin; Dr. Sauter, Geneva. Very cordially, D. N. BANERJEE,

Calcutta Homœopathic Charitable Dispensary.

To the Editor of N. E. Med. Gazette:

I am instructed by this Board to transmit to you, for publication, the following self-explanatory resolution which was adopted at its recent meeting held in Louisville.:

Resolved, That the Secretary be instructed to place upon the list of medical colleges whose diplomas are to be certified and endorsed for registration under the laws of this state, only such colleges as shall, after the session of 1891–2, exact of matriculates and graduates a minimum of requirements not less than those required by the American Medical College Association.

Very respectfully, J. N. McCORMACK, *Secretary*,
State Board of Health of Kentucky.

Thirty-one physicians from Massachusetts were present at the International Homœopathic Convention at Atlantic City, N. J., June 16–22.

I. T. Talbot, J. W. Clapp, F. C. Richardson,
A. Boothby, Adaline B. Church, L. A. Phillips,
H. P. Bellows, J. H. Sherman, Mary E. Mosher.
Virginia F. Bryant, H. A. Houghton, J. P. Sutherland,
all of Boston.

C. H. Farnsworth, of East Cambridge.
W. H. Lougee, of Lawrence. N. R. Morse, of Salem.
H. M. Hunter, E. B. Holt, F. J. Fesler and C. H. Leland, of Lowell.
D. B. Whittier, of Fitchburg. J. K. Warren, of Worcester.
J. W. Hayward and B. L. Dwinell, of Taunton.
N. W. Rand, of Monson. G. F. Forbes, of West Brookfield.
A. M. Cushing, of Springfield. F. M. Bennitt, of Chicopee.
D. Foss and G. W. Worcester, of Newburyport.
Robert Chalmers, of Woburn. W. B. Robinson, of Shelburne Falls.

OBITUARY.

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Dr. Phineas K. Guild died at Santa Barbara, California, Saturday, June 13th, 1891. He formerly practised medicine at Jamaica Plain, Mass., where he was the successor of Dr. C. M. Weld. With failing health he went to California, and for fifteen or more years has resided and practised in Santa Barbara. He leaves a widow, Dr. Caroline L. Guild, and several children.

THE

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Boston, Mass.

EDITORIAL.

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FROM AN EXTINCT VOLCANO.

There has been known, among the phenomena of nature, such a thing as an eruption of an apparently extinct volcano. The crater may have lain, to all appearances, cold and dormant for many years: and suddenly there may come a rumbling, a coruscation of sparks, and a torrent of molten lava; the effect of the whole being infinitely more startling than if the volcano had, so to speak, kept in practice. Something closely analogous to such a phenomenon has lately been observed in the medical world. It has been assumed, not without excellent warrant from the progress of medical ethics, that the old familiar volcano of allopathic virulence had become pratically extinct; gone out of business, as it were, discouraged by the singularly slight effect for evil on the growing cities of homœopathy, of its periodical belching forth of gross misrepresentation and noisy abuse. But behold! In an editorial appearing in the *Medical News* for July 11, on The International Homœopathic Convention, this old volcano springs once more, into what, conisdering its age, is a very creditable state of activity; and for no less than four columns vomits forth a molten stream of amazing misrepresentation, violent denunciation and torrid wrath, which, in the nature of things, ought to devastate the surrounding country. The fact that the surrounding country shows quite as smiling a prosperity as before the eruption, confirms us in an idea we have long cherished; namely, that this old allopathic volcano is not a real volcano, after all, but merely such a Vesuvius as belongs

to Pain's magnificent pyrotechnic spectacle, "The Fall of Pompeii," now on nightly exhibition among us; a sham mountain of fire, capable of destroying only a sham city built for the purpose. And like this show Vesuvius, the late eruption of the allopathic volcano was immensely impressive in the noise it made and the truly splendid display of fireworks.

To pass from metaphor to plain speaking, the editorial in question is nothing less than phenomenal in its entire and malignant misrepresentation of the subject with which it professes to deal. Had the writer desired to know, as common honesty would have prompted him to know before attempting to pass judgment, just what amount and quality of work was done at the Homœopathic Convention, full and unbiassed accounts were open to him. Instead of having recourse to such, and commenting upon them in their entirety, he has searched the comparatively brief and wholly untechnical reports of the daily press, for isolated items which he could make butts for clumsy and virulent ridicule. A criminal lawyer in a frontier bar-room court could not plead his cause in widely different language, or with more conspicuous ignorance of the first principles of justice. Is this strong language? Let the gentleman speak for himself;

"In reading the reports of this Convention, just held at Atlantic City, one is persistently struck by the indifference of the delegates and speakers *to what would naturally seem their chief duty and concern.* They did not appear to have much interest in disease, but only concern for the progress of homœopathy, and in medical legislation. After two days of self-glorification, came a practical-appearing paper on 'Backache.' * * * * * *

"At odd, rare intervals a live medical subject was sniffed at, much as a puppy plays with a bumble-bee. One speaker did actually advise the trial of antiseptic methods in puerperal fever. Bacteriology was ogled and snapped at, but at once there was a turning of tail and a ridiculous retreat. The bumble-bee excites curiosity, but is dangerous. 'Materia medica day' (*sic*) promised a closer grappling with facts. Alas! we are again floated away on glittering generalities concerning 'Civil Government' etc., * * * * *

"The fourth and fifth day also passed in much vaporous talk *about homœopathy instead of about disease*, an occasional diversion taking place as to hay-fever, appendicitis, etc., * * * * * On the sixth day, the glorious subject being still unexhausted, 'The Progress of Homœopathy in the World,' was again discussed with perfervid rhetoric, * * * * *

"Representatives of what purports to be a great medical school for healing disease, come from all parts of the civilized world, and their *whole week's work is about their sect, not about disease*, * * * * *

"Should one sit down and enumerate the percentages of deaths from each dis-

ease that afflicts humanity, and then foot them all up, it would be found that during these *seven* days *not a paper was read nor a discussion held upon the diseases* that cause about ninety-nine per cent. of the deaths of the world." * * * * *

What, as against these wild statements, are the actual facts? That in the course of the five (not seven) days the Congress was in session, no fewer than 218 speakers participated in the active business of presenting addresses or essays, or in the discussion of the same, and these essays were, as a rule, noteworthy for their practical importance to the medical profession. True, there was a regrettable absence of allusion to such triumphs of modern scientific investigation as Bergeon's gaseous enemata, Koch's lymph, or that delicately compounded elixir of life, the discovery of which by one of the brilliant *savants* of the "rational" school, a year or two ago, shook the school to its foundations. That the essays read should be of especial interest to the homœopathic branch of the profession is a fact needing no more excuse than that, in a convention of specialists of any sort, the specialty which gives them, as a body, their distinctive *raison d'être* should come in for the lion's share of attention. Let us look at a very fragmentary list of the papers read:—

"Relation of Homœopathic Therapeutics to Constitutional Predispositions"; "Homœopathic Treatment of Morbus Brightii"; "The Import of Bacteriology to Homœopathic Therapy in General"; "Homœopathic Medicines as Prophylactics, and Homœopathic Constitutional Treatment"; "Pregnancy"; "Is Antisepsis Called for in Obstetrical Cases? Affirmative"; "Decubitus in Dystocia"; "Puerperal Septicæmia"; "The Aids to Gynæcology, Medical or Surgical"; "The Scope of Homœopathic Therapeutics in Gynæcological Practice"; "Damaged Uterine Appendages and their Removal"; "Similia in Eye, Ear, Nose and Throat Diseases; ""The Relation of Homœopathic Therapeutics to Ophthalmology;" "A Study in Ophthalmic Therapeutics"; "Carcinoma and Sarcoma"; "Inflammations of the Right Iliac Fossa"; "Surgery of the Spinal Cord"; "Infantile Eczema"; "The Relation of Hygiene, Diet and Therapeutics to Morbid Conditions of the Alimentary Canal in Infants"; "Training-Schools for Nurses"; "Hospitals: Their Construction, Maintenance, Management, etc."; "Treatment of Insanity"; "The Curability of Insanity by Homœopathic Medication"; "Treatment of Spermatorrhœa and Disorders of the Urinary Organs"; "Lanolin and Agnine in Diseases of the Skin."

The above are only a part of the subjects discussed; and when we take into account the fact that only ten scientific sessions of three hours each were held, and that two of these are not represented in the preceding list, the unprejudiced may be forgiven for thinking that a variety of subjects came up for

notice before the Convention, and that its hours were well occupied. Considering the fact, also, that pathology and diagnosis, that the "diseases" so harped on by the *News*, that bacteriology, etc., are in no way distinctively related to homœopathy, and that they can be and are discussed at the ordinary periodical meetings of our state and national societies, and considering the fact that the Congress is an exceptional meeting, the avowed object of which is to discuss matters of essential import to homœopathy, its distinctive principles and methods, and its peculiar political, social and scientific relations, we fail to see, in spite of the bitter strictures of our critic, wherein the programme could have been greatly bettered.

The reckless injustice of the *News* is nowhere more startlingly exhibited than in its reference to perhaps the most important day of the Congress. We read concerning it: "'Materia medica day' (*sic*) promised a closer grappling with facts. Alas! we are again floated away on glittering generalities concerning 'Civil Government,'" etc., * * * and that is all. Details of the results of hypodermatic injections of an "alcoholic elixir of pambotano" into a frog would undoubtedly be considered by the *News* as "grappling with facts," while earnest effort to perfect principles and methods by means of which "materia medica," or better "drug pathogenesy" and therapeutics may be scientifically established, is "floating away on glittering generalities concerning 'Civil Government,'" etc., * * * in the estimation of that sturdy scientific journal. Again, with such subjects as "The Completion of the Cyclopædia of Drug Pathogenesy" and "Its Proposed Index"; "Drug Proving of the Future"; "The Demands of Modern Science in the Work of Drug Proving"; "A Reconstructed Materia Medica"; "Indexes and Repertories"; "The Pharmacy of Tinctures"; "The Pharmacy of Triturations," etc., the *News* sees, doubtless, but cautious "puppy-play" with the "bumble-bee" of scientific truth — a most unhappy simile, and cruelly uncomplimentary to science, this "bumble-bee" phrase of the *News*, by the way.

We cannot, furthermore, refrain from instancing, in the following clipping, which appeared on the page of the *Medical News* facing its notable editorial, that "scientific zeal" "grap-

pling with facts," which, from the publication of it, we must suppose the *News* considers illustrative of the sound principles of modern rationalism : —

Remedy for the Stings of Insects. — As the result of personal experience, Dr. William A. Terry (*Dietetic Gazette*, June, 1891) recommends the application of fresh urine in the treatment of the stings of venomous insects. The application is soon followed by a subsidence of the pain and a disappearance of the inflammation. The effectiveness of the result depends upon the speediness of the application. It is thought that urea is the active agent in the antagonism.

This may be, in the character of the remedy (*sic*) advocated and the reasons for its advocacy, an advance on the methods of the untutored Indian medicine-man, comparison to whom so rouses the *News*' ire, but we fail to see it, and we confess it without a tremor. Perhaps "*the real new school of medicine, with its instruments of precision, its bacteriological research, and its scientific zeal*," can enlighten us as to the principle underlying this prescription, and a hundred others which might yearly, by unscrupulous prejudice, be selected from old-school journals and society transactions, as representative of old-school methods and intelligence.

To complete the pasteboard city this toy Vesuvius is to annihilate, ignorant misconception lends aid to wilful misrepresentation. After commenting upon the caricature of the Congress he himself has drawn, our critic goes on to explain to his readers how such things could happen : —

"However, could aught else be expected of men who almost worship one who took as his distinctive tenets of medical faith the most outrageous absurdities that can be imagined ? Take away these travesties of nonsense and nothing is left of Hahnemannianism. What, in brief, simple English, are these articles of the Hahnemannian homœopathic creed ?

1. That disease is immaterial, spiritual, its causes not perceptible to the senses, and that no attempt need be made to find them out.

2. That all chronic diseases, except syphilis and sycosis, are due to the itch.

3. That the more you weaken or dilute a drug with water the stronger it becomes, until all that is necessary is simply to smell the most diluted mixture — "even though you have no smeller."

4. That to put out a fire you must add fuel to it — to cure a disease give a medicine that would cause it."

This quotation hardly deserves serious consideration. Its purport is too evident. The pasteboard city must be built up. It would be charitable to consider it simply a misconception, for one who speaks positively and with the voice of an authority

must, in honor, either know, or at worst believe, what he says; otherwise he is guilty of something too ugly to be lightly named among gentlemen. Yet in this case the editor of the *Medical News* cannot be accused of ignorance, for in a recently published medical dictionary which bears his name he gives a very clear and concise definition of homœopathy, showing most explicitly that it is *a specialty in therapeutics;* that pathology, and etiology, and pharmacy are simply allied sciences. Under the heading, "Homœopathy," he says: "A word applied by Hahnemann TO A SYSTEM OF TREATMENT OF DISEASE by the use of an agent that, administered in health, 'would produce symptoms similar to those morbid conditions for the relief of which the agent or medicine is given.' The hypothesis expressed by the adage, '*similia similibus curantur.*'" What does this definition have to say to a "vital force" theory, a pathological theory, dynamization, or anything else which, in the minds of exact thinkers, have long and justly been quite disassociated with homœopathy? Evidently, according to our critic's fair and truthful definition of homœopathy, a practitioner may be a homœopathist and yet remain free to *believe* or not to believe in Hahnemann's vital force, or his psora theory, or the older humoral pathology, or in cellular pathology, or in the germ theory of disease, in vaccination, antisepsis, in the "Koran," or in the infallibility of the Pope, or that of the *Medical News.* He may *believe* anything; but all this has nothing to do with the fact that as a homœopathist he is simply and only a believer in a method of treating the sick in accordance with the formula, *similia similibus curantur.* The one essential thing, indeed, to the true homœopathist, is not so much a *belief* in anything as a *knowledge* of drug pathogenesy.

The real animus of this amazing production, evident throughout, is most evident in its concluding paragraphs, which will bear very careful reading.

"Is it to be wondered at that men who pretend to believe such idiotic drivel call themselves the 'new school,' when they know that the real new school of medicine, with its instruments of precision, its bacteriological research, and its earnest scientific zeal, should long ago have burned as in a garbage furnace *their* very "old school?" It is they only who could find satisfaction and self-excuse in dubbing as "allopathists" those who would as willingly, and could as justly, be called popcornopathists. It is only such who would pretend to practice "dynamization by

attenuation," while secretly and hypocritically giving "allopathic" doses of "allopathic" drugs.

The moral of it all is, that to indulge in good-humored contempt of these pestiferous doctrines and doctrinaires, to show them mercy, to be indifferent to them, to compromise and play politics with them, is to be poltroon and renegade in the face of one's duty to science and humanity."

Thus does the pasteboard Pompeii of our critic fall amid triumphant bangs. What wonder that homœopathists look upon "medical legislation" as an ever-living issue, while such a spirit, unashamed and vociferant, stalks abroad! It is a spirit which must have died past resurrection before homœopathy can relax its unsleeping guard over medical legislation. Yet it is a spirit, as homœopathy admits and rejoices to admit, which no longer wholly rules the councils of the allopathic school. Meanwhile homœopathy invites, as always, the fullest investigation and experiment, sure that these things, as in the past, will result in the conversion of the investigator and the experimenter.

Such attacks as the *News* editorial, which has been the subject of comment, never have been nor can be anything but a casting of the boomerang. The sender forth of them finds "'t is his own blood reddens the steel:" finds —

> When the blade from his hand has flown,
> Instead of the heart of his foe
> 'T will be surely sheathed in his own.

EDITORIAL NOTES AND COMMENTS.

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Another View of the Indian "Age-of-Consent Bill," of which we lately gave our readers a glimpse, from the Hindu standpoint, we now are enabled to give them, through a deeply interesting and touching letter lately received from Dr. Emma J. Cummings, a resident physician of Ramapatam, India. To which point of view, Hindu or Christian, that of rigid tradition or that of lofty humanitarianism, the Anglo-Saxon heart beats responsive, is a question no Anglo-Saxon need pause to ask. Nor can any one in whose veins runs Saxon blood read Dr. Cummings' letter and the accompanying petition without a throat-thickening throb of pride that it is the men of our common race who are bringing light into such awful darkness, and women

of our race whose brave hands kindle the torch the strength of men must bear. The work of the medical women of India is writing one of the most magnificent chapters in the history of human progress, of human courage, endurance, accomplishment. We are heartily honored to open our pages, now and always, to any chronicle of their work, to any story of their accomplishment, to any appeal they may make, for aid or sympathy, to their fellow-workers in brighter, more sheltered fields. Let all such read, and read again, and ponder to the depths of their terrible significance, Dr. Cummings' words, and those of her noble co-laborer whose work has borne such fruit: —

Ongole, May 23, 1891.

Editor New England Medical Gazette:

In your April issue, which has just reached India, is an article on the age of consent in this country. As a practising physician here, I would like to say a few words in reply. The bill just passed, raising the age of consent to twelve years, was not based wholly on one rape among the lower classes. I enclose a copy of the memorial to the Government, drawn up and signed by fifty-five lady physicians, which gives but a faint idea of the sufferings of little girls here. When we consider that even in the town where a competent physician is stationed, owing to prejudice, very many cases are not brought to her notice; and when we consider, further, that millions in India are out of the reach of trained assistance, the fact that so many such horrors as are contained in this paper have come to the knowlege of European physicians, assumes a terrible significance. I believe firmly that the religious beliefs of an individual or a nation should be treated with respect, and not unnecessarily disregarded; but when religious belief sanctions such outrages on innocent children, leading often to death, then it seems to me that the little, delicate girls are entitled to legal protection.

The whole world approved when England abolished the burning of widows, and, although at that time the cry of interference with religious liberty was raised, I think very few intelligent Hindus to-day are sorry that it is done away. May we not hope that in time the protection of children from violence and death will adjust itself in the Hindu mind in the same way? And as knowledge increases, is it too much to hope that the certainty that physical suffering, great and terrible, is inflicted on this present generation and on generations helpless and yet unborn, may modify the belief that the present bill inflicts eternal woe on future generations? It is a huge problem certainly; but I

believe the present law, so far as it goes, is righteous and just. It is sad enough to see, as I have seen, an undeveloped child of thirteen suffering the pangs of maternity; but what is it when, without a word of comment, but merely as an item of news, we find the statement in a paper that a little girl of *nine* recently gave birth to triplets, and that in a few hours all four were dead? Is there no fear of eternal woe to prevent such abuses? If not, then let us substitute wholesome fear of present punishment.

I write strongly; an experience of four and a half years has caused me to feel strongly. I trust that you will find room in the GAZETTE for this statement of the other side of a great question.

EMMA J. CUMMINGS, M. D.,
Ramapatam, Nellou District, India.

A TERRIBLE MEMORIAL.

FIFTY-FIVE LADY DOCTORS, MISSIONARY AND OTHERWISE, PETITION THE INDIAN GOVERNMENT ON THE SUBJECT OF CHILD-MARRIAGE.

Mrs. Dr. Mansell, M.A., M.D., of Lucknow, has forwarded the following memorial to the Government of India, signed by herself and fifty-four other lady physicians practising in India.

TO HIS EXCELLENCY THE VICEROY AND GOVERNOR-GENERAL OF INDIA.

May it please Your Excellency,

The undersigned ladies, practising medicine in India, respectfully crave Your Excellency's attention to the following facts and considerations: —

1. Your Excellency is aware that the present state of the Indian law permits marriages to be consummated not only before the wife is physically qualified for the duties of maternity, but before she is able to perform the duties of the conjugal relation, thus giving rise to numerous and great evils.

2. This marriage practice has become the cause of gross immoralities and cruelties, which, owing to existing legislation, come practically under the protection of the law. In some cases the law has permitted homicide, and protected men, who, under other circumstances, would have been criminally punished.

3. The institution of child-marriage rests upon public sentiment, vitiated by degenerate religious customs and misinterpretations of religious books. There are thousands among the better educated classes who would rejoice if Government would take the initiative, and make such a law as your memorialists plead for, and in the end the masses would be grateful for their deliverance from the galling yoke that has bound them to poverty, superstition, and the slavery of custom for centuries.

4. The present system of child-marriage, in addition to the physical and moral effects which the Indian Government have deplored, produces sterility, and consequently becomes an excuse for the introduction of other child-wives into the family, thus becoming a justification for *polygamy*.

5. This system panders to sensuality, lowers the standard of health and morals, degrades the race, and tends to perpetuate itself and all its attendant evils to future generations.

6. The lamentable case of the child-wife, Phulmani Dassi, of Calcutta, which has excited the sympathy and righteous indignation of the Indian public, is only one of thousands of cases that are continually happening, the final results being quite as horrible, but sometimes less immediate. The following instances have come under the personal observation of one or another of Your Excellency's petitioners; —

A. Aged 9. Day after marriage. Left *femur* dislocated, *pelvis* crushed out of shape, flesh hanging in shreds.

B. Aged 10. Unable to stand, bleeding profusely, flesh much lacerated.

C. Aged 9. So completely ravished as to be almost beyond surgical repair.

Her husband had two other living wives and spoke very fine English.

D. Aged 10. A very small child, and entirely undeveloped physically. This child was bleeding to death from the *rectum*. Her husband was a man of about 40 years of age, weighing not less than eleven stone. He had accomplished his desire in an unnatural way.

E. Aged about 9. Lower limbs completely paralysed.

F. Aged about 12. Laceration of the *perineum* extending through the *sphincter ani*.

G. Aged about 10. Very weak from loss of blood. Stated that great violence had been done her in an unnatural way.

H. Aged about 12. Pregnant; delivered by *craniotomy* with great difficulty, on account of the immature state of the *pelvis* and maternal passage.

I. Aged about 7. Living with husband. Died in great agony after three days.

K. Aged about 10. Condition most pitiable. After one day in hospital was demanded by her husband for his "lawful" use, he said.

L. Aged 11. From great violence done her person will be a cripple for life. No use of her lower extremities.

M. Aged about 10. Crawled to hospital on her hands and knees. Has never been able to stand erect since her marriage.

N. Aged 9. Dislocation of *pubic arch*, and unable to stand or to put one foot before the other.

In view of the above facts, the undersigned lady doctors and medical practitioners appeal to Your Excellency's compassion to enact or introduce a measure by which the consummation of marriage will not be permitted before the wife has attained the full age of fourteen (14) years. The undersigned venture to trust that the terrible urgency of the matter will be accepted as an excuse for this interruption of Your Excellency's time and attention. (Signed by 55 Lady Physicians.)

An Eccentric Case of Hyperthermia cannot fail to have been noted by professional readers of the newspapers of about two months ago. This amazing case of excessively high temperature (158°F.) is said to have been observed in the case of a girl in Memphis, Tenn. At first we were a trifle inclined to think the story one of the pardonable sensational paragraphs which do occasionally find their way into the daily press during seasons of stagnation. But it now seems a matter of well authenticated fact that such a case was actually observed, and not by one, but by several trustworthy physicians of Memphis. A complete and final report of the case has been promised to appear in the *Memphis Medical Monthly* for August. From a preliminary report and an editorial reference in said journal, and from a personal correspondent on the spot, we gather the following facts: —

The patient, a bright girl, æt. 14 yrs., an athlete and contortionist, excelling in running, jumping, etc., had an attack of tonsillitis. She had almost entirely recovered from the attack when it was noticed by her observing relative and nurse that her temperature occasionally rose to 103° and 105°. Her physician, not finding elevation of temperature during his visits,

thought some error had been made. One day he received a message that her temperature was 108°. Hurrying to the spot, he found it 109°. It declined immediately. Next day, the index of the thermometer reached the top of the tube, probably 114°. This was repeated several times daily for two or three days. Then, and for two weeks afterwards, thermometers were broken by the expansion of the mercury, eight thermometers being thus broken in that time. A thermometer registering 150°, with room in the tube for about 9° more, was obtained. This thermometer registered, at various times, 115°, 135°, 150°, and, finally, "the expanding mercury burst" it. Spirit and mercurial thermometers were used.

These periods of high temperature were evanescent, coming and going rapidly, the patient being able to foretell the rise and its extent. The fall was usually rapid, registering, once at least, 95½°. During these periods the patient's hands and feet were cold, and surface covered with clammy sweat; there was severe nausea, and some oppression of the chest; pulse usually accelerated 10 or 15 beats, averaging 80, rarely reaching 100, and never beyond 120. During the intervals she was cheerful, and presented no appearance of being very sick. She possessed the power of dilating and contracting the pupils at will, the pupils being generally normal. Urine was normal in color, quantity, etc. Spleen and liver were normal, there being no signs of malarial infection.

Such, in brief, are the features of this interesting case. Explanation is out of the question, though an excellent opportunity for theorizing is offered. That it is not pyrexia or fever, as ordinarily understood, would seem evident; but that axillary and sub-lingual temperature reached an astounding figure is undoubted. The publication of full data will be eagerly welcomed.

A Debt of Gratitude should always be promptly paid; and such an one homœopathy owes that enterprising and excellent sheet, the *Philadelphia Inquirer*. Not only did this journal furnish, from first to last, extended and admirable reports of the sessions of the Homœopathic Congress, but, when brought to task for doing so, maintained its position in as trenchant and plucky a bit of editorial writing as it is often one's good luck to chance upon. For all of which favors homœopathy in general, and the Gazette in particular, extend to the *Inquirer* their cordial acknowledgments. And here, writ large, where all may

see, is the editorial in question, quoted from the issue of June 19th:—

THE HOMŒOPATHISTS.

Some of our good friends among the regular physicians seem a little disturbed at the amount of news we are giving the homœopathic congress in Atlantic City, and one of them writes us to know if we are the organ of homœopathy.

The *Inquirer* is the organ of no creed, sect, party, or society. It is a newspaper in every sense of the word. It gives space to the Atlantic City convention because it is news that is interesting to both the disciples of Hahnemann and to regular physicians also. The latter certainly want to know what their brethren are doing.

When the regular, or allopathic, physicians have a congress in this vicinity we shall with pleasure pay equal attention to their proceedings.

The *Inquirer* is a newspaper for all.

COMMUNICATIONS.

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The Medical News and its Editorial on "The International Homœopathic Convention."

"From envy, hatred, malice and all uncharitableness, Good Lord, deliver us!"

Editor New-England Medical Gazette.

My Dear Sir:—Philadelphia has ever been considered the Mecca of American Medical Science.

"Since Shippen first for stipulated fees
"Taught physic's laws and gave men their degrees"

in the first medical college in the City of Brotherly Love, down through a vista famous with the names of Physic, Chapman, Randolph, Dewees, Wistar, Gibson, Dorsey, and many others, medicine—regular old-fashioned allopathic medicine has flourished in its dogmatism, its sectarianism, its traditionalism and its intolerance. Her journals—from the old *Philadelphia Journal* to the *Medical News* of to-day—have been noted for their rigid adherence to *Percival's Ethics,* and antiquated text-books. The only spurt of spirit which has been exhibited in the pages of any of her periodicals for half a century, was shown by the *Medical News* during the recent Koch excitement. Then the enthusiasm of the paper was as manifest by its extras, supplements, editorials, specials, and experiments, as was its sudden

and laughable repression of almost everything pertaining to the the *bacillus tuberculosis*, and the comparative silence it has maintained since the general collapse of the *furore*.

After lustily shouting "*sic itur ad astra*," it is humiliating to descend to Avernus.

The meeting of the International Homœopathic Convention at Atlantic City, has stirred the editorial soul of the "*News*" more than ten thousand bacilli of the most virulent species could have done. The columns after columns of reports on the scientific deliberations of that body, published in the oldest and best established daily papers of the staid city, appear to have overwhelmed the autocratic spirit of *The News*. When it became evident, that in spite of the protests and sneers of the Philadelphia doctors, these daily reports of the Convention still continued to appear regularly; when it became patent to what extent the public were being informed that power, originality and research existed in the new school, then the *Medical News*, summoning up all the wrath of "the lost cause" pounced upon the newspaper reports of the proceedings of the Convention, and selecting any portion thereof that might, by isolation, be considered vulnerable, poured out the vials of its wrath without stint and without mercy.

When one is angry, one knows not what one says: for instance, this lucid editorial reads, "after *two* days of self-glorification came a practical-appearing (?) paper on 'Back-ache.'" If the paper alluded to is one entitled "How to cure back-ache," by Dr. Edward T. Blake, of London, it was announced on the schedule as the *third* paper, on the very *first day of the meeting*. Such misrepresentation, however, is trivial and to be expected from those laboring under strong excitement, and amounts to nothing compared with such statements as these—"at odd and rare intervals a live medical subject was sniffed at, much as a puppy plays with a bumble-bee. One speaker did actually advise the trial of antiseptic methods in puerperal fever. Bacteriology was ogled and snapped at, but at once there was a turning of tail and a ridiculous retreat. The bumble-bee excites curiosity, but is dangerous." Arise Tarquinius Superbus! and explain how it is possible that such a paper as *The Medical News*, backed by the erudition of centuries, and having every known simile at command, could descend to such a one as the common bumble-bee. The truth is "the bumble-bee" had gotten into the bonnet of *The News*, and had stung viciously. Apis mellifica ϕ had entered the circulation, and though the eyelids were anasarcous with rapid zymosis, the editorial eye could not fail to perceive how modern science was working in connection with Homœopathy, and that all the modern collateral branches of

medical knowledge were intertwined with true Homœopathic therapeutics,

The following are the titles of a few papers read at the meeting; "The Proper Choice of Remedies;" "The Treatment of Morbus Brightii;" "The Import of Bacteriology to Homœopathy;" "The Causes of Chronic Disease;" "The Demands of Modern Science in the work of Drug Proving;" "The Chloride of Gold in Pulmonary Tuberculosis;" "The Curability of Insanity;" "A Comparison of Therapeutic Methods Based on the Study of Arsenic;" "The Proper Limitation of Gynæcological Surgery;" "The Present Relation of Antiseptic Methods to Surgery;" "The Treatment of Malignant Disease;" "Surgery of the Spinal Cord;" "Surgery of the Prostate;" "Orificial Surgery;" etc., etc. Who can read over these few titles, taken at random from nearly a hundred essays of equal learning, dignity and precision, which were read at the Homœopathic Congress, and not understand the attitude that the *News*, unfortunately for itself, has taken?

In its ignorance of Homœopathic therapeutics, and with the extraordinary self-conceit of the old school, and believing itself to embody the wisdom and learning of all time, the *News* proceeds to anathematize the Congress in the most virulent manner, because among the multifarious subjects treated during its session, typhoid fever, diphtheria, and phthisis (its temerity in mentioning the latter is surprising) did not occupy all the time appropriated to other papers. If the editorial mind had been broad enough to understand the precision in prescribing which is necessary to the homœopathic practitioner, it would appreciate the fact that the study of such papers as "Improvement in our Present Symptomatology;" "The Demands of Modern Science in the Work of Drug Proving;" "A Reconstructed Materia Medica;" "Indexes and Repertories;" "The Uses of some New but Untried Drugs;" "Peroxide of Hydrogen in Diseases of the Mucous Membrane;" "The Relation of Homœopathic Therapeutics to Constitutional Predisposition;" "The Import of Bacteriology to Homœopathic Therapy in General;" — all assist us, and guide us toward the true *scientific* treatment of those scourges of mankind, which are indeed so fatal under the empirical treatment (that of experience, and experience only, without law) of which the *Medical News* is the champion and exponent.

But let us return to this fiery editorial. It reads — "on the sixth day, the glorious subject being still unexhausted, the 'Progress of Homœopathy in the World,' was again discussed with perfervid rhetoric." Aye! so it was; it was not only discussed but was appreciated by the Convention, and was the bitterest draught ever administered to an old-school journal since Chiron

taught medicine to Æsculapius. Nothing but the working of such a compound could produce in a Philadelphia organism such acrid bile, but it was a pity to put it on paper;—a great pity for *litera scripta manet.*

Here is the prescription that nauseated the *News*:—

ATLANTIC CITY, June 22, 1891.

℞

Report on Homœopathy in Austria, Hungary and Germany	Extensive.
Homœopathy in Denmark	Increasing rapidly.
" New Zealand	Acknowledged and prosperous.
" Manitoba	Unparalleled.
" and recent Medical legislation New Hampshire	Successful beyond anticipation.
Homœopathy in Mexico	Overcoming all opposition.
Spread of Homœopathy in India	Extraordinary.
Progress " Germany	Certain.
" " Switzerland	Extremely satisfactory.
" " Great Britain	Steadily pushing all before it.

M. Make into an effervescing draught.
S. Administer to the *Medical News* — medium— *Philadelphia Inquirer, June* 25.

This was the dose that brought forth the sentence "and yet these *people* (homœopathic physicians) can find dupes who think there is either sense or seriousness in such a school of medicine." Had the *Medical News* made itself partially acquainted with what actually took place at the International Homœopathic Congress, the editorial we are discussing, we hope, for the sake of truth and justice, would never have been written, or at least the latter and most virulent portion of it. But alas! The overwhelming evidence of the growth and prosperity of a system of medicine, upon which unremitting war had been waged for well nigh a century, was too much for the temper of the periodical. It lost its equanimity, and, acting upon the maxim that "all is fair in love and war," resorted to doubtful expedients to convey to the minds of its readers that "Hahnemannism" and the "Homœopathy" of the Convention are one and the same, and then shouts aloud, "Take away these travesties of nonsense and nothing is left of"—does it say "Homœopathy"? No, but "Hahnemannism." Again, "What, in brief, simple English, are these articles of"—does it read "homœopathic belief?" No, but "The Hahnemannian Homœopathic creed," and then proceeds to answer these self-propounded questions thus:—

1. "That disease is immaterial, spiritual; its causes not perceptible to the senses, and that no attempt need be made to find them out."

2. "That all chronic diseases, except syphilis and sycosis, are due to the itch."

3. "That the more you weaken or dilute a drug with water the stronger it becomes, until all that is necessary is to smell

the most dilute mixture, 'even though you have no smeller.' "

That last is funny, very.

4. "That to put out a fire you must add fuel to it, — to cure a disease, give a medicine that would cause it."

And finishes its sentence in a strong ebullition of wrath, thus: —

"Is it to be wondered at that men who pretend to believe such idiotic drivel call themselves the 'new school'?" etc., etc.

The Honorary President of the International Congress, R. E. Dudgeon, M.D., of London, presented to that body a masterly address on "Homœopathic 'Certa' and 'Dubia,'" (it would be well for the *News* to study not only its precepts, but its style,) in which he states with reference to the so-called principles above laid down by the *News*: —

1. "The theory of diseases being caused by a supposed spiritual entity, called the 'vital force,' which Hahnemann promulgated in the last edition of the 'Organon,' is one for which no proof is offered, nor can be given. The existence of such a separate and controlling power in the organism as a vital force, or independent spiritual power, is rejected by modern physiologists."

2. "Hahnemann's theory of the origin of chronic diseases, though spoken of with respect, has long since ceased to influence the practice of his adherents."

3. "Hahnemann's theory of the dynamization of medicines by the process of dilution, succussion and trituration, which is, as it were, a corollary from his 'vital force' theory, is still a subject of discussion and controversy. It is indeed hard to ascertain what his theory was exactly."

4. "The only 'certa' in the master's teachings are the fundamental rule for the selection of the remedy, *similia similibus curentur*, and the mode of preparation of the medicines and their attenuations."

These extracts embody the belief of the Convention, and are selected to show that these old, old and pestiferous arguments brought against homœopathy "should long ago have burned as in a garbage furnace" the ancient editorial fingers which have raked them from the cinders of half a century ago, and endeavor now to foist them upon the profession and the public as arguments against the Homœopathy of this end of the nineteenth century.

But, my dear Mr. Editor, bear with me for one moment; the best is yet to come. Pray hear it; hear it for the sake of that ancient dignity which is said to surround the medical profession; hear it in justice to the traditional gentility of that "regular" school of medicine which boasts its ancestral aristocracy; hear

it with the light of scientific research illuminating every corner of the earth, and proclaiming liberty of speech, liberty of opinion, liberty of thought; hear it because it comes from what is considered to be one of the most, if not *the* most influential "*regular*" medical periodical in this country. These are its words: "The moral of it all is that to indulge in good-humored contempt of these pestiferous doctrines and doctrinaires; to show them mercy" (hah! hah!! hah!!!), "to be indifferent to them, to compromise and play politics with them is to be poltroon and renegade in the face of one's duty to science and humanity." So ends this editorial.

Had it emanated from a periodical of less standing than the *Medical News*, no notice would have been taken of it; but coming from such a source, its shallow and weak arguments, its misrepresentations and abuse, its calumnies, and its vituperations were bound to be exposed, and can only be explained by the wise man when he saith, "Wrath is cruel and anger is outrageous, but who is able to stand before envy?"

Yours truly,

WM. TOD HELMUTH.

BAR HARBOR, July 17, 1891.

A STUDY OF COCCULUS INDICUS.

BY GERTRUDE E. HEATH, M.D., GARDINER, ME.

[*Read before the Maine Homœopathic Medical Society.—From the forthcoming Transactions of the Society.*]

The numerical strength of our remedy is shown in the following table. The provers of the remedy number nineteen. Of these the sections of the body affected by the drug are reported as follows:—

Mind	8	Mouth	6	Urinary organs	6
Head	9	Throat	5	Respiratory organs	4
Eye	6	Stomach	12	Chest	7
Ear	2	Abdomen	8	Heart	2
Nose	4	Rectum and anus	4	Neck and back	5
Face	5	Sexual organs	3	Extremities in gen.	6
Superior extrem.	7	Inferior extrem.	5	Generalities	8
Skin	5	Sleep	5	Fever	7

Many of the symptoms recorded are obviously worthless. Number one, whose pen is the pen of a ready writer, writes fluently upon all topics. An ulcerated tooth gives him many symptoms, valueless as provings of the drug. He, too, is the only one who gives us that cherished symptom of "nausea made worse by riding in a wagon." But the verified symptoms point

unmistakably to the condition known as sea-sickness. Without wearying you with a careful analysis of the various verbose provings, I will proceed to give the result of this analysis in the following

SUMMARY.

Mind: Anxiety.
Cheerful and contented.
Excessive irritability and sensitiveness. Trifles offend.
Head: Confusion of head.
Vertigo.
Vertigo as from intoxication.
Sensation, as if the brain were constricted or compressed by a band.
Pressive headache in the crown.
Pressive pain in the forehead.
" " " right side of head.
" " " left temple.
Eye: Dull pressure in eyes.
Ears: ———
Nose: Sneezing,
Face: ———
Mouth: Dry sensation in the mouth.
Nauseous taste.
Throat: Dryness of.
Swollen, hard glands beneath lower jaw.
Profuse accumulation of saliva.
Stomach: Hiccough.
Nausea (9).
Loss of appetite; aversion to food.
Great thirst.
Frequent eructations.
Vomiting.
Pain beneath pit of stomach.
Abdomen: Distention, Flatulence.
Pain in abdomen.
Pinching.
Stitches in the left side of abdomen.
Stitches in right side of abdomen.
Colic.
Threatened hernia. Pain as from hernia.
Rectum and Anus: Urging to stool, in rectum.
Soft stool.
Frequent small diarrhœic stools. Constipation for several days.
Urinary Organs: Urging to urinate, with pressive pain in urethra.
Sexual Organs: ———

Respiratory Organs: Rapid and difficult breathing. Dyspnœa.
Chest: Stitches in the chest and region of sternum.
" " left chest.
" " right chest.
Oppression of chest, as if pressed against by a blunt instrument.
Heart: ———
Neck and Back: Pain in the cervical muscles, worse on moving the head.
Pain in the region of the scapulæ, worse during rest.
Pressive pain in the back.
Extremities in general: Limbs heavy and stiff.
Paralytic drawing pains in limbs and back.
Painful lameness of the joints.
Superior Extremities: Sticking pain in the left arm.
Pain in the upper arm.
Cramp-like pain in the fingers.
Inferior Extremities: Lameness of the left thigh.
Drawing pains in the limbs, worse from motion.
General symptoms: Clonic spasms. Loss of consciousness.
Skin: Itching and burning, here and there.
Pimples, painful to the touch.
Sleep: Frequent waking from sleep, as from fright.
Fever: Creeping chilliness over the whole body.
Increase of temperature.
Flushes of heat to the face.

REPORT OF A CASE ILLUSTRATING THE SURGICAL TREATMENT OF SPERMATORRHŒA.

BY W. P. DEFRIEZ, M.D.

[*Read before the Mass. Surgical and Gynæcological Society.*]

In reporting the following case as illustrative of surgical treatment of spermatorrhœa, I desire to acknowledge my own doubts as to the reliability of my conclusions, realizing fully that other causes may have had influences more potent than the surgical means brought about. However, I will first report my case, and then leave the discussion to wiser ones.

I was requested to see Mr. B., March 4th, 1890, and found my patient a young man, 22 years of age, who told me he had been gradually losing flesh for the past two years, caused as he supposed from seminal emissions which had occurred as often as three times a week; so weak had he grown that he was obliged to leave his business. At my first visit I obtained the above history, together with the fact that he had noticed a good deal of soreness in the inguinal glands. Upon careful questioning I was assured he had never had gonorrhœa. I then examined

carefully, and found a large hard swelling in the right inguinal region. Hoping to abort the trouble I advised cool applications, and prescribed mercurius. There was no apparent change for four or five days, then there was evidence of breaking down of tissue, and I now felt sure it was better to hasten it, which I did with poultices externally and hepar sulph. internally. I opened the abscess later, and a free discharge of pus followed. There was nothing remarkable about the case until March 17th, when the scrotum began to swell, and in twelve hours was as large as a grape-fruit. I incised the scrotum in five or six places, thereby hoping to prevent sloughing. I also patiently and carefully probed for communication with the abscess-cavity in the groin and for fistulous tract from penis, but without finding any. The incisions availed nothing, and sloughing went on until the testicles were bare, all the scrotal tissue from front to back was gone; certainly it was an unenviable condition. The glands on the left side now joined in the sloughing process, and the patient became a mere skeleton. In Holmes' System of Surgery I found comfort: for he says, "sloughing of the scrotum may follow abscess of the inguinal glands, and although the testicles are laid bare, yet new tissue will form, and the patient be restored to health." I applied charcoal poultices until all the sloughing tissue was removed, and then I irrigated the surface daily with calendula lotion, using three quarts each time, then applied cotton saturated with calendula as a dressing, resting the testicles on pillows filled with oakum. Internally I gave calc. carb. I dressed the parts daily until April 20th, and then every other day for two weeks, and new tissue was formed over the whole surface May 21st. Appetite had returned, and he rapidly gained in flesh and strength.

July 28th, he was able to come to my office, and he was a different man. He had gained a great deal of flesh, in fact, never weighed so much, and at the present time he still retains it. About the time I was treating this case I read an article in the May number of the *International Journal of Surgery*, by G. Wiley Broome, on "Curtailment of the Scrotum for Sexual Disorders," recommending excision of the scrotum. It then occurred to me whether the cicatricial tissue, which had formed in the case above reported, would not act in a beneficial manner, as it was apparent that the scrotum was much shorter and held the testicles up very firmly. It is now over a year since the case was treated, and at frequent intervals I have seen the patient and inquired about the old trouble he formerly had, and he assures me he has had no trouble since. I have the dates of the seminal emissions that have taken place in this time, and they have averaged one in six weeks.

Now I realize fully the relief from spermatorrhœa may not be due to the operative process of healing and causing thereby cicatrices, but still it would seem a natural deduction, insomuch as no medicines were given except those mentioned; also from the brilliant results of Dr. Broome, and the length of time during which the patient has had no evidences of trouble, while his surroundings are unchanged.

APPENDICITIS.

(TYPHLITIS, PERITYPHLITIS, TYPHLO-ENTERITIS, PARATYPHLITIS, CÆCITIS.)

BY HORACE PACKARD, M.D., BOSTON.

There is at the present time probably no subject which is engaging the attention of physicians more widely than the treatment of inflammations of the vermiform appendix. It is but a few years since the true significance of this affection has been recognized. Multitudes of patients have died from "peritonitis" in the past; such peritonitis having been attributed to that popular pack-horse "a cold," impacted feces, or some equally conveniant subterfuge. It was my fortune to see, but ten years ago, while interne in one of the hospitals of this city, a pronounced case of then so-called perityphlitis, go on to death without an effort of any kind being made to relieve the patient, though pus pointed in the right inguinal region forty-eight hours before death.

This case made a profound impression upon me, and I have from that time followed with the greatest interest and pleasure, the gradual dawn of the present rational conception of the pathology and treatment of this common and highly dangerous disease. All cases do not die, even if let alone, indeed there is a large percentage of spontaneous recoveries. A few months ago while reporting a series of cases, I was informed by an able physician, who has a large experience, that he had met with many cases of appendicitis but never yet had lost one. I cannot doubt the sincerity of such a statement, but the question forces itself upon me whether or not the old nomenclature is not to blame for the apparent discrepancy. It is true that many cases of appendicitis never result in general peritonitis, for the reason that early in the progress of the disease adjacent loops of intestine become agglutinated, shutting off the little corner of the peritoneal cavity occupied by the appendix effectually from the rest. With this protection against invasion of the general peritoneum, the inflammatory process may go on for days, pus form, and work its way through the wall of an adjacent loop of intestine, or point in the groin; or else resolution

and absorption take place. With such a process going on there is always a considerable hardness and tenderness on pressure in the right groin. I doubt not that such a condition is by many still looked upon as a so-called extra-peritoneal abscess. If there be a spontaneous disappearance of the tumor, and tenderness and final recovery, it may be called a case of fecal accumulation. Still further, if pus finally makes its way to the surface and discharges in the groin, it may be diagnosed as an abscess Observations of the past three or four years have very conclusively proved that the above nomenclature, with the firm differentiation into typhlitis, perityphlitis, paratyphlitis and cæcitis, are erroneous and misleading, in that they in no wise indicate the true origin and nature of the affection. In the series of cases herein reported, and upon which I have operated during the past four years, I have found in every case, save one, a sloughing appendix, together with, in three of the cases, a calculus, either still imbedded in, or free, in the surrounding accumulation of pus. In none of the cases was the pus cavity located extra-peritoneally. In some the parietal peritoneum was greatly thickened and had lost its distinctive character, as had also the peritoneum covering the portion of the cæcal extremity of the colon which was bathed in the accumulated pus. The conditions were in reality para- and perityphlitis, but in every case secondary to an inflammation which had originated in the appendix vermiformis. It is not always easy to find the appendix or the remains of it, for it frequently adheres to adjacent loops of the intestine, but when I have diligently searched for it, I have never failed to bring it to the surface, and its appearance has borne the most eloquent testimony to its guiltiness. With this preamble, I wish to review—

THE SYMPTOMS OF APPENDICITIS.

Appendicitis is most frequent in the young, and in males. By the young is meant not only children, but adults who are still on the halcyon side of life—under fifty. Of the cases which have come under my observation six have been in vigorous, robust men; two in male children under twelve, one in a man of delicate constitution, over forty, and one in a woman, who had undergone a number of recurrent attacks. A case of peritonitis occuring in a male, or child under puberty, is in ninety-nine cases out of one hundred, appendicitis. In women there is room for much more doubt on account of the very frequent occurrence of peritonitis originating in the pelvis via the genital tract. The early subjective symptoms of appendicitis are a general feeling of illness, with an uneasiness usually in the right inguinal region, which gradually increases until it becomes a pro-

nounced pain, with tenderness on pressure. The location is qualified by the word usually, because the appendix vermiformis is sometimes displaced toward the left side, even beyond the medial line. As a consequence the pain and tenderness incident to inflammation and suppuration will be correspondingly removed from the usual location. According as the cases are mild in character, or severe, going on rapidly from bad to worse, there will in the former be, after the first twenty-four hours, a gradual abatement of symptoms, or at least no increase, and in the latter a rapid sequence of increasing pain and tenderness, a tumor in the groin, chill, elevation of temperature to 101 °F. or 102 °F., vomiting, tympanites and diarrhœic stools. Fitz, who has made a critical review of a large number of cases, reports that sixty died the 5th day, forty-six the 4th day, twenty-eight the 3rd day, and eight cases died as early as the 2nd day. This group indicates only cases of a very severe type, such as a consulting physician or surgeon would be likely to meet, but they are none the less appalling, and serve to bring home all the more forcibly to us the necessity for the closest watching.

If, perchance, the patient pulls through to the 9th or 10th day, there will be by that time either a rupture through into the intestinal canal or bladder, or the abscess will have pointed in the groin, or possibly the products of inflammation will have undergone the process of absorption.

In the early days of the attack, pressure with a single finger over the site of the appendix, i.e., a point an inch an a half or two inches from the anterior superior spinous process, in a line to the umbilicus, may show exquisite tenderness. This is known as the "McBurney point," and while useful in confirming a diagnosis, it should be borne in mind that it is of little avail later in the disease, where tympanites has occurred. It should also be remembered that the appendix is sometimes displaced far from its usual location, hence the "McBurney point" might be found near the umbilicus or even on the left side of the linea alba.

If the case has gone on to the formation of a tumor, which can be distinctly seen and felt, there is frequently observed a slight accumulation of gas beneath the skin in the connective tissue, and also gas within the abscess cavity. Unless this be borne in mind, the tympanitic resonance on percussion might lead one astray. The presence of gas is due to putrefactive changes taking place within the abscess cavity.

TREATMENT OF APPENDICITIS.

It is a difficult question to decide how much influence medical treatment has upon the course of appendicitis. Many cases will undoubtedly go on to recovery without treatment of any

kind, other than rest; and on the other hand, very many go on to direst results in spite of the most careful medical treatment.

In the early stage, when the patient complains of little else than moderate pain or uneasiness in the ileo-cæcal region, and there is but slight elevation in temperature, say 99° to 100° F., the administration of aconite, followed by mercurius, with the use of cold compresses, or the cold water coil locally, will probably accomplish all that can be done to avert the attack. Opium or any narcotic should on no account be given, for thereby important symptoms would be masked, and the physician deluded into thinking the case progressing favorably. Close watching is, above all, most important during the first three or four days. If at the end of the second day, there should be no increase of temperature, and the local pain and tenderness be no greater, it is an encouraging indication to continue the general treatment. If at the end of the third day the temperature falls to normal, or but little above, and local pain and tenderness diminish, it is probable that there is to be a spontaneous and rapid recovery. Still the patient should be kept quietly in bed for several days, or until all local symptoms have entirely disappeared. These first attacks are liable to be followed by others at longer or shorter intervals, any one of which may go on to the most threatening symptoms and death.

The cases which progress from bad to worse are those which give anxiety. Suppose at the end of the second day, the temperature increases to 101°, and the local pain and tenderness also increase. The sesymptoms indicate an increase of inflammation, and probably the beginning of pus formation. If at the end of the third day a chill should occur, the temperature creep up to 102°, and the local tenderness also increase, it is very certain that the following day will be a critical one. The possibility of operation should be mentioned to patient or friends, and their consent obtained, should the following symptoms be found the morning of the fourth day, viz., no abatement of temperature, a tumor felt, dulness on percussion in the right inguinal region, vomiting and diarrhœic stools. The presence of these symptoms, whether they have made their appearance by the fourth day or earlier, indicate that the question of operation should be seriously considered, and in fact, it should be performed before another twelve hours has elapsed. We do not want to wait until an abscess has burst into the general peritoneal cavity, with wide spread peritonitis and tympanites, nor until the patient is in a condition of septicæmia from pus absorption, with weak thready pulse and cold perspiration. The operation, if skilfully performed before the onset of these critical symptoms, I believe would be followed by recovery in every

case. The cases which are already in the jaws of death, of course die after an operation, not, however, as a result of the *operation,* but from the disease. Indeed, I look upon the operation for the relief of appendicitis as carrying the minimum amount of danger with it. Compared with the danger of permitting the disease to go on without interference, it is nothing.

TECHNIQUE OF THE OPERATION.

We cannot expect to preserve an aseptic condition of the wound in these cases, for the reason that the disease, for the relief of which the incision is made, is septic in its nature. This however should not deter us from the same care which would be exercised in other cases to prevent the introduction of fermentative material from without. If a tumor can be felt, the incision should be made over its most prominent part; on failing to locate a tumor, the right linea semilunaris is the proper guide. The tissues are divided until the peritoneum is reached, when great care must be exercised lest loops of intestines, which have become adherent to the abdominal wall, be cut. The peritoneum is sometimes found greatly altered and thickened, cutting like cartilage. When such a condition exists, it forms the anterior wall of the abscess, and may be cut through with confidence that the intestines will not be injured. Sometimes the peritoneum is unchanged and should then be penetrated in the same careful way that is practised in all laparotomies. The intestines will then be found matted together but not adherent to the abdominal wall. The finger is next to be gently insinuated between adherent loops, and in a moment a gush of pus follows. A fountain syringe should be in readiness, charged with warm water, and its nozzle carried to the bottom of the abscess cavity. With the patient turned slightly on the side, the current of water thoroughly washes out the pus, without danger of infecting the peritoneum. Frequently with a gush of pus, a calculus will jump out, or will be felt lying at the bottom of the cavity. The next thing to search for, will be the appendix, which sometimes comes quickly into view, or may require much seeking, and need to be freed from adhesions before it can be brought into the wound. It will sometimes be found entirely sloughed off, a stump only remaining, or there may be a hole through one side, through which the calculus has sloughed. If the operation be made very early in the progress of the case, there may be no pus, no adhesions, only an enlarged inflammed and œdematous appendix, containing a calculus, or pus, or both. The appendix is next cut away and the stump ligated. A cat-gut ligature, tied about it near its attachment to the cæcum, seems to answer all purposes, though other methods have been recom-

mended, such as sewing the serous covering over the stump with the "Lambert suture." I have usually used the simple ligature. A method which I have sometimes followed, is to seize the mucous lining with forceps, and with another pair of forceps strip the serous and muscular coat back as far as possible, then cut away the mucous lining. The remaining coats are then brought forward and ligated. A drainage tube is always adjusted, and the wound closed by three sets of catgut sutures, one along the peritoneal margin, another approximating the sheath of the muscles and the third along the cutaneous edges. Deep silver wires are passed to approximate and hold firmly the deeper parts, in case the catgut should give way too early. Considerable space is left alongside the drainage tube, to allow flushing of the abscess cavity, should such treatment be called for.

AFTER TREATMENT.

For the first forty-eight hours the patient should be kept upon his back. This is looked upon as a very important provision, especially where adhesions have been broken up, and the general peritoneal cavity opened. If the patient be restless and inclined to toss about, morphine is given to insure quiet. This is insisted upon in order that new adhesions may quickly form and thus again shut off the peritoneal tract. Whatever justification there may be after the operation for the use of morphine, there is none before. The third day a stream of carbolized warm water is gently forced through the tube and allowed to regurgitate. A dressing of wood wool, or better still, sublimated gauze, is kept on the wound and changed frequently, every three or four hours. The pus on evacuation is always of a very offensive odor and usually continues so for several days. Sometimes a fecal fistula forms, and fecal matter escapes, but usually it gradually closes and the wound heals. The patient should not be permitted to sit up or get upon his feet until the wound is firmly united and then only with the abdominal wall firmly strapped.

THE QUESTION OF OPERATION IN RECURRENT CASES.

There are not a few cases of recurrent appendicitis, i.e., patients who have a mild attack from which they recover, then another similar illness after an intermission of a few weeks or months. McBurney mentions a case having twelve attacks in one year. Such a condition is a constant menace to life, and the only safety is in the removal of the appendix between the attacks. Treeves believes that in the treatment of relapsing appendicitis by removing the appendix vermiformis during the

period of quiescense, we have offered more admirable results than are to be obtained in the treatment of any other form of the disease. Dr. C. B. Porter gives a review of all cases of this character reported to date, which shows very encouraging results. In two cases of recurrent appendicitis upon which I have operated, not enough time has elapsed to judge of the permanence of cure. All I can say is, that thus far there has been no trouble.

CASES.

Case I. Mr. A., age 53. Recovery.

A hard tumor was felt in the right inguinal region, which was very sensitive on pressure; no general peritonitis; temperature, 101½° F. Duration of attack nine days, no previous illness of this character. The operation consisted in cutting down upon the tumor by a long incision through the skin, muscles and fascia, until pus was reached. The contents was extremely offensive. The cavity was thoroughly douched with warm 2½ per cent. carbolic solution, and a drainage tube was adjusted. The appendix was not seen. Recovery was rapid and uneventful.

Case II. Miss. P., age 39. Recovery.

Two operations — Appendix removed at second operation. A case of recurring appendicitis. She suffered from several previous attacks from which she had recovered without surgical aid and supposed she had an ovarian tumor. Her attacks have all been accompanied by a pain running down the right side to the heel. She had been suffering with the present attack several days, and already pus had formed and was pointing in the groin. Operation consisted in evacuating pus and washing out the cavity. Appendix was not seen or felt. Recovery was rapid and uneventful.

One year after this there was a recurrence of the attack. A tumor in the right inguinal region, with pain extending down the leg. I operated without delay and removed a stump of an appendix. Pus had already formed. The remaining portion of the appendix was swollen and inflammed, and was adherent to adjacent loops of intestine. Recovery rapid.

Case III. Fred C., age 11. Recovery. Appendix with calculus removed.

Had been sick one week with severe pain in right inguinal region, a distinct tumor with some distention of the abdomen; diarrhœa and vomiting. Temp., 102° F. Rectal examination showed presence of a mass in the right iliac fossa. I operated by an incision along the right linea semilunaris. The intestines were not adherent to the abdominal walls, but closely bound to each other. They were carefully separated, and out gushed foul pus and a calculus. The appendix came

easily into view and was ligated. It was sloughing, and the place occupied by the calculus could be seen. Recovery was tedious but perfect. Nausea and vomiting persisted beyond all comprehension, but were promptly relieved one morning, on the ejection of an enormous stomach worm, ten inches long. The calculus was an intestinal concretion the size and shape of a bean.

Case IV. Mr. W. age 25. Death.

A recurrent attack, ushered in by a chill, pain and tenderness in right iliac region, and fever. On the third day there was evidence of general peritonitis. Operation was performed without delay, with removal of pus and a calculus, but the appendix could not be found. On the fourth day the temperature fell and the patient seemed to be fairly comfortable, but in the evening it rose, he became dilirious and continued so until the fifth day when a gradually depressing coma developed, and he died on the sixth day.

Case V. Mr. L., age 38. Recovery. Removal of a sloughing appendix and calculus.

A strong robust man; first attack; was complaining two weeks. Present condition. Temp., 102° F.; distinct tumor in right iliac fossa; vomiting; diarrhœic stools; perspiration; operation was performed without delay. Foul pus; a fecal calculus the size and shape of a date stone; and a sloughing appendix. The appendix was ligated with catgut, and removed.

Recovery rapid and uneventful.

Case VI. Mr. B. Recovery. A sloughing appendix removed.

Had suffered from two attacks, and was convalescent from the second, when I saw him. I advised an operation as a measure for radical cure. All the tissues were greatly thickened about the region of the appendix; very little pus; intestines adherent; appendix adherent, but separated without difficulty, and was ligated with catgut, and removed. Recovery prompt and uneventful.

Case VII. Willie R. Death. A sloughing appendix and calculus removed.

Sick ten days; temperature 102° F.; diarrhœa; vomiting, a tympanitic tumor in the right iliac fossa, could be felt in rectum. An incision was made along the right linea semilunaris; foul pus; a sloughing appendix and a fecal calculus the shape of a bean was found. No recuperative power; temperature continued high with constant vomiting. The wound showed no inclination to heal.

Dr. Radsach says that wry-neck occuring during an attack of otitis media indicates the presence of mastoid disease. — *Med. Record.*

AN INTERESTING CASE.

BY C. E. PERKINS, M.D., WARREN MASS.

[*Read before the Homœopathic Medical Society of Western Mass.*]

This should be called a fatal rather than an interesting case. Still it is (to me at least) interesting, taking into consideration the deformity of the child and the result to both mother and child.

Cases of this kind fall, I imagine, to the lot of physicians perhaps not more than once during a life-time, except to those that have a special practice, and then only a few times at most.

The suffering of the mother was not as severe, as regards the length of pain, as in many cases that I had attended, and nothing especial was noticed by me until near the time the head became lodged. The pains were very short and did not seem to do any good.

I was called the morning of the 12th of August last, at 12.30, to attend Mrs. S—, in her third confinement. Upon my arrival I learned that the membrane had ruptured about a half-hour before.

I examined and found the head presenting, noticing nothing different in this case from what I had in those before. I listened for the fœtal heat-sounds, and on further examination diagnosed the position.

After two hours of patient waiting, the pains began, at first slight, and at least fifteen minutes apart, only lasting a minute, gradually increasing in frequency.

Upon examining again after an hour or so, I noticed that the head had advanced slightly, and still nothing abnormal appeared.

The pains continuing at regular intervals, still short and at this time not more than from four to five minutes apart for another hour, I examined again and noticed a soft spot that I took to be a bag of water, it advancing and growing tense during a pain, but pressure would show the bony part underneath. So I thought I had a case where the membrane had ruptured high up.

Time wore on, and upon examinations, made at intervals of a half-hour, I was assured that the head was slowly but surely advancing and at the same time an advancing portion, that I took for the caput succedaneum, was increasing in size, and was at each time nearer, until it reached within an inch or so of the opening. The head was movable within the pelvis, because after each pain it would recede, and during pain advance.

At near noon, upon examining, I did not feel so marked an advance during the pains. I began to think that I had a case where instruments would be needed later on. The part I took

for the caput succedaneum had a suspicious feel, growing softer very rapidly from this time on.

After an interval of perhaps a half-hour I examined again and found the caput higher up, the head neither advancing or receding during or after pains. I knew instruments would be needed and that I must have help.

I asked for council. An "old school" physician of this town was called, he arriving about 2 p.m.

Upon examining the case, he considered it one where more help was needed, and that she must be relieved at once.

I telegraphed for Dr. Spencer, of Ware, to come at once, he arrived at 5.30. He examined, and at once advised extraction with the forceps if possible.

We etherized the patient, Dr. Spencer operating. He tried four or five times to introduce the instruments and take a firm hold on the head, but without success.

He next tried to turn, but owing to the large size of the head and the firm contraction of the uterus around the child, was unable to do so.

Then as the only means left in order to save the life of the mother, he concluded that craniotomy was the next thing to do.

After preforation, the arms were brought down and amputated, the placenta withdrawn, after which by taking hold of the feet and turning, the child was delivered in a very short time.

The mother at first appeared to be coming out of the ether, but in ten minutes she collapsed, and in spite of all we could do she died twenty minutes from the birth of the child.

The child was deformed.

The head enormously hydrocephalic; talipes duplex; and spina bifida.

I should judge the child would have weighed 10 lbs.

Perhaps this case is not of interest to those present, and possibly I might have chosen a case where I had been successful, but as this experience was the only one I had had in any way out of the regular order of cases that I could properly present under this bureau, I chose it.

I heard a physician, now a Prof., at B. U. S. M., who read a paper telling of his failures in cases of diphtheria, while the others told of their successes, say that we should tell our failures as well as our successes.

A Ready Way of Demonstrating the Presence of Arsenic in Wall Paper. — Put a small piece of the paper into strong ammonia water. If arsenic be present a bluish color will be developed. Since copper gives a similar reaction, as a further test moisten a crystal of nitrate of silver with a drop of the fluid. If the color be due to arsenic, a yellowish deposit will be formed on the crystal. — *Boston M. & S. Jour.*

SOMETHING NEW ABOUT MULLEIN OIL.

BY A. M. CUSHING, M.D., SPRINGFIELD, MASS.

Since I first introduced Mullein oil, so called, nearly twenty-five years ago, it has slowly advanced in favor with the medical profession and laity. In market it has been adulterated with "equal parts" of alcohol, which I believe injures it for local application. It has been expensive on account of the slow process in picking the blossoms. So last year I gathered the heads or spikes, blossoms, buds, etc., altogether, cut them from the stalk, bruised them in a mortar, and placed them in a bottle (I find light colored glass the best), corked and placed in the sun, cork end down, so as to remove without passing through the dried débris. I got as much, or more, oil than from the blossoms, and it has more consistency, and I think it is better. I think the best way to keep it is to let it remain in the bottle till one needs it to use. When removed it is apt to mould, but if it does not sour that does not hurt it; only it must be filtered.

One case treated with this preparation. One night, not long since, I was called out of bed to prescribe for a child, two years of age, "just wild" with the ear ache, and had been for several hours. Reported that in less than one minute after the oil was applied the child was easy, and had no more trouble. Other cases have yielded similar though not as quick results; but they were less acute cases.

SOCIETIES.

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VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

The Vermont State Homœopathic Medical Society in its 41st Annual Session, convened in the parlors of the Pavilion, at Montpelier, Wednesday, May 27th, 1891, at 11 A. M., President H. E. Packer, M. D., of Barre, in the chair. The records of the last Annual and Semi-Annual Meetings were read, approved and adopted.

The Censors, and the Treasurer, also the Committee on Legislation being absent, their reports were deferred, and the meeting passed to the order of miscellaneous business. The Secretary, Dr. Tillotson, wishing to be excused from taking minutes on account of ill health, it was directed that the President appoint a Secretary pro tem. Dr. A. F. Moore, of Ludlow, was thus appointed. Informal discussions on various topics of business were held.

On motion of Dr. E. L. Wyman, a committee consisting of Drs. Wyman, F. D. Worcester, and O. A. Bemis was appointed

to draft the following resolution: Whereas, all papers presented are the property of this Society; and whereas many valuable papers are pigeon-holed in the archives of the Society, and much valuable material and study lost; Therefore, Resolved that the Secretary of this Society have the power to select as he may see fit, or is requested to by Medical Journals, from those papers in his possession not otherwise ordered printed by this Society, such ones as he may think best, provided the consent of the author be first secured; and, as far as possible, his selection of the Journal in which the paper is to be published is to be given the preference.

F. D. Worcester,
E. L. Wyman,
O. A. Bemis.

The report of the Committee was accepted, and the resolution adopted.

The meeting then adjourned to 2 P. M.

Wednesday, 2 P. M., Dr. Packer, President, in the chair.

Report of Censors was called, which was as follows: The report of the Censors for the year ending May 27, 1891.

The board of Censors has granted licenses to practice medicine and surgery to the following persons, all of whom are graduates of Homœopathic Medical Colleges; E. R. Parker, West Cornwall, Vt.; R. J. Severance, Vergennes, Vt.; Miss S. M. Hobson, Island Pond, Vt.; C. M. Martin, Rutland, Vt.; Alvin Boyce, Rutland, Vt.; F. H. Davis, Lyndonville, Vt.

The report of the Treasurer was read, accepted, and adopted. Treasurer reports a good financial condition and $34.00 in the treasury.

Drs. Boardman and W. F. Minard, of Committee on Legislation, then reported; Dr. Boardman said, Drs. Grinnell and Hamilton tried to have passed a bill doing away with society Boards of Censors and making a board consisting of one-half allopaths and one from each other school, but it was killed.

Dr. Minard said, as to assistant at Waterbury Insane Asylum, "Dr. Sylvester was elected Superintendent as being favorable to Homœopathy."

Report of Secretary as to business and correspondence *ad interim*, as to printing diplomas, etc. Only one diploma was delivered this year. Bill of $20.75 against the Society ordered paid. Report accepted with a vote of thanks to the Secretary for faithful service.

THE PRESIDENT'S ADDRESS.

The President then read his annual address, in which he noticed that what our school is in this State to-day can be

traced to this Society, and urged a greater interest in the Society, and the presenting of papers and reports of cases for discussion, giving an instance of the first case which he presented to the Society, the discussion on which resulted in a prescription which undoubtedly saved the life of the patient. He urged that requisite effort be made for due recognition in the management of the New Insane Asylum, citing the known success of our school in all hospitals under such management, and reminding us that nothing will be granted us in this line unless asked for. He advised effort to stamp out bogus enterprises for Medical colleges, so-called, and that good and true men are sent to the General Court, at Montpelier, who will see that only honesty and justice are done. Vermont will not long be behind in the matter of an examining board. "We as a society should demand recognition." He advised against personal animosity because of difference on the question of the size of dose; and urged that effort be made to have our practitioners recognized by insurance companies. He wished that none of us be carried away by "hypnotism" and "Christian Science"; "say nothing against them, let them die unlamented." A plea for a better recognition by our school in this State of the claims of Sanitary Science, especially as to water supply, the condition of the cellar and outbuildings, and the isolation of contagious cases, follows, with a desire that the members of this Society assist the State Board of Health in all their regulations. The address closed with a glance at the status of Homœopathy, the work of the German pathologists, Dr. Koch and his lymph, and the good that may come of it, even if it does not fulfill all expectations. "He trusts that the school evolved from the fertile brain of Samuel Hahnemann, will stand by its theories, and not be carried away with the idea that oil and water will coalesce," and urged that we pay more attention to the mastering of our own Materia Medica of over 1000 remedies, and not assist in the sale of proprietary remedies.

The address was accepted unanimously by a rising vote of thanks.

The election of officers for the ensuing year resulted as follows:— President, E. L. Wyman, M.D., Manchester Centre; Vice-President, C. A. Gale, M.D., Rutland; Secretary, A. F. Moore, M.D., Ludlow, (Since removed to Proctorsville where he arranged to go in April); Treasurer, H. S. Boardman, Montpelier; Censors, H. S. Boardman, M.D., Montpelier; F. D. Worcester, M.D., Springfield; M. D. Smith, M.D., Middlebury; Auditors, W. F. Minard, M.D., Waterbury; J. F. Shattuck, M.D., Wells River; J. M. Van Deusen, M.D., Waitsfield.

The former Secretary, Dr. Tillotson, then brought out an old

paper by Dr. A. F. Moore, on "The Microscope in Diagnosis and Prognosis," which did not arrive in time to be read last year, and it was read by the author, and ordered printed in the New England Medical Gazette.

Dr. H. E. Packer stated his successes in cases of exhaustion, with the use of *hot* milk, and was warmly seconded by others.

Dr. A. F. Moore read a paper on the "Scientific and Physical Basis of Homœopathy," and it was ordered printed in the New England Medical Gazette.

Informal discussions of cases followed.

Dr. Lance reported a case of chronic poisoning by Sulphonal, followed by death. There was a sense of lying on gravel stones in various parts, and the breath smelt of urine.

Thursday, 10 A. M. Report by Dr. Steele, of the Legislative Committee.

He opposed the Charter for Dr. Dutton's Medical College because it was a faith-cure institution, and the diplomas will not hold under the general laws. The College must have a charter. Thinks the Legislature is not favorable to the establishment of any medical college in Vermont. And effort was made to do away with present registration laws, and employ one board of eight members, four allopathic, two homœopathic, and two eclectric. Believes the Allopaths would be willing to gives us equal representation, but the Faith-Cures, Eclectics, Spiritualists, and Soothsayers opposed and defeated it. Dr. Steele drafted a bill to give the examining power to the three State Societies, but the same parties defeated that. The thanks of the Society were extended to Dr. Steele, unanimously, by a rising vote for his services in legislative matters.

The Legislative Committee was continued, and the President appointed Drs. H. S. Boardman, of Montpelier, F. E. Steele, of Gaysville, and W. B. Mayo, of Northfield, as such Committee, and they were instructed to include also the topics of Homœopathic Insurance Examiners, Sanitary Science, and Recognition of Homœopathy in State Institutions in the business referred to them.

The President appointed Delegates to American Institute of Homœopathy, Drs. C. A. Gale, H. E. Packer; Maine, Drs. S. H. Sparhawk, J. F. Shattuck; Mass., Drs. F. D. Worcester, Edward Kirkland; New Hampshire, Drs. J. H. Jones, W. E. Lock; Rhode Island, Drs. N. L. Dow, J. D. Lance; Conn., Drs. W. F. Minard, A. F. Moore.

The time and place of Semi-annual Meeting was left to the President and Secretary under an amended by-law. Voted that Dr. Leavitt, associate member, upon paying his initiation fee and dues, may become a full member and his past dues be

remitted. On favorable report by the Censors, Dr. John H. Mayo, of West Randolph, was elected to membership.

Voted that the President and Secretary shall be a Committee who shall revise the Constitution and By-Laws and have the same printed and ready for distribution at the next annual meeting.

Discussion of questions and papers on the regular program.

Paper on Peritonitis by Dr. Minard. Drs. Mayo, Packer and Boardman advocated the use of turpentine stupes in the disease, and Dr. Steele, in addition, uses with happy effect, clothes wrung out of hot alcohol, in which is one or two drams of Tincture of Aconite.

Dr. Packer cured a case of pelvis cellulitis, with stony hardness, preventing urination after confinement, with hot water injections. Dr. Kirkland had used Peroxyd of Hydrogen in diphtheria with good effect, removing the membrane in the few cases in which he had used it. Dr. Whitaker uses dilute alcohol with good effect, but peroxyd removes the membrane.

1.30 P. M. Discussion continued on peculiar cases, etc.

Dr. Wyman stated the case of his son, poisoned by sewage, who finally recovered from the malarial and anæmic symptoms, sequelæ of pleurisy, by the use of Pills of Quinia Sulph., and Ferrum Ferrocyan, aa. gr. ss.

Subject of Heart Failure.

Dr. Wyman reported one case cured by aspiration of pleuritic effusion, and the dilated heart recovered.

Pneumoconiosis. It was explained by Drs. Packer and W. B. Mayo that patients with this ailment expectorated gritty substances and dust from the air passages. No cure is known, and suction tubes in the workshops, to carry off the dust, are the only known preventive.

Dr. Boardman stated a case of a head of timothy grass in the bronchus for months, and finally it was coughed up. Dr. Moore had seen the same case.

Dr. Wyman related a similar case of a tack in the bronchus.

Epidemics. "Grippe," What is it?

Dr. Van Deusen thought it was a new name for an old disease and did not believe in a specific cause. Dr. Packer, thinks the deadly effects of the epidemic in cities shows a specific cause.

Dr. G. E. E. Sparhawk found that for the form with head symptoms, Gelseminum cured; with enteric symptoms, Merc. corr.; with bronchial, Bryonia. In 1855, an epidemic of influenza, similar to present "grippe" prevailed in Rochester, Granville, Hancock, etc., of this State. This year the disease affected the pharynx and Bell. and Kali bich. cured the follicular pharyngitis.

Dr. Whitaker has found Eupatorium perf. the cure for the aches of the first stage.

Dr. Packer explained that "grippe," is a French term for influenza, and the epidemic character of the present disease shows a specific cause. Drs. Whittaker, Worcester, W. B. Mayo, Holden and Moore agreed to this, and Dr. Moore had seen the term used in an old edition of Jahr's New Manual, under the general symptoms of Nux vom.

Dr. Minard had seen, in Raue's Pathology, the name and full description of the disease as we have it now.

Dr. Gale's paper on Disinfection was read by the Secretary, and warmly endorsed by the members.

Voted to carry out the same system of topics and questions for the ensuing year. The President appointed Drs. Packer, Bemis, W. B. Mayo, Steele and Van Deusen a committee to draft the same for the next Semi-annual and Annual meetings.

As to the Quarantine spoken of in Dr. Gale's paper, Dr. Van Deusen thought the contagion of diphtheria might be carried by the physician. Dr. Moore cited a case in which, whereever a certain woman went, even for miles into a new district, the children whom she visited died of diphtheria. Dr. W. B. Mayo cited cases of undoubted contagion carried to a distance. Drs. Moore and Packer cited cases of undoubted contagion from Erysipelas. Dr. Holden thought doctors should be disinfected as well as the patient at each visit.

Dr. Bemis related the case of a man who fell on a circular saw which cut a wound 15 inches long from the point of the shoulder to the point of the hip in front. The heart and lungs were laid bare and ribs completely sawed through. Dr. Bemis put "seven stitches in the inner cut and fifteen into the outer one, and two-thirds of the wound healed by first intention." The man recovered.

Adjourned at 4.30 P. M. Twenty-four members were present during the session, and the present system of topics and questions was considered much more interesting and successful than the old system of bureaus.

A. F. Moore, M.D., *Secretary.*

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

The 38th Annual Meeting of the New Hampshire Homœopathic Medical Society was held at the Eagle Hotel, Concord, N. H., July 1, 1891. The records of the last meeting were read and approved.

Drs. Fred S. Piper, of Hillsboro Bridge; Chas. S. Rounsevel, of Nashua; and Henry H. Jewell, of Nashua, were admitted to

membership. The name of Dr. L. W. Atkinson, of Conway, was proposed for membership.

The report of the Committee on Legislation was read by its chairman, Dr. Bothfeld, and accepted by the society on motion of Dr. Jewell.

Voted, on motion of Dr. Jewell, that the Committee on Legislation be continued in office for another year, — this committee consisting of Drs. Bothfeld and Morrill, of Concord, and Dr. Dodge of Manchester.

The following resolution was then adopted : —

"Whereas, an All-wise Providence has seen fit to remove from our midst one of our oldest members, our honored secretary ;

Be it resolved, That in the death of Dr. J. M. Bishop, this Society has lost a most valuable, conscientious, and time-honored member.

Resolved, That in his upright life, his unimpeachable honesty, his unswerving perseverance and energy, his unbounded goodness of heart, and his universal charity, we have had an example of a high-minded physician, whose influence still lives with us.

Resolved, That the cause of Homœopathy in this State has lost one of its most ardent and faithful advocates, and this Society one of its most pains-taking and hard-working officers.

Resolved, That these resolutions be inscribed upon the records of this Society, and a copy sent to the family of the deceased."

Also, —

"*Resolved*, That the thanks of the New Hampshire Homœopathic Medical Society be heartily given to Dr. H. M. Paine, of Albany, N. Y., in recognition of his very valuable services rendered to the cause of Homœopathy, and liberality in medical legislation in this State. By his untiring efforts in our behalf during the winter of 1890-91, the defeat of the proposed partisan and unjust medical legislation was in a large measure accomplished.

Resolved, That the name of Dr. H. M. Paine be recommended for Honorary Membership to this Society ; and that these resolutions be inscribed on the record book, and a copy sent to Dr. Paine."

In accordance with notice given at the last quarterly meeting by Dr. Bothfeld, the by-laws of the Society were amended to conform with the change in medical legislation.

The Society voted that the Secretary shall ascertain the names of all the Homœopathic physicians of New Hampshire ; also the members of this Society, since the records previous to

1882 were destroyed by fire; and the names of all those who desire to be in affiliation with this Society.

The election of officers resulted as follows: —

President, Dr. Chas. S. Rounsevel, of Nashua; Vice-President, Dr. G. F. Roly, of Lake Village; Secretary, Dr. J. F. Bothfeld, of Concord; Treasurer, Dr. C. W. Adams, of Franklin Falls; Censors, Drs. Rogers, Plymouth; Wiley, Laconia; Johnson, Berlin Falls.

At 1.30 P. M., the Society adjourned for its Annual Banquet, at the close of which the literary exercises were held; as follows: "The Progress of Homœopathy in New Hampshire," by Dr. J. F. Bothfeld,— (Published in the Gazette); "One of the Veterans," by Dr. H. H. Darling; "Our State Society," by Dr. G. R. Smith; "The Gynæcologist," by Dr. Florence N. Robinson; "Clinical Cases," by Dr. H. W. Johnson; "Foreign *v.* American Treatment," by Dr. A. F. Sumner; "Clinical Duties," by Dr. Tristram Rogers.

J. F. Bothfeld, C.B., M.D., *Secretary.*

GLEANINGS AND TRANSLATIONS.

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Dangers of Sulphonal. — Although sulphonal is probably one of the safest, as it is one of the most efficacious, among the hypnotics recently introduced, the series of cases published by Bresslauer, of Vienna, show clearly that it has certain dangers. The degree of peril is difficult to estimate, as the patients were lunatics, and were also apparently feeble; but the fact is significant that, out of seventy-seven patients treated with the drug, no less than seven showed serious symptoms, and in five of these there was a fatal termination. It ought to be mentioned that the patients had been taking the drug for a considerable time in good doses, and had born it well until symptoms of disturbance set in, these being great constipation, dark-brown urine, slow, or in some cases rapid but feeble pulse, discolored patches resembling purpura on the limbs, and great prostration. In the cases which ended fatally, the cause of death was heart-failure, with œdema of the lungs. — *Lancet.* — "*The Am. Doctor.*"

Relative Strength of Men and Women. — By means of a specially devised instrument a French scientist has carried out some experiments for determining how the average strength of the two sexes compares. The palm of the hand is placed on the instrument, and then the greatest downward pressure which

the individual can give is exercised upon it, and the force thus produced is recorded by the usual clockwork device. Fifty robust men and the same number of healthy women, both belonging to the middle class of society, with ages varying from twenty-five to forty-five years, were tested in this way by the Paris scientist. The strongest man of the company was able to produce with his right hand a pressure equivalent to eighty-five kilograms (a kilogram is rather more than two pounds), and the weakest to forty kilograms, the average being fifty-six kilograms. One curious result was arrived at; the short men were all very nearly as strong as the tall men, the average difference between equal groups of two sizes being only three kilograms. The force of the strongest women of the fifty who were selected amounted to only forty-four kilograms, and that of the weakest to sixteen kilograms, while the average was thirty-three kilograms. — *Herald of Health.*

Operation for Peritonitis.—There are, then, a few conclusions that may be summarized. They are simply the outcome of my own thought, and may not have any value, but they are as follows: —

1. That in typhoid-perforation operation is useless.
2. That in traumatic general peritonitis, and in all cases of general peritonitis, the abdomen should be opened, washed out and drained, and the cause of the peritonitis found and removed.
3. That in cases of localized peritonitis, and in obscure cases of injury not followed by general peritonitis, it is better to follow an expectant plan of treatment, unless abscess formation can be made out.
4. That in all cases of abscess formation, opening and draining will give the most rapid convalescence, and will prevent unfavorable rupture in other parts.
5. That, in view of the complications that may be found after opening the abdomen, the best interests of the patient will be consulted by having the operation done by some one accustomed to do abdominal surgery. — *Ross, Amer. Doctor.*

Don'ts for Young Mothers. — Fannie L. Fancher, in *Ladies' Home Journal:* Don't do everything for the baby that everybody recommends.

Don't dose it with soothing syrup.

Don't give peppermint teas for its nerves.

Don't worry and fret yourself ill, then expect a "good baby."

Don't give tapioca, cornstarch, or potatoes, since, without thorough mastication, starchy viands are difficult to digest.

Don't give meats of any kind.

Don't fail to form, early in little life, a habit of regularity in nursing — from one to two hours is sufficiently often during the first few months. If you observe this rule, there would be no need of the following:

Don't offer nature's fount every time the baby cries. A too full stomach is, doubtless, the cause of its pain.

Don't use the baby foods advertised unless recommended by those who have proved their merits.

Don't bind too tightly; nature will keep the baby from falling apart.

Don't dose with castor oil; but for constipation gently rub the abdomen. If delicate and emaciated, anointing with olive oil, after the usual bath, will prove beneficial.

Don't forget to give a drink of cold water, at intervals, if teething; it is very grateful to the fevered gums.

Don't allow a child to tear or destroy anything for amusement. I have seen mothers give old papers and books to their babies, thereby teaching a wholesale destruction of such things. — *Herald of Health.*

Placenta Prævia. — Braxton Hicks (*L'Union Med.*) lays down the following rules as regards treatment: —

1. The diagnosis of placenta prævia once established, you must terminate labor with the least possible delay.

2. When the operation has been commenced you must not leave your patient until it is completed.

3. When the cervix is completely dilated and the placenta is marginal, it is necessary to break the membranes, and see whether the head is pushed toward the neck during the pains.

4. If the head descends slowly, employ the forceps or perform version.

5. If the os is small and is more or less covered by the placenta, the latter should be cautiously detached around the whole circumference of the os. If there is no hæmorrhage, delay of one or two hours is permissible. If the os is not dilated and if you have no dilator at hand, you may dilate the cervix manually. If you think that the forceps may be easily applied, it is well to apply them. If not, it is necessary to do bi-polar version by the combined internal and external method. The cervix is thus tamponed by the legs or breach of the child. After this the treatment is the same as for any case of foot or breech presentation.

6. If the neck is small, and if you have neither forceps nor dilator, version must be done.

7. If during the manœuvres here mentioned a violent hæm-

orrhage occurs, version must be terminated by extraction of the fœtus.

8. When the fœtus is dead, or when labor comes on before the end of the seventh month, it is necessary to do version and leave the rest to nature. — *Archives of Gyn.*

Differential Diagnosis of Scrotal Tumors. — Hernia is sausage-shaped. Hydrocele is pear-shaped. Hematocele is globular. Sarcocele and varicocele are irregular. All are dull on percussion, except hernia of the intestine, which is clear; omental hernia is dull. All are opaque, except hydrocele, which is translucent. Reducible hernia and large varicocele receive an impulse on coughing, and yield to pressure; the other varieties do not. Hernia and hematocele come on suddenly; the others are slow to develope. — *Mass. Med. Jour.*

Eat More Fruit. — Meat three times a day is more than average down-town dwelling human nature can endure. Functional disturbances of the liver, gall stones, renal calculi, diseases of the kidneys, dyspepsia, headache, fits of ill temper or of the blues, irritability and general absence of the joy of life are largely due to an excess of meat and other highly concentrated food. What shall we eat? We reply, eat more fruit. — *Medical Classics.*

REVIEWS AND NOTICES OF BOOKS.

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Massotherapeutics, or Massage as a Mode of Treatment. By William Murrell, M.D., F.R.C.P. Fifth edition. Philadelphia: P Blakiston, Son & Co. 264 pp; price, $ 1.50.

Although in its fifth edition it is undoubtedly true that only a minority of the profession can claim acquaintance with this interesting little book. Undoubtedly, also, this state of things should be corrected. The author makes several good points in his readable treatise;

I. He makes clear what massage *is not*, and dwells on the many misconceptions concerning it. It is not "medical rubbing," it is not "shampooing," it is not many other things often confused with it,

II. He makes clear what massage *is*. By the term is meant "a scientific mode of treating certain forms of disease by systematic manipulation." "Massage comprises several distinct modes of procedure;" for instance,—"*effleurage*," "*pétrissage*," "*massage à frictions*," "*tapotement*," and "direct mechanical

stimulation." These methods are all described and illustrated as clearly as such complicated manipulations can well be.

III. He makes clear that massage, like other therapeutic agents, cannot be (or should not be) indiscriminately used. Improperly used it may do much harm. The list of conditions in which it may be useful is, however, a long one. Illustrative cases are freely given.

IV. He makes clear that since massage is a definite therapeutic agent, it should be intelligently applied, and that to acquire the art of manipulating successfully requires a training to be obtained of only a few masters, the ordinary "masseur," or "masseuse," or "medical rubber," being, in his opinion, of but little service.

On the whole, the work clears up so many points in connection with an important subject that its contents should become familiar to the entire profession.

LECTURES ON MASSAGE AND ELECTRICITY IN THE TREATMENT OF DISEASE. (Masso-electrotherapeutics). — By Thomas Stretch Dowse, M.D. New York: E. B. Treat & Co. London: Hamilton, Adams & Co. 379 pp.; price, $2.75.

This book contains fifteen lectures devoted to an elucidation of the principles of massage, and to a description of the mode and method of applying massage in the treatment of an almost innumerable list of diseased conditions. The last two chapters are devoted to electro-physics and electro-therapeutics. Those who read the excellent little work on nervous exhaustion (The Brain and The Nerves; Their Ailments and Their Exhaustion) by Dr. Dowse, published in 1884, will recognize the fact that the principles of treatment there enunciated have in these lectures been expanded and perfected, and more generally and specifically applied. A brief historical sketch, showing the development of massage from crude and superficial rubbing to a precise scientific method of manipulation, is found in the Introduction. The author's wide experience gives weight to his opinion that massage should be elevated to its proper position as a valuable therapeutic agent. He insists on the propriety and accuracy of the term "Neurasthenia," and gives a graphic definition of it. His idea that "in the treatment of hysteria nothing should be *well regulated*," may possibly startle some readers, but on reading a little further his ideas on this subject are found to be presented most convincingly. His method of applying faradization by passing the current first through the body of the masseur, is worthy of notice.

The lectures are an admirable addition to the now rapidly-in-

creasing literature of the subject, and will do much towards making popular a knowledge of the technicalities and usefulness of the art, and raising it to the position among recognized therapeutic methods which, according to its ardent advocates, it should occupy.

A Guide to the Practical Examination of Urine. By James Tyson, M.D. Seventh edition, Philadelphia: P. Blakiston, Son & Co. 255 pp.

No American manual on the analysis of urine is so widely and favorably known as Prof. Tyson's. It has been the laboratory guide, and even the instructor in urinalysis, to thousands of students and practitioners. The methods recommended are conservative, reliable and practicable. Tests which are not yet soundly established have not been omitted, but for the sake of completeness are included, though differentiated by smaller type. In this edition but few changes are to be noted, since work in this field within the past few years has been rather corroborative than inventive.

The Evolution of Sex. By Prof. Patrick Geddes and J. Arthur Thomson. In two parts of the Humboldt Library of Science. New York: The Humboldt Publishing Company.

This excellent treatise presents, in a very attractive way, the chief features of that most important function of living things, reproduction. From the lowest forms of microörganisms up to the highest vertebrates the development of sex characteristics and functions is noted. The relation of reproduction to subsistence, and various social and economic questions collateral thereto, are considered in a practical and interesting manner. Asexual reproduction, parthenogenesis, alternation of generations, fertilization, and the various theories connected with the development of actual knowledge concerning these subjects, are all considered with sufficient but not wearisome attention to detail. Certain chapters — for instance, on the "Psychological and Ethical Aspects" of reproduction, and on the "Laws of Multiplication" — should prove no less interesting and valuable to the sociologist than to the naturalist. The influence of the reproductive function in "evolution" is forcibly presented. The topics offered for consideration are all expertly and convincingly handled, and the work is certain to prove interesting to those interested in embryology, physiology (we might say biology, in its modern meaning), and also in the problems of sociology.

It is a pleasure to add that the ethical impression of the book is as high, wholesome and active as its scientific teachings are

sound. No student of these subjects, from any point of view, could ask a sounder basis for his knowledge than can be obtained from a mastery of this admirable work.

A Manual of the Practice of Medicine. By Frederick Taylor, M.D., F.R.C.P. Philadelphia: P. Blakiston, Son & Co. 877 pp.

This new candidate for professional favor is characterized chiefly by its simplicity and by its unusually extended discussion of diseases of the nervous system, fully one-quarter of the book being devoted to the consideration of these diseases. The classification of diseases adopted is chiefly based upon the anatomical or physiological grouping of organs, the shifting pathological basis being considered unsatisfactory. The first division includes the specific infectious diseases; the next, diseases of the nervous system; then follow sections on diseases of the organs of respiration, of the organs of circulation, of the organs of digestion, of the ductless glands, lymphatics and blood, of the urinary organs, etc. Symptoms, diagnosis, prognosis and treatment are the principal subjects considered, the size and objects of the book prohibiting full discussion of pathological theories or facts. The treatment is of the modern "rational" order, though less diffuse than in many other works of the kind. For fevers, for instance, we find recommended saline remedies for mild cases, and quinine with the modern antipyretics (salicine, salicylic acid, kairin, antipyrin, acetanilide, thallin, phenacitin), and cold baths, packs, coils, etc., for more severe cases. In enteric fever, careful diet and reduction of temperature. "The treatment of measles is not essentially different from that of scarlatina," the complications of each being "treated in the usual way." The treatment of yellow fever is given in ten lines. For dysentery Sir William Gull's treatment of "Rest, warmth and ipecacuanha" is recommended. For diphtheria the treatment is general and local (chiefly the latter); "tonics, such as ferric chloride and quinine, or the old combination of cinchona and ammonium carbonate, constitute the chief part of the internal medication." The treatment of cholera is chiefly "prophylactic." Syphilis calls for mercury and iodide of potash. The entire treatment of pneumonia is included in thirty-three lines. In fact, in rare instances only do we find over a page devoted to treatment. This, of course, reduces this important function of the physician to a very simple basis; a commendable simplicity, for which, the past considered, patients should be duly grateful. The work is clear, concise, conservative, and up to date, being unencumbered with relics of antiquity.

A Clinical Text-Book of Medical Diagnosis. By Oswald Vierordt, M.D. Authorized Translation from the Second Improved and Enlarged German Edition, with additions, by Francis H. Stuart, A.M., M.D. Philadelphia: W. B. Saunders. 700 pp. Price in cloth, $4.00; sheep, $5.00.

This work, though already familiar to and popular among readers of modern German medical literature, makes its first appearance in an English dress in this edition. The favorite text-books among us on this subject are, perhaps, Da Costa and Finlayson. Da Costa devotes himself to the study of diseases, giving the definition, history, ætiology, course, symptomatology, etc., of a disease in a continuous chapter. Finlayson studies the subject from the standpoint of symptoms as clinically presented. For instance, pain in the back may be caused by rheumatism, disease of the column or cord, renal or pelvic trouble, etc. Vierordt considers more especially the technique of diagnosis, dwelling on the points revealed by auscultation, palpation, percussion, inspection, microscopical and chemical analyses, etc., and comparing them with the normal anatomical and physiological condition. His idea is not to present a concise or detailed picture of pneumonia, for instance, but to show what points are to be found in making a careful and thorough verbal and physical examination of a patient who may be suffering from pneumonia. He insists that diagnosis consists of something more than giving a name to a diseased condition, making use of an axiom very familiar to many, viz., "In diagnosis as well as therapeutics this rule is imperative: We must *individualize* the case." The physician must form a clear conception, in a given case, as to how the whole organism has been affected from the beginning, what the character of the disease is, and what harm it has already wrought in the organism as a whole, as well as locally. With this comprehensive object in mind, he discusses generalities, such as the psychical condition of the patient; the structure of the body and nutrition; the skin and subcutaneous tissue; the color of the skin and its pathological condition; temperature, fever, etc. Part III. of the work is devoted to the special examination of the respiratory apparatus, the circulatory, the digestive, the urinary system, and, finally, the nervous system. All instruments and methods of precision are referred to in their proper places. The work emphasizes the necessity of following a comprehensive, systematic method in examining cases, as an aid to thorough work and clear, differential diagnosis.

Being rendered into very readable and smooth English, the work will, doubtless, rapidly and deservedly become popular in America.

Digestion and Diet. By Sir William Roberts, M.D., F.R.S. Philadelphia: Lea Brothers & Co. 261 pp. Price, $1.50.

This volume contains all the contributions which its talented author has made to subjects relating to digestion, dietetics and dyspepsia within the last ten years. They consist of lectures, papers, addresses, etc., prepared for special objects, but on kindred subjects. The collection forms a particularly useful book. Speaking of the work as a whole, it may be said that in it we find combined the science of the physiologist and the practical knowledge of the critically observant physician, the outcome being a sort of refined and scientific common sense. *Apropos* of diet, the fact that "the advice tendered by different practitioners is apt to show a lamentable want of consonance, or even a total contradiction," should be sufficient reason for devoting one's best energy to removing this stigma from the profession. Careful reading of this volume may do something towards bringing about this desired end.

Surgical Bacteriology. By N. Senn, M.D., Ph.D. Second edition. Philadelphia: Lea Brothers & Co. 265 pp.

This most excellent review of the entire field of bacteriology, as it relates to the surgeon more especially, is almost too well and favorably known to need much comment. In bulk the book remains about the same as in its first edition, but eight new illustrations have been added, and the chapter on tuberculosis has been divided so that a new one on clinical forms of surgical tuberculosis has been added to the list. In addition to the discussion of such subjects as hereditary transmission of microbic diseases, antagonism among microörganisms, on the alleged microbic origin of tumors, etc., we find given a description of the bacteria especially connected with surgical diseases, of the methods for staining, and preparing them for examination, and of experiments made in their cultivation, inoculation, etc. Not lacking in detail, the book furnishes very interesting reading, and will doubtless still further increase the popularity and high standing of its author.

A Text-Book of Bacteriology. By Carl Fraenkel, M.D., Professor of Hygiene, University of Königsberg. Third edition, translated and edited by J. H. Linsley, M.D. Octavo, 380 pp. Price, $3.75. New York: William Wood & Co.

This work deals with the complex technique of bacteriology in a systematic and satisfactory manner from the standpoint of the laboratory worker. The first chapter deals with classification, morphology, biology, structure, etc., of bacteria; the next is

devoted to the microscope in its relation to methods of investigation, and to stains and staining, etc. The third chapter considers methods of breeding, sterilization, incubators, the various culture media, describing their use and peculiar qualities, etc. The fourth chapter details the methods of transmission, of inoculation and infection. The next describes the non-pathogenic, and the sixth the pathogenic bacteria. The last chapter gives directions for the investigation of air, soil and water for the detection of bacteria. A short appendix is devoted to mould and yeast fungi.

The work is published in six different languages, and in its American presentation will unquestionably be heartily welcomed by the increasing numbers of those who are interested in this fascinating line of study.

By-Laws, List of Members, and Statistics of the Massachusetts Homœopathic Medical Society.

The committee on registration and statistics of the State society is hereby congratulated — although somewhat tardily — on the exceedingly useful and valuable volume which bears the above title, and which testifies so unmistakably to the indefatigable energy of the committee. It is a neat volume of 75 pages, and contains the act of incorporation, the by-laws in force in 1890; lists of active, corresponding and honorary members; complete list of members, past and present; a necrological list; list of officers from 1856 to 1890–91; lists of officers of the various county and local and special societies; and much valuable data concerning the various institutions (hospitals, dispensaries, homes, etc.) under homœopathic management in the State.

In the Popular Science Monthly, for July, a paper of especial interest to physicians is "Sanitary Improvement in New York," by Gen. Emmons Clark. Other entertaining contributions are on "The Colors of Letters," by Prof. David Jordan, and "Scientific Dreams of the Past," by Albert de Rochas. The table of contents shows a list of nineteen articles. New York: D. Appleton & Co.

The Century for July has several short stories of unusual power, among which Mr. Wardman's "Mr. Cutting, the Night Editor," stands easily first. Major Baird has some stirring talk about General Miles' Indian Campaigns; Mr. Eggleston's and Mr. Stockton's serials have interesting instalments, and the verse, though light, as befits the season, is original and graceful. New York: The Century Co.

In Virginia, physicians have "to pay a $25 license tax per annum.

MISCELLANY.

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THE EYES OF WILD ANIMALS. — Maintaining that short-sightedness, or myopia, is a product of civilization, M. Motais, of Algiers, cites his ophthalmoscopic experiments with the eyes of tigers, lions and other wild beasts. Those which are captured after they are six or eight months old are and remain hypermetropic, while those that are captured earlier, or are born in captivity, are myopic. — *Bost. Med. and Surg. Jour.*

IMAGINARY HYDROPHOBIA. — A German, twenty-seven years of age, died May 20th of what was probably imaginary hydrophobia. About a month ago he was bitten by a dog which did not at the time show, nor has since exhibited any signs of rabies, but by the foolish representations of friends he was apparently frightened into the belief that he was getting hydrophobia, and when this idea once got possession of him the looked-for symptoms readily presented themselves, and in a few days the fatal termination was reached. The physician who attended the patient placed the case in the coroner's hands, and an autopsy was made by Dr. Jenkins, the coroner's deputy, who was unable to arrive at any definite conclusion as to the existence of hydrophobia, until a microscopical examination of the spinal cord should have been made.— *Bost. Med. and Surg. Jour.*

PERSONAL AND NEWS ITEMS.

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F. H. PRITCHARD, M.D., B.U.S.M. '89, has returned from Europe, and has settled in Norwalk, Huron Co., Ohio.

JOHN H. BENNETT, M.D., B.U.S.M, '91, is in Newburyport, taking the practice of Dr. Charles W. Stiles, who is spending the summer in Europe.

DR. PROSPER BENDER has removed his office to No. 314 Boylston street, opposite Arlington street. Until September Dr. Bender will be at the Atlantic House, Nantasket, Mass., visiting the city Tuesdays, Thursdays and Saturdays.

THE next private class in orificial surgery will be held at the Chicago Homœopathic Medical College, corner of Wood and York streets, Chicago, beginning Monday, Sept 7th, by Prof. E. H. Pratt, A.M., M.D., LL.D. For further information please apply to Dr. E. H. Pratt, 56 Central Music Hall, Chicago.

OBITUARY.

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JAMES M. BISHOP, M.D., of Bristol, N. H , died June 16th at Stamford, Conn., *en route* to Atlantic City, N. J., as a delegate to the International Homœopathic Convention.

He was born in Hanover, N. H., May 14, 1821. In 1846 he began the study of medicine. His first instruction was under the old school, but he graduated from the Eclectic Medical College at Worcester, Mass.

He located in Bristol in 1849, where he remained in active practice till the close of his life. For the past twenty years he has been greatly interested in the cause of homœopathy, and, as a member of the State society, has been active and energetic in advancing its interests throughout the State. By his genial presence and sympathetic interest he was not only a healer of the body, but a comforter of the mind as well.

The community, the church, and the home mourn him, so suddenly called from vigorous life to the realms of immortality. C. B.

[Resolutions on the death of Dr. Bishop were passed by the New Hampshire Homœopathic Medical Society, at its annual meeting, July 1st, and are included in the report of the meeting to be found on a preceding page.]

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EDITORIAL.

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MECHANICAL TO MEDICAL SCIENCE.

A very remarkable and authoritative word addressed to modern medical science by modern applied mechanics, is the essay read by Mr. Charles Truax, on "Amputations in the Light of Prothetical Science," before the last meeting of the National Association of Railroad Surgeons. Mr. Truax's statements — their brevity and their authoritativeness tempt one to refer, with him, to them as Tru-axioms, — are often exceedingly daring: but they are backed by common sense, extensive and intelligent study, and above all by immense practical experience in the matters whereof he speaks. Anyone advocating methods which differ from or are directly opposed to the teachings of recognized authorities, must be able to show theoretically that his methods are based on sound reasoning, and must also be able to show that his claims are solidly substantiated by facts demonstrated and demonstrable, before such claims can be accepted or such methods adopted. These requirements Mr. Truax triumphantly meets.

The text so to speak of Mr. Truax's discourse, is found in the following sentences on his opening page:

"I hold that that surgeon, who unnecessarily leaves his patient in such condition that artificial assistance must be imperfect and unsatisfactory, is guilty of gross incompetence and criminal negligence, even if he be skilled in his methods of amputation and able to show a low rate of mortality. Surgeons

should come to a full understanding of the relations between the stumps remaining after amputations and the appliances likely to be worn upon them, for while it is a fearful thing to lose a limb, it is much more fearful to be rendered a life-long cripple and suffer the necessary discomforts and inconveniences because of the lack of proper judgment on the part of the operator."

His first point deals with what has long been the "Golden Rule" of Surgery, viz.: to save every ounce of bone and tissue, consistent with the life and safety of the patient. This rule Mr. Truax considers may, and in many cases must now be abrogated, and the surgeon's first object — always, of course, after his patient's life and safety — should be to leave the stump such as the instrument-maker can readily utilize, to give the patient a useful and comfortable limb. Here are a few of the author's remarks, in this connection.

"In the days when artificial limbs were of an inferior grade to those manufactured at the present time, when the resources of the instrument-maker were much less than they are to-day, and when limbs *were controlled largely by patentees*, and consequently much more *expensive than now*, there might have been a valid excuse in operating for discriminating between the stumps of the rich and of the poor. But to-day, when a high grade of limb can be secured, with at least a five year's guarantee as to its durability, at a cost of about seventy-five dollars (covering a period of five years), or not to exceed an average yearly expense of about fifteen dollars, no cause remains for such discrimination. So that, to-day the thoughtful surgeon, in every instance, may select his point of amputation with a view of assisting the instrument-maker in constructing the best possible artificial substitute, *even if in so doing he sacrifice considerable bone and tissue that might under former methods have been permitted to remain.*

. . . . . .

Opinion is to the effect that in most cases following amputation of the lower extremity the weight of the patient, or at least a great portion of it, is borne upon the end of the stump. It is true that this follows after some operations but it is the excep-

tion and not the rule. . . . . The facts are that in operations in the continuity of the leg, the weight is in every case borne by *cone-shaped* sockets, employing the same principle as would be used if one were to grasp the limb of a friend below the calf with both hands and attempt to lift him from the floor.

When a section has been made through a bone, no weight can be borne on the end of the stump. Disarticulations and osteoplastic operations alone will admit of pressure.

. . . . . There are today thousands of patients who are wearing legs, designed by Yankee inventors, where not even an ounce of weight is borne either by the end of the stump or the ischio perineal region.

The requirements of a good stump are, sufficient length to provide leverage with which to swing an artificial limb, proper covering for the end of the bone (not too thick, however), cicatrix underneath and to one side (preferably posterior), and in shape like a gradually decreasing cone, with a well rounded outline and free from uneven surfaces. If for locomotion, *it must conform in length to the necessary mechanism of an artificial limb and possess the firmness to bear the contact with the socket, that both the natural and artificial parts may move and be operated as one.* These principles are of vital importance, and a lack of a proper understanding of them has caused many an otherwise brilliant surgeon to leave an occasional patient unnecessarily crippled.

The surgeon should bear in mind that artificial limbs have members and joints corresponding as closely as may be in length, form and motion to the natural ones, and that as the latter can only be operated by means of certain necessary anatomical mechanism, the interference with which impairs or wholly destroys its value, so the artificial substitute must depend upon its mechanism if it successfully fulfils the demands made upon it."

Mr. Truax then proceeds to give the rules, which from the instrument-maker's point of view,— which is that of the patient, looking to his future possibilities as a worker, — should govern amputations of different parts of the body. He strongly urges

adherence to the "golden rule" above quoted — the saving of all possible tissue to the patient — in operations involving the hand and arm:

. . . "In a stump for prehensile purposes as many articulations should be preserved as possible, remembering that a single finger, or *even a portion of one*, is of far greater value to the patient than a whole artificial hand.

In operations in the hand, the surgeon would be justified in assuming the risks of a secondary operation, providing there is a reasonable chance in so doing of saving an additional part of this most valuable member. As Dr. McHatton, of Macon, Georgia, has well said, 'It is far more creditable to the surgeon to have saved even a portion of a finger than to have amputated a dozen whole ones.'

Further, there are many cases of injuries of the arm and forearm, necessitating great loss of muscular tissue and sections of bone, and possibly resulting in immobilized joints, yet if carefully treated, the limb, though badly crippled, may be preserved and prove of much more service to the patient than the best substitute ever made.

An artificial arm invariably presents an unsightly and unlifelike appearance, which, with its awkward, rigid form and general helplessness is always a source of discomfort and annoyance."

It is impossible to follow Mr. Truax in detail; but we quote a few paragraphs which must serve to indicate to every conscientious and practical surgeon how rich in suggestion is this original and valuable address, and of what constant and immediate usefulness to him, familiarity with its contents cannot fail to be. Mr. Truax's address is Chicago, Ill., and copies of his pamphlet can doubtless easily be obtained on application to him.

"Judged from a mechanical standpoint, the ideal knee operation and point of selection would be *three inches above the joint.* This affords the patient every advantage gained in an operation in the contiguity of the limb, while it permits the use of a substitute that will seldom be out of order and practically cost nothing to keep in repair.

In making amputations in the continuity of the tibia, the

point of selection should be at the junction of the lower and middle thirds. This leaves space enough underneath the end of the stump for the placing of joints of the most approved pattern, gives a stump of ample length to provide sufficient leverage to enable the patient to easily swing a substitute, besides leaving the calf in a cone shape, that it may be made to assist the head of the tibia in supporting and carrying the weight of the body.

Roberts, however, in his work on surgery says, 'to amputate at the upper and middle thirds; and that removals at other points result in useless stumps upon which prothetical appliances cannot be placed, and here Teale's operation finds an ideal application and result.'

Now I venture the opinion that every word of that statement is incorrect and hence misleading, and it is only one of the many that can be cited from the pens of those to whom we naturally look for authority on such questions. The fact is, that serviceable limbs can be applied to stumps ending between a point *three inches below* the knee joint and one *three inches above* the ankle, and that between these points the value of the stump to the patient increases with its length until the junction of the middle and lower thirds is reached, and as for Teale's operation, I have already stated the only indications for its use.

The tibia of an adult, as before stated, should not be amputated at a point less than three inches from its upper articular surface, because such a stump will usually flex under the influence of the stronger muscles and become only a hindrance."

"My own experience emboldens me to *advise the complete abandonment of every tarsal and tibio-tarsal amputation.*" . .

"*Avoid amputating within three inches of the knee joint. Do not amputate between the metatarsal bones and junction of the lower and middle thirds of the tibia. At all other points save all you can and you will, in every case, have done the best for your patients.*" . . . . . .

"After a careful study of results obtained in fitting limbs after tarsal amputations, I have come to the conclusion that, as as a general rule, between the junction of the lower and middle

thirds of the tibia and the tarsal-metatarsal articulation, *every additional inch saved to the patient is an additional cause of inconvenience and annoyance*, because it is that much more of an obstacle in the way of the construction of the best form of artificial substitute."

No thoughtful reader of Mr. Traux's address, and especially of the personal letters from patients now using artificial limbs, yet doing such a useful share of the world's work as once would have been miraculous for a cripple, can fail to appreciate the enormous service such a branch of applied mechanics is rendering to science and to humanity. When we read, for instance, this direct and homely statement, and pause to realize the marvel of it, and the comfort of it, we realize also that when applied mechanics speaks to science, science may well pause to respectfully listen :

"*Dear Sir :* — In reply to yours of the 10th inst., I will state that Dr. Wallace amputated all four of my limbs on January 27th, 1888, and in September, 1888, you put artificial limbs on me, and almost ever since I could walk well, and now I am following a plow all day, and also can walk up and down stairs with perfect ease, and have been seeding or farming all spring.

"Yours respectfully,

(Signed) "JOHN LANGFELDT."

That nothing may be wanting to the dramatic impressions of such testimony, the above letter was written with an artificial hand!

EDITORIAL NOTES AND COMMENTS.

—:o:—

EXPERIMENT IN MEDICAL LEGISLATION seems, in the State of New York, to have been crowned with a very tolerable measure of success. The detailed account of the methods finally settled upon by the legislature, which is furnished to the present issue of the GAZETTE, by Dr. Paine, will be found interesting reading in a variety of ways. First, as showing the satisfactory result of the brave fight which the New York homœopathists were forced so unweariedly to wage against the efforts of the Old School to place them under legislative disadvantage, and ultimately drive them out of professional existence altogether. Second, as emphasizing the fact that

every year Massachusetts stands more nearly alone in her unenviable tolerance of absolute and dangerous ignorance and charlatanism. And third, in the indication, easily enough deducible from a thoughtful reading of the report as a whole, of the growing tendency toward centralization and paternalism in the arrangement of affairs: of the assumption by the State of the decision as to what is safest and best for the individual, and the standing of the State betwixt the individual and self-assumed risks and dangers. It is a tendency which, advantageous in many instances, will yet bear close watching in a country where individual freedom is the justification, so to speak, of national existence. We cannot regard with too much wholesome apprehension, anything which tends to involve us in that iron machinery controlled by a few prejudiced hands, which in the old countries has done so much to grind out the life from any daring and original thought or research, whether medical or theological. From State boards to State medicine is not a long step; it is a step that must be guarded well. The weak point in the New York settlement of the question seems to us its insistence that the candidate profess and adopt one of three therapeutic systems. It strikes us that this is something suspiciously like State medicine, though it is, to be sure, a mild form of the evil. But why let the State meddle with therapeutic belief or intent at all? By all means let the State satisfy itself that the men practising medicine within its border have that fundamental knowledge without which no man may with impunity meddle with the infinitely delicate machinery of the human body: that he be conversant with anatomy, physiology, chemistry, surgery, obstetrics, pathology: that he be familiar with *drug pathogenesy*, or the powers latent in drugs, and the doses in which those powers are variously operative. But let there be no *therapeutic* challenges: let every man, aware of the powers of drugs, have the right to employ them as suits him best. It seems to us that the thin yet immeasurably significant dangerline in medical legislation, between proper protection and unjustifiable dictation, runs just there; on the yon side of knowledge of drug pathogenesy, on the hither side of therapeutic convictions. Then, if should there arise, in some future day,

yet another rule for drug-application, as in Hahnemann's day, *similia*, as a definite, approved truth arose, there will be room for it, and no iron wheels of established and law-supported custom to grind it down. Is that IF rank heresy? Yet one may rejoice the more in such truth as he possesses if he realize he can possess but "a few grains of truth's far-spreading sands, a few drops of truth's eternal sea."

A NEW WORD ON THE MILK PROBLEM has lately been spoken by those unwearied workers in the cause of hygienic diet, the ladies at the head of the "New England Kitchen." We have called attention, in the past, to the fact that this Kitchen, in its modest, exact, persevering work, is rendering genuine help to the study of dietetics, and not indirectly to that of political economy. Its object is, not to make money, — if we are not mistaken, its expenses are every year partly defrayed by private subscriptions — but to discover, by practical and progressive experiment, in what fashions nutritious food can be supplied at the lowest cost, and also how certain articles of food, greatly in use for infants and invalids, can be prepared with the greatest degree of purity and uniformity. The result of such experiments, patiently, conscientiously and intelligently conducted, merit the the utmost consideration from all those interested in the important problems with which they deal. One of the latest of such results, as announced by those in charge of the Kitchen — Mrs. Ellen H. Richards of the Institute of Technology, and Miss Mary Hinman Abel, — is the production of an evaporated milk, which they believe can be relied upon as of pure, wholesome and uniform quality, and thus of immeasurable value as a food for "bottle fed" babies, and especially at the time — late summer and early autumn — when bottle-fed babies become in every sense a crying problem to the anxious family doctor. This milk is prepared, without the addition of sugar, in a vacuum pan, at a temperature of 130° F. "which," say the experimenters, "is much lower than that at which the thick condensed milk is usually prepared. We believe that there is an important distinction here, that at this low temperature the milk is far less changed

from its normal condition than is the case when it is heated to boiling. It is certain that when water is restored to the Evaporated Milk the cream rises normally, and trials which we have had made with it indicate that its digestibility is not impaired.

Experiments made with the milk directly as it comes from the vacuum pan show that it is then nearly sterile, and it has likewise been shown that in its condensed form germs which may accidentally gain access to it do not readily grow. We have had no difficulty in keeping it for a week or ten days in open vessels in an ordinary ice chest, and, apparently, it does not change in three or four days at ordinary temperatures. We think it much better to offer this regular and uniform product than to attempt to sterilize by boiling the so-called fresh milk after it reaches Boston often twenty-four hours old, and not infrequently in an advanced stage of decomposition."

We take pleasure in calling the attention of physicians to the fact that this new form of milk is to be had at the Kitchen, 142 Pleasant St., Boston, on Tuesdays, Thursdays and Saturdays. So prepared, and so recommended, it is richly worth a trial, in cases where trustworthy and unvarying food is a necessity.

The Degree of M.R.C.P. London, is a prize only attained at the end of a formidable journey, as is testified to in an interesting account lately furnished to the Gazette, by a friend on whom the degree in question was conferred not long ago. A comparison of his experience with that of one earning and receiving a degree of any sort in America, demonstrates, clearly and entertainingly, that the characteristic differences between the English and American ways of doing things, obtain as strikingly in the medical world, as everywhere else. In all matters involving ceremonial, it seems the English effort to do everything as impressively as possible; the American effort to do everything as expeditiously as possible. Perhaps something is to be said for both methods. State and dignity and pageantry attending its bestowal, may help to emphasize the lesson of the importance of the thing bestowed. On the other hand, the typical American has an inborn aversion to "dressing up,"

actually and metaphorically, and regards the simple, straightforward way of doing a thing as the adult way. With whichever point of view he may sympathize, one must read with interest the story of the experience, which we here subjoin :

When I received the notification of my application being approved for admission to the examination for membership of Royal College of Physicians of London, — I was down with an attack of influenza which was practically a broncho-pneumonia, and a severe one too, with temp. 103°. However, I got out of bed each examination day, to the cab, and after examination back to bed again, to the day when in full *comitia* I was received, by the hand of Sir Andrew Clark, President, a *member* of the Royal College of Physicians of London, (founded, 1513, by Henry VIII.) At the final viva voce examination, in full state, the President in robes, the mace on the table, (given by Cardinal Wolsey in 1518), the wand in the President's hand (given by Dr. Caries in 1580, founder of Caries College, Cambridge), censors and registrar in full robes, even Bedell robed also. On this occasion, after separate examination individually, I was to face the joint ordeal of the entire board of censors and president as follows :

President, Sir Andrew Clark, Bart. ; Senior Censor, Dr. Russell Reynolds ; Second Censor, Sir Wm. Roberts, Bart. ; Third Censor, Dr. Church ; Fourth Censor, Dr. Sturges ; Registrar, Dr. Lieving ; and after a final, formal going over the general field of medicine, was informed that I had passed but was subject to the vote of the Fellows the following day. On that day I attended, as required, and was duly approved, and formally admitted a Member of the Royal College of Physicians, equal to the Fellowship of the Royal College of Surgeons, as the latter has only two grades, Member and Fellow ; while the former has three, Licentiate, Member and Fellow. After gaining the Membership, I have no further examinations to pass, the Fellowship being elective, after five years a member, while the surgeons have two Fellowships, one by examination, open to any qualified member of the profession, the other by election (two annually) after twenty years membership. So it goes thus :

Royal College Physicians.	Royal College Surgeons
Licentiate (exam.)	Member (exam.)
Member (exam.)	Fellow (by exam.)
Fellow	Fellow by election.

The first in each college is under the Conjoint System (Act of 1886) applicable to all who began study since Oct. 1, 1884, and is a matter of right, if one is eligible by the rules as to time of study, etc. ; but the others are matters of grace, purely in

the hands of the Censors. In my class were 9 Fellows, 9 members, and 97 Licentiates (four such classes every year). All my immediate class-fellows, *i. e.* all the successful *members*, are young M.B's. or M.D's. of Oxford, Cambridge, London, Edinburgh, St. Andrews, etc., taking this as a higher qualification. I thought these details might interest you.

COMMUNICATIONS.

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THE PHARMACY OF TRITURATIONS.

BY J. WILKINSON CLAPP, M. D., BROOKLINE, MASS.

[*Read before the International Homœopathic Convention.*]

The word trituration (from *tritus*, a rubbing) applies to the process of reducing a solid substance to a powdered state by grinding or rubbing. In pharmacy it is applied to a class of powders made with sugar of milk as their diluent, in the proportion of one part drug to nine parts or ninety-nine parts of sugar, or to further attenuations made with milk sugar in corresponding proportions.

This form of preparation was originally employed by Hahnemann as a method of developing and regulating the medicinal power of insoluble substances used as drugs, by a process of comminution and attenuation. It was a form of preparation peculiar to Homœopathic pharmacy, and used exclusively by this school until the year 1880, when it was added to the "U. S. Pharmacopœia" as a distinct class of preparations, although but a single officinal triturate is there recognized, that of Elaterin, made in the proportion of 1 in 10. Hahnemann, in his work on Chronic Diseases, Vol. 1, Page 183, gives a full and complete description of his method. Given in brief it is as follows:

"To a grain of the drug add thirty-three grains of milk sugar, in a porcelain mortar. Mix well with a porcelain spatula, and triturate for six minutes, and then scrape from the sides and bottom of mortar for four minutes. Again triturate for six minutes, and scrape for four minutes, completing the first stage. Add another 33 grains of sugar and triturate and scrape as before for another 20 minutes, completing the second stage. Then add a third mass of 33 grains of sugar, and complete the trituration by grinding and scraping, as before directed, for 20 minutes. This is equivalent to 36 minutes grinding and 24 minutes scraping of the entire mass."

Hahnemann's method has been somewhat modified and improved. It was found that the addition of so large a proportion

of sugar at one time (33 grains to each grain of medicine) rendered it more difficult to sub-divide the drug-particles, and the decimal system was therefore adopted at the suggestion, it is supposed, of Dr. Hering, and it is to-day the rule, with but few exceptions, to prepare this form of attenuation in the proportion of 1-10.

The directions given in the "British Homœopathic Pharmacopœia" have still further improved the methods of manipulation. They require the use of equal parts drug and sugar in the first stage of triturating, then increasing to three parts of sugar in the second stage, and, finally, five parts in the third. This method has given us better results, as a surplus of sugar in the first stage certainly retards comminution.

The process of trituration, therefore, consists in first weighing the substance to be triturated and the sugar of milk separately; then place the substance, previously reduced to a fine powder, in a mortar. Add to this an equal quantity of sugar of milk, thoroughly mix with a spatula, and triturate by a steady, circular movement, using force proportionate to the quantity contained in the mortar. When thoroughly triturated, add more sugar from time to time until the whole is added, and continue the grinding process, occasionally stopping to scrape the triturate from the sides and bottom of the mortar and pestle with the spatula until the substance is finely and satisfactorily comminuted.

The foregoing description applies only to the preparation of triturations by hand, which must necessarily be the method employed by the physician and the pharmacist whose business does not warrant the use of machinery.

The increased demand for triturations, occasioned not only by the growth of Homœopathy but by the fact that physicians of the different schools are fast beginning to recognize the merits of this form of preparation, together with trade competition, has forced pharmacists to call in the aid of machinery in their manufacture. A number of machines have been invented for this purpose, most of them having the usual style of pestle; some employing the single pestle with the circular movement, similar to that used by hand; others employing several pestles with rapid movement and covering much surface in a limited time; some using heavy pressure, others but little.

It matters but little, however, what means are employed, so long as the triturate is satisfactorily made, and the methods employed properly protect the substance from foreign matter, and also provided the mill can be properly cleaned.

The triturating process should be conducted in a room kept perfectly clean and free from dust and odors. It is of great im-

portance that the air should be dry, as sugar of milk is very absorbent, and will in a limited time absorb from the atmosphere some two per cent. of moisture. Perfect cleanliness cannot be too strongly insisted upon. The mortars and pestles must be kept absolutely clean. They are best dried by evaporation and by the aid of artificial heat. Separate mortars should be provided for all substances which cannot be thoroughly removed by solution or volatilization, such as Carbo vegetabilis, Carbo animalis, Graphites, etc. Hygroscopic substances should be triturated in a warm mortar and at a warm temperature.

This leads us to the consideration of the implements used. Triturations, whether made by hand or machinery, are still produced by the exclusive agency of mortars, pestles, and spatulas, and their motive power. Mortars and pestles are made of iron, glass, marble, porphyry, porcelain and wedgewood. Iron and glass are of value for certain pharmaceutical work, but totally unfit for the preparation of triturations. Marble is much too soft in texture, and porphyry, which includes agate, is so expensive a material that the mortars are made much too small for effective work.

Porcelain and wedgewood are the materials almost exclusively used, the finer qualities of each being admirably adapted to this work. They are hard and dense in texture, practically non-absorbent, and their unglazed surface aids in comminution. Still, it is well to consider the fact that there enters into their composition a number of substances which are used as drugs, all of which must find their way to a greater or less extent into our triturations through the long continued grinding process on their surfaces. The porcelain mortar is perhaps the more objectionable of the two, for the reason that it contains a much larger percentage of alkalies, chiefly potash, and possibly a trace of iron and phosphorus, together with its necessary constituents, alumina, silica and lime. Further, it is not as hard as wedgewood, and must therefore more readily yield to the grinding process.

Wedgewood, which is, in fact, a class of porcelain, is much harder in texture. It is made from a plastic, slightly refractory clay, Kaolin and cornish stone, the latter in proportion of half the whole weight of the composition. None of these constituents necessarily contain alkalies, and, if present, it is in much less quantity than in porcelain. Iron is not necessarily present, but one of our leading potters in this country informs me that all the clay from which this ware is made in this country, contains traces of iron.

Hahnemann directs the use of unglazed porcelain mortars, or, if glazed, ground to an unglazed polished surface by rubbing

with wet sand. This latter provision would seem to indicate that the mortars used in his day were not made of such hard and dense material as those now in use.

Most pharmacopœias of the Homœopathic school demand the use of either porcelain, ivory, or bone spatulas, and exclude the use of steel. There is reason to question the wisdom of this requirement. When we consider that porcelain contains a large percentage of alkalies as well as a possible trace of iron and many other substances used as drugs, and that ivory and bone must also contain in addition to lime, animal matter containing many elements medicinal in nature, it would seem that the steel spatula is less objectionable, particularly as steel is harder than any of the other substances named, and being also thinner will accomplish the desired work in much less time; consequently, a less quantity of this foreign matter will be transferred to our triturations by its use.

Sugar of Milk. This substance is used exclusively as the vehicle in the preparation of triturations. It was selected for this purpose, first, because its crystals are hard and peculiarly adapted to aid in comminuting drug-particles; second, because of its being devoid of all medicinal action; third, because of its ready solubility. It is prepared for the market in varying degrees of fineness and purity, from coarse granules, known as prescription sugar, to the finest powder. Formerly, the coarser sugar was more commonly used in the triturating process because of the supposed aid of the coarse crystals in sub-dividing drug-particles; and where the drug is coarse, or ductile, or difficult of comminution this is certainly the most desirable grade to use. For most substances, however, if the drug be properly prepared and finely sub-divided before the sugar is added, it will be found that a medium or moderately fine sugar will give the best results.

Some pharmacists use a very fine powdered milk sugar. This grade is extremely bulky, a single pound if placed loosely in a bottle occupying very nearly the space of two fluid pounds. If this grade is used, a simple process of mixing, or a few minutes grinding, will yield a triturate which to a superficial observer is apparently satisfactory, because in regard to its bulk and extreme fineness it answers all ordinary tests; but it does not secure the actual comminution of drug-particles which is desired. We should therefore understand that the absence of a gritty sensation, by the simple test of rubbing a portion between the thumb and finger, is not a sufficient evidence of the quality and perfection of the preparation.

This brings us to one of the most important parts of our subject, the selection and preparation of the crude drug.

In selecting the drug, the greatest care should be used to obtain the *exact* substance desired. Particularly does the necessity for this word of caution apply in obtaining chemical salts, as our present obscure and misleading nomenclature renders it easy to be led into error. It is, in fact, sometimes even difficult to decide whether an arsenite or an arseniate is called for by the name of the medicine as expressed in our literature, and physicians very commonly err in the use of the "ate" salts where the "ide" are intended. For instance, Zincum phosphoratum, our present name for Zinc phosphide, is very frequently interpreted as calling for Zinc phosphate.

Chemically pure salts should be selected, and these, where possible, from the most reliable manufacturers, such as Morson & Sons, Merck, Squibb and others. With a few exceptions, it is folly for the Homœopathic pharmacist or physician to attempt to make his own chemical drugs, as he has not the facilities for producing salts which can be compared in the scale of purity with the products of the laboratories of these noted chemists.

In purchasing an article to be used as an agent in the cure of disease the question of price should not be considered as a factor, as the purest possible to obtain is none too pure for homœopathic medicines, a pound of "bichromate of potassium" for instance can be purchased for fifteen cents, when the same quantity of the chemically pure article will cost perhaps one dollar; yet strange to say, but few druggists find a market for the higher priced article.

A matter quite as important as the selection of the drug, is its preparation for trituration. It should wherever possible, be finely pulverized before any portion of the sugar is added, as the drug can in many cases be brought to a fine state of sub-division much more readily without the presence of another material. This is especially important in the treatment of insoluble substances.

Formerly, the filings or the leaf of metals were used until it was found that the precipitates gave better results, affording a much finer drug at the start and thus requiring less trituration. The use of the precipitates was first introduced by Gruner.

Of late, we have found that to obtain a perfectly satisfactory trituration of many of the metals more depends upon the selection or preparation of the precipitate than upon the most faithful attention to the triturating process, for the reason that the use of a precipitate containing particles ranging in measurement from 1-200 of an inch and finer will require vastly more work in further sub-division than if we start with a precipitate the largest particles of which measure but 1-2000 inch. To illustrate: — A trituration made from a coarse precipitate of a metal

and faithfully ground for many hours will not yield as good results as the simple combination of a fine precipitate with the requisite amount of sugar, triturating only a sufficient length of time to intimately mix them.

These facts show conclusively that with a certain class of insoluble substances, which substances it is of the greatest importance to reduce to the finest attainable particles in order to render them effective as medicinal agents, it is our first and most important duty to properly select and prepare the crude material before undertaking the process of trituration.

Certain drugs are best prepared by the process of levigation, which consists of forming the crude drug into a paste with water, and triturating either in a shallow mortar or on a flat surface of stone.

The use of a fine hair seive to separate the coarser particles is also of value.

With soluble substances it is not of such great importance to reach that fine state of sub-division, as they are readily dissolved in the fluids of the mouth or stomach. Still, it should be our effort to do effective work here also, particularly as it enables us to insure accuracy of dose in triturations above the 3x. For instance,— a single large particle present in a grain of the 4x containing 1 in 10,000 will make this grain much stronger than it should be, possibly stronger than a grain of the 3x containing 1 in 1000. Most of you have undoubtedly seen this practically illustrated in a powder or tablet of Nux vomica or Ignatia 3x, provided they were made directly from the bean and not from a tincture. Both of these substances being very difficult of subdivision, one of these powders or tablets will frequently taste very much more bitter than others, showing the presence of one or more large particles of the drug.

Hahnemann devoted 36 minutes' grinding and 24 minutes' scraping to each trituration, without reference to the nature of the drug, and leaves it a question as to the quantity used. He specifies 100 grains, but doubtless prepared his triturations in larger quantities than two drachms.

The "British Homœopathic Pharmacopœia" directs that the 1st decimal shall be triturated for sixty minutes, that is, 36 minutes devoted to grinding and 24 minutes to scraping, and that for an amount not exceeding 1000 grains (about two ounces). For the second decimal and higher attenuations it allows 40 minutes for the same quantity. This is a sufficient length of time in the treatment of most soluble substances, but entirely inadequate to properly reduce most of the metals, particularly those that are soft and ductile.

As to the length of time necessary to devote to the triturating

process, it would seem that this should be determined by the nature of the drug, whether it is soluble or insoluble, whether difficult or easy of comminution, and also as to its condition when prepared for trituration, whether extremely fine or coarse, as well as by the quantity of material contained in the mortar.

In examining the results of trituration, the microscope will give us valuable aid, although its field here is limited, as many of our drugs resist all attempts at examination when mixed with milk sugar. It should be our guide, however, where possible, and what it reveals should determine when a satisfactory condition has been reached.

There are certain general rules which should guide us when the microscope is not available. The finished trituration, 2x and higher, should at least meet these requirements: —

1st. It should not give a gritty sensation when rubbed between the thumb and finger.

2nd. There should be no drug-particles visible to the unaided eye or with a lens magnifying ten diameters.

3rd. By placing a small portion, e. g., a fraction of a grain of the powder, on a glass slide and mixing with distilled water to dissolve the milk sugar, on examination with a compound microscope we should not find particles of an insoluble substance that will exceed 1-2000 of an inch in diameter. A few exceptions, however, will have to be made to this rule, where the substance triturated is particularly difficult of sub-division on account of its malleability, pliability or elasticity, such as Graphites, Plumbum, Sepia and Nux vomica.

The presence of a few large particles, however, should not condemn the triturate. The general field is the important point to examine. If properly made, the field will contain hundreds of small particles, these being the smallest subdivision of the drug possible to obtain by the process of trituration, measuring from $\frac{1}{1500}$ to $\frac{1}{3000}$ of a millimetre in diameter.

It has been my effort in this brief paper to call your attention to what seemed to me to be the essential points in the manufacture of triturations, many of which our pharmacopœias do not mention. It has been the custom to believe that all that is necessary is to obtain a satisfactory trituration is to devote a certain prescribed time to the triturating process. The facts here presented go to show that something more is necessary to obtain satisfactory results.

In closing permit me to concisely state the points which seem to me most important:

1st. The selection of a mortar least likely to contaminate the trituration by its medicinal constituents.

2nd. The selection of the spatula, steel ordinarily being preferable.

3rd. The selection of the crude material.

4th. The great importance of the careful preparation of the crude drug before triturating with the milk sugar.

A careful attention to these points together with the requisite work with the mortar and pestle will, I believe insure more perfect results than can be secured by simply following old time tradition.

ACUTE SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.

BY A. E. PERKINS, M.D., OF ASHBURNHAM, MASS.

[*Read before the Worcester County Homœopathic Medical Society, Aug.* 12, 1891.]

In acute suppuration of the middle ear the inflammatory process usually extends from the pharynx, through the Eustachian tube, into the tympanic cavity. The lining membrane of the tube is swollen and the passage closed. The secretion within the tympanic cavity is increased, becomes purulent, and presses on the membrana tympani. The inner or mucous layer of the drum-head is involved, and the entire membrane is changed in appearance. The light spot and handle of the malleus are not to be seen, but the membrane appears boggy and sodden. The hearing is impaired, and the patient will complain of noises in the ear. He will usually tell you that when he opens his mouth it hurts his ear. Fever is present, a coated tongue, anorexia, and evidence of marked prostration. But I have yet to mention the symptom which the patient will consider of most importance. This is *pain* in the ear and head. A pain which is intensified during the course of the disease until rupture or perforation of the drum-head, and is *aggravated* every night. It is caused by the pressure of the mucus, pus, and blood within the tympanic cavity, and is almost unendurable. Children, not old enough to tell about the pain, will locate it by putting the hand to the ear, and a speculum will show us the rest. But occasionally pain is nearly or entirely absent.

Professor Roosa relates that the membrane may rupture and pus appear, with no premonitory symptoms, "where the initial symptoms of swelling of the lining membrane of the Eustachian tube and cavity of the tympanum are so quickly passed over, in a few hours, or even minutes, as to be practically unrecognizable." These cases occur during the course of debilitating diseases like phthisis. After rupture of the membrane, the pain and tinnitus aurium usually cease; but the patient suffers from impaired hearing and the purulent discharge. The quantity of

pus discharged is very great, considering the size of the tympanic cavity. The mastoid cells may participate more or less in the inflammatory process, and the mastoid process be painful, sore, and even red and swollen. Diffuse inflammation of the external auditory canal may also complicate the case. This has occurred in two of my cases.

Acute suppuration may result from simple exposure, or getting the feet wet. Scarlet fever, whooping cough, typhoid fever, diphtheria may cause it. I have observed it after measles, la grippe, bronchitis, naso-pharyngeal catarrh and tonsilitis. Sea-bathing, blows on the head, or direct injuries to the membrane itself, are also factors in the causation.

This is one of the most common of the diseases of the middle ear, and, perhaps, the most neglected. I can remember very well of suffering from an attack myself a number of years ago, and being comforted with the consoling words, "that the thing would feel better when it broke." It is a fact that a certain number of these cases will, or at least do, pass through the entire course of the disease and get well with but very little treatment. We have all probably known of cases that have been treated (?) by the family, and have got through it fairly well. But it may be a very serious affair. The tympanic cavity is in close relation above to the cranial cavity, being separated only by a thin plate of bone from the middle fossa of the skull. And sometimes this bone is incompletely developed and a fatal meningitis may supervene. Several such cases have been reported. The anterior wall is in close apposition to the carotid canal; the inferior directly over the jugular fossa; and the posterior wall and mastoid cells are in close relation to the transverse sinus. Acute suppuration may result in chronic suppuration with necrosis of the temporal bone, cerebral abscess, pyæmia, and the remaining chain of results. And another most deplorable result is impaired hearing or even absolute deafness. Therefore it behooves us not to think lightly of these cases of acute suppuration of the middle ear.

We can differentiate between this disease and catarrhal inflammation (though this is sometimes considered the first stage of the suppurative condition) by remembering that the latter is most frequently caused by exposure to cold, while the former follows more frequently the different diseases I have enumerated. Then, too, suppurative inflammation is much more violent in its origin and progress; the membrana tympani is of a more dusky red, it is *sodden* and *boggy*, and bulges more into the auditory canal; and the fever and evidences of prostration are more marked.

Now what shall we do for these cases? The patient will

implore you first of all to stop that horrible earache. Douche the ear every half hour or so with water as hot as can be borne. Do this with a fountain syringe or by means of a sponge dipped in the water. Leeches applied to the tragus, in the first stages, are recommended by celebrated old school physicians. A four per cent. solution of cocaine dropped in the ear sometimes will relieve. Every thing dropped in the ear, by the way, should be warm. Dr. Sterling recommends

℞.	Fl. Ext. Plantago Maj.	℥iv.	
	Tinct. Bell.	gtt. xv.	
	Tinct. Acon. Rad.	gtt. x.	
	Magendie's Sol. Morph.	gtt. xx.	
	Aquæ Dest. q. s.	℥j.	M.

and drop four drops in the ear every five or ten minutes. I have found hot bran bags placed against the affected side to give much relief. Poultices should not be used because they cause the membrane to become more easily broken down, with a greater loss of tissue. Should the pain not cease and the membrane bulge till it seems as if it would rupture, we may puncture it, preferably in the inferior posterior quadrant, with a cataract needle. Should the mastoid process become *red, swollen* and *tender*, a poultice should be applied, and after waiting twelve hours with no relief, except in cases of children, incise to the bone. I may perhaps say that in my own cases a poultice has been sufficient. After the membrane has ruptured or been perforated, and relief is experienced, we must not consider our duty done. We must stop the nasty, purulent discharge, and heal up the wounded drum membrane. To do this, perfect cleanliness is absolutely essential, and this alone will be nearly sufficient. My own practice is to syringe the ear at least once daily at first, and, after the discharge lessens, at longer intervals. Then to dry the ear thoroughly with bits of absorbent cotten on a cotton holder; and a tooth pick makes an excellent holder. Then blow or sprinkle in the ear, powdered boracic acid, or push a bit of cotton, the meshes of which have been filled with the acid, close up to the membrana tympani. This should not be allowed to remain over twenty-four or, better, only twelve hours. A powder consisting of iodoform gr. ix, tannic acid gr. i., sacch. lact. gr. xc. is recommended. The ear should at the same time be inflated either by the Politzer air bag or by using a soft rubber tube, one end of which is placed in one of the patient's nostrils, and (the other nostril being closed) the ear may be inflated by blowing somewhat forcibly in the free end of the tube. It is surprising how quickly the discharge will cease and the membrane heal with this simple treatment. The

impairment of hearing will be the last symptom to subside. I have only given, imperfectly enough, the local treatment. The indicated remedy will help us wonderfully at any stage of the disease.

MEDICAL EDUCATION AND PRACTICE IN THE STATE OF NEW YORK.

BY H. M. PAINE, M.D., ALBANY, N. Y.

THE ORGANIZATION OF THREE STATE BOARDS OF MEDICAL EXAMINERS OF NEW YORK, UNDER THE LAW OF 1890.

TIME AND PLACE OF EXAMINATIONS, AND METHOD ADOPTED FOR SECURING A UNIFORM STANDARD OF ACQUIREMENTS.

THE SYSTEM OF EDUCATIONAL STANDARDS ADOPTED IN NEW YORK IS AN ADVANCE UPON THAT OF ANY OTHER STATE.

AN INFORMAL MEETING OF THE THREE EXAMINING BOARDS.

An informal joint meeting of the members of the three State Boards of Medical Examiners, was held at the capitol, in Albany, July 11th, 1891.

An organization was effected by the selection of Dr. W. O. Wey, of Elmira, for chairman; and of Dr. A. B. Wright, of Buffalo, for secretary.

A proposition providing for holding examinations was decided by the selection of the cities of New York, Albany, Syracuse, and Buffalo, as the *places*, and January, March, June and September, as the *times* for the holding thereof, at such dates in each of the months named as would accommodate the largest number of applicants.

The first day of September was selected as the *time* for holding a meeting of each of the three boards for effecting a permanent organization, and the capitol, at Albany, was chosen as the *place*.

In order to diminish, in fact, to entirely remove opportunity for unfair discrimination against any student on *account of therapeutic belief*, the law was so constructed as to provide, that examinations in "therapeutics, practice and materia medica," shall be "in harmony with the tenets of the school selected by the candidates"; in other words, that each board shall determine for itself the standing of its own candidates in these departments.

Bearing on this point, the discussions relating to the interchangeability of the questions to be provided by the boards,

elicited the *fear* lest the therapeutics of surgery might be used prejudicially against an otherwise well-qualified candidate.

For the purpose of removing all grounds for such apprehension, it was decided, that in order to secure entire uniformity and equality as to standards, two members of each board should constitute a committee to provide a *syllabus* of all questions to be furnished the regents.

It was decided that at each examination, each student shall receive sets of twenty questions, any five of which he may cancel, and be marked on his answers to the remaining fifteen.

It was also decided, that *all* examinations must be conducted in the English language; that examinations may be held, simultaneously, if need be, in the four places named; that *all* physicians coming from foreign countries must pass an examination; that *only* physicians from other states having substantially the same standards are to be exempted; and *only* graduates in medicine are to be examined; hence no student can be examined and rated prior to graduation.

At the conclusion of the joint meeting, the members of the several boards, respectively, held separate meetings, at which an informal organization of each was effected, and the members of the syllabus committee, *two* from each board, were appointed.

AN ERA IN THE PROGRESS OF MEDICAL EDUCATIONAL REFORM.

This meeting of the members of the three boards of medical examiners, marked an era in the progress of the higher medical educational interests in this state.

At this gathering of the accredited representatives of the three recognized schools of medicine, under the wise leadership of Secretary Dewey, the provisions of the recent law creating State boards of medical examiners were so applied as that hereafter, the examinations and licensing of applicants desiring to enter upon the practice of medicine, will constitute a part of that of the Great University system of this State; and will be conducted in accordance with the rules and methods approved by the Board of Regents.

This system and these methods are everywhere accepted as better, more nearly uniform and complete than those of any other State in this country; and this advanced position has been repeatedly recognized by the official representatives of the highest institutions of learning in many foreign countries.

THE COMPLETENESS, THOROUGHNESS AND ACCURACY OF THE SYSTEM ADOPTED BY THE EXAMINATIONS DEPARTMENT.

Secretary Dewey, in briefly outlining the process by which the examinations are conducted, stated substantially, that great

effort is made to secure accuracy, and every precaution is taken to prevent fraud.

The questions are first carefully constructed by the members of the examinations Question Board, which is composed of six teachers, graduates of six different colleges, representing a combined experience of more than one hundred years of successful teaching in the secondary schools of this State, afterward at a full meeting, each question is criticized and corrected, in case it is so constructed as to fail of expressing its exact meaning, or in case it is susceptible of a double meaning.

The work of preparing series of appropriate questions, has been greatly simplified and facilitated by the construction of a syllabus of the principles of each department, by means of which greater accuracy, directness and definiteness of range has been secured.

The questions, after having been approved by a full board, are then sealed, and forwarded through the money order department of the express companies, in order to secure delivery to the person to whom the package is directed, and to no one else.

Each examiner under oath, and all the members of the examinations Question Board, are required to faithfully perform the duties of their respective offices.

The examinations are conducted simultaneously throughout the State, at sometimes as many as three hundred and thirty places on the same day.

In case a person being examined, is required to leave the room for any purpose whatever, his examination must be closed, and can only be continued on an affidavit by one of the examiners, that the candidate has at no time been out of his sight.

At the conclusion of the examinations, the papers, questions and answers, are returned under seal to the Examinations Department, where the marking of the standing of each candidate is decided, and from whence the certificates to each are issued.

TWENTY-NINE STATES HAVE EITHER DISCARDED THE DIPLOMA AND SUBSTITUTED THE LICENSE, OR HAVE ESTABLISHED STATE REGULATION OF THE DIPLOMA.

The principle of determining the standards of medical scholarship by means of tests applied under State authority and supervision is now established in twenty-nine States in this country, and in an area of territory inhabited by 41,000,000 of people.

The list embraces;

First: twelve states in which the *license* has displaced the *diploma.* These are; Alabama, Indian Territory (Cherokee Nation), Minnesota, Mississippi, Montana, New Jersey, New York,

North Carolina, North Dakota, South Carolina, Virginia, Washington.

Second: Seventeen States in which *supervision* of the *diploma* has been established either by health or examining boards, or by censors of State medical societies. These are: California, Colorado, Delaware, Florida, Illinois, Indian Territory (Choctaw Nation), Iowa, Kentucky, Missouri, Nebraska, New Hampshire, New Mexico, Oregon, South Dakota, Tennessee, Vermont and West Virginia.

In the seventeen *last* named States, the *first* step in this reformatory process has been taken, *only* those *diplomas* of a *fixed grade* being recognized as a suitable standard of acquirements.

In the twelve States named in the *first* list however, the reformatory process has been completed, the *diploma* having been displaced by the *license*, the latter being issued under State authority, wholly dissociated from college interests and influence; thereby attaining the completion of the improved and perfected system of defining, establishing and regulating, under State supervision and authority, yet within the *control* of the profession, the *only* method by which higher and more nearly uniform standards, with all the attendant advantages, can possibly be secured.

So rapid, during the past ten years, has been the progress of this improved system of medical licensure, inaugurated in 1872, that those who have closely observed its advances, estimate that its general acceptance by all or nearly all the States in this country, may be reasonably expected *within the present decade.*

It is not designed that the application of these carefully provided methods shall materially raise the standards of medical attainment above the average of those now enforced by the best conducted medical colleges; it is confidently anticipated however, that by means of this admirably constructed system, the selfish interest which have hitherto controlled medical colleges, and by which there has been foisted upon the community *far too large numbers of imperfectly qualified practitioners*, will be *effectually held in check;* and that henceforth the proportion of thoroughly educated physicians will be relatively greater than at any time in the past history of medicine.

THE COMPLETION OF THE NEW YORK STATE MEDICAL EDUCATIONAL SYSTEM.

The organization of State examining boards in this State completes a model system of educational reform, and constitutes the crowning act of a series of stages, inaugurated in 1867, dur-

ing the sessions of the Constitutional Convention of that year.*

The progress of the work from that time to the present, has advanced step by step, until we now have in this State, the best registration law, that of 1887, the best preliminary education law, that of 1889 and 1890; and now the best, most equitable, reliable, and effective licensing law, the three-board act of 1890.

The preliminary education law requires of every medical student, prior to an entrance upon the study of medicine, evidence showing a knowledge of preparatory studies sufficient for admission to a High School.

This same standard having been required of law students for several years past, has this year, by order of the Court of Appeals, been advanced to the standards equivalent to the middle of a three years' High School course.

It is to be hoped the same advanced standard will be advocated and adopted by the medical profession.

By an amendment in 1890, of the preliminary educational act of 1889, its provisions were made applicable upon all practitioners coming from other States, before entering upon practice in this State.

This requirement has been manifestly salutary during the past year, by preventing the admission of numbers of physicians whose preliminary educational advantages were below the recognized standards.

The medical profession of New York State is to be commended for its steadfast devotion to the promotion of the higher interests of medical learning; and for the wise application of sound principles of medical licensure, by means of which the great body of the profession is required to assume the responsibility of determining and maintaining *its own adopted standards of acquirements through the instrumentality of its chosen representatives.*

INDORSEMENT OF THE NEW YORK THREE-BOARD MEDICAL LAW.

The following, taken from a recent issue of the *Philadelphia North American,* expresses unqualified approval of the three-board examining and licensing system, by which, in New York State, a uniform standard of acquirements is provided, yet each school is enabled to conduct and complete its own educational work under its own auspices and within its own membership.

"New York has solved the problem of the 'pathies' in the *only* possible way, by creating three State boards of medical examiners, representing the three distinct schools of practice.

"This solution of the interminable snarl of schools of medi-

* The law providing for the appointment of separate State examining boards for each school, was enacted in 1872.

cine is rational. It is useless for anybody to sneer at 'the schools.' No set of men have a monopoly of knowledge, and no school is infallible.

"The bills so far offered at Harrisburg, (Pa.) never had a ghost of a chance of becoming laws, for we do not live in the dark ages, when people were dragooned into any system.

"The law cannot have a preference for any system of medicine to the exclusion of any other, based on research and actual experiment, and conducted by enlightened men. It can however, provide that *only* qualified persons shall practice medicine, and leave each school, under common standards, to fix the ordeal for its own candidates."

MEMBERS OF THE EXAMINING BOARD REPRESENTING THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Asa S. Couch, M.D., *President,* Fredonia, Chautauqua County, Examiner in pathology and diagnosis, (1894.)

Horace M. Paine, M.D., *Secretary,* 105 State Street, Albany, Examiner in anatomy, (1894).

William S. Searle, M.D., 132 Henry Street, Brooklyn, Examiner in obstetrics, and member of syllabus committee, (1894).

John McE. Wetmore, M.D., 41 East 29th Street, New York City, Examiner in chemistry and member of syllabus committee, (1893).

Jay W. Sheldon, M.D., 402 Warren Street, Syracuse, Examiner in materia medica, therapeutics and practice, (1893).

A. R. Wright, M.D., 166 Franklin Street, Buffalo, Examiner in physiology and hygiene, (1892).

E. E. Snyder, M.D., 27 Main Street, Binghamton, Broome County, Examiner in surgery, (1892).

THE CRUELTY OF CAPITAL PUNISHMENT.

[*Delivered from Notes before the Boston Homœopathic Medical Society, Dec.* '90.]

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

The object of these remarks is not to object to capital punishment, but to consider its methods, their purpose, and to suggest if possible some better means of attaining the desired end.

To some of us it may seem to be outside of the province of the physician to discuss the subject of capital punishment, which should be left entirely to those versed in criminal jurisprudence.

In-as-much as the term "capital punishment" embraces the taking of the life of a criminal, and in-as-much as this act is consummated by various methods all closely associated with anat-

omy, physiology and, above all, psychology, these fall within the domain of a physician's range of thought and study.

To those who are unconditionally opposed to capital punishment on the ground of humanity, a discussion of the methods of taking the life of a criminal is unnecessary. To those on the other hand, who conditionally or unconditionally favor it, a consideration of the methods of capital punishment with a view to their power of destroying life by painful processes, is proper, as being before a tribunal whose judgment is valuable and should not be withheld.

In order to consider the question at all, one must be prepared in his mind with reasons for his sanction, and these reasons should rest on his moral convictions; and as it falls to my lot to speak first on the subject I would offer a brief analysis of the proposition: The cruelty of capital punishment implies, not that taking the life of a murderer is wrong, but that cruelty is wrong; and, though perhaps reaching beyond the limits of my proposition, I would say that punishment is either wrong, or that its meaning is varied and contradictory.

If a person is punished for an offence it can only mean the infliction of temporary pain or bodily discomfort to teach the offender that wrong-doing is an illogical act followed by disagreeable consequences, bodily pain, deprivation of liberty, of food, etc., and to cause him to remember that such results will surely follow upon a repetition of his offence. But capitial "punishment" can have no such result, because the criminal is killed, and can never repeat his offence. Where a criminal is condemned to death, the "punishment" consists only in the fear and anguish he may suffer *before* he is killed, and as punishment this can do no practical good, because the criminal is prevented by death, not by moral conviction, from further offences. Such punishment is cruelty.

Besides being physicians we are also citizens with duties which are controlled by moral convictions and sentiments; these in my own mind, lead me to consider the killing of certain criminals as right within proper limits, which our laws most charitably and justly define. To justify this position, it is only necessary to remind you that within the past ten years there have been criminals executed, and others are still awaiting their just doom, for offences so heinous that language fails to define them.

Think of the wretch whose hands committed the atrocity in Bussey's woods; who slew the girl on Brookline street; another near Upham's corner; another, an innocent child in the belfry of a church very near this spot; all these murders prompted by a fiendish desire for the like of which we seek in vain among brutes. That murderer is dead — another is still charitably

supported at the expense of the community — a murderer, who not content with killing his victims, invented the most unspeakable tortures under which his victims slowly perished. Morbid criminal desire, with delight in killing, often gloating in the agonies of his victims, are the only motives underlying such horrors, and this wretch is carefully kept alive.

Terrible as the contemplation of such horrors is, the highest and purest of Christian ethics should decide their fate. As I read the meaning of such ethical law, it says punishment is torture and revenge. It is placing the spirit of the law on a level with that of the criminal. In the place of punishment, then, let us advocate protection of a peaceful community by destroying murderers by some means which shall be as gentle as it shall be certain.

The means hitherto employed for the purpose of capital punishment have not been made to conform to the ethical spirit which it is hoped will in future prevade criminal law. History records too much punishment but very little protection; it exhibits and fosters a spirit of harshness, of severity, and in many cases, of cruelty entirely inconsistent with the object to be attained, if that object is simply the protection of the lives of innocent and peaceful people. Harsh or cruel punishment before execution of a criminal does not protect us; neither does severity or even torture afford a community the least safeguard against murderers who are allowed to live within or without the walls of prisons, since a preponderating proportion of all murderous criminals are mentally of abnormal (insane) constitution and proof against the most methodical, charitable and patient attempts at reform.

Such, then, would be the course of reasoning on which, for my part, I am content to rest my convictions in favor of taking the lives of murderers by some method which shall commend itself by its absolute certainty, as well as by the absence of all harshness and violence, which are akin to cruelty.

The methods of executing real or supposed offenders have from the earliest times of history been various. The spear and arrow unquestionably were among the earliest means of destroying condemned persons. These are as uncouth and ghastly as the employment of fire or water. The drowning of persons as a means of executing the law was very extensively practised in the middle ages, and seems only to have gratified the desire for sensational scenes without in the least diminishing the number of witches and malefactors. The same is to be said of fire, in the use of which the North American Indian was not the only adept, as the white man's history abundantly proves. Compared with the tortures of the stake, the hurling of prison-

ers from the Tarpeian rock was comparatively mild. Since the introduction of gunpowder the execution by firearms has always had its advocates in military circles ; and while as a heroic death it may accord with a military spirit, it is not commendable as a sure and speedy means of death ; and when it takes the terrible form of blowing the victims from the muzzles of cannons, human nature revolts with terror from the contemplation of such means.

In decapitation the axe and the sword have been superseded by the guillotine on account of its unerring certainty, which cannot be said of that by the axe and sword when we learn that the headsman not unfrequently failed to decapitate by one stroke, and after several ineffectual efforts had to finish his dreadful work by amputation with a knife, if grasping the victim's hair and slashing with a clumsy knife can be called by such a dignified term. Decapitation by the guillotine, though quick and sure, is like the effect of axe and sword, bloody and horrible, appealing to the brutal curiosity of the lowest order of a community, without any compensating deterrent effects.

Other methods of inflicting capital punishment are by garroting and hanging. The effect of the one is to strangle the culprit by means of tightening an iron collar about the neck until suffocation is induced by crushing the larynx and its adjoining parts ; the effect of the other is to dislocate the cervical vertebræ by the sudden fall of the body, and at the same time to strangle ; the latter effect frequently accomplishing the purpose if the neck is not broken. Both methods are unnecessarily violent and harsh, unless these qualities are deemed essential to the effect they are supposed to exert upon ill-disposed persons at large.

Within the present year the method of execution by electricity has been introduced on an occasion so recent that all are familiar with it, and all will readily condemn it as probably painful, uncertain in its effects, aside from its being cumbersome and expensive. Notwithstanding many proofs that by accident persons were subjected to currents of very high tension without fatal results, while others were killed by comparatively light currents, the attempt was made to execute a criminal by electricity, which it is hoped has proved all theories advanced in opposition to it as correct.

The object of capital punishment of convicted criminals has always had two objects, one to rid the community of a dangerous evil doer, another to produce a strong moral impression on the public, by exhibiting to the masses the criminals' execution with all its dreadful preparation and gloomy symbolism. For this purpose it was customary up to a comparatively recent period,

to cause executions to take place where as large a number of spectators as possible might congregate in order to learn the fate which awaits criminals' acts. But the history of criminal law shows that this end was not gained; for thousands, including probably every tramp and miscreant in the land, would flock to the place of execution, and for days before, to quarrel and fight for the best place to see the execution. Notwithstanding these impressive lessons it does not become apparent that any criminally-minded individuals were deterred from evil doing; possibly it made them more cautious and expert in eluding the arm of the law.

In consequence of this failure of the intended effect, as well as out of regard for the sensibilities of respectable citizens, publicity of the execution of criminals became more and more restricted, until in the most civilized countries only a few witnesses are selected to attend. The effect which such incidents produce on individuals of ordinary normal sensibility, is to impress on the mind a painful scene, which lasts a life-time; while the effect upon the constitutional and habitual evil doer is to stimulate him to more daring deeds by rousing his abnormal ambition to die "game" on the scaffold.

Hence both as physicians and as citizens we observe two objections to the methods of capital punishment hitherto in use; on the one hand it is cruel, and too often more so than the act of murder itself, which is more than equalled by the ghastliness of bloody executions or the terrors of those in which no blood is seen, but where the contortions of the slowly expiring culprit are equally abhorrent. On the other hand it is no punishment to inflict physical or mental pain on an individual who, being about to die, cannot be reformed by it.

Criminals by constitution or confirmed habit are not to be judged by the standards applied to the mass of persons of normal constitution of mind, and the history of capital punishment declares that it has not the moral effect upon constitutional or even habitual criminals which was intended or hoped for. A long chapter might be written on the indifference or bravado with which most criminals meet their execution. Indeed there exists among them a kind of organization held together by a fellow-feeling, having its code of laws, which though perhaps unwritten, are none the less binding, to die defiantly, unflinchingly, and for the living to revenge the execution of a fellow. Hence the terrors that appeal to normal and sympathetic natures have no effect on condemned or uncondemned criminals, but tend only to stimulate and encourage a spirit of bravado. Theirs is a perverted, adventurous spirit, which too often is tempted by what to normal persons is fearful or terrible, and from the con-

duct of condemned criminals on the scaffold it is evident that they consider an attitude of defiance on the scaffold, the crowning point of their career, to attain which they are ready to give their lives. That they do not all die exultingly or calmly, but collapse in utter cowardice, dissimulation or hypocrisy, is not evidence of a moral change, but only the opposite extreme of depravity.

I am well aware that such opinions require the support of characteristic cases; time will not allow me to search for them or to detail them here, but I believe that I have stated the accepted opinion concerning this subject.

But the question now arises, how to reach the true purpose of capital punishment, if past methods fail. All that a physician and citizen can conclude, arguing from the above premises, is that the chief object and purpose of the putting to death of murderous criminals is to rid the community of them, in-as-much as they continue to be a menace to human life if they are allowed to go at large, or even if imprisoned; in the latter case, taxing the community for their support.

The secondary object of the death penalty is its deterrent effect upon criminals at large, or upon those who might by circumstances, acting upon a constitutional predisposition of mind, become criminals.

To effect this, the visible severity of execution by decapitation or hanging being without perceptible effect upon the majority of criminals, it is worth while to modify the mode of execution.

This should be first and foremost swift, effectual and unassociated with the visible terrors of the methods hitherto in vogue; and it should be divested of the element of cruelty. But you will reply, if the death penalty is unassociated with severity, it will cease to be feared altogether. Not so. There is an element of much greater power over the criminal mind than visible violence or the sight of blood, and that element is that of silent mystery. Let a criminal disappear from the face of the earth silently, mysteriously to the outside world, without display or paraphernalia of any kind, and it will act appealingly upon the class of individuals yielding criminals. To convey to you an idea of what is here proposed, I need only mention the word chloroform.

An Unrecorded Symptom of Pertussis.—Among the premonitory symptoms of whooping-cough authors mention conjunctivitis with excessive lachrymal secretion; but according to Dr. Huguin, of Tourteron, to these ocular symptoms there should be added photophobia, with dilation of the pupil, which he has observed pretty constantly in cases under his care, and that in the absence of all medicinal treatment, by belladonna or otherwise. — *Med. Record.*

A MONSTROSITY.

BY H. A. GIBBS, M.D., LEE, MASS.

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

On Feb. 2nd, I was called to attend Mrs. C., in confinement. I soon ascertained that she had already borne two children. Both of the previous labors had been short and easy. On the present occasion, however, the pains had already lasted twelve hours and were of a weak and intermittent character. The woman weighed less than a hundred pounds, and the abdomen was enormously distended. Examination showed that the os was soft and fairly well dilated, head presenting. I waited several hours, the pains meanwhile continuing about the same, when suddenly the membranes ruptured with such a flood of waters as I never saw before, the head advanced rapidly, and delivery was completed in half an hour. A hasty examination showed that we had a monstrosity to deal with. Motion of the head was the only sign of life I observed, and this persisted but half an hour. I obtained the specimen and had it photographed. The fœtus is that of a male of about 7½ months. The body and limbs seemed normal and well developed. In the centre of the forehead is a single eye, large and bulging. Just above this single eye is a protuberance which from its shape I thought to be the other eye in a rudimentary form. I find, however, that there is a difference of opinion as to what this protuberance is. I have been in correspondence with Geo. Jackson Fisher, M.D., of Sing Sing, N. Y., one of the best American authorities on teratology, who assures me that this particular form of cyclopic monster is very rare. In "Vrolic's Embryogenesis Hominis" there is figured one which closely simulates this. In this engraving the protuberance above the eye is put down as a rudimentary nose. Immediately below the eye there are two openings which correspond to the posterior nares and lead into a spacious cavity, the throat. The maxillary bones are entirely wanting and there is no buccal opening. On either side of the neck, approaching the median line, so that their borders coalesce, are the two ears imperfectly developed; the auditory meati, however, are wanting.

On sending the fœtus to Dr. Packard, for the museum of Boston University Medical School, I was surprised to learn that the internal organs were even more wonderfully arranged than the external. For the result of the dissection I am indebted to S. R. F. Lantzius-Beninga, M.D. The thoracic and abdominal viscera are completely transposed. The heart, stomach and spleen are on the right side, the liver on the left. The right lung has two lobes, the left three; but neither show any signs of hav-

ing been expanded. The hypogastric and iliac arteries are abnormally large.

This case which I have described is an excellent example of Cyclopia or one-eyed monster, so named from its resemblance to the fabled Cyclops. It is manifest that in our search for the cause of such malformations we are carried at once into the realm of embryology. Without going into minute details of this interesting subject, it is sufficient for our present purpose to know that in the human embryo the cerebro-spinal axis is formed first, and from this, as a starting point, the bony and muscular walls of the abdomen, thorax and head are formed by means of prolongations which, springing from either side of the cerebro-spinal axis, extend anteriorly until they unite in the median line and enclose the internal viscera. The legs and arms beginning as mere protuberances on this frame work, develop later. Thus it will be seen that the human embryo developes in halves. Failure to unite at the median line produces the vice of conformation known as fissure, of which cleft palate is a good example. On the other hand premature union produces an overlapping, and results in the more or less complete obliteration of some of the structures, and this is the deformity with which we have to deal in the present case. Going more minutely into detail, we find that the facial features of the human embryo are formed by five prolongations or processes developed from the external lamina of the blastoderm, which arise from the region of the cerebro-spinal axis, extend anteriorly and unite in the median line. Two of these processes, known as the inferior maxillary, form the lower border of the cavity of the mouth and the inferior maxilla. Another pair, known as the superior maxillary, forms the greater part of the upper jaw; while the fifth process, known as the frontal or inter-maxillary, growing from the frontal region downward, between the superior maxillary, unites with them to complete the upper jaw, and form the nose and other features above the mouth. The buccal cavity itself is formed by the opening left between the inferior and superior maxillary processes. At first this opening is very large, but as the prolongations develop and unite, it decreases in size till at birth it has reached its normal proportions. The optic and auditory apparatus are formed from the cerebral vesicles, the former from the first, the latter from the third. The eyes in early fœtal life are situated at the sides of the head, the axes being widely divergent, but as the lateral processes develop, they are carried forward with them till they occupy their true position on the anterior plane of the face, with their axes parallel. In the present case by the premature and too complete union of the superior and inter-maxillary processes the two orbits have been fused,

and the two eyeballs have been united into one. By the same process the ears have been carried forward and downward till their anterior borders coalesce on the front of the neck, while the mouth and chin have been completely obliterated by the absence of the inferior maxilla and the premature union of the super maxillary prolongations. Thus we can account for the facial malformations of this fœtus. The transposition of the abdominal and thoracic organs are not so easy of explanation, indeed I have been unable to find any that was complete and satisfactory. Cases of transposition of one or more organs are not so very uncommon, but unless I am mistaken, such a complete change of all the viscera is exceedingly rare, and the fact that in the present case this abnormality is associated with a facial deformity which arises from premature union of the lateral processes of the embryo, is strongly suggestive to my mind that this change in position of the vicera is brought about by the same cause, namely a premature union and probable overlapping of the lateral processes which form the abdominal walls, by which the organs of the right side have been carried over to the left and vice versa.

But while faulty development may explain the modus operandi by which these abnormalities are produced, the explanation only carries us back one step in the sequence of causes. What brings about this developmental anomaly? Two hundred years ago the mother of such a monster would have been ostracised as being in league with the devil, for by the influence of malign spirits such anomalies were accounted for. At the present time the pendulum is swinging in the other direction, and the tendency is to attribute them to purely physical causes. Dareste, by a series of nine thousand experiments, has shown that all forms of anomalies may be produced by physical injury to the embryo of the chick; but while this may be proof that physical injury is one factor in the formation of human monstrosities, it does not necessarily exclude all others. There has been a growing tendency of late on the part of the medical profession to scout the idea of parental impressions in modifying the form or character of the child, and yet I cannot rid myself of the belief that many developmental anomalies of mind as well as body must be traced to the original male and female ovules rather than to any adventitious circumstances that may befall them after fecundation. In short I believe that the whole moral and spiritual life of the parents, as well as their physical condition must bear its impress on the parental germs, and determine their development along normal or abnormal lines.

The history of the present case may throw some light on this subject. The mother is extremely nervous and irritable. The

father is a drunken sot from whom she was obliged to separate several months since. During the first three months of gestation while she remained with him, her life was several times in danger from his brutality. Once, coming home at night, he attempted to throw the lighted lamp at her as she lay in bed; at another time he chased her from the house with a butcher-knife. Worn out at last by his cruelty she left him, and the struggle for existence was added to her other sufferings. There is but little doubt in my mind that the diseased and blighted germ from the father, coupled with the constant nervous strain and repeated shocks of the mother, as well as the mental excitement which she underwent during the early period of gestation, were prominent factors in producing this monstrosity.

A LETTER FROM GERMANY.

DRESDEN, July 25, 1891.

EDITOR OF THE GAZETTE:

My Dear Doctor, — Agreeably to my promise, I have made notes of various matters of general medical interest in my wanderings, and herewith send them to you, hoping they may be received in time for the September number of the GAZETTE.

My first visit to hospitals or doctors was in Bonn, which is the seat of a great university, and is but an hour's ride from Cologne. There I called upon Dr. Kocks, who has invented a new hæmostatic forceps, for use in laparotomies, reference to which I saw in a German medical journal before leaving America. I visited Bonn, also, with the purpose of seeing Trendelenburg's methods, apparatus and operating room. The Bonn Stadt Hospital, where he operates, is a modern structure, with about two hundred beds. Patients who are in very moderate circumstances, but can still pay something, are received for one mark (twenty-five cents) per day. Trendelenburg uses dry heat for sterilizing instruments, and dressings are steamed. Corrosive sublimate is employed for sterilizing the hands of operator and assistants, and the field of operation. He uses ordinary sponges, and has a jar for each day, labelled "Monday," "Tuesday," "Wednesday," etc. The sponges are kept in a sublimate solution, between times. Elevators are not very widely employed in public buildings here in Germany, but the Bonn Stadt Hospital has one, which was exhibited to me with much evidence of pride. A few of the modern hotels are provided with elevators, but one is made to feel that they are a luxury; for, while they are used rather unwillingly to carry guests up, it is deemed an acknowl-

edgment of physical incapacity, quite unworthy even of the feminine sex, to want to ride down.

In Berlin, there seems to be no cessation of work in the hospitals on account of the summer months. Bergmann's surgical clinic in the University Hospital is overflowing both with patients and students. He is an exceedingly thorough and painstaking clinical teacher, spending as much as half an hour over a simple case of epithelioma of the lips, dwelling upon the differential diagnosis. The patients themselves are evidently of little moment, for they are subjected to indignities which would not be tolerated in America.

This suggests a recent *exposé*, in the columns of the daily press, which is causing a wide-spread uneasiness, and making the popular prejudice against hospitals even more pronounced than ever before. It seems that Prof. von Bergmann and Dr. Eugene Hahn, two prominent surgeons here, have been experimenting on patients by inoculating or grafting them with lymph or bits of tissue from cancers, and that they have, from time to time, reported the results of such experiments in the medical journals. Finally, Dr. Eugene Leidig has called them to account, through the columns of the daily press. The latter, only too willing to seize upon such a choice morsel, has dilated upon the matter, showing how unsuspecting and trusting patients have been inoculated with a loathsome and fatal disease. This has called forth a response from the accused, in which they admit they have experimented in the manner mentioned, but deny that any injury whatsoever, in a single case, resulted to the subjects. They declare that their experiments have been made upon patients suffering from some fatal disease of another character, the final outcome of which could not and has not been influenced in the slightest degree. They also affirm that it was necessary for them to select human beings for their experiments, inasmuch as none of the lower animals would have been suitable for the purpose. As further justification, they refer to the experiments which have been made, the world over, with Koch's lymph upon patients far gone with consumption, in hundreds of cases, as now seems evident, hastening death. The controversy, so far as it has gone, is anything but reassuring to hospital patients, and has created a wide-spread uneasiness in regard to surgical methods which, apparently, take so little account of human life.

The government has now taken up the case for investigation, and as both the gentlemen accused hold positions in the hospitals under its control, the outcome is looked for with much interest.

Since I was here, ten years ago, a number of changes are observable in the ranks of the prominent medical men. Langenbeck, who was then very advanced in years, and whom it was

almost painful to see operate, has passed away, and Bergmann has stepped into his place. Shroeder and Frierichs have also died, Gusserow now occupying the place of the former at the Charity Hospital.

Dr. Martin has erected a new private hospital of forty beds, which is very conveniently arranged. He is a man of tremendous force, and has pushed his way upward, quite contrary to the usual course here. Ordinarily, a man must wait until his hair is gray before he attains a position of prominence in any of the public hospitals, contenting himself for years with the position of assistant. Without waiting for his seniors to die, and so make place for him, he has made a place for himself. The way he rushes operations through is something appalling. He has made as many as nine laparotomies in one day, and I have personally seen him run five through in a space of two hours.

The Friedrichsheim Hospital, just out of the city, is situated in a beautiful park of fifty-three acres. It is the Berlin city hospital, and is arranged on a broad and comprehensive plan. It consists of fourteen separate buildings, arranged on the pavilion or cottage plan. The buildings are about two hundred feet apart, two stories high, with a single large ward on each floor. Each building is provided with eighty-six beds, and is warmed by the hot-water system. Several different plants are utilized, each heating two adjacent pavilions. The ventilating system is also very complete. The cold-air boxes are situated midway between the pavilions, and are hidden from view by clumps of shrubs, planted about them. The foul air from the wards is carried away through the chimney of the neighboring boiler house. The operating room is a thing of beauty, and would make any surgeon envious. The floor is tiled, the walls of plaster, painted, and all the tables and instrument cases of painted iron, with glass tops and shelves. The instruments all have metal handles, and are sterilized by heat before each operation. Chemical antiseptics are used, and all dressings are impregnated with them. All hospitals here have a separate room for laparotomies, and it is used for nothing else. In this hospital the interior finish of the laparotomy room reaches the point of absurdity. It is frescoed with considerable elaborateness, besides having richly tiled walls to the height of about seven feet from the floor. Dr. Eugene Hahn is the surgeon-in-chief, and does the operating the year around, receiving therefor a salary of two thousand dollars. All the assistants and house officers are paid a salary, and must bind themselves to serve three years. The wards which I inspected were very cheerfully arranged, well lighted, and so well ventilated that there was no

unpleasant odor observable. The cooking is all done in a separate building, and the food quickly distributed to the various pavilions in small, closed handcarts. Each pavilion has an oven to keep food warm. A *post mortem* examination is made upon every patient that dies, unless specially interdicted by friends.

In Dresden, the *Könige Frauen Klinic* (Royal Hospital for Women) furnishes admirable facilities for the study of obstetrics and gynæcology, though to profit much one must be thoroughly conversant with the German language. Dr. Leopold, the obstetrician and gynæcologist, resides in the hospital, and has unrestricted authority over every other individual in the employ of the institution. He is a most thorough and painstaking diagnostician. Every case for pelvic examination is etherized. and every part of the pelvic cavity explored by bimanual, vaginal, and rectal examination. His clinics are held very early in the morning ; abdominal sections at eight o'clock, and ordinary operations and clinics for examination and diagnosis at seven. The organization of this institution is apparently as perfect as it can be. The most careful record of every case is kept. In each confinement ward is a blackboard, upon which the nurse must register at once every transaction — the exact minute of birth of each child, its weight, dimensions, etc. At precisely eleven o'clock, each day, every child is weighed and record made of it. There are two confinement wards, which are used alternately, ten days at a time. In the intervening ten days the windows are kept wide open, the room thoroughly cleaned, and the bedding aired. The regulations in the gynæcological side are equally stringent. As an illustration : one morning a patient was rolled into the examining room, with a pillow beneath her head, without a slip. It was at once noticed by Dr. Leopold, who demanded an explanation. The guilty nurse was peremptorily summoned, and given all the discipline that words could inflict. To the head nurse he said, "If such things as this are allowed to go on, we shall have an outbreak of septicæmia."

I am impressed with the excellence of organization and efficiency of medical service in all the hospitals which I have visited in Germany. I do not know to what to attribute it, unless it be the custom which prevails here of placing the entire responsibility of each department upon a single individual. For example : in large hospitals, like those in Berlin, the surgical department, with all the details of its management, is placed in the hands of the operating surgeon, who occupies the position the year around and as many years as he wishes to retain it, or as long as he administers its affairs with efficiency. He is paid a salary which enables him to give his best thought and energy

to the interests of the institution. I believe it impossible for the hospitals of our country to reach such efficiency under the present gratuitous and transitory medical service.

Germany is a land flowing, not with "milk and honey," but wine and beer. With the American, to whom a drink of pure, cold water is the sweetest draught, the question how to satisfy thirst really sometimes becomes a serious question. Personally, I have never experienced difficulty from drinking freely of the water when in this country, but it is an indisputable fact that many persons do suffer severely from intestinal irritation, — griping diarrhœa, etc. The world-renowned Rhine wine, though apparently so grateful to the German taste, is a sour, insipid fluid to most American palates. Those who like malt liquors may find in the light beers of this country a refreshing and wholesome beverage, but I do not believe the American stomach can adapt itself at once to such wholesale imbibing as is customary here.

Germany, as a place of study for the American medical student, is undoubtedly unsurpassed, if the American student is receptive. By this I mean if he can understand and speak the German language. If he cannot, he must expect to learn but little except what his eyes show him, for the first year. Even after a year or two of faithful preparatory study of the language at home, he comes over here to find that he understands not a single sentence of the first lecture he hears.

I cannot close without expressing the pleasure I have derived from the companionship in Berlin of our beloved professor of obstetrics, Dr. Walter Wesselhoeft, and in Dresden of the genial Prof. Ludlam, of Chicago.

Very sincerely,

HORACE PACKARD.

IT is stated by Dr. Laroyenne, of Lyons, that whenever, in a suspected surface of the cervix or of the uterus, the finger nail can be sunk into the tissue and some debris removed, we are authorized to affirm that the disease is of an epithelioma-tous nature. — *Hom. Jour. of Obstetrics, Gynæc. and Pædol.*

"NOW, you say that doctor's reputation is bad. Please tell the jury what reasons you have for making such a statement," said the lawyer.

"Well," replied the witness, "I can say on oath that I have met him in places where I should be ashamed to be seen." — *N. A. J. H.*

I HAVE given Koch's lymph a fair trial and have carefully observed its effects, and have become firmly convinced both of the danger which attends its use and its utter inutility in curing any form of tuberculosis.

This paper has been written for the special purpose of placing myself on record as one who protests earnestly against further experimentation with this mysterious and dangerous fluid. A careful study of the voluminous literature on the use of Koch's lymph, and my own experience with it, have induced me to head this paper with the title it bears, "Away With Koch's Lymph!" — *Nicholas Senn, M.D., Ph.D. Concluding paragraphs of a* 38 *page pamphlet.*

A REVIEW.

"INTERROGATION BORN OF FAILURE."

EDITOR N. E. Med. GAZETTE:

Your July number has an article with the above heading. Now please let me tell a story, and the remarks made in regard to the above named paper will be more comprehensible.

Old Dr. McClintock, long connected with the Jefferson Medical College in Philadelphia, told me this story thirty-five years ago.

He said that a merchant went out to a dinner-party, ate heartily, and later went with some of his friends and ate a large number of oysters, drank brandy freely, and then went home. In the night he had a severe distress in his stomach, for which his wife gave him some laudanum; later the pain returned, and another dose was given, and still later a third and larger dose, and as the distress came back, and their skill was exhausted, their old friend Dr. Physic was sent for. He came, and after inquiring into the case, he told the lady that her husband "had eaten the devil, and she had locked him in with her laudanum," and that he could do nothing for the patient. He left and the man died two days later.

The old professor's story set me to thinking what could or should I have done in a similar case. Dr. McMannus, of Baltimore, and Dr. Piper, of Washington, were asked, a few weeks later, for information that might serve to guide me. Their opinion was, that an antidote to the laudanum would have to be first given, and belladonna was named as the best.

Later study satisfied me, that if small doses of any preparation of opium is given, it will have no effect, and if doses large enough to produce its drug effect are given, it will contract all circular fibres, partially paralyze the nerves, and lock up the stomach as the old doctor said. Not that alone, but it does suppress all secretions, and especially that of the stomach.

Since the hearing of that story, it has been my *habit* to give belladonna in all such cases, partly because it was indicated *by pain or distress*, but mainly from the fact that it would remedy the pathological condition by relieving the congestion, and aid by relaxing the contraction of the muscular fibres, and give a chance for the escape of excessive or deleterious material from the stomach.

As pain can only arise from two causes, one from an irritation of the nerves, and the other from pressure caused by congestion, the cause in such cases must be easily comprehended.

It has been my habit, (or custom if you please,) to treat all

similar cases, (and doubtless they have occurred to me in the last forty years,) by giving belladonna and nux vomica in alternation, thirty or sixty minutes apart, and when better, at longer intervals. The bell. to relieve and relax, the nux. to start up the secretions of the gastric juice, and aid its exit not only out of the stomach, but on and out of the system. I never dared to apply heat over the stomach or bowels, for it would have a tendency to draw more blood there, or at least, cause a stasis of what was there, and prevent its dispersion. Hence, to secure success a pathological view of the condition has been taken into consideration, then the medicine has been selected that seemed most appropriate to change those conditions, provided it proves to be applicable homœopathically, If we relieve the congestion promptly and properly, we can never have its successor, viz., inflammation, to contend with.

G. W. Bowen, M.D.

Fort Wayne, Ind.

SOCIETIES.

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WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting was held at the Bay State House, Worcester, Wednesday, Aug. 12, 1891.

The meeting was called to order at 10.45, and Dr. D. B. Whittier, of Fitchburg, elected president pro tem.

Records of last meeting were read and approved. The names of Dr. W. H. Bennett, of Fitchburg, and Dr. Henry W. Cain, of Upton, were proposed for membership and referred to the Board of Censors.

The meeting was then placed in charge of Dr. H. R. Brown, of Leominster, Chairman of the Bureau of Diseases of women and children.

The first paper was read by Dr. F. W. Patch, of South Framingham, subject, "Treatment of Uterine Displacement." The doctor in his paper referred more particularly to one form of displacement — prolapsus — and made a strong plea for more careful attention to the properly selected homœopathic prescription.

In the discussion of the paper Dr. Crisand considered that in the treatment of prolapsus mechanical aids in the way of well fitting pessaries, or tampons were very important. Dr. Rand reported success in use of large ring pessary in those cases where there was destruction of perineum, and patient objected to an operation.

Dr. Whittier, referring to Helonias, said that we had all been

deceived in that drug. We have used it as a uterine tonic, while later provings show that there is not a symptom referable to the genital organs. Considered that remedies alone, except perhaps in very mild cases, were not sufficient to cure these troubles. Uterus must be replaced and kept there till tissues can be toned up sufficiently to retain it in position.

In reply to question of Dr. Crisand with regard to use of the Flint or Jenness-Miller waist in treatment of uterine displacements, Dr. Nichols said that he had used the waist with good success. Used extensively the glycerine tampons and douche on Dr. Baker's plan, followed by rest. Used galvanism for tonic, and Faradic current for stimulating effect.

Dr. Brown said he had never obtained any results in uterine troubles with helonias, lilium tig. or murex. Thought it often possible for simple prolapsus to exist to a considerable degree without any inconvenience or symptoms unless congestion or inflammation were present.

Dr. A. E. Perkins, of Ashburnham, read a paper on Acute Suppurative Inflammation of Middle Ear.

Dr. Nichols spoke of use of Kali mur., with success in cases of long continued suppuration with severe pain. Used clinically with no special indications except failure of everything else.

Dr. E. R. Miller reported two clinical cases, one of hysteria, and another of convulsions, for the latter of which he had been unable to assign a cause.

At one o'clock the Society adjourned for dinner.

At the afternoon session the society was called to order at 2.15.

Dr. Dunn read an interesting report of an obstetrical case. After report of a few clinical cases by different members, at suggestion of Dr. Slocomb, of Millbury, the remainder of the session was devoted to discussion of Infant feeding and treatment of summer diarrhœa of children.

Dr. Nichols believed that we didn't allow our cases water enough. It was his custom to allow water (sterilized) as frequently as child desired, but limited the quantity to two teaspoonfuls at a time. Felt that it was essential to withdraw milk entirely until the fermenting material in the bowels is removed. Was this year using sterilized milk. For strength the brandy and egg mixture. In early stages uses rice, toast or barley water. Later uses Bovinine in connection with other food. In some cases where hydrocephaloid had begun, and other foods have not agreed, a food called Antilana has done good service.

After remarks by other physicians present, in same general line, at 3.30 P.M., the meeting adjourned.

EDWARD D. FITCH, M.D., *Secretary.*

GLEANINGS AND TRANSLATIONS.

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A Calcarea Case. — Marasmus cured by calcarea carb. 6x. April 16, while attending some cases of measles at the Orphan's Home, my attention was directed to a case of marasmus in a little child about one year old. It had been admitted as an incurable case of tubercular meningitis. The child lay, at times whining, in its crib day after day, gradually wasting away. It looked pale, emaciated and flabby, with dry, harsh skin and bloated abdomen ; had diarrhœa, and a cold perspiration on the head. Gave calcarea carb. 6x. The improvement was prompt and rapid to complete recovery. No other remedy was given and no change of diet was ordered. — *Southern Journal of Hom.*

Hygiene of Old Age. — Sicknesses of old age can be prevented, but are seldom cured. The best hygiene consists in proper food and moderate exercise, aided by comfort and cheerfulness. The aged should be careful not to overload the stomach. The pulse should be taken in the morning before breakfast ; slight variations indicate an approaching illness. If the pulse is regular, the digestion good, and the mind cheerful, one can be certain that the condition of health is satisfactory. On the other hand, if the pulse is too rapid, the amount of food must be decreased, but if too slow and weak more substantial food is demanded. Owing to the diminished amount of exercise, the quantity of food should be correspondingly reduced. Old persons are more susceptible to cold in winter and, therefore, should be more warmly clad and better nourished in winter. If perspiration has been suppressed by the cold, even without bad effects, this will be shown by a larger quantity of pale urine. Constipation is more injurious to the old than any other condition. Meat should be eaten only once daily, at the midday meal, the breakfast and supper being light. Milk is an easily digested food. Cow's milk should be diluted with water if the person be living in the country ; in the city this may be left to milkmen. —*Journal de la Santé.*

How to Keep Needles from Rusting. — Dr. R. H. M. Dawbarn writes to the New York *Medical Journal* regarding the above subject : "For the past year I have been pleased with the results of a new plan — new to me, that is, though very probably not new to others. This is simply to keep my needles in alcohol. For extreme safety against rust I use absolute alcohol ; but the commercial article would probably be efficient. At least, some needles that I have kept in common alcohol for a month, as an experiment, are as bright as ever. Upon buying

the needles I immerse them in benzine to remove greese, Then, after running them through a towel, I plunge the point (a cutting-edge Hagedorn) into a bit of cork the size of a pea — to avoid dulling from jolting — and finally, with their corks, they are put and kept in a wide-mouthed, glass-stoppered bottle filled with absolute alcohol. After use, I sew through a thick, wet, soapy towel repeatedly, cleanse the eye with a thread, immerse in benzine, and finally replace in the alcohol. This last is certainly an efficient disenfectant, besides being an excellent protector against rust. By the by, I long ago gave up using (save in bowel work) any other than Hagedorn self-threading needles, which are a decided comfort, and, when properly made, do not cut the thread."— *Medical Record.*

REVIEWS AND NOTICES OF BOOKS.

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A Text-Book of Materia Medica and Therapeutics. By A. C. Cowperthwaite, M.D., Ph.D., L.L.D. Sixth edition. Chicago: Gross and Delbridge.

Although this work has gradually been increased in size until its pages in this edition number 834, it is still far from an unwieldly volume. It is, in fact, so convenient in size and arrangement, and useful withal, that it will be kept within easy reach, and will be constantly in use. Five previous editions, in less than ten years, speak so unmistakably of the popularity of the work, that anything more than an announcement of the appearance of a new edition must seem superfluous. For those who may not be acquainted with it, however, a few words as to its character and scope may not be amiss. It contains more or less condensed accounts of the pathogenetic action and therapeutic uses of 250 drugs. The symptomatology of each drug is arranged on the customary anatomical scheme, and consists of carefully selected symptoms, presenting the "grand characteris tics" (symptoms occurring very often in provings) in italics, "minor characteristics," (symptoms which occur less frequently in provings) in ordinary type, and repeatedly verified "clinical symptoms," which are marked ℣; a commendable feature which will be of great service to the student. The names of drugs presenting similar symptoms in their pathogeneses are appropriately interspersed and facilitate the selection of the needed remedy. Preceding the symptomatology of each drug is a "general analysis" of its modus operandi, based on its so-called "physiological action;" and following the symptomatology is a

paragraph of appropriate length setting forth its therapeutic usefulness, and containing many suggestions which will prove serviceable to the student. A "Clinical Index" at the end of the volume will also help the hurried or unpractised prescriber; and a "Pronouncing Index," at the beginning will, if frequently consulted, help to produce a more general uniformity in pronunciation.

Such are the main features of the work. That Prof. Cowperthwaite has conscientiously performed his task is not to be doubted. That the book in its present edition is destined to increased favor is like-wise not to be doubted. It is a good text-book for students, and considering the tenacity of habits formed during student life, it will remain popular until the millennial "revision of our materia medica" has been consummated, and drug pathogenesy and therapeutics have been established as "sciences" with the consequent deposition of sundry "beliefs."

A Practical Treatise on Diseases of the Skin. — By Henry G. Piffard, A.M., M.D., assisted by Robert M. Fuller, M.D. New York; D. Appleton & Co. 157 pp. Price $15.00.

This magnificent quarto appeals for praise alike to the eye, the touch and the understanding. The text is by an authority than whom none stands higher in his chosen specialty. It is written with admirable lucidity and terseness, and offers the last word on the pathology, and from an old-school standpoint at least, treatment of this common and exceedingly troublesome class of diseases. The illustrations, — fifty full-page plates, and thirty-three cuts included with the text, — are wonderfully finished and clear. The full-page illustrations are all from original plates, taken either by the author or by a professional photographer, and are magnificent examples of the aid rendered to science by modern exact methods of photography. The author prefers the use of artificial light for photographing cases. The absence of color in the plates and illustrations is, through the excellent definition of the reproductions, a thing not to be regretted in most cases, especially since the exact reproduction of the natural color of a lesion is well-nigh impossible. By the use of polarized light in examining microscopical sections, the author is convinced he has solved the problem as to the exact nature of the molluscous bodies, or psorosperms, at least in so far as molluscum contagiosum is concerned. These he says definitely "are not animal parasites" as at present considered, "but are simply rete cells undergoing a species of corneous degeneration." Photo-micrographs taken by aid of polarized light are reproduced in confirmation of this opinion.

The book is essentially for the general practitioner; by whom the remarks on diagnosis will be much appreciated. Attempts at too strict classification of skin diseases are discouraged, considering the polymorphic character of many of the most common. The importance of general or constitutional symptoms is insisted on, and the relations (ætiological) between certain constitutional conditions and certain integumentary lesions are pointed out.

The subject of treatment as here presented, will from its simplicity, afford gratification to many readers. For instance in the treatment of syphilis, the use of tobacco and alcohol is prohibited, "a very easy time in connection with his disease" being promised as a reward for the enjoined abstinence. Some form of mercury given "to the verge of salivation, but never in the slightest degree beyond this," and long continued, is the the chief remedy, iodide of potassium and chloride of gold (or chloride of gold and sodium, in unusually small dose) being recommended for certain conditions. As another example, the "specific internal treatment" of eczema might be cited; arsenic, *calx. sulphurate* and *viola tricolor*, being the specifics recommended. Calx. sulphurate (!) is prescribed in small doses, ($\frac{1}{30}$ gr.) for children, to larger ones of $\frac{1}{4}$ to $\frac{1}{2}$ gr. for adults. In regard to viola tricolor, one reads that too large doses will make the eruption, for the time at least, very much worse, increasing the extent and severity of the lesions. All these things are dangerously suggestive of "the homœopathic delusion." Aside from its great utility the work is, its *édition de luxe*, a thing of beauty; its broad-margined pages are a solace to the eye, its solidity and finish a pleasure to the touch. It is sold by subscription only.

International Clinics: A Quarterly of Clinical Lectures. Edited by John M. Keating, M.D., and J. P. Crozer-Griffith, M. D., of Philadelphia, and J. Mitchell Booth, M.D., F.R.C.P., and David W. Finlay, M.D., F.R.C.P., of London. Philadelphia: J. B. Lippincott Company.

The July number of this admirable work is at hand. It contains a short but sympathetic biographical sketch and portrait of Joseph Liedy, M.D., and thirty-nine clinical lectures of interest and value. In the department of medicine there are 9 lectures; of surgery, 9; of gynæcology and obstetrics, 8; of neurology, 10; of opthalmology, dermatology and otology, 1 each; thus giving a variety from which everyone can derive pleasure and benefit. Without instituting invidious comparisons, it may be said that the general practitioner will find particularly useful the lectures on enteric fever, pathology of angina pectoris,

chronic diffuse nephritis, the two lectures on the treatment of urethral strictures, and the methodical examination of patients suffering from diseases of the nervous system. Attention is more especially called to the lecture on "the treatment of enteric fever by systematic cold bathing in accordance with the method of Brand," by J. C. Wilson, M.D., of Philadelphia. His own statistics from the "German Hospital," Philadelphia, show a mortality of only 5 per cent. in 160 cases, during a period of 16 months. And he quotes statistics of others who follow this method, which show the low mortality of 3 per cent. in a series of 100 cases, and 7.84 per cent. in another of 1,173 cases.

As representing the latest and best teaching offered by recognized authorities, the work is of inestimable value.

ESSENTIALS OF PHARMACY. By L. E. Sayre, Ph.D. — ESSENTIALS OF MINOR SURGERY, BANDAGING, AND VENERIAL DISEASES. By E. Martin, A.M., M.D. — ESSENTIALS OF DISEASES OF THE EYE, NOSE AND THROAT. By E. Jackson, A.M., M.D., and E. B. Gleason, S.B., M.D. — ESSENTIALS OF DISEASES OF CHILDREN. By W. M. Powell, M.D. (Saunders' Question Compends.) Philadelphia: W. B. Saunders.

These useful little volumes are similar in purpose and in merit to their predecessors in this well-known series. Their object is to refresh the student's memory, by presenting in concise and suggestive questions, the leading points in many important subjects; and also to furnish in a form instantly accessible, answers to questions which may, in emergency, arise in the mind of the busy practitioner. The exceeding practicality of the little books, the high standing of their authors, the very convenient form in which they are issued, and their moderate price, unite to commend them to those for whom they are designed. The therapeutics are of course those of the old school; but the hygiene, the surgery, etc., are valuable to all. The volumes are illustrated with many useful cuts.

THE DAUGHTER: HER HEALTH, EDUCATION AND WEDLOCK. By Wm. M. Capp, M.D. Philadelphia: F. A. Davis. 144 pp.

The sub-title of this little book — "Homely Suggestions for Mothers and Daughters" — modestly and truthfully indicates its scope and purpose. It gives, in a series of brief, pleasantly-written, disconnected paragraphs, sensible hints on the upbringing of girl-children, from babyhood to the time when they, in turn, assume the responsibilities of maternity. The instruction given lays no claim to being exhaustive or especially detailed; but much that many mothers never realize, and that many more mothers too often forget, is here brought simply and convinc-

ingly to notice. The little book is wholesome in matter and attractive in make-up.

The August CENTURY is unusually rich in noteworthy fiction: Mary Harlwell Catherwood having an original and pathetic story of "The Little Renault;" and Viola Roseboro a quaint sketch of "The Clown and the Missionary." Kobbe has a fetching sketch of "Life on the South Shoal Lightship"; Ponthrey Bigelow a discriminating study of "The German Emperor." The Bric-á-Brac pages are uncommonly varied and bright. New York: The Century Co.

In the September POPULAR SCIENCE MONTHLY, a very noteworthy paper is that by Dr. Pilgrim, on "Schools for the Insane," showing how great advances have lately been made by alienists, along humanitarian lines of treatment. Among other contributors are Herbert Spencer, Dr. Karl Russ, Garrett Serviss and Prof. White. New York: D. Appleton & Co.

PERSONAL AND NEWS ITEMS.

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DR. HORACE PACKARD will return from Europe about Sept. 15, '91.

H. W. HOYT, M.D., '91, B. U. S. M., has located at Rochester, New York.

DR. THOMAS W. DIKE, '90, B. U. S. M., has located in Newton Centre, Mass.

DR. W. S. SMITH has removed from 671 Tremont street to 124 West Newton street.

W. S. WARREN, M.D., and Mary K. Gale Warren, M.D., have removed to 124 Huntington Ave.

IODINE, used locally and internally, cured a case of Angina Ludovici treated by Dr. E. Lippincott, of Memphis, Tenn.

THE new building now being erected by Dr. Phillips on the corner of Boylston and Berkeley streets, is to be called Woodbury Building, in memory of Prof. J. H. Woodbury, the former occupant. Besides a large store, there are to be several suites of offices especially desirable for physicians or dentists. The plan of these may be seen at Otis Clapp & Son's, 10 Park Square.

BALTIMORE is heartily to be congratulated on the founding, in her midst, of a new homœopathic medical school, which promises to do solidly excellent work. Its plan has matured under the supervision of many of the leading practitioners of Maryland and Washington, and in its breadth and scope has much to commend it to progressive homœopathists. An admirable building has been secured, a highly capable faculty organized, and a goodly number of students are already pressing eagerly for admission. We note with satisfaction that the scheme of the college will be co-educational. The enterprise must have the hearty good-speed of all friends of its noble object. We shall watch its progress with cordial interest. Among the faculty are: Institutes of medicine, Elias C. Price, M.D.; general and medical chemistry, E. H. Holbrook, M.D.; clinical medicine and physical diagnosis, Charles H. Thomas, M.D.; materia medica and therapeutics, Eldridge C. Price, M.D.; pathology and practice of medicine, Robert W. Mifflin, M.D.; operative, clinical and orificial surgery, James S. Barnard, M.D.; anatomy, Edward H. Condon, M.D.; principles and practice of surgery, Thomas L. MacDonald, M.D.; obstetrics, Frank C. Drane, M.D., dean. The session of the college will open on Monday, October 5, 1891, and will continue six months, closing with a public commencement on Wednesday, April 6, 1892.

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EDITORIAL.

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CERTAIN NEEDS OF HOMŒOPATHIC PHARMACY.

There exist to-day in many parts of the country, Colleges of Pharmacy, where everything pertaining to the knowledge, identification, collection, preservation of medicines, their preparation, combination, etc., is taught. These colleges have a definite course of instruction, and give a degree signifying that the possessor has a practical knowledge of certain scientific matters. In many, if not all the States, registration and license are requisites to those who would engage in the business of the pharmacist. It is, therefore, a recognized fact that pharmacy and the practice of medicine are distinct arts. A capable pharmacist is not necessarily a good prescriber; neither is a successful practitioner of medicine necessarily fitted to instruct a pharmacist in matters pertaining especially to the latter's craft.

Homœopathic pharmacy has always been considered a simple affair, possibly because the methods and rules formulated by Hahnemann are given in a few paragraphs. In pharmacy, as in medicine, Hahnemann made some startling innovations, although there are probably but few homœopathists who are familiar with Hahnemann's own writings on matters pharmaceutical. The preparation of a pure and reliable tincture, for instance, can be no easier to the homœopathic than to any other pharmacist. As a matter of fact it is a more complicated process. Growing out of the mistaken idea of the simplicity of homœopathic pharmacy, and an absence of unity on the part of pharmacists, are

certain misconceptions and disagreements. It is not here claimed that pharmacy should remain where Hahnemann left it, for improvements have been made since his day, (see "The Pharmacy of Triturations," NEW ENGLAND MEDICAL GAZETTE, Sept., 1891). But it is claimed that for the sake of positive knowledge, for the sake of the accuracy, consistency, and precision which are necessary to the furthur growth of homœopathy, there should be a thorough reconstruction of homœopathic pharmacy. At the present time an International Pharmacopœia is unfortunately probably out of the question. A National Pharmacopœia, however, is a necessity and fortunately a possibility. As to the necessity, it need only be said that many so-called "tinctures" vary greatly in strength in different parts of the United States; that a IX dilution represents a certain proportion of drug in one city and a different proportion in another; in short, that the homœopathic pharmacists of the country have no uniform standards, no authoritative rules for guidance. A committee of the American Institute of Homœopathy have been working hard on the preparation of a pharmacopœia for national use, and have nearly completed their work, when something in the nature of a halt is called, as follows: —

The American Institute of Homœopathy at its recent session at Atlantic City, after a limited discussion, passed the following resolution.

"*Resolved*, that the Committee on Pharmacopœia be requested to reconsider their action by which the soluble elements of plants are made the basis of attenuations."

Unfortunately, this was passed at a time when none of the editors of the new pharmacopœia were present. An analysis of the vote itself will show that the question was not understood by the members present, as the Pharmacopœia Committee has never for an instant contemplated making "the soluble elements of plants the basis of attenuations." The discussion brought out the fact that members of the Institute were entirely unfamiliar with the pharmacopœial writings of Hahnemann, and also with the pharmacopœias which have been published since his time. It seems to be the general impression that Hahnemann took the tincture as the unit of attenuation, and that this

custom had been followed up to the present day, and that the Pharmacopœia Committee proposed to make a radical change, which might prove a source of inconvenience as well as of danger.

The facts are that in the case of *dry* medicinal substances Hahnemann regarded the *drug itself* as the unit, and this has been the rule of all homœopathic pharmacopœias printed since his time, with the single exception of the "British"; and in this class of substances the Committee propose to make no change.

In the case of *tinctures* made from fresh, green substances, Hahnemann regarded the *plant-juice* as the unit. It will be seen that he never in any case accepted the tincture as the unit of strength in preparing attenuations.

Before discussing the unit of strength in attenuations it will be well to consider the standard of strength to be adopted for tinctures. The Pharmacopœia Committee, acting upon instructions of the Institute, have adopted the tincture-making process of the "British Homœopathic Pharmacopœia," simplified, however, so as to make it available for the average practitioner and pharmacist. In other words, the same *standard* of *strength* is obtained, viz.: ten per cent. of the dry, crude drug, both in the case of tinctures made from dry, crude material, and those made from the fresh, green plants and roots. The Committee are very strong in their opinion and are fully convinced that a large majority of the members of the Institute will agree with them that the *dry, crude drug* is the *only reliable* standard of strength in the preparation of tinctures. It would seem conclusive when we consider on the other hand that we cannot well take the "active principle," as this is in most cases either uncertain or unknown, and the same objection must be raised to accepting the "soluble elements of plants," which the Institute seems to have been led to believe was the standard selected by the Committee. The plant-juice or even the fresh, green plant, including the moisture, is also of uncertain strength, the quantity of moisture varying in different seasons and under different conditions. The acceptance of the dry, crude material as the standard of strength enables us to prepare tinctures of uniform

strength, which is a matter of great importance. It should be clearly understood, however, that in taking the dry, crude material as the standard of strength, it does not imply its use in the preparation of tinctures ; in fact, the fresh, green material is to be used whenever possible, and the plant-moisture made use of as a part of the menstrum.

Having accepted the dry, crude drug as the *standard of strength for tinctures*, the Committee have also made this the *unit of strength in attenuations*, and in this they have simply followed out Hahnemann's rule for a large class of preparations. They have simply made this rule uniform, and applied it to all. In other words, the only variation from Hahnemann's rule has been in the case of tinctures made from *fresh, green material ;* Hahnemann made this unit the plant-juice, and the Committee take the crude drug. As a result, with but a very few exceptions all our tinctures having a uniform strength of ten per cent. will be also the first decimal attenuation. This fact, made prominent in the paper on "Pharmacy of Tinctures," by Dr. Lewis Sherman, but which was evidently not clearly understood, is what led to the discussion at the Institute and the vote in question.

Making the tincture the unit of strength renders it impossible to obtain uniformity of strength, for the reason that the first decimal attenuation of a mother tincture corresponds in medicinal strength with the second decimal attenuation of a trituration. For instance, the tincture of nux vomica represents one-tenth part crude drug. Now if the 1x dilution is made to represent one-tenth of the tincture, it follows that the 1x dilution contains but 1-100 crude drug, while the 1x trituration will contain one tenth. Therefore "Nux Vom. 1x" may mean either one of two things, which is evidently unreasonable.

In England the conditions are somewhat different from those in this country. In 1870 the first edition of the "British Homœopathic Pharmacopœia," prepared under the direction of the British Homœopathic Society, was published, and this work has there been the accepted authority for both pharmacist and physician since that date. This Pharmocopœia has made the *tincture* the unit of strength in preparing attenuations. In the

last edition of this most excellent work the desirability of a change in this rule is fully admitted [page 35], but we read that "after much deliberation" it has been deemed unadvisable "to make any such radical change." While such a change might seem radical in England, inasmuch as this rule has been universally adhered to in that country for the past fifteen years, we find the conditions entirely different in America, as none of the pharmacopœias published in this country have ever accepted the tincture as the unit of strength. In fact, all have uniformly made the *crude drug*, or plant-juice, the unit, while each pharmacist has made his own selection of authority or formulated his own rules, most of them undoubtedly adhering to the old Hahnemannian methods. Hence there is a wide difference in strength of tinctures prepared in our different cities. It will be clearly seen, therefore, that a change which will lead to our making the *tincture the unit of strength in preparing attenuations*, will be in itself a radical one to Americans. We are well aware of the fact that it has been the custom of many physicians and some pharmacists, Otis Clapp & Son among the number, to make the tincture the unit of strength in preparing attenuations; that is to follow the British method; and we are pleased to state that no one is more urgent for a change in this particular than Dr. Clapp, who is one of the associate editors of the new Pharmacopœia.

Let us look at the facts as they exist. It is very essential to secure uniformity in the strength of our medicines, and to secure this it is absolutely necessary to establish a standard of strength for our tinctures, and the unit of strength in attenuations. In order to accomplish this, some physicians and pharmacists must change their rules of action. Any change may seem radical to those who are required to make it. Yet at the price of any temporary inconvenience such changes should be made as will secure an absolute standard of uniformity. The dangers of nonuniformity in the preparation of tinctures and low attenuations should not need pointing out to any thoughtful physician. On this ground alone, if on no other, it becomes the Institute of Homœopathy to coöperate with its Committee on Pharmacopœia to speedily establish this standard, and to lay no straw of hindrance in their pathway.

EDITORIAL NOTES AND COMMENTS.

A Dietetic Convention — for to that, if the advance announcements are to be credited, it will practically reach — is to be held in our city in the month just begun; and the fact of its holding is vastly significant as to the progress of dietetics as a branch of science. It was proposed at first, to hold, in a small hall, a short exhibit of certain "health foods." No sooner was announcement made of this intent, than application for space was so clamorously made, not only by manufacturers of various foods, liquid and solid, but by those having some dietetic theory to which they desired to call public attention, that the managers of the enterprise have been forced into leasing, for an appreciably long period, the enormous building identified with all our great industrial exhibitions. Nothing could better demonstrate the growth, in public estimation, of dietetics not only as a branch of hygiene, but as a branch of therapeutics. The convention will be an object lesson in dietetics from both points of view. Foods which claim to support the system in health, foods which claim to substantially aid in combating disease, will be given away in sample, and their methods of preparation, in many instances illustrated. Ovens which wholesomely conserve the juices of meat, frying-kettles which avoid "sogginess," and innumerable other inventions to further the hygienic preparation of food will be called to the attention of housewives. The New England Kitchen, whose excellent work we have more than once taken occasion to commend, will preach, by demonstration, the much needed gospel of good living at small cost. The entire exhibit, however frankly commercial its original object, will do admirable and direct service to one of the most useful branches not only of sanitary but of medical science. The progressive physician will not fail to visit it, and read, mark, and in the most literal possible sense inwardly digest many of its lessons; and will, moreover, lessen his professional income and his patient's doctor's bills, by recommending all housewives within his *clientèle* to profit by the hygienic hints thus so easily obtainable.

An Effort Indeed is that being made by the gentleman into whose hand unkind chance has put the new broom of a lately-acquired editorship, to sweep homœopathy, once for all, off the face of the earth. It is an F-fort in more senses than one; being characterized alliteratively by a surprising number of matters classified under that letter; as for instance, Fulminations, and Fables, and Fibs, and Follies, and Futilities. It is the proverbial function of new brooms to sweep vigorously, lest the world fail to recognize their newness. Yet experience and precedent teach lessons which can hardly, with safety, be disregarded. Even the newest comer into a century-old controversy, can scarcely ignore the significant fact that the countless efforts which have been made in the past to sweep homœopathy forth from the great arena of medicine, have resulted chiefly in raising an unpleasant dust which has cost the sweeper much sneezing and choking; and when the dust subsided, there stood homœopathy, still. There is something almost pathetic in the reckless self-confidence with which this fresh young sweeper sets himself to brush forth with his small new broom, the thing which resisted, in the hands of an Oliver Wendell Holmes, the broom — to soar into daring metaphor — whose handle was a solid learning, and whose straws the out-puttings of as forcible and tingling a wit as our century has known. Shall the editor of the *Medical News* accomplish what the most brilliant controversialist of the medical age has signally failed in? We shall see. His equipment for the task is no contemptible one. He brings to the fray, with pious warrant from Scripture, that weapon with which Samson slew his thousands; only, unfortunately in these latter days, jaw-bones of that description are so common as to have ceased to inspire terror. Again he comes armed with that invincible ignorance of the subject in hand, which is the allopath's best armor in like fights. He doubtless takes warning from the fact that when allopathic physicians have investigated homœopathy honestly in order to combat it intelligently, their history has been Cæsar's, a little differently spelled: — they came, they saw, they concurred. So, wisely, he concludes that to know nothing, is to insure against being convinced.

And yet again as his recent fable teaches, his catholicity in

weapons is such that he freely employs the one naturally and appropriately sought by hoodlums of all sorts, in the dramatic, the political, the medical arena, — namely, bad eggs.

Reference to his recent fable, reminds us of something which may be of interest to our readers. When that fable went to press, the grand old proof-reader, Fact, was absent from his post; and, as a consequence, many errors crept in. The most obvious ones are made clear in a brief sequel, which reads somewhat thus:

Once upon a time a small but wide-awake boy named Progress, got up early in the morning and took a walk in the medical chicken-yard. The yard had been for several years in charge of an old lady named Medical Prejudice; but she, having grown so blind and senile as to be worthless there, the owner of the yard, Public Opinion, had lately appointed a new keeper, known as Fair Play. With him, the small boy made the tour of the yard, and something thus the talk went:

Boy: "Keeper, what do you call that fine game-chicken yonder — the handsome, symmetrical one who's going about pecking up whole grains of Fact?"

Keeper: "That, my lad, is the pride of our yard; that we look upon as our safest fighter and our best breeder: we call him *Similia*."

Boy: "Lord, sir! Grandma Prejudice told me the other day that the *Similia* egg never hatched out at all, but just addled; and the stupid old homœopathic hen was setting on it, still."

Keeper: "You don't say it! Bless us, how that old woman will stuff folks silly enough to listen to her! You see, my boy, your grandmother always was near-sighted, and about a hundred years ago — years don't count for much in the medical chicken-yard, my boy! — she went almost stone-blind. That was about the time our game-chicken, *Similia*, first saw daylight. And some folks say it's because of the old lady's bad eyesight that she never really saw *Similia*. But other folks say there was another reason. You see old Grandma Prejudice had laid pretty heavy stakes with Public Opinion that Homœopathy would never hatch out a live chicken, and old-woman-like, she doesn't want to give in and pay up. So she makes believe not to know he's hatched."

Boy: "But everybody else must see him?"

"Keeper: "Lord yes, child, and that's what makes Grandma Prejudice appear so ridiculous!"

BOY: "But why didn't Grandma want Homœopathy to hatch out a live chicken?"

KEEPER: "'Cos she was jealous for her own old pet hen, Empiricism. That's the hen you saw setting, the other day, an' your Grandma's bad sight mistook her for Homœopathy. She's been setting ever since Noah let her out of the ark; while Homœopathy hatched out her chicken and went about her business."

BOY: "What egg was Empiricism setting on, the other day?"

KEEPER: "Bless me, how should I know? She lays such lashin's of eggs nobody can keep up with 'em. It couldn't have been Bergeon's Insufflations, or Brown Séquard's Elixir of Life, for Public Opinion threw them out of her nest, long ago. Must have been Koch's Inoculation. I'll see that's thrown out to-morrow."

BOY: "But didn't Empiricism ever once hatch out an egg?"

KEEPER: "Well, my boy, a big authority on medical poultry, — they call him Oliver Wendell Holmes, and a capital old gentleman he is, if he does have a dash of Grandma Prejudice's blood in him, — says that Empiricism in several thousands of years has hatched out just two live chickens: Quinine and Morphia. And he didn't say what any one can tell at sight, that Quinine is of *Similia* stock. Fact is, most of our medical broods owe their best fighting chickens to *Similia* stock. But we don't mention it for fear of hurting Grandma Prejudice's feelings. Poor old lady, she's very feeble now, and can't last long, so what's the use of embittering her last hours?"

BOY: "But, Keeper, why has Homœopathy never hatched out but one chicken?"

KEEPER: "Because she *never found but one egg worth setting on.* She's got too much sense to waste her time over doubtful ones. Empiricism does enough of that, for the whole yard. When she has another egg of *Similia's* size and weight in the nest, she'll hatch it out all right, never fear!"

This Fable teaches:

FIRST: That it is Better to Hatch out one Chicken than to set on Many Eggs.

SECOND: That near-sighted People sometimes Make a Mistake in their Hen.

THE headaches of school children, says Dr. W. S. Higgins in the Peoria *Medical Monthly*, are caused, not by the overstudy, but strain on the eyes caused by the white book paper used. Smoked eye glasses will prevent the trouble, but children naturally dislike to wear glasses, and he now earnestly advises printing school books on yellow paper in blue ink, experiments having proven this the very best combination.

COMMUNICATIONS.

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OBSERVATIONS OF A TRAVELLER.

BY WALTER WESSELHOEFT, M.D., CAMBRIDGE, MASS.

To the Editor of the Gazette:

Dear Sir: — As I have always found the letters of travelling doctors interesting, I venture to hope that those of your readers whose turn it is to remain at home, may be glad, at this season of quiet in medical matters, to read such observations as a plain man may make on a journey undertaken without strictly professional aims. It is a well-known fact that of all vocations, that of medicine absorbs the minds of its followers most fully, so that when two or three are gathered together the invariable result is "shop talk," and in this same way, when the gathering consists of but one individual he will, in obedience to this same law of professional absorption, constantly dwell upon such experiences, even when far away from his daily cares and responsibilities, as have reference to his accustomed mental processes.

In this way my experience began early on my journey. When seven days out I was summoned to the stateroom of an old gentleman, whose acquaintance I had made on board and whom I found suffering from retention of urine in an obstinate form. The ship's doctor had already succeeded in drawing the urine once and then hoped by fomentation, hot baths, and active purges to see the function of the affected parts restored without the need of further mechanical interference. In this hope, however, he was doomed to disappointment. I found the bladder already extended until it reached the navel, and the patient suffering severely in consequence. On calling the doctor he came at once armed with his catheters, but tried in vain to introduce them. After long and patient attempts he somewhat reluctantly permitted me to try, which I did with no better results than his own. The parts had become excessively irritable and the patient begged to be left alone. The point, however, was, that the instruments at hand were a small, short-curved, metal catheter, such as is ordinarily carried in a pocket case, and two very old, discolored, fissured and rough, elastic ones, which bore all the marks of having been used on the sailors for years. This, at least, was the impression their appearance conveyed to the mind, though I am not prepared to state in what respect catheters used on sailors differ in appearance from those used on other human beings. As none of them could be made suitable to meet so difficult a case, I inquired whether they constituted

the whole of this portion of the surgical armamentarium at hand, and was told that the ship's company was not responsible for the doctor's instruments, and that the doctor did not feel himself called upon to take his entire outfit to sea with him. I may mention that the only result of our attempts at catheterization was the escape of considerable quantities of blood and the filling of the tube with clots, and, moreover, that the successful effort the day before was only accomplished after considerable force and pain and also the escape of blood, which could suggest but one possibility, viz.: the accident of a false passage. Fortunately the ship made a quick run and the patient once on shore, relief was obtained by the surgeon into whose hands he was delivered, though not without delay and difficulty even with the aid of the needful instruments.

My object in mentioning this case is to call attention to the fact, that a great ocean steamer may put to sea for ten or twelve days with a number of people equal to the number of inhabitants of a small town, and under circumstances in which surgical diseases are fully as likely to occur as on shore, if not more so, and yet that the law apparently takes no notice of the dangers which are likely to follow the absence of a reasonably complete outfit in the hands of the ship's surgeon. This reflection was forced upon me by the consideration that not only were the catheters at hand most inadequate for the occasion, but also that there was no trocar to which we could have resorted had we decided upon its use. That the patient escaped without the most serious consequences of his disorder was due entirely to good luck, an agency which doctors have every reason to be grateful for, but to which ship's companies should not be allowed to trust beyond a reasonable point.

Beyond this unhappy incident none have presented themselves in the course of my wanderings to call out that consciousness of responsibility and care which, after all, is the hardest part of our professional existence. How absolutely delightful it is on the other hand to be able to observe disease and the aims and workings of the medical mind in the absence of that unceasing cause of irritation and care ever at our elbow, at the bedside, in the form of carping and irresponsible advisers, over-anxious friends, unreasonable nurses, or the refractoriness of the patients themselves. A very interesting and timely article in a late number of Littell's *Living Age*, on the "Responsibilities and Limitations of the Medical Profession," bears testimony to the fact that in England doctors are no better placed in respect to the cares and worries of practice, than are we on our side of the water. But I have been led away from the consideration of those joys which come to the oppressed and harrassed soul of

him who tears himself temporarily from the thraldom in which he is held by his *clientèle*, and seeks new skies with a mind attuned only to professional joys and open to new impressions and experiences coming from the labors of others.

My professional experiences since landing and before reaching Berlin, have been too insignificant to mention, having been only of that delightful kind which come from chats with other doctors likewise on pleasure bent and therefore peaceably disposed. When in Berlin a man may see, as is well known, much in a little time, but what I may record can only be construed as worthy of mention, by presuming upon the leisure of your readers and the willingness of those who live away from great centers of professional activity, and rarely tear themselves from their treadmill, to listen to traveller's tales. The attractions here consist above all in the number, extent, and I may say, the perfectness of the hospitals and the unceasing activity of the doctors, great and small, attached to them. Both in the medical and surgical departments everything and everybody is in full activity at this midsummer season. Holidays are few and far between. I learn from no fewer than three of the younger teachers, men already approaching middle life and whose names are well known in medical literature, that a week's holiday annually is considered ample for all their needs, and that even those in high professional station often take no holiday at all, even during the short vacations which the University grants to both teachers and students, but continue to pursue their private investigations and their literary labors the year round. No small number, like Olshausen among gynæcologists, have their hours for operation as early as 7 A.M., and many lectures and recitations are held as early as 6 A.M., as the catalogue of lectures shows. From personal observation I am, as yet, unable to testify to the attendance at these opportunities for learning, but at 8 A.M. I am regularly at the Charité, where I am permitted for the consideration of a moderate fee, to follow the medical assistant on his rounds in his department, and to see him work afterwards in the laboratory.

Among the numerous interesting cases I will mention only one or two. 1st. A case of lockjaw in an elderly tailor, who for a number of days before entering, was seized with sudden spasmodic attacks in which he fell without losing consciousness; upon which supervened an increasing stiffness of the jaw. Neither wound nor dog-bite could be established in his history. Under the care and rest of the hospital, his case, which at first appeared to be one of tetany rather than tetanus, progressed so favorably that Prof. Leydens and his staff were rejoiced at the thought that a case of so severe and fatal a disease might here

and there assume a light and transient form. But suddenly and without aggravating outward circumstances, the case began to pass to a graver stage and is already looked upon as hopeless. The long quiescence of the tetanus microbe is here the interesting point; more than ten days having elapsed since the first signs of improvement began and fully a fortnight since the trismus declared itself.

Another case is one of ileus in a man of twenty-four, who in fair health, though somewhat dyspeptic, after an error in diet, by eating cherries and drinking beer, was seized with violent colic, periodical vomiting, without diarrhœa or escape of flatus, which gradually ended in stercoraceous vomiting, constant hiccough, slight rise of temperature, persistent abdominal pain, though without well-defined local sensitiveness, tympany and hardness; and in spite of the constant use of morphine or opium in heavy doses, and copious washing out of both the stomach and colon with cold water, was presently adjudged — after seven days, as ripe for laparotomy and transferred to the care of Prof. Bardeleben. The operation was performed by the distinguished surgeon himself, and lasted an hour and fifty minutes, during which time the battery had to be several times applied to counteract the effects of the chloroform anæsthesia, and practically the whole intestinal tract was passed through the fingers to discover the seat of the obstruction. It was noticeable that the opening through the abdominal parietes was made no larger than barely necessary to admit the operator's hand, and that for this reason what appeared to the non-surgical looker-on as an endless pulling, tearing and pressing of the intestines became necessary, which a freer incision and therefore greater ease of manipulation might have obviated. Moreover, the deliberateness of the whole procedure was striking, from the slow and detailed dissection through the individual layers of the abdominal parietes, to the endless fingering and inspection of the intestines which were dragged fold by fold through the narrow opening. In the end neither intussusception nor twisting was discovered, but far down near the ileo-cæcal valve some old fibrinous bands, the result of chronic peritonitis, were discovered, which held the intestines firmly bound down and constricted, and which, of course, had come to assume a most grave and dangerous character by the enteritis set up by the dietetic error. The case appeared to be interesting both from the medical and surgical point of view, inasmuch as it showed on the one hand, that a process of chronic peritonitis may go on to the point of throwing out plastic exudations forming fibrinous bands, adhesions and contractions — the intestine was found to be not only constricted and glued to a neighboring convolution, but its mesentery much thickened

and shortened by these older deposits — without causing marked suffering or the serious interruption of the digestive process until some new and perhaps slight exciting cause arouses the acute symptoms, a matter of no small interest to the general practitioner. On the other and surgical side the case demonstrated how much the human being may resist under prolonged anæsthesia in the way of the surgical shock of having his intestines pressed, pulled, pinched and manipulated for an hour and a quarter — if we deduct the time needed for the opening and closing of the abdominal walls, without yielding at once. But I must not omit to mention that neither the adhesions nor the constrictions of the intestines were deemed matters safe to be meddled with ; that the affected portions were therefore returned to their proper place without further efforts to remedy the obstruction, and that an artificial anus was established above the seat of the difficulty. At last accounts, after sixty hours or more, the patient is reported as doing well. I am denied the luxury of indulging in that fierce denunciation of the surgeon and his methods which long usage has established as the privilege, in fact as the patriotic duty, of doctors who go beyond the borders of their own land to witness the practice of others.

In striking contrast with the leisurely mode of proceeding above referred to, is the rapid and I may say, business-like manner of A. Martin, the gynæcologist, so well known on our side of the water, who exerts so powerful an attraction upon our own specialists in his branch that he rarely has less than six or eight Americans present at his operations, among them often men of great distinction. He may on any Saturday forenoon be seen to perform half a dozen laparotomies within two hours, or two hours and a half, within which is included the time lost in dressing the wound and bandaging and changing the patients, etc. Many operations are finished to the last stitch in the abdominal wound in six minutes and a few seconds. A long operation, delayed by unusual difficulties arising from troublesome adhesions, etc., may last fifteen or twenty minutes, and the time of every one is almost as carefully taken as the performances of our trotting horses.

I have visited, also, the clinic of Dr. L. Landau, likewise a gynæcologist, several of whose writings have had the honor of being presented to the English reading professional public in translations by the Sydenham Society, of whom I think we shall hear more in time, per monograph on "Tubensaecke" — tubal cysts — which monograph appears to me to be of great merit and of practical importance even to the general practitioner. Although a skilful and active operator himself, he represents a distinctly conservative, and I may say moderate tendency in

gynæcology in opposition to the prevailing spirit among specialists, who he declares too often carry operative measures beyond the bounds of judicious and warrantable application. He is not in the fashion at present, and has few, if any foreigners, at his operations and clinics, but I am persuaded that all those who prefer to make themselves acquainted with thorough methods of examination and the pathology of the pelvic organs, can derive far more advantage from his demonstrations than from those of his more brilliant and popular colleagues.

However, I have allowed myself to wander away from the subjects concerning which I may claim a greater familiarity, and which are of special and legitimate interest to the readers of the GAZETTE, viz., those having reference directly to the status of homœopathy in Germany. The length of my letter, however, already demands an apology and prompts me to defer all mention of these matters to another time.

Respectfully,

W. W.

Berlin, August, 1891.

VALVULAR DISEASES IN MARRIED WOMEN.

BY H. C. CLAPP, M.D., BOSTON.

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

Everybody who has given attention to the subject agrees that it is an unfortunate thing for a woman with valvular disease of the heart to become pregnant. Porak reports thirty-five deaths out of ninety-two cases of women with heart disease who became pregnant. In fifty-four the disease was mitral, in thirteen aortic, and in twenty-two both; and the fœtus was prematurely expelled in all but three. (Charpentier.) Other statistics may not show so alarming a fatality, but all are bad enough. Even if the woman gets through the first pregnancy fairly well, the second or succeeding pregnancies are sure to have a disastrous effect, both on the mother and on the child: on the mother because, even if her life is not sacrificed, pregnancy hastens generally the course of heart diseases, and aggravates their symptoms; and on the fœtus, in consequence of their frequent causation of metrorrhagia, premature delivery and abortion.

That such is a natural and perfectly legitimate result might easily occur, (even if attention were not directly called to the subject) to any one who has observed even a few cases of cardiac disease with a study of the causes of their aggravations, and who also is practically familiar with the every-day process of parturition. Indeed, the ever present and constantly increasing

wonder is, (no matter how large the experience of the wonderer) how the healthiest heart of the healthiest woman can possibly stand, as we know it almost always does stand, such a strain as is put upon it by a severe confinement. Physicians are often said to become, by frequent familiarity with them, hard-hearted to the sufferings of women in these their great times of trial. I do not believe it. Still, even if it is possible for a small minority to be thus callous, I can only with great difficulty conceive of a physician with heart so atrophied as to look without real sympathy on the agonies of a woman where the effects of advanced valvular disease complicate parturition, to say nothing of her distress during the latter months of pregnancy.

This line of thought has been suggested by a case which has recently come to me, where a woman over thirty years of age, with mitral regurgitation, on learning the result of my examination, became desirous to know whether or not in consequence of this she should give up her expected and approaching marriage. If I had listened to the advice of the great obstetrical authority, Peter, I should have heard him say: —

"Oppose marriage in a patient with heart disease; if she is married, do not let her become a mother; if she is a mother, prevent her from nursing her child; and if such a patient become pregnant, let her avoid most carefully fatigue, emotion, and every cause which, by disturbing the pulmonary circulation, may render still graver the prognosis of the cardiac affection."

The first part of this advice, which is the only part immediately applicable to the patient under consideration, I did not exactly follow, and an expression of opinion from members of this Society as to whether, under the circumstances, my course was right or wrong, would be acceptable.

First, for an analogy, supposing it is admitted that the climate of Colorado would be very beneficial for a certain woman in the proper stage of phthisis. If that woman is so situated that she can only go there by making great sacrifices, if she has to be torn away from family ties and from home comforts on which she places great dependence, and is likely to be home-sick and depressed in consequence, it may be wise for a conscientious physician, after weighing carefully in the balance all the pros and cons, to advise the woman to stay at home. Sometimes, advice, although perfectly sound in a general way, has to be modified to suit individuals. As homœopathists, we have been taught to individualize our cases. That the advice is good for this phthisical woman I am confident, having had ample experience in such cases; but as for the mitral woman, I feel less certain, not often having been employed in the matrimonial bureau.

She was bright, intelligent, and, when well, was able to earn

a good living at her occupation, which, however, was crowded into six months of the year, during which she had to work with intensity, day and sometimes night. If this six months had been continuous, she never could have endured it, but coming half in the spring and half in the fall, she had, by aid of the intervening rests, for some time accomplished her tasks very acceptably. But lately her heart's compensation had begun to fail, and it was evident that soon she must give up her work. She could do nothing else that she knew of, and she had no resources or friends to fall back upon. For some time her betrothed had urged her to marry, and now must she give up her heart's desire on account of her heart? If she married him, she could live in luxury, without the necessity for care or work of any kind, with a horse and carriage constantly at her disposal, with endless love showered upon her, in fact, with everything conducive to her health and pleasure, and especially well calculated to make her heart last as long as possible. On the other hand, without marriage, everything was calculated to aggravate her disease.

I explained to her that, provided her future husband were all she painted him, marriage surely seemed to be to her a consumation devoutly to be wished for; but that with the frankness which ought always to exist between husband and wife, she should immediately tell him all, and ascertain whether or not his views changed in consequence. For the outlook so far as he was concerned, was far different from hers. I also explained that, although marriage in her case offered so many attractions, yet what often followed marriage, pregnancy and childbearing, would with her be a very serious matter.

The next day the man appeared, and after a free ventilation of all of the facts in the case, expressed his urgent desire to marry at once. He protested that he loved her so much that he would do anything in the world for her good, or make any sacrifice; promised that she should never have any children, and claimed that he would joyfully devote his life to her service.

He, as well as she, was evidently anxious for me to advise marriage.

Did ever a woman go entirely through a confinement without swearing that she never would have another baby? I think not. If any, by some unaccountable accident forgot to say it aloud, she surely said it to herself. And yet, somehow or other, they generally do have another, and another. This recollection made me cautious. Perhaps it was inglorious, but I refrained from giving any advice, partly because I felt confident that, no matter what advice was given, they would, after receiving it, do pretty much as they liked. Perhaps a year and a half ago, when

called to attend a young man with tremendous pulmonary hæmorrhages, I recommended to him a most excellent nurse, who took the best of care of him. At the end of his three weeks' confinement in bed, during which he was almost motionless, and talked mostly in whispers, they became engaged. Their courtship must have been peculiar. After a comparatively short time they were married in spite of her knowledge of his condition, which I had imparted to her when she was first called to the case. He had no money either. After nursing him for a year or more, he died. Cupid's darts are curious things, and want no interference. So with my mitral incompetent couple, I neither advised against marriage, nor put my hands on their heads and said "God bless you, children, be happy." I simply pictured to them a little something of the nature and course of the disease, agreed with them that marriage without children would be, perhaps for years, a great blessing to each of them, but that pregnancy might be one of the greatest misfortunes. At this point the curtain fell, and they were left to draw their own conclusions.

CALCIFICATION OF THE AORTIC VALVES. — A CASE.

BY P. R. WATTS, M D., STAFFORD SPRINGS, CONN.

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

The case, which your chairman has asked me to report to-day, has been for a long time one of peculiar interest to me, more so from the fact that there has been a number of diagnoses given, all of which, including my own, have been partially incorrect.

The case came into my hands about three years ago, and was under more or less constant observation until the time of the patient's decease, which occurred August 30th of last year ('90). Will outline briefly the history of the case, as follows : —

Patient was a male, forty-seven years of age at the time of death, with usual weight of about 140 pounds. He enjoyed excellent health until he was twent-five years old, when he suffered from an attack of inflammatory rheumatism. The attack was short but very severe. For the five years following he remained well, when signs of heart trouble began to develop. His first symptom was a feeling of distress about the heart. This was soon followed by attacks of unconsciousness, usually associated with convulsions. The spasms were clonic, usually lasting but a few minutes at a time, but with frequent repetitions for several hours. The unconsciousness would continue from two to fourteen hours. To a very great extent these attacks simulated epilepsy. There would be frothing at the mouth, and the most intense congestion of head and face that I have ever

seen. The face would become purple, sometimes very nearly black, intensely swollen, while the blood would ooze from the ears, eyes, nose and mouth. For a week following these seizures his face would have the appearance of a defeated pugilist, and he suffered the most intense pain.

Patient was employed in a woolen mill, carying heavy bundles of cloth about the room. Sometimes the attacks would come on suddenly while at work, with just enough warning to allow him to fall away from the machinery. While sitting quietly in a chair he would occasionally become unconscious for a few moments, but apparently suffer no ill effects. Such, briefly, was the history prior to my seeing the case, and during my treatment of the same.

He was not a man to complain, but he described his pain as being of the most intense character; "so severe," he said, "that the worst jumping toothache was simply play beside it."

The physical examination revealed a unique case. The entire anterior part of chest was very tender to touch, making percussion somewhat difficult. It was evident that the heart was much hypertrophied. The impulse was in the sixth intercostal space, and there was some swelling in the cardiac region.

Let me now leave the heart for a moment and speak of another feature that was the source of much annoyance, to say the least, to the afflicted patient. It will be remembered that he died last August, and gave up work the January preceding. Soon after he stopped working, a swelling appeared in the epigastrium extending a little to the right, also superiorly. After a few days the "sore broke," as he expressed it, and he expectorated or vomited about half a cupful of purulent matter. This experience was repeated at intervals of from one week to a month, as long as he lived. The location of the pain and swelling, together with the great ease with which the purulent matter was discharged, favored the diagnosis of abscess of stomach or liver, while the fever and increasing shortness of breath indicated disease of the lungs. On two or three occasions the bursting of the abscess was followed by a few loose movements, similar in character to the matter expectorated.

Returning now to the heart, we find in the sounds of that organ the most striking physical sign. Upon placing the ear to the chest an exceedingly loud systolic murmur could be heard. This was so pronounced that the word "noise" would convey more truly than murmur, its character. This abnormal sound was always present, but was louder at times than others. It would begin with the first sound of the heart and continue, without cessation, through the second sound. In other words, both sounds of the heart were lost, their place being taken by

this one abnormal sound. It could be heard all over the chest, both anteriorly and posteriorly, and was at times so loud that it could be detected by the unaided ear several inches from the body, and through the ordinary winter clothing at that. No stethoscope was necessary.

The murmur was so loud that most of the physicians who had examined him, pronounced both mitral and aortic valves diseased. It seemed impossible for one valve to produce so much noise.

The autopsy was held August 31st, at which I was assisted by Drs. N. W. Rand, E. E. Copeland and Geo. Holding. The following are the results of autopsy, as noted at the time by Dr. Rand: — Liver much congested and very dark colored. Was somewhat adherent to intestine and diaphragm; weight, three pounds, eleven ounces. Omentum congested and inflamed, vessels very prominent. Spleen very hard and in color nearly black. Peritoneum congested and adherent to both kidneys; left kidney much congested and beginning to break down about pelvis; right kidney rather better than left. Stomach much congested and distended with gas. The lungs were found to be in a bad condition. The left lung was entirely hepatized; the lower lobe of right lung was in the same condition, while the upper lobe was slightly diseased. The lower portions of lungs were infiltrated with pus, which would ooze out in considerable quantities upon the division of the lung tissue with the scalpel. I consider this conclusive proof that the abscesses, which had troubled him for ten months, were located in the lungs.

It was the heart, however, that we examined with the greatest interest. Its weight was twenty-four ounces. The apex was at the lower border of sixth rib. The right auricle was three times its nominal size. The pulmonary valves were sound. The mitral and tricuspid valves contained slight calcareous deposits, but were otherwise in fair condition. At the aortic orifice was found a large deposit of lime. The valves had practically "turned to stone." The normal character of the valves thus being changed, their motion was greatly impaired, and the lumen of the aorta narrowed. The condition at the entrance of the aorta may be likened to a pair of old-fashioned wooden gates suspended from the outside, and swinging clear at the centre; now attach a chain to either side of each gate, allowing a motion of about six inches, and we represent the aorta with its ossified valves (gates) with a calibre of about one sixth the normal size. Through this narrowed opening the entire blood supply was forced, hence the extraordinary sounds.

Extreme hypertrophy, or dilatation, must necessarily follow such a condition.

The former condition was found to exist; and by this aid

from nature about seventeen years were added to his life, though they were years of intense suffering.

Calcareous deposits following rhumatism are quite common, but it has never been my lot to see so complete a case of calcification as is presented in the one just reported.

FUNCTIONAL HEART DISTURBANCE. — A CASE.

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

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

Mr. G——, aged about twenty-five years, applied to me, giving a history of his case as follows: He was passenger on a steamer on the Sacramento river when the boiler exploded and he was badly shaken up and supposed to be internally injured. At about this time he began to experience unusual sensations in the region of the heart, which troubled him much, and for which he consulted eminent physicians. He was advised by them to return to his friends who lived at Nantucket. Though they did not say it in so many words, this advice meant Go home to die. On examination I found a state of things that seemed to me of serious import, and for which I could give no explanation. The general appearance of the patient was good with the exception of an anxious expression of countenance. His heart beat very irregúlarly and intermittingly. It would beat five or six times very violently, then stop sometimes long enough to lose one beat, sometimes three or four, then jump to its work again as if to compensate for lost time. My diagnosis was heart disease of unusual character, which I frankly acknowledged was beyond my comprehension. At that time, having little acquaintance with the eminent physicians of my own school of medicine, and having witnessed the graceful and dexterous surgical operations of Dr. Henry J. Bigelow, I had formed the opinion that he was the *ne plus ultra* of the medical profession of New England, and advised my patient to consult him. He took my advice, but Dr. Bigelow was as much bothered to diagnose the case as myself. He told the patient that he evidently had organic disease of the heart, but he could not give it a name as he had never witnessed a case like it. His advice was to consult Dr. Henry I. Bowditch, saying if he couldn't tell him what was the matter, it would be useless for him to look further. Dr. Bowditch examined the man very thoroughly, caused him to go out for a brisk walk on the street, after which he again examined him, also required him to run up stairs, finally requested him to go to his hotel and return the next day for further examination. He did as requested, and on his return the doctor inquired whether he used tobacco; his reply was

yes, that he chewed and smoked, and there was not much interval in his waking hours when he was not doing one or the other. The doctor then told him that he was suffering from nicotine poisoning, that he had a tobacco heart, to leave off using tobacco and he would get well; otherwise, what was now a functional disorder, would become an organic disease. He did as advised, and almost immediately improvement commenced; in three month's time his heart was acting normally. I have had knowledge of the patient from that time, 1858, to the present, and he has been ever since, and is to-day, a well man.

The above case gave me the key by which I have since been able to unlock many obscure affections of the heart. It is not always tobacco that causes functional disturbance of the heart. Alcoholic stimulants, tea and coffee will do the same thing, and many have been the cases of supposed heart disease that have yielded to the abandonment of tea and coffee or alcoholic stimulants. The cases are rare among females complaining of affection of the heart, where tea or coffee does not play an important part.

RAPID DILATATION OF THE HEART FOLLOWING A BLOW.

BY F. L. BABCOCK, M.D., DEDHAM, MASS.

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

Patrick Kane, a laborer for the Old Colony R. R., presented himself at my office on the afternoon of Feb. 16th, 1889, about five o'clock. He was quite excited; said he had been crushed by the cars. The accident happened at about one o'clock, P. M. He waited in the depot about two hours, rode twelve miles in the train and walked one and a half miles to my office. He seemed to be suffering severe pain through the chest, especially on left side. Upon examination, I found a fracture of the third, fifth and sixth ribs, at the sternal extremities; no displacement. Heart-beat, normal; temperature, normal. His only symptoms were his excited condition and pain when pressure was made on the chest, and when breathing. I applied an adhesive bandage over the fractured ribs, which gave him relief from the pain; and he left my office, returning home. The following day I found him very comfortable, excitement abated. He could not sleep on account of pain and soreness of chest. Pulse, normal; temperature, normal. The following day the same record. The 22nd, I found present severe pain and soreness, with rapid, forcible beating of the heart — eighty-five beats to the minute. Patient said he could not lie down on account of it. I prescribed, but without any apparent effect.

I saw him for several days, but there was no apparent im-

provement. The heart continued to beat from eighty-five to ninety per minute, very hard and full. There was not the slightest irregularity of beat at this time, nor valvular trouble that I could detect.

March 5th, 1889, I was relieved of the case, and succeeded by a prominent allopathic physician of our village. He stated to me that his first discovery was this hard, rapid beating of the heart. From this time I did not see or hear anything from Mr. Kane until October 12th, 1889, seven months later, when I was visited by his attorney, who was in search of evidence in the case, Mr. Kane having decided to bring suit against the Old Colony R. R. Co. for damages, on account of the neglect of the officials of the corporation to use proper care. I expressed to the attorney my doubts as to the seriousness of the condition of Mr. Kane, and he invited me to go and make a personal examination of the case. I did so, and much to my surprise, I found a case of marked enlargement by dilatation, with both aortic and mitral regurgitation, inability to lie down, great dyspnœa. I was unable to count the radial pulse on account of the irregularity of beat.

The plaintiff, Mr. Kane, through his attorney, contended that the condition of aneurismal dilatation of the heart was caused by the injury received while at his usual vocation (stone cutting) on the railroad. He (according to his statement) was ordered by the foreman to cut down the bedrock that supports the turntable. He was in the pit at work, under the table, when a locomotive, in trying to run onto the table, ran into the pit (the table being misplaced by Mr. Kane) striking the table and crushing his chest.

From evidence of the engineer and fireman of the locomotive, it was shown that Mr. Kane was not in the pit at the time of receiving the injury, but was outside with the lever, by which the table is turned, at his chest, endeavoring to turn the table into its proper position to receive the locomotive. In this he was not successful, the engine falling into the pit, striking the side of the table with great force, sufficient to knock Mr. Kane several feet (said to be ten) over onto his back; the whole force of the blow coming on his chest as he was pressing the table into place.

The defendant introduced expert testimony to prove the impossibility of injury to the heart in the manner described, producing so marked lesions in so short a time, contending that the condition in which the heart was, at the time of trial, must have been of several year's duration, and could not have been the result of the accident.

The plaintiff alleged gross neglect on the part of the defend-

ant, and that as a result of the injury he was permanently injured and prevented from performing any manual labor without danger to his life, all of which was denied by the defendant. The jury found for the plaintiff in the sum of $2,500.

Mr. Kane was unable to perform any manual labor; and, on October 24th, 1890, he retired at night as comfortable as usual; about eleven o'clock he awoke in distress, and before his physician could be called, he expired.

No post mortem.

This case was reported on account of the unusual rapidity of the dilatation (twenty months from time of accident to his death). So far as I have been able to learn, there are few cases recorded in which the change has occurred so quickly.

THE HEART IN RHEUMATISM.

BY E. H. PACKER, M.D., LOWELL, MASS.

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

In rheumatism the heart should be watched when the pulse is increased in frequency, especially if out of proportion to the rise in temperature. This may be due to severe pain, or the onset of cardiac trouble; the respirations are frequent and often shallow, and become greatly hurried when there are severe heart complications. Neither the severity of the rheumatic attack, nor the number of joints involved has any direct relation to the pericardial process. The endocardium is much more frequently affected than the pericardium, the proportion being as six to one. In a few cases the muscular wall is also involved.

The structures of the heart are attacked in the same way as the joints, the result of the elective affinity of the poison. Their involvement is not an instance of metastasis, but a part of the rheumatic process. Rheumatic inflammation of the heart structures differs from that of the joints; the exudation contains lymph, which often becomes organized, and occasionally degenerates into pus. Pericarditis may occur early, occasionally preceding the joint affection, or within the first week of the rheumatic attack, though no period of the disease can be regarded as free from liability to the so-called complication. The majority of the cases develop insidiously; occasionally the onset may be marked by irregularity of the heart's action. This irregularity is commonly transient, and disappears after the exudation commences to form. With moderate effusion the dyspnœa is marked, the patient is very restless and is more comfortable when propped up in bed, inclining the body forward and to the right side.

Pericarditis is usually accompanied by a dull pain beneath the sternum, and a sense of oppression in the chest. By ascultation friction sound like the crackling of paper or parchment can be heard all over the cardiac area; this sound appears superficial, close to the ear. As the serum increases in the pericardial sac, there is increased cardiac dulness and diminished cardiac impulse. The most serious spmptoms are great dyspnœa, feeble action of the heart, small and irregular pulse, lividity, and delirium or other nervous symptoms.

Rest is an important part of the management of pericarditis. If the effusion is large, the patient should not be allowed to rise from the bed for any purpose; the warmth and quiet of the bed tend to secure the best results.

Endocardial inflammation is confined usually to the left side of the heart, and is recognized by abnormal valvular murmurs. One of the peculiarities and chief sources of danger in endocarditis is the tendency it has to limit itself. It is most strikingly developed at a part which bears least of all any impairment — at the valves — and often leaves behind it some permanent disorganization of their delicate structure. There is usually a sense of uneasiness around the heart, with decided fever, a short cough, difficulty of breathing, and an extreme anxiety depicted on the countenance. Excessive pain in the heart is rare, and is not likely to happen unless the pericardium or muscular walls be implicated. The heart beats with unusual force, and sometimes with great irregularity. In cases where there is no enlagement of the heart and a blowing sound has been recently and rather suddenly developed, there is evidence of inflammation of its lining membrane.

SOME OF THE NERVOUS CONDITIONS FOLLOWING TRAUMATISM.

BY E. P. COLBY, M.D., WAKEFIELD, MASS.

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

This is not a new subject to the profession. On the contrary it has been abundantly investigated and thoroughly discussed through a long series of years. All the more seriously because, in addition to the question of life and health involved, there has been the quickening influence of frequent demands for pecuniary "damages." I cannot, therefore, presume to produce anything original, or even novel, but may possibly bring to your notice, in a condensed statement, the present manner of considering this subject. The older terms, "railway spine," and "spinal concussion," which were formerly employed to define the

complicated series of symptoms following traumatism, were misleading, as they involved a pathological theory which is in all cases doubtful, and in most improbable. The first term is misleading from conveying the impression that a great degree of violence is required, and that the injury is to the spine; the second title involves a still more definite theory of spinal injury. A fully-developed case has frequently been seen from merely wrenching or straining the back, with no form of concussion, nor sharp impact of any portion of the body, not even a sudden arrest of motion like a jar or blow. In most instances it will be found that at the time of the injury, either mental shock (as fright) or straining of the muscles and ligaments of the trunk, and probably muscular contusion occurred. The part most liable to receive such a straining is the back. The vertebral column is long, flexible and composed of many articulating surfaces, capable of a moderate degree of motion in every direction but longitudinally; these motions are limited and controlled by a multitude of muscles and short ligaments. It will be seen that any violent motion imparted to the body, or any violent arrest of motion, will nowhere else in the system find the material so well arranged for injury. You will please notice that this does not at all take into consideration the spinal cord, and this for the reason that in a majority of instances the cord is not subjected to any material injury; *i. e.*, as far as can be judged by carefully watching the history of a large number of cases. Let us assume that a person participates in a railway accident and is more or less thrown about in a derailed passenger car; or, in walking, falls from some imperfection in the street or sidewalk; the experience is but brief, perhaps only momentary, yet during that short time the muscles are exerted to their utmost, the motions are rapid and very energetic, all the more so from their comparatively unconscious nature. From this enforced exercise violence is likely to result in the nature of a strain sustained by the muscular fibres as well as by numerous ligamentous attachments. There is the additional injury also, of considerable bruising of such parts as come in forcible contact with hard objects. It is but natural that pain, severe and long continued, should result from such usage, and the pain is likely to be more severe after some time has elapsed than at first. If there be added to this the mental shock such as usually accompanies an accident of this kind, all the necessary factors are present for producing the condition long known as "spinal concussion."

Let us consider how well prepared the spinal cord is for concussion — or rather against concussion. If you will call to mind the anatomy of the cord and its envelopes, you will remember

that it is first protected by the dura mater, which, unlike that of the brain, is not applied directly to its bony surroundings, but there is interposed a cushion of adipose tissue in which are distributed comparatively numerous blood vessels, and the dura proper is composed of firm fibrous tissue. Beneath the dura lies the arachnoid, connected with the former by occasional attachments, and having the space (which is quite capacious) between itself and the pia filled with the cerebro-spinal fluid ; it is also connected with the pia by numerous fibrous attachments. The pia mater closely invests the cord and is more in the nature of a limiting than a protecting sheath, *i. e.*, as to external violence, save through the ligamenta denticulata by which it is attached on both sides. In addition to this protection within the bony canal, there is externally placed the line of spinous processes pointing obliquely downward and backward, and on each side of this the thick layer of spinal muscles. It would certainly seem that before so severe concussion of the cord as to injure its integrity can take place, great damage must be done to its surroundings. In cases where the cord is injured, it is usually something different from, and more severe than, concussion ; the result would be acute meningitis, myelitis, hæmorrhage, or what is more probable, all three combined. Such a condition would give unmistakable evidence of its presence, and quite unlike the neurosis which we have under consideration. There are, of course, cases where the vertebræ are crushed and the cord with them, but "that is" part of "another story."

In ordinary traumatic cases the symptoms are too general, too wide spread to mark a local spinal lesion. That a serious and complicated set of symptoms does follow these accidents is not doubted, nor is it denied that there may ensue agonizing and long-continued pain, with physical incapacity and possibly mental impairment, lasting for quite a period ; but the very important line is to be drawn that in cases of spinal lesion there is danger to life, and a certain amount of degenerative change is to be feared, while in the disease under discussion life is not directly imperilled, and the pains and incapacities are usually recovered from ; it may be only after months of suffering, but it is always to be expected. Many of you may have in mind some instance in which there is a certain amount of motor and sensory paralysis, very likely loss of control over the sphincters, and having the appearance of much more serious trouble than is being discussed, but such cases of a purely functional nature and with no traumatic history, are well known by every practitioner who has had opportunity for the clinical study of nervous cases. So-called hysterical paralysis is not infrequent, and

functional disturbances of the bladder and kidneys are almost proverbial with neurotic patients. (I recall a case in the practice of Dr. F. C. Richardson, where there was functional anuria for five days.) It is the element of traumatism which misleads. For the purpose of illustration let us take an imaginary case, but which is so near actual occurrences that it only lacks names and location.

A lady, married, aged thirty to thirty-five; mother of one or more children. Has previously enjoyed fairly good health, but in trying to sustain an advanced social position with only limited pecuniary means, has kept herself in a condition of chronic fatigue. This person, after a hard day's "shopping," in a not distant city, being delayed in leaving the train, steps from the car just as it starts, clings to the railing for a second or more, and then losing her hold, falls to the platform of the station, but without being crushed or even touched by the wheels; she is helped up by those around and walks, or is taken, to a carriage in which she is conveyed to her home, where she arrives in a state of tremendous excitement; she feels lame and bruised, and for an hour or two relates the circumstances to the family and such sympathizing friends as call. Her appetite for the evening meal is far from good and she takes but little food, only two or three cups of tea, thinking it will benefit the headache from which she now suffers. That night she sleeps but little, is very nervous, and the headache is worse than in the evening. On the following day she feels very sore and lame, but manages to get about the house and attend to a portion of her household duties. She feels trembling and frighened. This state of affairs goes on for some days. The lameness of the limbs and trunk improves somewhat, but she has every morning on arising, and again in the evening, a dull headache. After some considerable time has elapsed, her back begins to trouble her; there are spots over the spine between the shoulders and in the lower dorsal region, which are painful and exquisitely sensitive to pressure. Now, for the first time, she begins to fear some spinal trouble, and does the most sensible thing she has yet indulged in, *i. e.*, goes to bed and sends for the family doctor, who finds the conditions just mentioned and probably advises her to keep quiet and rest for a few days. She interprets this to mean that she can sit up a little every day, and from her bed or reclining-chair direct the affairs of the household, and receive the calls of such intimate friends as drop in and talk over the accident, her ailments, and probably discuss what the doctor is doing for her. Thus affairs go on, the pain in the back extending; there seems almost constant pain in the occiput and nape; she cannot endure the light. The emotional

sphere is highly excited; noises disturb her; sleep is disturbed and insufficient; food is distasteful and distresses her. On attempting to walk, there is pain in the lumbar region extending to the thighs; her legs are weak, the feet feel numb, with pricking and tingling in various areas, and she has neuralgic pains. The menses are irregular and painful; urinary troubles set in, and there is constipation. Some day the doctor finds areas upon one of the lower extremities, which are not sensitive to the prick of a pin even when thrust in nearly its entire length, and very likely after this discovery she finds it very difficult to use that particular member. In former times all the factors now present would have suggested a diagnosis of serious spinal disease. I need not give the further history of such a case in detail; suffice it to say that very probably a suit at law is instituted, the patient is repeatedly examined by her regular attendant, and by experts for both sides; every detail of the accident and her sufferings is kept as fresh in her memory as possible; she worried and fatigued by the various circumstances incident to the legal case. Finally, if she be able, she attends at court, and I may say usually gets a verdict.

Following the course of a majority of cases, she now begins to improve and discharges the doctor, who makes a liberal discount on his bill and rejoices that he is "well out of it."

This sketch is by no means a fanciful or an exaggerated one, it being under rather than overdrawn as an average case of nervous disease following traumatism. The injury may not have been from railway accident, and there may have been no suit at law, or the procuring cause may have resulted from some more terrible accident, with greater mental shock to excite the brain cells to abnormal action, but the morbid functional condition and the principle involved is the same. Any person with abundant opportunity to observe nervous invalids, has seen more than one case in which any, or all, the above symptoms were present, but with no history of traumatism connected therewith. It often occurs from overwork, improper habits of life, or a score of other causes; but under such circumstances the diagnosis of spinal concussion cannot be made, nor is ultimate recovery unexpected.

Why then should the diagnosis be forced to meet the traumatic cause. Traumatism was undoubtedly the procuring cause, as it produced the straining of the back, the shock to the nervous system, both of which combined to awaken the neuralgia and the hysterical action of the cerebral cortex. Some of the later symptoms must have been the result of a previously unstable nervous system, and of unfortunate circumstances during the sickness. This view of the case does not work to the injury

of the patient even where "pecuniary damages" are involved, as the condition is acknowledged to be a serious one, and quite sure to run a protracted course. The sufferer is entitled to remuneration if the injury resulted from the carelessness of any responsible party. On the other hand, if the claim is made for a lesion which does not exist, a failure to prove its presence may cut off all hope of remuneration. In many cases where pecuniary damages are awarded, the patient begins to improve at once upon settlement, and this causes many jocose and scornful remarks to be made upon the coincidence. Such a result does not stamp the patient as an impostor; it is but a natural consequence in an undoubtedly honest case. After the case is settled there usually occurs the first really peaceful interval the patient has. Often it is with the funds thus provided that the necessary rest, attention and general comforts are obtained; in point of fact up to this time, every circumstance has tended to perpetuate the trouble. I have nothing to say of those cases where the symptoms are fraudulent, save to express my regret for their existence, as being a trial to the physician, and an injury to many genuine claims. It is not within the purpose of this paper to speak of the treatment, the sole object being to call attention to the functional nature of a large portion of nervous symptoms following traumatism, where there is no fracture of vertebræ or laceration of tissue.

AN OBSCURE CASE OF RHUS POISONING, WITH LOSS OF SIGHT FOR SEVENTEEN YEARS.—CURE.

BY L. F. POTTER, M.D., MALDEN, MASS.

While there may be reasonable doubt of the claim the following case has on the above title, yet I have chosen it because I believe the preponderance of evidence clearly implicates rhus as the morbific cause.

Mrs. Mary G——, aged forty-five; general condition of good health. Face subject to habitual rash of dark red color containing small vesicles, and covering an area of from two to three inches in diameter in both cheeks. Right eye sightless for seventeen years, from neuralgia (?). Suffering in slight degree from climacteric changes. Somewhat exhausted mentally from constant association with a sister ill with hysteria.

From April 15th to May 20th, 1891, patient had a severe attack of "la grippe," of the nervous type. The disease during the above time pursued an uneventful course.

From May 20th, for two weeks following complained of intense pain over and around right eye, alternating with neuralgic

pain throughout frontal region, extending backward; extreme nervousness and insomnia. Examination of eyes revealed moderate conjunctivitis of right eye with drooping of upper lid. No tenderness perceptible on pressure in or around orbit. Left eye normal. No sleep had been obtained for two weeks, from excessive pain in eye, excepting that received at short intervals from hypodermics of morphia. Many drugs, homœopathic to the symptoms, were used without result. Chloral, antipyrine, and similar drugs failed equally. I was dependent wholly on subcutaneous injection of morphia, and even this most unsatisfactory agent would palliate only for short intervals. My patient was losing ground. Reduced to a state of extreme anxiety, I was led to look more closely into the history of the case, with the following result. Through the kindness of Dr. Gilbert, of Quincy, I was able to get a few points in an earlier sickness.

Nov. 5th, 1874, the patient, previously healthy, was taken suddenly ill with chills followed by erysipelatous swelling of face and eyes; loss of consciousness for eight hours; awoke with severe pain in right temple and behind right eye.

Nov. 4th, the day preceding sickness, patient's room had been trimmed with green stuff brought from the woods by a brother, patient not coming in contact with it.

Nov. 6th. Eyelids swollen and completely closed. After three days swelling subsided. Left eye normal; right covered by a mist.

Nov. 13th. Scarcely able to distinguish between light and darkness; external appearance of eyes normal. Pupil of right eye same size as left, and responds to light in the same manner and degree; globe elastic.

OPHTHALMOSCOPIC EXAMINATION.

Fundus slightly congested. Vessels somewhat larger than in left eye. Papilla is a trifle whiter. Disk clear.

Feb. 2nd. Able to discover objects in strong light, which power lasted only an hour or two, followed by total blindness in right eye. From this date to present time has been subject to periodic neuralgic headaches in the vicinity of right eye. The rash has also persisted, lighting up during periods of neuralgia and declining with it.

Jan. 26th. Drs. Samuel Cabot, B. Joy Jeffries, Calvin Ellis and S. G. Webber saw the case and pronounced it a neuralgia of unknown cause and incurable.

This history suggested to me a possible rhus poisoning, the exposure occurring from the green material brought from the woods seventeen years ago. A few drops of rhus tox 1x were prepared in water and a teaspoonful given at intervals of an

hour to four. Suffice it to say that a few hours after the exhibition of the first dose the patient (as she expressed it) felt a great calm. Sleep followed of ten hours' duration, the first for two weeks, excepting that produced by morphine. Continued improvement for three days; the fourth, while rubbing the sound eye, found that she could distinguish objects with diseased eye. Daily improvement; reads with very slight blur. For a month the condition of the eye has been improving, also general health. The rash has been slowly fading since rhus was first given and is now hardly perceptible. At present date patient uses both eyes equally well. Rhus has been continued at intervals of four hours. Opthalmoscope shows no pathological condition.

Whether this case was originally a neuralgia of "unknown cause," its cure concerned in that great eruption of the sexual nervous system called the "climacteric," or a morbid condition induced by exposure to rhus, and cured by the application of the principle of similia — may be a question of opinion. The fact of the well-known subtile effects of rhus as a poisonous agent, the circumstantial and clinical evidence regarding the drug in this case, point conclusively, in my mind, to the character of the disease.

I subjoin the notes of Dr. Samuel Webber, taken in 1874–75, furnished by Dr. Gilbert.

Pupils acted well; right lid dropped a very little. Eye moved well and naturally; superior rectus of right eye weak. Eye not carried above horizontal line, when left eye was covered; both eyes acting together, right eye can be moved upward. Muscles of mastication acted well. Facial muscles all act. In talking left side moves a little more than right, but there is a slight drooping of right side of mouth, thought to be natural. Tongue protruded straight.

SENSATION.

	Left.	1 point.	Right.	1 point.
Cheeks.	$2\frac{3}{4}$	$\frac{5}{8}$	$2\frac{1}{2}$	$\frac{3}{8}$
Back of hand.	$\frac{7}{8}$	$\frac{3}{4}$	1	$\frac{7}{8}$

Palms both alike; also neck; on right cheek more often than on left, said she felt three points.

Both memb. tymp. drawn in; not much thickened; a rushing noise like a waterfall in left ear; when lying head throbs, rushing noise is then greater, but when lying on right side the same is not noticed. Hearing equal; at times a snap in left ear. Walks a little unsteadily with eyes shut; stands with eyes shut; feels she stands better on right foot than on left. Moves hands well.

Ophthalmoscope. Both eyes — centre of disk, clear white;

around this a well-defined zone of reddish color, only slightly distinguished from fundus. In this zone the small vessels are not increased in number. Veins large, not tortuous or varicose.

When seen a month later the difference in sensation was still marked. Two points were felt in forehead: on right, $\frac{1}{2}$; on left, $\frac{3}{4}$; and a blunt point drawn across forehead was said to be felt more on right side. The condition of eyes was about the same but more marked in right.

THE MICROSCOPE IN DIAGNOSIS AND PROGNOSIS.

BY A. F. MOORE, M.D., PROCTORSVILLE, VT.

(*Read before the Vermont Homœopathic Medical Society.*)

It is impossible to cover a tithe of the ground of clinical microscopy in a paper of the length that this should be. Hence we will select a few of the many points which might be touched upon.

And first, the microscope to be of practical use should have a firm stand; the base well extended and resting upon three points; the arm connected to the pillar or pillars by a joint so that, in dry histological and bacteriological work at least, the body of the microscope may be conveniently inclined, affording less fatigue to the person in protracted work, and also for copying with the camera lucida, or for photographic purposes. Of eye-pieces there should be at least three; one 2-inch, one 1-inch, and one $\frac{1}{2}$-inch, solid, as the solid eye-piece will give more light. A convenient list of objectives, for *clinical* work, is a 1-inch, 30° angular aperture, a $\frac{1}{5}$-inch, 100° to 130° angle, and a $\frac{1}{12}$ or $\frac{1}{16}$-inch immersion objective, homogeneous immersion, if convenient financially, if not, a Bausch and Lomb. Professional water immersion lenses can be used with either water or glycerine by proper adjustment, and give excellent definition. For much work that will be done in histology, a medium or narrow angled lens will give more satisfaction by reason of its greater penetration, which defines a thicker layer of the object, but for minute objects in bacteriology, requiring a high power, a wide angled immersion lens gives by far the best definition of their structure.

There should be the most perfect adjustment of the rack and pinion, so that there is not the slightest loss of motion, and a fine micrometer screw should make the fine adjustment for high powers. On the stand which the writer uses the workmanship is so perfect that it is *possible* to nicely and quite easily focus a $\frac{1}{12}$-inch objective with the rack and pinion alone, though a micrometer screw is provided for the purpose. With the outfit

mentioned it is possible to magnify objects from 45 to about 2,400 diameters. An ordinary blood globule, $\frac{1}{3200}$ of an inch in diameter, may be made to look about ¾ of an inch across; and the tubercle bacillus, $\frac{1}{6200}$ of an inch in diameter, looks to be about $\frac{1}{25}$ of an inch, and the spores are very plainly made out. Definition, however, is worth more than magnifying power, and it is laid down as a rule that, other things being equal, of two objectives of the same magnifying power, the one with the greater angle will show the *finer* details of structure, that is, has the greater resolving power.

Suitable substage condensers should be provided, so that small details of structure may be set, as it were, on the very apex of a cone of light, when they will be shown with almost or quite stereoscopic distinctness. There should be both plain and concave substage mirrors set back to back in the same frame, and the mirror bar should be capable of rotating on its axis, so that the mirrors may be used above or below the stage. One of the eye-pieces, the 1-inch, should be provided with a slot in which may be fitted a micrometer for measuring the size of objects. With such an instrument and a few reagents and stains used in histology and bacteriology, we are ready for business. We must first familiarize ourselves with the common objects floating always in the air, and all liquids open to it, or we shall be puzzled over bubbles of air in urine, take fibres of cotton for hyaline tube-casts, and spores and vegetable cells for pus and epithelium. Besides we shall thus be able to make an absolutely certain diagnosis between an all-wool undervest and one that is part cotton.

Now let us see what this noble and almost perfect instrument, with its "accessories," is capable of showing us as to the differences in diseased conditions.

We find common to all anæmias, a pale skin, dizziness, faintness, weakness, dyspnœa, a bellow's sound in the heart, and murmurs in the bloodvessels, palpitation of the heart, and noises in the ears. If added to the above symptoms, there are perverted appetite, circumscribed flush on the face at times, glands normal, borborygmus, constipation, blue conjunctiva rather than yellow, no hæmorrhages, and the microscope shows the red and white blood discs, both in normal proportion, and either the spectroscope or globinometer show a difficiency in hæmoglobin, we have to deal with chlorosis, pure and simple, and we think of iron, phosphorus, etc. But, if added to the first named general spmptoms there is œdema, ascites, indigestion, diarrhœa, perverted appetite, circumscribed flush on face at times, hypertrophy of liver and spleen, tenderness in bones, (especially sternum), night sweats, retinal changes with, perhaps, failure of

sight, hæmorrhages from mucous surfaces, and the microscope reveals an excess of *white* blood discs, it is leucocythæmia, or leukæmia (Virchow). And Frederick P. Henry, M.D., is authority for the statement that "the diagnosis of leucocythæmia can only be made by a microscopic examination of the blood either before or after death." All agree that the etiology is obscure, and prognosis unfavorable. The duration of the disease is from one to three years. Again, added to the general symptoms of anæmia, which are common to all phases of it, there may be indigestion, diarrhœa, œdema, loss of appetite, vomiting simulating that of cancer, purpura with hæmorrhage, retinal changes, failure of sight, and eyes lose lustre, liver and spleen nearly normal, or spleen may be shrivelled or enlarged, a defficiency of *red* blood discs is revealed by the microscope, and it is a case of idiopathic, pernicious, progressive anæmia. Here again the microscope is necessary to a perfect diagnosis, and in both this phase of anæmia and leukæmia its use will determine the prognosis, from time to time, better than any other method, though few, in either case, ever recover. It has been necessary to be thus explicit with regard to symptoms in these anæmias because various transient causes vary the proportion of the blood discs and hæmoglobin. It is said that a differential diagnosis between chlorosis and cancer can be made by measuring the red blood discs, the average diameter of which ranges from $\frac{1}{3500}$-inch to $\frac{1}{3100}$-inch, while in chlorosis it is $\frac{1}{3000}$ and in cancer $\frac{1}{3800}$, according to George Wilkins, M.D., Lecturer on Histology, McGill University, Montreal, Canada.

Whether bacteria are conceded to be the cause of disease or not, they are in many cases an element of positive diagnosis. For instance, a spiral bacillus, called spirillum, found in the blood only during the access of fever paroxysms, is a sure indication of relapsing fever, and a differential diagnosis between typhus abdominalis and meningitis may be made by staining and finding the so-called typhoid bacillus in the blood, fæces or tissues. They are $\frac{1}{1200}$ to $\frac{1}{800}$ of an inch long, with rounded ends and $\frac{1}{4200}$ to $\frac{1}{2500}$ of an inch thick. Stained they appear as if holes were punched through them. Koch, Eberth and Klebs are authority for this bacillus, and sponsors too, and Meade Bolton, M.D., Assistant in Bacteriology in Johns Hopkins University, Baltimore, Md., says: "The constant presence of this organism in typhoid fever, and its absence in all other conditions, makes its etiological significance almost certain." It will be seen that the above statement makes its diagnostic significance quite certain.

But the clinical microscope has made its grandest and most imposing triumphs in what it has revealed in tuberculosis and diseases of the urinary tract. When Koch, in 1882, stained and

saw the tubercle bacillus, isolated it in pure cultures on blood serum, and, by inoculating healthy animals with these pure cultures, produced tubercles and tuberculosis in abundance, a new era in the science of medicine began, and it became possible to determine with the microscope the presence or absence of tuberculosis to a certainty in any given case. And more than this even, — a definite prognosis was rendered comparatively easy. Bayle and Laennec, in the first quarter of the nineteenth century, declared "that tuberculosis was a separate affection due to deposit of tubercle, a specific product independent of ordinary inflammation." Villemin, of Paris, in 1865, by inoculation experiments with tubercular material produced tuberculosis in the healthy. But, in 1882, Koch's microscope gave him a view of the *corpus delicti* in the bacillus, which has been abundantly proved to be the one element of tubercle which is capable of reproducing the disease, so much so that the finding of the tubercle bacillus in the sputum of a patient is sure and positive evidence that he is more or less tuberculous. So much for the diagnosis of the affection. The prognosis depends to a great extent on other elements. For instance, there will be no hectic fever as long as the bacillus alone appear in the sputum, (except *possibly* in general infection of the system with acute miliary tubercle). The hectic fever is essentially a pus fever, and no consumptive dies until he has had a battle with the hectic fever and lost the fight, barring hæmorrhages and the above possible exception. So the writer has found it possible after the bacillus has been demonstrated in the sputum, to give a much more definite and accurate prognosis from the quantities and kinds of micrococci of pus associated with the bacilli than is generally possible from any physical signs. Sputum containing tubercle bacilli, and loaded with the micrococci of pus, comes from a patient who will surely die ; while sputum with bacilli, but with very few or no pus microbes, comes from a patient, who, barring hæmorrhages or general systemic infection, will live in fair health and may get well. We cannot get along without the microscope in the diagnosis and prognosis of many cases of phthisis, and the physician who ignores it in the management of these cases, is not doing his patients justice. So true is this that the writer has discarded the usually prescribed, and shall we say classical stains for the bacilli, which color only the bacilli, and uses what is called Beck's double stain, which colors the tubercle bacillus red, and at the same time all other microbes are colored blue. Everything else is decolorized, so that we have a slide showing only the microbes and nothing else to confuse the sight. To illustrate the superiority of this method, we cite a case in which some pus from a suppurating

elbow joint was sent the writer, who made a cover glass preparation with the Beck stain, when in it appeared the tubercle bacillus, the streptococcus of pus, and the bacillus of typhoid (?) fever, showing the condition of things better than all the windy discussions the doctors and laymen had carried on over the case for a year or more. If the ordinary stains had been used, no microbe but the tubercle bacillus would have appeared on the slide. The micrococcus tetragenus, so constantly found in tuberculous sputum and on the walls of tuberculous cavities, and so seldom found in any other sputum or cavities, was also found in the pus. There are generally four together, in tetrads about 1 μ across, and often each single coccus may be 1 μ in diameter, making the tetrads larger. It is so nearly diagnostic of tuberculosis that the microscopist is not justified in giving a negative answer except in the positive absence of the bacillus tuberculosis after the most thorough search.

Diagnosis and prognosis by urinary microscopy has been so thoroughly written up that it is only necessary to note a few points not generally appreciated.

The origin of tube-casts in the kidneys is a mystery, so far as most or all of the books are concerned. Some of them indeed, have been shown to consist of epithelial scales and débris cemented together, but who has told us what the cement is? Fibrin, say some; but whence the fibrin? A good $\frac{1}{12}$-inch immersion objective will show that by far the larger proportion of cells in tube-casts are *not* epithelium but leucocytes. These leucocytes are independent organisms, according to T. Mitchell Prudden, and originate in the lymphoid tissue of the lymphatic glands, and spleen, tonsils, etc. All authorities testify that they are amœboid, and according to Frederic P. Henry, their destruction causes the coagulation of the blood. So, also, says Haliburton in the *Dietetic Gazette* for April, 1889, p. 42. The writer has observed the cell-globuline flow out on rupture of the enveloping membrane of leucocytes in purulent alkaline urine, and this is the manner in which caustic potash causes the coagulation of pus into a sticky gelatinous mass in purulent liquids. This cell-globuline is the fibrinous cement which binds the leucocytes, epithelium and granules of the cast together, and probably coustitutes the whole of hyaline casts. Hence these tube-casts are simply a matter of plastic exudation, like croupous or diphtheritic membrane, or the plastic lymph thrown out to repair a wound. It is simply a matter of catarrh at first. Pus microbes and others invade the tubes and leucocytes crowd in by means of their snail like amœboid movement, to devour them. Then they die and furnish the cement of the casts which come away and are seen in the urine. Croupous nephri-

tis, some authors call it. In pyelitis the writer has seen the leucocytes which have come away in the urine, yet alive and crawling about on the warm slide of the microscope, and has watched them devouring the microbes in the urine. Most of what is called Bright's disease begins as catarrh of tubes, capsule or pelvis of the kidney, by reason of irritating elements in the urine, from elimination of disease products, excess of nitrogenous food, or sandy deposits. An excess of leucocytes on the catarrhal surface causes plastic exudation, or tube-casts, and if the grade of inflammation is slow and chronic, there will be a final cirrhosis of the kidney, for chronic catarrh always leads, sooner or later, to cirrhosis even in the nasal passages, according to the latest investigations with the microscope.

So, little or no albumen, with short, thick granular casts, has been found to mean the beginning of fibrosis or cirrhosis in some internal organ. It may be in the kidney itself, or sympathetic with the same process in the liver, or with fibrous hypertrophy of the heart, and the administration of aur. et natri mur. 3x. will arrest the process, and the patient will get better. Tube-casts of blood discs have been cured by terebinth 3x. Greenish pus in the urine, with some anasarca, great thirst, and no tube-casts, cured by merc. sol. 3x. Valvular insufficiency of heart, with crystals of oxalate of lime and epithelial scales in urine, benefited by lycopus Vir. and the oxalate disappeared.

The microscope will show that uric acid crystalizes out of the fresh urine and irritates the kidneys, and even comes away in casts from the tubes when chemistry shows no abnormal amount of the acid in the urine. So of other gravels and deposits. The writer has dissolved the phosphates out of a tube-cast under the microscope and left nothing but the hyaline cement. Casts may consist of uric-acid cylinders, may be infiltrated with granules of urates, of oxalates, of phosphates, as well as with all sorts of bacteria, with fatty matter, with epithelium, blood globules, or leucocytes. [Ref. Hand-Book of Med. Sciences, Vol. 4, p. 800, etc.]

Triple phosphates in fresh urine mean intra-vesical fermentation and probable inflammation of the bladder, which may have extended from cellulitis or even from fibroid induration of uterus or vagina. Oxalate of lime is found in the urine in catarrhal jaundice (*i. e.*, catarrh of ductus communis), diabetes mellitus, lithiasis, and valvular diseases of the heart, also indigestion with excessive melancholy ending in insanity. The gonococcus, which may be stained with aniline and decolorized with iodine, while all else remains colored, when found in a purulent discharge from the urethra, or other pus, surely means gonorrhœa. There is another just like it, except it cannot be

decolorized with iodine, called micrococcus subflavus, found in the female genital passages sometimes, causing no apparent inconvenience there, but producing an irritating discharge from the male organ, and much suspicion and trouble in the family. The discovery of this little pest restored quiet in one family cared for by your essayist. For this micro-organism does *not* produce gonorrhœa. Dr. Louis Heitzmann, a noted microscopist, of New York, details a similar experience with this microbe in the *Medical Record*, of May 3, 1890.

There is no reliable method of applying bacteriology to syphilis, as the bacillus cannot as yet be differentially stained.

In the fluid of cysts, it is said that ciliated cylindrical epithelium surely denotes that it is ovarian.

In skin diseases the parasite in pityriasis versicolor, herpes tonsurans, sycosis, and favus, can be found and the disease thus diagnosed.

In the fluid of echinococcus cysts, the hooklets can be found and the diagnosis made out.

Waxy tube-casts in the urine mean amyloid degeneration of the kidneys, and are of very grave import; mould fungi, filaments of leptothrix in the urine mean catarrh, and carbolic acid 3x will generally cure.

Cancer cells are sometimes found in urine. In seminal losses the spermatozoa can easily be found in the urine, and if they are associated with crystals of the phosphates, asparagus will be indicated.

A differential diagnosis between tuberculosis and pneumonia can be made out by finding either the tubercle bacillus or pneumococcus, as the case may be. Also between catarrhal and fibrous or tubercular phthisis, by finding the bacillus in the sputum of the tubercular variety, and its absence in the others.

In fact, histology and the germ theory have made the microscope an indispensable clinical assistant. Histology, because the peculiar kind of epithelium found in the urine will often locate a lesion of the urinary tract, the malignance or non-malignity of a tumor, and even the difference between cancer and sarcoma can often be made out. The germ theory, because, whether a certain microbe is the *cause* of a disease or not, it may be, and often is, a sure diagnostic guide in the case. Thus a certain bacillus growing in the dirt of old gardens, etc., when found in punctured wounds is a sure precursor of tetanus. So we see there is scarcely any end to the clinical uses of the microscope, and we may as well end this paper here as anywhere.

Since writing the above, the *Medical Record* of May 24, 1890, reporting the meeting of the Association of American Physi-

cians held at Washington, May 13th, etc., says, "Dr. Bridge thought it would soon be regarded as malpractice not to search for the tubercle bacillus in all suspicious cases."

SOCIETIES.

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HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The regular quarterly meeting was held at Cooley's Hotel, Springfield, Mass., Wednesday, Sept. 16, 1891. The meeting was called to order at 11 A. M. by the Vice-President, Dr. A. M. Cushing.

The resignation of Dr. J. F. Hadley, of Waltham, was presented and accepted. Dr. Hadley regretted his inability to attend the meetings on account of the distance. The routine business was transacted as rapidly as possible and the meeting placed in the hands of Dr. A. J. Bond, chairman of bureau of Gynæcology and Pædiatrics, who reported the following papers: "Purpura," Dr. G. H. Wilkins, of Palmer; "Cervical Stenosis as Related to Dysmenorrhœa and Sterility," Dr. T. J. Putnam, North Adams; "The Perineum: How to Preserve It," Dr. N. W. Rand, Monson.

Dr. Wilkins read the first paper, giving a short talk upon "Purpura," with a report of three cases, one of which was especially reported in detail. Patient was a child which had been under old-school treatment for the "grippe." Besides the usual oozing from the gums, a large portion of the body became covered with ecchymoses. The case was doing nicely when the left side became suddenly paralyzed. Paralysis disappeared, however, in a few days and the child was well in two weeks. The remedies used by Dr. Wilkins were, ham., erig., and later phos. acid. Other members found phos. and phos. acid to be the remedies giving the greatest relief in this disease.

The second paper was by Dr. Putnam upon "Cervical Stenosis." He believed that all cases of dysmenorrhœa should be simply divided into obstructive and membranous; that the large majority of cases belonged to the former, and with this only he had to deal. Some variety of flexion was usually the cause, the "kink" either occluding or obstructing the canal. The proper time for examination was just prior to menstruation. Then the uterus is congested and the lumen narrowed still more. A very small proportion of cases can be cured by medicine alone. They require dilatation. The method employed by Dr. Putnam is as follows: The cervical canal is thoroughly dilated and an

application of carbolic acid made to the margin of internal os. A stem of hard rubber, slotted at side to allow drainage of uterine cavity is then inserted. The best time to operate is just prior to menstruation, allowing the stem to remain until the period is over. A large number of cases were then reported. The last paper was by Dr. N. W. Rand, on "The Perineum: How to Preserve It."

The method of treatment was to dilate the perineum by the hand to as great an extent as possible. All soft tissues can be distended to a remarkable degree, and this is specially true of the perineum. By persisting in this labor of dilating, Dr. Rand believes nearly every case can escape without a laceration.

Adjourned for three months.

P. R. Watts, M.D. *Secretary.*

GLEANINGS AND TRANSLATIONS.

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The Ten Leading Rules of Abdominal Surgery. — 1. The arrest of hæmorrhage. 2. The avoidance of mechanical irritation. 3. The guarding against infection. 4. The proper apposition of the edges of the wound. 5. The provision of necessary drainage. 6. To apply gentle pressure to prevent exudation. 7. To give perfect physiological rest. 8. To secure the best possible position of the parts to promote comfort and healing. 9. To provide for hygienic surroundings. 10. To attend to the patient's general health. — *Dr. Griffiths, So. Pract'r. — Am. Doctor.*

Medical Works in Court. — In California, under the code, an interesting question arose a few years since, in regard to this matter. The code stated that "historical works, books of science or art, and published maps or charts, where made by persons indifferent between the parties, were *prima facie* evidence of facts of general notoriety and interest."

In the case at issue, the question was whether medical investigation and experience were "facts of general notoriety and interest," and it was held that they were not, but that such facts "include the meaning of words and allusions, which may be proved by ordinary dictionaries and authenticated books of general literary history, and facts in the exact sciences founded upon conclusions reached from certain and constant data by processes too intricate to be elucidated by witnesses when on examination." Thus, mortuary tables, chronological tables, recognize standards of weights, measures and currency, are admissible. The rule as to medical books was given as follows:

"But medicine is not considered as one of the exact sciences. It is of that character of inductive sciences which are based on data which each successive year may correct or expand, so that what is considered a sound induction last year may be considered an unsound one this year, and the very book which evidences the induction, if it does not become obsolete, may be altered in material features from edition to edition, so that we cannot tell, in citing even from a living author, whether what we read is not something that this very author now rejects."

Some of the states in which the rule excluding medical books is recognized are Indiana, Maine, Maryland, Massachusetts, Michigan, New York, North Carolina, Rhode Island and Wisconsin.

In Iowa and Alabama, and probably some other states, medical books are allowed to be read.

In arguments to the judge, medical books can be quoted from by counsel, and in this way many astute lawyers often practically get before the minds of the jury what they would have been unable to have read, if offered as evidence. Another way in which the exclusion is practically overcome is in cross examination, where much more latitude is allowed than on the direct examination. An expert witness can have quotations from standard medical books read to him and he can be asked if he agrees with the quotations. — *North American Practitioner.*

REVIEWS AND NOTICES OF BOOKS.

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A Pocket Medical Dictionary. — By Chas. Gatchell, M.D. Chicago: Era Publishing Co. 1891. 303 pp.

"Infinite riches in a little room," might well be the motto of this small but uncommonly useful volume, compiled by that brilliant and indefatigable worker, the editor of the *Medical Era.* If any book can supply a "long-felt want," it is surely a medical dictionary, small enough to be carried in the pocket, complete enough to promptly answer the questions on pronunciation and exact definition of technical terms, which must almost daily arise in the mind of the student, and may arise, more frequently than he might be willing to admit, in the mind of the practitioner. Dr. Gatchell's little book, incredible as it may appear, at first glimpse of its modest bulk, contains ten thousand words. Its type is of the clear sort so welcome to overworked eyes; its make-up, with excellent paper, gilded edges and flexible cover of crimson leather, ornamental enough to satisfy the most exacting. Its definitions are concise and exact. Space

has been economized by the omission of plurals and derivatives; the "reformed" spelling, in which diphthongs are dropped whenever practicable, has been largely adopted. An appendix gives much practical information, in a condensed form: weights and measures, poisons and antidotes, and the like. The little book is deserving of the widest possible knowledge, favor and use. If — as we note to be the case — the author's definitions do not include one of "homœopathy," it is doubtless because he loyally looks upon the word as too well known to need dictionary elucidation.

International Homœopathic Annual. Dr. Alex. Villers, Editor. Leipsic, 1891. 175 pp.

An international directory, published annually, giving the addresses of every practitioner the world over; giving a bibliography of all the magazine articles and publications generally, of interest to homœopathy, issued in the preceding twelvemonth; giving a few scientific essays by leading homœopathists, and giving, in each number, original illustrations of places and faces famous in connection with the history of homœopathy: Such is the arduous and most useful task set himself by Dr. Alexander Villers, of Dresden. The first fruits of his efforts we find in the excellent little volume before us. Its lists of names and addresses are naturally, as yet, far from complete; and in this direction every homœopathic physician can be of use to the editor by sending him, at an early date, his plainly-written address, to be included in the next annual. The essays of the present issue, four in number, are brief and readable. The pictures, reproduced with admirable clearness, show the house in Meissen where Hahnemann was born, and the portrait bust of him in the Princes College of his native place. The volume as a whole, cannot fail to be of the greatest interest to homœopathists everywhere; and they should give hearty good speed to the venture it represents. We would suggest, as making the "Annual" more comprehensive, that there be added a list of homœopathic hospitals and dispensaries, with brief memoranda of their yearly work.

Headaches and Their Concomitant Symptoms. By John C. King, M.D. Second Edition. Chicago: W. A. Chatterton. 1891. 240 pp.

A second edition, demanded by the favor which the first edition has won for itself, is its own best commendation. Dr. King, in the present volume, moved, as it is a pleasure to find him candidly admit, by the recent challenge of our existent materia medica, has omitted several of the minor and ill-proven

remedies given in his first edition, and given closer and more detailed study to those of tried usefulness. The paragraphs on "concomitant symptoms" have been so far extended as to give quite graphic little pictures of the general condition to which certain headaches, controlled by given remedies, naturally belong. An exhaustive and suggestive repertory concludes the volume which, doubtless, like its predecessor will prove a popular and valuable companion for homœopathic prescribers.

Minor Surgery and Bandaging. By Henry R. Wharton, M.D. Philadelphia: Lea Bros. & Co. 1891. 497 pp.

The most cursory examination of this admirable work will show its fitness to stand in the front rank of books on its chosen theme. It gives, tersely and graphically, exactly the sort of teaching that the ponderous and classic works on surgery have no time to give; the information without which the young practitioner is often sorely put to it, to take hold, aptly, of emergency work; and by aid of which the student may fit himself to follow his lectures and clinics with far greater appreciation than would be otherwise possible to him. If the work have a fault, it is the very pardonable one of too wide a scope: many major operations, and a few special ones, being included within its limits. It teaches, by text and by illustration, just how to go to work in the directions outlined; how to prepare the patient; to handle the instruments; to apply the bandages. It gives explicit directions as to asepsis and antisepsis; it gives dietetic hints as to after-treatment. The profuse and excellent illustrations are genuinely illustrative; most of them are photographs from nature. With this work to guide him in paths surgical, "the wayfaring" practitioner, though — as we know, however, never to be the case — "a fool, cannot err." The book is capitally gotten up, the type faultless, the binding handsome and substantial.

Text-Book of Opthalmoscopy. By Edw. G. Loring, M.D. Edited by Francis B. Loring, M.D. New York: D. Appleton & Co. 1891. 260 pp.

There attaches to this fine work, the pathetic interest of the forever incomplete. Its author, Dr. Edward Loring, died in 1888, while this, the second volume, was in course of preparation. Finished by its present editor, with conscientious care, from notes left by the author, it represents his views — many of them of marked originality — with as much fidelity as if he had himself lived to formulate them; lacking only the finish of style which the editor has wisely foreborne to supply, lest the force of the original views be lost. The volume deals with the varie-

ties and complications of diseases of the retina, the optic nerve and the choroid. It is, like its predecessor, richly illustrated, in many cases from original drawings; the illustrations including many colored plates. The scholarly mind and wide practical experience of the author lend to his text dignity and authority. The publishers offer the work in sumptuous shape and finish.

Practical Pathology and Morbid Histology. By Heneage Gibbes, M.D. Philadelphia: Lea Brothers & Co. 320 pp.

This book possesses certain new and many commendable features which will rapidly popularize it. Among the first things to fix the attention are the illustrations, all of which are photographic reproductions. The author places a high value on photographs of microscopical sections and specimens, greatly preferring them to drawings. Several short chapters, at the end of the book, are devoted to "Photography with the Microscope," describing the needed apparatus and processes with sufficient minuteness to enable the novice to do creditable work in this line. A good photograph is, doubtless, preferable to a poor drawing, and *vice versa;* whether or not photographic reproductions in general are more instructive and satisfactory than drawings in general, the illustrations of this book will do much to decide. The excellence of these illustrations, as a whole, will do much to stimulate to further work in this direction. The book is a complete laboratory guide, and is so simply and directly written that those debarred the privilege of laboratory work under special instructors will find themselves enabled by it to harden, cut, stain, mount, and recognize sections of morbid specimens without further instruction. Elementary and essential points are considered without wearisomeness, and yet thoroughness is not sacrificed to conciseness. The author's views concerning bacteriology are such as would be held by a colaborer of Prof. Vaughan. Although other authors are occasionally referred to, the book represents chiefly original work and, as such, demands recognition. The book is also the work of an experienced teacher, and is, therefore, free from all superfluous matter, and its subjects handled interestingly and convincingly.

Annual of the Universal Medical Sciences. Edited by Chas. E. Sajous, M.D., and seventy associates. 5 vols. 1891. Philadelphia: F. A. Davis & Co.

The size, the detail, the exhaustive arrangement of these fine volumes, makes the "Annual" practically an encyclopædia, in which the practitioner can inform himself, with a minimum effort, as to what progress has been made, in a twelvemonth, in

almost every branch of medical work, homœopathic therapeutics, of course, excepted. The work, nevertheless, contains much of the greatest value to homœopathists, as to all scientific physicians; the departments, for instance, on animal parasites, on urinalysis, on obstetrics, surgery — general and special, anatomy, physiology, histology, and bacteriology, on electrotherapeutics, on hygiene and climatology, being a few of those which appeal to all medical readers, regardless of therapeutic differences. As has been the case in former years, the list of contributors comprises most of the noted names of allopathic medicine, in this country and Europe. By their researches, the whole immense field of the year's medical literature has been carefully gleaned, with rich results in the way of novel and practical suggestions. In the chapter on hygiene, for example, the list of evils arising from common errors in the sanitary conduct of our public schools, is one worthy the study of all public-spirited physicians. The volumes are clearly and admirably indexed. The busy practitioner could scarcely pass his leisure moments in more helpfully suggestive company.

Self-Examination for Medical Students. Philadelphia: P. Blakiston, Son & Co. 1891. 144 pp.

The student equal to answering all of the 3,000 questions in this vest-pocket quiz-compend, is worthy not only of graduation in medicine, but of canonization in medicine, halo and all, complete. The list is amazingly comprehensive, the questions practical and pointed, and the fact that the answers are not given, but only hinted at by numbers referring to the well-known Quiz-Compend series, issued by Blakiston & Co., is wonderfully stimulating to the memory, as suggesting to the student the fateful hour of coming examination. The tiny volume well fulfils its purpose.

The September Century carries on with animation the discussion on the treatment of southern prisoners at Camp Morton, in papers by W. A. Holloway and John R. Wyeth. F. D. Sherman has a gracefully appreciative article on the poetry of Thomas Bailey Aldrich. The short stories are full of interest, the most notable among them being "Elder Marston's Revival," by Le Roy Armstrong. Mr. Stockton's story is concluded. New York: The Century Co.

Lawson Tait Says, "The road to success in the practice of our art lies not only in knowing how to deal with disease, but how to deal with men and women who suffer from it."

The latest novelty is Beeman's pepsin chewing gum.

MISCELLANY.

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"MAN born of woman is of few years and full of bowel-trouble."—*Solomon, Revised.*

DOCTORS in New York who have a million can go with the four hundred; and those who have four hundred can stay with the million. — *Med. Era.*

GRAMMATICAL. — Teacher: "In the sentence, 'the sick boy loves his medicine,' what part of speech is love?" Johnny: "It's a lie, mum." — *Ex.*

THE HAND SPRAY IN THE TREATMENT OF FEVERS. — Dr. Junius F. Lynch, of Sanford, Fla., states that he has employed, for the past fifteen months, the hand spray in the treatment of typhoid and malarial fevers, and in conditions of hyperpyrexia, where an immediate reduction in temperature is necessary. He uses an apparatus that throws a continuous spray, and a solution composed of one drachm of aromatic spirits of ammonia, one drachm of table salt to a pint of warm water The patient is stripped and is sprayed from head to foot. The upper portion of the body is first sprayed; and while an assistant, with a towel, is drying this, the lower extremities are subjected to the same treatment.

After the patient has been thoroughly dried, he is covered with a blanket, and soon falls into a calm, refreshing sleep, followed by perspiration, a reduction of the temperature, and a stronger and slower pulse. The relief thus obtained is, of course, only temporary, but it is just so much gained; and in the treatment of febrile conditions, experience has taught that "every little is a help."

The advantages of this method over the wet-pack and sponge-bath are obvious. It is easier to handle; it is not necessary to disturb the patient; it is more elegant, more refreshing, and equally as effective. — *Virginia Medical Monthly.*

PERSONAL AND NEWS ITEMS.

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DR. FRANK KRAFT has withdrawn from the Cleveland Homœopathic Hospital College.

DR. ALBERT PICK, class of '90, B. U. S. of M., is about to locate at Manchester, N. H.

DR. G. R. SOUTHWICK will remove his office and residence to 460 W. Chester Park, about October 1st.

DR. MYRA DE NORMANDIE has located at 120 Marlborough street, Boston. Office hours from 10 A. M. to 2 P. M.

DR. J. E. LUSCOMBE has removed his office and residence from No. 5 Cherry street to No. 46 Snow street, Fitchburg.

DR. ANGUS MACDONALD has returned to Boston, after a very pleasant and professionally successful summer among the White Mountains.

DR. JOHN H. PAYNE has returned from Europe, and will be at his office in the Pierce Building, Copley Sq., daily, during his usual office hours, 8 to 10 A. M. and 2 to 4 P. M.

DR. W. K. BOUTON, B. U. S. M., class of '85, for six years resident physician of the Homœopathic Hospital at Melbourne, Australia, will this year resign that position to enter upon private practice.

DR. WINTHROP T. TALBOT, after a summer passed in the supervision of his pleasant and successful camp for boys, in Holderness, N. H., has returned to Europe to spend the winter in further medical study.

DR. S. R. F. LANTZIUS-BENINGA has returned from his vacation, and can be found at the Pathological Laboratory, College Building, East Concord street, on and after Oct. 1st. Office and residence same as before, 546 Columbus Avenue.

Dr. Maurice Worcester Turner has removed his office and residence to 75 Harvard street, opposite Auburn street, Brookline. General practice and surgery. Office hours till 9 A. M.; 1 to 2.30 and 6 to 7 P. M. Telephone, Brookline 43-2.

Dr. Nathaniel. W. Emerson has removed his office and residence to 118 Hancock street (nearly opposite his former location). General and gynecological surgery a specialty. Office hours from 8 to 9 A. M.; 1 to 2.30 P. M. Sundays excepted.

The training school for nurses, attached to the Asylum for the Insane, and under the immediate supervision of its superintendent, Dr. J. Emmons Paine, is doing highly successful work, in preparing attendants for intelligent care of the mentally effected, in private household: a branch of the nurse's profession hitherto much neglected.

The friends of Helen F. Pierce, M.D., class of '87, B. U. S. M., who has been an invalid ever since her graduation, from injuries received in an accident about that time, will be glad to learn that she has so far recovered as to be able to take short drives. She is under the professional care of Dr. John J. Shaw, of Plymouth, Mass., where she resides.

On the fifteenth of September, a complimentary supper was given in honor of the fortieth semi-annual meeting of the New York State Homœopathic Medical Society, by the Erie County Medical Society. The occasion was a delightful one, Drs. Kinne, Schneider, and others being among the post-prandial speakers, and Dr. William Tod Helmuth delivering an original poem.

Dr. Walter H. White has removed his office and residence to "The Berkshire," 192 Dartmouth street. He has given attention for the past ten years to Electrical Therapeutics, and, having just returned from studies abroad, is now prepared in its various branches, to give such cases special consideration. Office hours, 9 A. M. to 12 M.; 2 to 4 P. M. Saturdays, 2 to 4 P. M.

The Maryland State Homœopathic Medical Society will hold its annual meeting Oct. 6th and 7th, at the Southern Homœopathic Medical College, Baltimore. In connection with this meeting will be held the opening exercises of the Southern Homœopathic Medical College: "the first homœopathic medical college, south of Mason and Dixon's line." The occasion will be a memorable one.

An Astonishing Case of Dropsy. — The most remarkable case of dropsy on record is that of I. Meredith, aged seventy-eight, of Montecello, Ill. He had been tapped 278 times, and an average of thirteen pounds of water removed each time, making 3,614 pounds of water which have been removed from him. He is now confined to his bed and is gradually growing weaker and cannot live long.—*Boston Journal.*

At the annual meeting of subscribers to the Homœopathic Hospital of Melbourne, Australia, held July 27th, the different reports read show the institution to be in a decidedly flourishing condition. It is matter for congratulation that during the past year the mortality from typhoid fever was *only two per cent.*, an exceedingly low figure. This disease, which has prevailed so extensively for several years and played such havoc in the colony, seems to be on the decline. That is there are fewer cases; as to virulence the report of the Melbourne General Hospital (old school) states that there is no decrease, as during the year ending June 30th, 211 cases had been treated with a mortality of 42, (*nearly twenty per cent.*).

The many friends of Dr. Brooks, class of '91, B. U. S. of M., will welcome the following pleasant news-item from an Arkansas paper. Dr. Brooks, after duly passing the ordeal of state examination and licensing, enjoys the distinction of being the only woman physician practising in Arkansas:

"Dr. Ida J. Brooks, who recently graduated from the Medical Department of the Boston University, has returned to her home in Little Rock, and will at once enter upon the practice of her profession. Miss Brooks was already of fine scholastic attainments before taking the course in the Boston University, where she graduated with distinction. She has had considerable experience in hospital practice, and is well equipped for her work. Her many friends in Little Rock predict for her a successful career."

THE

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Boston, Mass.

EDITORIAL.

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AN UNRECLAIMED FIELD.

It is well enough known, even though it be not often discussed, that there are many fields which medical science has not yet reclaimed from popular superstition. The Rome whose stones are assured facts is by no means built in a day. There is scarcely a waste field in the domain of pathology or therapeutics to which superstition has not at one time held the title-deeds. Science cannot contest all these titles at once. When she comes to contest them, one by one, she usually finds some small hint or germ of truth in superstition's old title-deed ; some fact which science, having tested, is glad to recognize as such, and retain as her own. It is the natural enough error of medical writers and thinkers that they do not always, so to speak, examine the records of their profession ; and so, occasionally, walk at large in a field which they carelessly suppose to belong to science, but which in point of fact, has never been thoroughly reclaimed from superstition. Such a field is that of maternal impressions. The power of a mother, during gestation, to "mark" her child, by something heard, or seen, or craved, or mentally dwelt upon, is something accepted on all sides with a cheerful readiness which is amazing when we consider how largely it rests upon mere irresponsible tradition. It is quite time that science seriously set about reclaiming this field to herself, by the processes of exact investigation, comparison, and experimentation, which are quite as applicable here as elsewhere.

Do "maternal impressions" as commonly understood, actually exist? Can the unborn child be affected, through the mother, by influences operative only during the period of pregnancy, and not referable to hereditary transmission? We doubt if science is prepared with an unqualified assent to this question, whatever may be the case with popular opinion. *A priori*, oddly enough, the weight of evidence is against the assumption.

For instance, the appeal to embryology for an explanation of the mystery is not followed by particularly satisfactory results, although at first glance it would seem as if a definite answer might here be obtained. Embryology teaches that the fertilized ovum is "a marvellous storehouse of potential biological energy in the most concentrated form." For the full development of the fœtus the ovum, like any other seed, needs only a sufficient quantity and a proper quality of food, and an appropriate environment. The fertilized ovum, as is evidenced by its growth to the full maturity of the individual, bears the deep imprint of generations of predecessors; that is, it is handicapped by heredity, a potent and inescapable influence for good or evil. Its growth is continuous and steady under the guidance of strictly natural laws, and it is only by a setting aside or inhibition of these laws that any arrest of development or any malformation can occur. It is well known that during the first stages of development the ovum is simply in contact with the maternal structures, being bathed by a small amount of fluid which possibly offers some nourishment. Soon the embryonic area is differentiated, and later many structures become quite advanced in development, and still no connection with the maternal structures is formed. In fact several weeks elapse before the allantois is completed and union with the maternal structures is brought about by the formation of the placenta. Even into the third month the union is not particularly intimate; and when the connection becomes most intimate there is no direct continuity between the fœtal and maternal blood-vessels. The fœtus is known to develop its own tissues, its nervous system, and its viscera are absolutely isolated from the maternal structures; it develops its own blood and circulatory apparatus, and the blood-vessels in the fœtal portion of the placenta are its own. The

only material channel of communication between the mater and fœtus is through the soluble nutriment and gases which pass (by a sort of osmosis or dialysis?) from the blood in the uterine sinuses into the placental capillaries of the fœtus, whence they pass, *via* the umbilical vein, to the isolated body of the fœtus to be distributed to its tissues and organs. Up to date morphology teaches no other structural connection between mother and child, and this is practically no closer than the union existing after parturition through the period of lactation and nursing. How then pass from mother to child these potent and permanent impressions and marks, shaping the soul and branding the body? This question, important as it is, is secondary to the vital one, to our mind as yet far from satisfactorily answered, — Do these impressions actually pass? How many well-established facts have we in this connection, said facts not being explicable on any other and more probable hypothesis? Certainly many of the cases classified, in formidably dignified text-books, under the head of "maternal impressions," could not for a moment abide the above simple test. We find repeatedly attributed to "maternal impressions," cases whose duplicates are very common accidents, where no "impression" can be hunted up to account for them; as for instance, cases of hare-lip, and cleft palate. Let us glance at the following very imperfect list of possible fœtal abnormalities, which occur quite independently of any claimed impression:

Hare-lip: supernumerary digits: webbed fingers: cleft palate: atresia of mouth, anus, etc.: nævus: meningocele: spina bifida: extroverted bladder: pseudencephalic, anencephalic and other monsters: hypospadias: varieties of congenital talipes: malformations of heart and large blood vessels: acrania.

Does not the existence of such a list suggest a search for some other cause than "maternal impression" for abnormalities of other sorts for which, rightly or wrongly, the mother is now held responsible, to the abiding anxiety of all women during their months of pregnancy?

We seek to decide nothing: but we plead with investigators to turn the light of exact scientific inquiry on this unreclaimed field.

EDITORIAL NOTES AND COMMENTS.

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Some Common Errors Concerning Homœopathy are encountered with such irritating frequency, not only in the familiar speech of people, or in old-school publications, but in the speech and the writings of those enlisted under the homœopathic banner, that, by way of protest, a brief resumé of a very few of the commonest of them, may not be out of place. There are a few things, often, by inexact reasoning and thoughtless repetition, confounded with homœopathy, with which, nevertheless, homœopathy has nothing whatever in common. As for instance :

Homœopathy belongs not to prophylaxis, but to therapeutics ; therefore it is to the last degree inaccurate to refer to vaccination and inoculation as homœopathic processes. It is true that in some sense a simillimum is utilized in vaccination ; but it is used to anticipate, not to counteract, a similar, and therefore its administration cannot come under the homœopathic principle, as strictly understood.

Again : Homœopathy is not isopathy, though this fact is constantly overlooked and ignored in the utterances of those who should be most familiar with it. The unfortunate mistranslation of the motto of our school, which translation is now all but immovably implanted in popular speech, has much to do with this familiar error. The true and accurate translation of the famous Hahnemannian motto is "let *similars* be cured by *similars*," and *not* "*like* cures *like*." The latter phrase, and the inaccuracy it insidiously conveys are doubtless responsible for the foisting upon homœopathy of such absurd illustrative similes as adding fuel to a fire, or cherishing a hair of the dog that bit one. We must charitably suppose that to the same score must be laid the "homœpathic" use of tuberculinum, syphilinum, and like products, to cure the diseases of which they are the output. Whether Koch, Pasteur or the most straitest Hahnemannian employ these things, they are practising isopathy, and nothing different. The possible merits and usefulness of isopathy are not now under discussion ; our present point is that isopathy is

not homœopathy, nor ever should be ignorantly confounded with it.

Again: Homœopathy is not empiricism. This may seem a self-evident platitude; but it ceases to be so when we consider the hot defence, on the grounds of "clinical experience," of drugs that have never been adequately proven, or whose provings give no hint of the conditions for which they are employed: as, for instance, camphor in cholera. Such argument as is employed in the defence of this practice, by homœopathists, seems to be of the "reversible" order, as Mr. Stockton would say; as thus: the homœopathic rule of cure is the only possible one; therefore whatever seems to cure, must be homœopathic to the case: Q. E. D. Unfortunately this reasoning is more ingenious than scientific. Homœopathy and empiricism, whatever be their comparative merits, are two, and to be separated, now and forever.

And yet again, and, for the present, finally. Homœopathy is not responsible for, and is not to be identified with, any theory which may have been held by its great promulgator, Samuel Hahnemann. The truth of homœopathy stands or falls by itself, and has not the remotest connection with the truth, or otherwise, of the psora theory or the theory of dynamization. A believer in homœopathy may or may not hold with these other theories, exactly as he may or may not be a realist in literature, a Wagnerite in music, a Unitarian in religion; the matters have no essential relation and no interdependence. When homœopathy can be made to stand, in the eyes of science and public opinion, independent of these and a score of like errors, the day of its universal recongition will have dawned.

Dress-Reform in Earnest seems to be in the list of near coming events. The serious and extended discussion given to the subject at the last Chautauqua meeting, the comparatively local movement to establish a "rainy-day dress" for women, and the surprising amount of space devoted to report of and comment on these things, not only by the daily and weekly press but even by the dignified monthly reviews, all hint that the day of general controversy is over, and that of wide-spread

and effective action is near at hand. In this fact all physicians, to whom the public health is dearer than the accumulation of fees, will heartily rejoice. For generations past, it has been the thankless and apparently fruitless task of physicians to preach to womankind on the evils directly resulting from their senseless mode of dress. They have pointed out the dangerous pressure exerted on the pelvic organs by the corset; the deformities arising from high-heeled shoes and the chills following the use of paper-soled ones; the rheumatisms and pneumonias resultant on soaked skirts clinging for hours about ill-protected ankles. But the physician's voice has been that of one crying in the wilderness of willing ignorance, of fixed prejudice, of foolish apathy. But higher education has been at work, developing woman's brain, and the mingling, in healthy competition, in work-a-day life has developed her good sense, pluck and independence. Women themselves, in impressive and effectual numbers, have attacked the problem at last, and that means that its settlement is near at hand. There has at last been recognized the fact ignored by the earlier reformers, to the destruction of their cause; namely, that in the perfect dress, beauty and grace must go hand in hand with use and hygiene. Moreover there is a suggestion in which the wisdom of the serpent is pleasingly manifest, that there be established a central bureau which shall issue, after the manner of fashion catalogues, a quarterly bulletin of seasonable styles; in consulting which, the conservative feminine mind can be assured not only of finding patterns for charming and hygienic attire, but for gowns the general like of which will be worn by hundreds of her sisters the country over; thus doing away with the very pardonable fear of oddity and conspicuousness which has hitherto been such a formidable barrier in the way of dress reform. With such beneficent forces at work, we may be justified in hoping that in another generation the wasp-waisted woman will find place only where she naturally belongs: in a dime museum.

The Humorous Possibilities of the "Healtheries" Exhibition, — to which unique and interesting show we called the attention of our readers, in our last issue — commended them-

selves to every light-minded stroller through its wide and brilliant precincts. There were many seriously suggestive lessons to be learned from the great exhibit of food products and manufactures; as, for instance, the facts that cookery is rapidly becoming, as it should, not only a trade and an art, but a science; that dietetics holds such an important position in the treatment of disease, to-day, that there is scarcely a pathological condition which cannot boast its "especially adapted" food-preparation, suggested and endorsed by eminent medical authorities; that to such perfection has food-condensation been brought, the intelligent traveller may, in his satchel, carry insurance against change of skies meaning outrage to the stomach; in a word, that generations of teaching and preaching of hygienists are, in one direction at least, bearing abundant and excellent fruit. On the other hand, the exhibition demonstrated, no less convincingly, the vast amount of ignorance, misunderstanding, and occasionally something worse, yet needing enlightenment, on the part both of manufacturers of food and of consumers of food. It would seem that if commercialism should anywhere be leavened with education and with conscience, it should be in the manufacture of the food-preparations which are so mighty a factor in the maintenance of public health and the combating of disease. But what is one to think — to take but a few examples out of a possible many — of a meat dressing "warranted to contain no oil," when oil is the ingredient which more than all others commends such dressings as wholesome articles of food to the American with nerves hourly crying out, in pain, the story of their starvation of fat: or of beef extracts vaunted as "nourishing" — which they conspicuously are not — and nothing said about their true function, of a stimulation more safe than, and wellnigh as efficacious as, that of alcohol: grimmest question of all, what are we to think of a food for diabetes, advertised, with many imposing testimonials, to contain "practically no" starch, and yielding, under examination fifteen per cent. of starch — an obvious danger to confiding purchasers? All these things spoke to the physician, strolling through the exhibit, of wide fields yet to conquer in the region of public knowledge concerning dietetics. And if — as we started to say,

before wandering so far afield — the stroller were blessed with a sense of humor, he found much, in the changing scenes of the exhibit, on which to feed it. By close observation — notice that we do not say personal experiment — it was ascertained that by a judicious choosing of hours it was possible to garner in, from the munificent distributors of samples, the following free lunch, — to wit, namely: — Seven large cups of soup of varying manufacture; four packages of biscuits; five cups of cocoa; a saucer of baked macaroni; two plates of griddle-cakes; one plate of waffles; two cups of tea; two cups of coffee; three cups of beef extract; and malted milk, and the like, without limit and without price! Small wonder that our medical stroller, after watching group upon group of fellow-countrymen and might-be patients "taking in," successively, systematically and exhaustively, all these great possibilities, should reflect that the general public will still bear what Mr. Peggotty would call "a mort o'" teaching on the meaning of the phrase, "bullying nature!" Small wonder that the advertisers of "reduction pills" gloated visibly over these groups, as in the torpor of satiety they strolled their way! Small wonder that the venders of anti-dyspectic tablets did a trade which made their presence in a "health-food show" not only explicable but obviously indispensable!

COMMUNICATIONS.

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NOTES OF TWO CONGRESSES.

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

The annual meetings of the British Medical Association, and of the Congress of British Homœopathic practitioners take place on dates very near each other, and as a rule give a very fair index to the condition of both old and new school progress at the same time. The Association met this year at Bournemouth, a favorite seaside resort in the south of England, noted for its soft air, pine woods, and the treatment of consumption. The meeting was colored very largely by the locality, as it partook, perhaps more than usual of a holiday; of the restfulness and sociality consequent thereupon, and of a prominence in the president's address given to the rise and development of Bourne-

mouth as a health resort under the fostering care of medical practitioners in different parts of the Kingdom. The proceedings were not marked by any address or contribution of particular merit, and not much would be lost if all were to pass unnoticed. A few thoughtful articles on special subjects might claim attention, but they can all be read in the *British Medical Journal* for August 1 and 8.

Dr. Lauder Brunton, F. R. S., of pharmacological and therapeutic-index fame was president of the section on "Medicine," and his address, as might be expected from both man and subject, does not lack in interest to readers of the NEW ENGLAND MEDICAL GAZETTE.

Dr. Brunton discourses on "Twenty-five Years of Medical Progress." It is, perhaps, not quite fair to quote his concluding sentence first, but in this is to be found what the unbiassed reader would regard as the test of true progress, an advance in the attainment of the objects the physician has at heart, namely, "the prolongation of life, the preservation of health, the alleviation of pains, and the cure of disease." But this sentence really ought to have been placed first by Dr. Brunton, because in reading the address, what there, in the mind of the writer, appears to constitute progress is not actually conquest in the realm of the physician's art, but advance in his knowledge; progress in the sciences on which his art is based.

Dr. Brunton is able to point to some very considerable advances in the knowledge of the physician during the past five and twenty years. These he attributes mainly to the recogni tion of the doctrine of evolution, which has enabled men to coördinate facts which otherwise might have been left unnoticed or unexplained. These advances may be conveniently grouped under four heads. 1. The discovery and invention of new methods for precision in diagnosis with a consequent deeper knowledge of the forms of disease. 2. An increased specialization in the knowledge of the clinical features of disease, for example in those of the nervous system, arising from a wider knowledge of neurophysiology. 3. The rise of the science of bacteriology, as a separate branch of biology, and the recognition of the dependence of a certain class of diseases, for their spread and continuance, on the propagation of micro-organisms. 4. The rise of the science of pharmacology, or the knowledge of drug-action as gained by experiments on animals, giving to the physician a much wider range of drugs to be used as remedies and a better knowledge of the use of old ones.

If evolution is true in fact as well as a convenient theory for the interpretation of fact, these advances in knowledge are just what might have been anticipated. If they had not taken place,

the theory would have gone a long way towards being disproved. Progress in the application of knowledge is another matter. Its place in evolution, as far as the prevention and treatment of disease is concerned, is not very clearly defined. Still there has been progress; and Dr. Brunton points it out with enthusiasm and hope. This progress lies chiefly in the sphere of prevention rather than in that of treatment. It is more abundantly illustrated in the proceedings of another Congress we have had in London — The International Congress of Hygiene and Demography — than Dr. Brunton could do in his address. But he is able to point out the immense value of antisepsis in surgery, of sanitary reform in preventing the spread of epidemic disease, and of the possible value of the process of inoculation. This last as yet is quite a matter of discussion, and Dr. Brunton speaks with becoming candor against the acceptance of statements unsupported by the facts of experience. In the sphere of treatment, although very sanguine as to the future, Dr. Brunton's triumphs — the result of pharmacology — are few and insignificant. To it we owe a few antipyretics, analgesics, narcotics, and cardiac tonics; but for anything like precision in direction for the use of these, or for the suggestion of a guiding principle based on their pathogenetic effects, we are told that "we have not yet arrived at the point of giving to each one the precise action which would make it suitable in any particular case." The author of this address may be thanked for his caution and frank confessions. But is he not hiding his hand behind his words? The index in "Pharmacology, Therapeutics, and Materia Medica," betrays him. The labours of Hahnemann and his followers are before him, and are well-nigh a century old. They have made positive contributions to Dr. Brunton's armamentarium to which his index bears witness. His failure to percieve and acknowledge this, to say the least, detracts from his estimate of the progress of medicine. What might have been a worthy and faithful picture of progress is spoiled by the lack of the essential thought and inspiration.

The Homœopathic Congress was this year held in London. A larger number of members came together than usual because of the attractions which the metropolis affords, and the gathering at the homœopathic hospital was marked by sustained interest and enthusiasm, so that an onlooker might say, "Well, homœopathy is not dead *yet!*" The president's address was the feature of the occasion. Other contributions were also good, to the point, and well discussed. The dinner, without which Englishmen at least cannot live, was this year, for the first time, thanks to the invitation of the president, graced and enlivened

by a number of lady guests. Two American colleagues were present, and vied with each other in amusing stories which were delightful in freshness and characteristic wit.

The President of the Congress for the year was Mr. Henry Harris, M.R.C.S., England. Mr. Harris is not widely known outside London, although some Boston colleagues will remember him in connection with the International Convention of 1881. His address, as he expresses it, "embodies the views, not of a field marshal, not of a general, not even of an officer, but of one of the rank and file of the medical profession."

It was not an unnatural coincidence that Mr. Harris should choose almost the same title for his address as did Dr. Brunton at the Medical Association. For they both entered the profession at near about the same date. Mr. Harris, however, does not postulate progress at the outset. His choice of "After Twenty Years, and Twenty Years After," suggests a calm review, with reflections thereupon. Add to this the proclamation of sturdy idealism relative to the possibilities of conquest for homœopathy, and an exhortation to be up and fight for the enemy's territory, and we have the substance of his address in brief. A more detailed reference to it, however, will interest readers of the GAZETTE. Mr. Harris did not stand before his audience as an apologist or missionary for homœopathy. Its scientific truth and value he assumed as proven. He gave four heads showing in what this scientific truth consists, and for purposes of comparison with Dr. Brunton's uncertain position, these will bear restating. They are as follows: 1. That the homœopathic law is scientifically true. 2. That it is in agreement with and enables us to utilize to their full extent, all additions to our knowledge of physiology, pathology and therapeutics. 3. That infinitesimal doses of drugs have a curative action in disease. 4. That by the practical working of the homœopathic law, diseases are more quickly, safely, and pleasantly cured, than by any other known method in therapeutics. The established convictions of the homœopathic body as to the truth of these conclusions, and the point blank refusal of the profession at large to accept them, or to inquire into the facts from which they are inductions; the waiting and militant attitude of the one school, and the blind exclusive bigotry of the other; these things constitute the politics of homœopathy. In the arena of politics, Mr. Harris pertinently inquires, How far are these conclusions making way? To what extent is the profession opening its eyes and unfolding its arms? His survey of the facts is not a very encouraging one. A test of the first question would be an increase or otherwise in the number of homœopathic practitioners. This number has remained the

same for some years past. There has been what Mr. Harris calls a lateral development of homœopathy, as witnessed by any use made of Dr. Brunton's index. This may be of occasional benefit, but can scarcely be reckoned as progress. As far as the adoption of pure homœopathic over other treatment is concerned, there has been little apparent advance the past twenty years. The attitude of the profession, although altered in form, has not altered in spirit. The antagonism is to-day more silent than formerly, but none the less determined; and a dogged silence is oftentimes more effectual opposition than that which is loudly and openly expressed. In the face of this, Mr. Harris uses strong arguments to show that homœopathists ought not to be contented with such a state of things. He at least is not satisfied. The existing mortality from zymotic disease, even though much reduced of late years, is still far to large. For instance, in one year there were 14,732 deaths from measles, 508 per million of the population. It would be difficult to show what would be the share of each practitioner, but it is very significant that in the experience of two homœopathic practitioners, both engaged in large general practice, one had only lost two cases of measles in twenty years, and the other had not a single death from that disease over a similar period.

But what is to be done? Mr. Harris thinks the attitude of the homœopathic body of late years has had too much of the submissive and waiting character in it, and too little of the militant. Firmly persuaded of the superiority of homœopathic treatment, he counsels a much stronger and more thorough appeal to the public than has hitherto been made. Lectures, tracts, the establishment of public dispensaries, and a large hospital in London, with opportunities for a fully equipped medical school in connection therewith, are the means to be employed, and these should be undertaken with no idea of finality until victory is won all along the line. Mr. Harris does not ignore the fact that work has been and is being done in these directions. The *Cyclopædia of Drug Pathogenesy* is a monument of untiring labors towards the improvement of the materia medica. The Homœopathic League has done good work. Its series of truths and occasional lectures are putting before the public the truths of homœopathy. The revival of surgical practice in the Homœopathic Hospital has done something to bring that institution abreast of others of its kind. And an anticipation of Mr. Harris's own wishes has been realized in the latest effort, that of the proposal for a new large hospital, large enough for a medical school. Since the Congress the amount of money requisite for this has been completed, and rebuilding will be commenced forthwith. This last is emphatically the right way

to begin, in any new general movement towards the spread of homœopathy. With patients treated, and the results published, with both theory and practice taught and exhibited to the world, the world cannot fail to be influenced; there will be a larger demand for knowledge, there will be an imperative demand for men who are known to be homœopathists out and out.

There is an aspect of progress, however, which a review of the active influences at work in both schools, and their certain future action and reaction on each other, will bring before the mind, which does not arise from a survey of the special work of either of them alone, or of the polemics of either. This is common too to all countries and all workers in the field of medicine. It consists in the growth and development of pure materia medica as it is being moulded and influenced by the scientific thought and method of the day. The materia medica of homœopathy is its most characteristic scientific feature, and will be its special contribution to the sum of scientific knowledge. The symptom lists of Hahnemann had in their day a unique position and usefulness. Nothing short of an absolute contrast in materia medica to that which Hahnemann withstood, was sufficient to firmly establish homœopathic practice at first, and the same symptom lists are being used to-day with more success than the most advanced of old school resources. But what has already been reached in the elucidation of drug action has touched but the fringe of the subject. The end of symptom lists is being brought to a close by the publication of such a work as the *Cyclopædia of Drug Pathogenesy*. The principle and plan of this work are a forecast for the future as well as a collection from the past. Until all provings as such were collected, their true worth could not be appreciated nor their defects become known. The defects will be remedied after the most approved physiological and clinical methods, so that the limits and scope of drug action in health will come to assume a place, *pari passu* with like results in the pathology and symptomatology of disease. Who can tell what conquests await us, when this relationship is developed and one set of results is applied to the other? True it will require, hard, earnest, accurate unremitting work, but this has not been lacking hitherto, and the stimulus of increasing success may be safely trusted to ensure increasing and continuous effort to come.

Heavy Bedclothes Objectionable. — A good many people (*Hospital and Gazette*) spoil the effect of a good night's rest by the ridiculously heavy bedclothes they use. Old-fashioned cotton quilts, or modern Marsala ones, are very heavy and of no use, as a thin covering to protect blankets from the dirt is all that is really necessary. Bedclothes should be like body clothing, light and warm. Many a bad sleeper would do well to see whether his coverings are not at the bottom of his restless nights. — *Weekly Medical Review.*

ON A CERTAIN FORM OF POST-PARTUM HÆMORRHAGE.

BY WALTER WESSELHOEFT, M.D., CAMBRIDGE, MASS.

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

There can be no doubt that post-partum hæmorrhage is a very much less frequent and less dangerous occurrence in these days than fifteen or twenty years ago, and that in this point obstetrical science has made a distinct advance. It may be said in a general way, that this progress is due to the more rational management of the whole course of labor in all its stages, but especially to the more conservative management of the last stage. The following down of the contracting and lessening fundus during the expulsion of the head and body without interference with the progress of the child or the uterine contraction ; the observance, under all circumstances, of the rule to allow the uterus to perform its functions undisturbed by any hastening process, or in case of artificial delivery, to adapt the aid rendered, whether by the instruments or the hand, to the normal mechanism and the laws of the expulsive process ; in other words, the greater patience with the whole course of labor and insight into its needs constitutes a far more lasting and more scientific step in advance, and ensures a saving of maternal and infantile life far greater than that attributed to asepsis or the heightened proportion of operative methods.

There can be no doubt that all interference, necessary or otherwise, with labor in any of its stages, reacts to a greater or less degree upon the course of the last stage, and that this latter will accomplish itself with the greater safety and expeditiousness the more normal the earlier stages have been. I think this may be stated as a general law, in spite of the fact that after severe operations and after grave complications, such as peurperal convulsions, placenta prævia, etc., the afterbirth is thrown off safely and promptly in a large proportion of cases by the unaided efforts of the uterus. It appears to me of no small moment to bear in mind this constant necessity for saving the uterine forces and ensuring the perfect coördination of all the stages and phases of the whole course of labor, in order to reach the safest conclusions in regard to the management of the last stage.

Within the past five years there have been treated upward of 740 cases of labor in the College Dispensary, and out of this number there have been but five cases of post-partum hæmorrhage, but one of which terminated fatally in consequence of the fact that assistance came too late. I believe this will constitute a favorable showing if we bear in mind the class of cases among which these statistics have to be made up, and I can

safely attribute these results, which will compare well with those obtained elsewhere, to the conservative management of the cases, the absence of undue interference, especially in the third stage, and the vigilance which we are constantly urging upon our young practitioners.

But it is not so much of the general management of the third stage and of post-partum hæmorrhage in its more common forms, that I wish to speak. My subject is especially that form of hæmorrhage which occurs with a well-contracted fundus, a form which I believe to be rare but not as rare as is commonly supposed. In looking over the literature of the subject, I find but little concerning this matter of a definite and satisfactory nature. In the discussions of societies a case is reported here and there, and has to be selected by the description of the course of the case rather than from the name given to it. The characteristic feature of these cases is possibly the fact, that everything in the last stage goes well, there is no outward sign of the impending danger, no high pulse, no expression of languor in the patient's countenance, no restlessness or sign of increasing debility. The uterus, supposing it has been faithfully followed down during the last expulsion of the body, remains firmly contracted and small, the placenta itself comes away without undue delay or difficulty, and all appears to be wholly normal until the sudden gushes occur. In the course of nearly thirty years I have met with several cases of this kind. Let me describe these cases in order to make my meaning clear.

I will first mention the fatal case, already alluded to, occurring in our dispensary practice. It was that of a feeble, ill-nourished woman, mother of four children, all of which had been born without difficulty, but all the labors had been followed by subinvolution. In this case the labor was rapid, both child and afterbirth having been expelled sometime before the attendant arrived. The bed was found flooded with blood, the woman exsanguinated, the fundus well contracted and low down. During the tying and severing of the cord, renewed gushes of bright red blood occurred, and although these were the last, in consequence probably of the vinegar injection used, the patient failed to rally, and expired at the end of an hour, in spite of restoratives, ether and brandy injections, and the promptest aid that could be rendered.

Case 2. A young, strong, active woman, mother of three children; all the labors had been normal except the first, which, in consequence of a large head in the R. O. P. positon, was terminated by a rather severe application of the forceps followed by much crushing of the os and cervix and laceration of the latter. No undue hæmorrhage occurred here, and

the recovery was good. The second child was born promptly and normally with good getting-up on part of the mother. After the third labor, sore nipples, broken breasts, and a large abscess on the neck, some five months afterward, wrecked the general health to such an extent that subinvolution with chronic engorgement, softening, retroversion, leucorrhœa, and general debility followed, increased unquestionably by the existence of the laceration caused by the first labor.

With last child, labor was most favorable throughout, the general health during pregnancy having been very good. As the labors had generally been rather tardy in their first stages, I was not sent for until the waters had broken. I reached the bedside just in time to follow down the fundus during the birth of the hips and legs, the whole expulsive stage having lasted less than twenty minutes and with only four pains. The uterus contracted well, afterbirth and membranes, complete, coming away within fifteen minutes unaided, but not without considerable hæmorrhage before, during, and after. An injection of hot water, promptly administered, caused all flow to cease and increased the hardness of the uterine contractions. It was necessary to insert some stitches into the perineum in consequence of a partial laceration, and everything appearing favorable I placed the woman in position, when, without warning, a succession of the most alarming gushes occurred, bright liquid blood, no clots, in a sudden stream. The hand placed on the fundus found this still contracted, firm and hard, and well down, while the other hand inserted into the vaginal canal found the cervix practically in rags, thin, loose, soft, flabby, and divided well up to the hard and firm body of the uterus. Clots were forming and were rapidly cleared out and the flabby cervix compressed firmly and steadily against the body of the uterus for about two minutes, then apparently the hæmorrhage ceased. The pain caused by the pressure and the presence of the hand in the vagina against the lacerated perineum, caused the woman to resist to such a degree that it was necessary to withdraw the hand. Vinegar being then at hand a copious injection was given of 1 part vinegar, 2 parts water, with the effect of causing all active hæmorrhage to cease. The recovery was slow and imperfect, the patient having lost a sufficient amount of blood to cause extreme pallor and syncope.

This was clearly a case of rupture of the circular artery and, as is well known, this is the actual lesion which in these cases causes the hæmorrhage.

Case 3. Has only to be mentioned briefly since it resembles the other cases in the main.

A vigorous woman with her second child, making loud out-

cries for aid, and straining with might and main during the stage of dilatation. Labor occurred in the daytime when I was away, and the nurse had hastened matters by pulling out the child, while the mother was screaming and throwing herself about the bed. Here, too, the uterine contraction was sound and firm, the afterbirth and membranes spontaneously delivered, the perineum ruptured, although not beyond the second degree. The hæmorrhage was furious and exhausting, but ceased with the injection of vinegar, and by pressure. Recovery slow and unsatisfactory.

The 4th case calls for a more detailed consideration. It occurred very recently and has suggested these remarks: A healthy, young primipara, with good pains beginning about 3 A. M., increasing until 3 P. M., when the waters began to come away in small gushes. I saw the case at about 4 P. M., found to my surprise a very short vaginal passage with practically no trace of cervix or os. After prolonged exploration, a minute opening was discovered, no larger than a knitting needle or straw, with margins thick and soft though slightly harder than the surrounding tissues. The presenting part could be felt high up though thick tissues, fairly yielding but by no means soft. By external palpation the back could be made out toward the right, and the head presenting. The hope was that in time the advancing head would so far stretch and attenuate the vaginal vault that an incision would enable the vaginal vault and the cervix, which by the feel appeared to be all one, to yield and dilate, allowing the child to pass. By 9 P. M. the head had begun to descend, but labor was very tardy in spite of very powerful pains coming in rapid succession. There was, however, a distinct stretching of the vaginal vault over the advancing head, and a marked thinning of the structures intervening between the examining finger and the head, but without appreciable dilatation of the os. I now attempted, with Dr. Blodgett's aid, to snip the margins of the os with a view to effecting dilatation, but with the speculum it was evident that the minute cervical canal in the absence of a pain was still more than half an inch in length, and the attempt to snip the margin by means of a long pair of scissors was followed by hæmorrhage so profuse that it seemed wiser to wait until still further stretching and compression of the tissues to be avoided should have occurred.

When by 1 A. M. no appreciable headway had been made in spite of the most satisfactory pains and heroic efforts on the part of the woman, it began to look very much as if the child could not be born by the natural passage. The thickness of the tissues precluded the possibility of judging whether the obstacle to progress lay in the refusal of the head to descend,

in some anomally of the bony pelvis, or the peculiar formation of the soft parts. In order to be prepared for the worst, I sent for Dr. Packard, asking him to make ready for Cæsarean section in case no more favorable showing should be brought about by farther progress of labor. Meanwhile the patient was kept slightly under ether, as the pains were of unusual force and attended with most extreme suffering. My aim was to favor the pains, but to lessen their excess of force for fear of the sudden rupture of the soft parts and irreparable damage.

After Dr. Packard's arrival the changes began gradually to take place for which we hoped, although for some time the possibility of the need of Cæsarean section did not seem remote. With the woman on the table in the lithotomy position, at length after still continuous vigorous pains, Dr. Packard finally made the needful incisions into the margins of the os and by rapid dilatation with the fingers prepared sufficient space for the descent of the child which had, nevertheless, to be delivered by the forceps after an hour or more of ineffectual effort. Here again the same history was repeated of a well-contracted uterus, which was not left for a moment unguarded. Copious and, indeed, excessive hæmorrhage; cessation of this after hot water and vinegar, and the final ending of a persistent draining of blood by compression from without of the uterus against the structures below.

It is clear that in these cases ergot can be of no avail. In case of persistent bleeding, packing with iodoform gauze, according to Dürsen, would be available. It is noticeable that after the first hæmorrhage from the inferior segment, there remains a marked tendency on the part of the fundus to relax and to rise even after a vigorous and effectual contraction has taken place.

SOME OF THE SECONDARY LESIONS OF SYPHILIS: AND THEIR TREATMENT.

BY JOHN L. COFFIN, M.D., WEST MEDFORD, MASS.

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

The history in general of a typical case of syphilis presents three more or less well-marked stages or periods:

First. That of invasion, the period during which the poison, which has been introduced into the system, is preparing to assert its effect, and which culminates in the production, somewhere upon the exterior of the body or its mucous surfaces, of the chancre or initial lesion with its accompanying adenopathy.

Second. A period of saturation, if I may call it such, during

which the whole economy seems to be permeated by the materies morbi, and which is evidenced by the appearance upon the body of various more or less characteristic lesions.

And third. A period of retrogression, or decline, during which lesions, comparatively few in number or isolated, appear from time to time to show that the disease has not entirely been eradicated.

A consideration of some of the phenomena of the second stage is the subject to which I invite your attention this evening.

The syphilides or syphilodermata present certain characteristic phenomena in common. These characteristics consist in polymorphism; peculiarities of color; rounded or circular form; grouping; firmness to touch; non-itchiness; character of the crusts and scales, and susceptibility to the action of the mercurial preparations.

Of all cutaneous diseases, syphilis pre-eminently presents multiformity of lesions, many varieties being observed at the same period of development upon the same individual. This is due largely to the indolent character of the disease, one crop of lesions scarcely disappearing before another begins to appear; thus old lesions and new, macules, papules, pustules, and their combinations may be simultaneously present.

The color varies from a pale pink to a dark brownish-red or copper color, (raw ham perhaps describes the color oftenest met with). The brightness of the color depends largely on the intensity of the development and activity of the disease; that is, the earlier and more rapid the development, the brighter the color. The subsidence of the lesions is generally followed by dull-colored pigmentations, which gradually fade. The color of syphilitic lesions does not disappear on pressure.

The rounded form or outline of the lesions, and their tendency to appear in circular or crescentic groups, are peculiarities not always present; but when present, are of valuable diagnostic significance. Under the finger, these lesions present a peculiar, hard, firm sensation, entirely unlike that produced by similar lesions due to other diseases: this is due to the fact that the syphilitic lesions consist of a small, firm, circumscribed, round cell infiltration of the skin, while similar lesions from other causes are of inflammatory origin and œdematous in character.

As a rule, the syphilitic lesions do not itch, although in the early manifestations, especially when the onset is more or less active and the development rapid, this may be a troublesome symptom.

The crusts of syphilis are generally thick, greenish-brown or brownish-black, and show a little well of pus beneath, in this re-

spect differing materially from the crusts from simple eruptions.

The scales are generally dirty-white in color, non-glistening, and are not shed in large patches but in small, branny particles.

We find as varieties of the cutaneous manifestations of this disease, the following: — The Erythematous, Papular, Pustular, Tubercular, Gummatous, and Bullous. Of these, the first three belong to the middle or secondary stage, and the last to the tertiary manifestations. Of these, the first are eminently contagious, the last are not generally considered so.

It is my purpose to-night, to briefly mention the erythematous, and devote myself mostly to the papular lesions, as they are most frequently seen and generally constitute the most active stage of the disease.

The erythematous syphilide, or syphilitic roseola, is the first of the cutaneous manifestations to appear; at about from the sixth to the eighth week after the primary lesion. It is seen less often than the other lesions, frequently being so slight as to escape the attention of the patient, or not being considered of sufficient importance by him to necessitate the attention of a physician. The roseola is essentially a macular eruption, but, when very profuse and active, may assume a very fine papular condition. The lesions in their onset much resemble measles, are quite pink or bright red in color, show the circular grouping often, if viewed from a distance, are found especially on the covered parts, the sides of the body, the chest, and abdomen, and sometimes the flexor aspect of the limbs. The color does not disappear under pressure. The color is brought out much more vividly upon exposure to the cold, the uncovering of the body often being sufficient to make an almost imperceptible eruption quite evident. With age, the color gradually fades, leaving, for a short time, a slight brownish pigmentation. It is frequently immediately preceded or accompanied by some fever, headache and general malaise.

The differential diagnosis is to be made chiefly from measles and, possibly, scarlet fever. From the first, it is to be distinguished by the absence of catarrhal symptoms and the fact of the eruption occuring on the covered parts, while the exanthem of measles begins on neck and face. Again, with the erythematous syphilide there would probably still be present remaining induration of the primary lesion and neighboring adenopathy. From scarlet fever, by the elevation of temperature, sore throat, tongue, etc.

Papular syphilides, in some respects the most important of the specific lesions, consist in a circumscribed, round cell infil-

tration within the superficial layers of the skin. They represent three well-marked phenomena :

1st. Infiltration of the derma with round cells.

2nd. Inevitable destruction of these cells.

3rd. The centrifugal course of the neoplasm.

The papular syphilides present two general divisions, the miliary and the lenticular, or the conical and the flat. A brief description only of these will be attempted.

The miliary consist of two varieties, the small and the large. The small miliary syphilide may be one of the earliest secondary manifestations, occurring as early as the third or fourth month, or may sometimes be seen in conection with a fading erythema. The lesions consist in small, distinctly conical, rounded elevations of the skin, of a deep pinkish-red color. They are very profuse, occur about the face, forehead, nose, chin, back of neck, back of the hands, and about the scrotum and thighs, the scapular and gluteal region. The tendency to the circular grouping is very well marked in this variety, forming in some cases well-marked rings, sometimes consecutive circles, S-shaped patches, etc. These lesions sometimes form about the openings of follicles, and their summits may be covered with sebaceous exudation, giving the appearance of a slight crust. This eruption generally begins about the face, and is one of the most rapid of papular lesions in its development, being often fully developed at the end of two weeks. As the lesions grow old they gradually assume the raw-ham color and show very minute slight scaling at the top, or, rather, round the top. This form of eruption, if left to itself, is especially chronic, and is less amenable to rapid amelioration under treatment than other forms. It is to be differentiated in diagnosis from psoriasis punctata and lichen pilaris. From the first, it may be distinguished by the non-imbricated character of the syph. scale, by its firmness of touch, by its prominent color, by the lack of pearly whiteness characterizing the psoriatic scale, and by the presence of adenopathy. In lichen pilaris the eruption is inflammatory, seated only around hair follicles, is very itchy and tends to patches of thickened skin.

The large miliary syphilide is the size of a small pea and quite elevated, (as compared with the above) quite few in number, situated on the shoulders and buttocks especially, have no tendency to grouping, are indolent in character, tending to pustulation and ulceration, and are much more amenable to treatment than the above. On the back, they may be mistaken for acne, but in the latter the lesions are apt to be found on the face as well, and are short-lived, markedly hyperæmic and inflammatory in character.

The lenticular or flat syphilides also present a small and large variety. The small begin as red spots, rapidly becoming elevated to the size of one-quarter of an inch in diameter, and in height one-half to three-quarters of a line; they have sharply-defined rounded outlines, and are flat. When occurring early they are not disposed to group, but in the relapses tend to fuse and show the circular configuration. These are especially to be seen about the back and shoulders, flexor surfaces of limbs, on the face about the forehead and line of the hair, forming the corona veneris, about the sulcus of the alae, the corners of the mouth, and, indeed, about any mucous orifice. Few or none on the back of the hands, but quite frequently on the palms, where, owing to the thickness of the corneous layer of the epidermis, they do not become very prominent, but are felt like firm, small masses *within* the skin. In this location they are especially liable to scale. The color of these lesions varies as do the others, according to rapidity of development, complexion of the person, etc., but in general, I should say, these lesions present most characteristically the raw-ham and copper colors.

As retrogression takes place in these lesions, the corneus layer of the eperdermis seems to break over the top of a papule, and a scale, dirty-white, thin and quite adherent, surrounds the base of the lesion like a collar. The invasion of this variety is subacute in character, very diffuse, never accompanied by itching, and is usually very amenable to treatment. This lesion, occuring upon a mucous surface, or when two surfaces of the skin come together, so as to produce loss of the corneous layer, constitutes the *mucous patch*, the secretion from which is especially contagious, and it is from this source that many if not most infections take place. When occurring early in the secondary stage, as it most frequently does, it is accompanied by adenopathy, sore throat, mucous patches in the mouth and vulva. Iritis is especially liable to accompany this form and alopecia to follow it. Relapses of this lesion may take place any time within two years.

Limited time forbids a description of the large, flat lenticular form. Suffice it to say, they occur in large flat lesions; are reckoned among the late secondary or early tertiary lesions; are very indolent in character, and tend to vegetative proliferation forming the condyloma syphilitica.

In the treatment of this disease, all seem to be agreed that mercury is the sheet-anchor, or, as the well-known comedian, James Lewis, says in the play of "Engaged," "This is the tree on which the fruit of our affection hangs." But as to the times and modes of its administration, many opinions are extant. Many, or perhaps most, of the old-school authorities at the present day,

delay the administration of mercury until the time that the secondary symptoms appear, claiming that the administration previous to that time has no effect on the course of the disease, in fact, one can't be sure that his patient has the disease until secondary manifestations become apparent. Others claim that by giving the drug after the initial lesion, the appearance of the cutaneous lesions is delayed and their severity diminished. On this point, I can only say, that if mercury is the antidote best known to-day for the syphilitic poison, as it certainly is, I can see no logical reason for delay in its administration. After the appearance of the initial lesion the materies morbi seems to require a considerable time to effect the system profoundly enough to cause appearances upon the skin, but during this time the induration persists, and oftentimes the adenopathy, and it appears to me eminently practical at least to have the antidote working at the same time. This has been my custom in the cases I have had, and the result has been eminently satisfactory in lateness as well as in comparative mildness of subsequent manifestations.

The mode of administration by the old school in times past is no doubt familiar to you all; internally, externally, and eternally seems to have been their motto, and so it was and is administered in doses from one-thirtieth of a grain to one-sixth or one-fourth, three times a day, preference being generally given to one of the iodides; it was rubbed into their skins; was introduced into the patient by steeping him in a mercurial vapor-bath, and the latest fad is to inject it into him. Let us look for a moment at this last method which is claiming the attention of syphilographers the world over.

As early as 1864, Scarenzio tried this method of producing mercurialization, but it was abandoned, and revived again in 1882 by Smirinoff. The salts used have been the bichloride, calomel, the yellow oxide, the salicylate and a preparation of crude mercury rubbed up with chalk and oil, known as gray oil. The mode of procedure is to suspend the medicament in oil, then with a hypodermic syringe, that has been thoroughly cleansed, an injection is made into the deep muscular tissue of the gluteal region; this is repeated in a variable time according to the amount of inflammatory reaction set up.

The advantages claimed are, that the mercury works much quicker in this way, and that consequently the lesions are less severe and disappear much more rapidly. Its disadvantages are that it causes great pain at the time, and is followed by inflammatory nodular swelling, phlegmon and abscess. The pain may be mitigated by injecting a few drops of sol. cocaine first having the needle in situ until followed by the mercurialized oil.

Perhaps I cannot better show the position this method holds than by a couple of quotations.

In 1887, Dr. P. A. Morrow, writing from Paris to the *Jour. of Cut. and Ven. Dis.*, says: "There is a great diversity of opinions as to the relative merits of hypodermic and other modes of administering mercury. Besnier has experimented largely with it at the St. Louis, and practically abandoned it. From quite an extended observation of the results, of the hypodermic method, my own impression is that it will never supplant the older and more classical modes of introducing mercury into the system. Its alleged advantages of rapidity of action and precision of dose, avoidance of stomatitis while securing the maximum benefit from the minimum dose are still *sub judice*." In the same letter he quotes the great Fournier as saying, "My advice is that it is not good treatment. The injections are painful; they interfere with the patient's avocation; they necessitate frequently repeated visits; above all the method is not practicable. In private practice the patients will not tolerate it. In hospital practice it is possible, but note the result: Patients leave the Du Midi and Lourcine, where this treatment is employed, and flock to the St. Louis, where they know they will not receive it."

In 1888, in his atlas, Dr. Morow has but slightly modified the above opinion. He says, "Despite the greatest care in the technique of the operation, inflammatory engorgements, nodular indurations, abscesses, extensive eschars, etc., are liable to result. Until these objectionable features are overcome or modified, the employment of the hypodermic method in the general treatment of syphilis is impracticable. It must be regarded as a reserve treatment to be employed in cases where, for example, the integrity of an important organ is threatened and the necessities of the case demand a rapid and intense mercurialization."

In an article by Herman G. Klotz, published April, 1890, the details of a number of cases so treated, with extended remarks thereon, are found. In the concluding part of the article he says, "In the earlier periods I can not maintain that the injections were much more powerful to prevent the recurrence of symptoms than other modes of treatment. With the number of abscesses reduced to a minimum, with the painfulness of the procedure greatly diminished by the introduction of new salts and new vehicles of suspension, with the dangers of cumulative and prolonged use better understood, and therefore more easily avoided, I cannot but consider the treatment of syphilis by injections of the insoluble salts of mercury one of the most valuable methods of mercurial treatment."

Dr. Henry G. Piffard, in his most excellent treatise on "Skin Diseases," published this year, dismisses this subject of the

hypodermic use of mercury in these words, "Instead of administering mercury by the mouth, it may be used in the form of blue ointment rubbed into the groin or axilla. Or it may be given in hypodermic injection, employing either a soluble or insoluble preparation. There are doubtless occasional cases in which these methods may be preferred, but as habitual or routine methods of treatment, they are mentioned only to be condemned."

To my mind it is the "refinement of scientific (?) cruelty," and has no place in a humane profession. It will go the way of other fads which have gone before. I believe in the administration of some form of mercury as soon as the appearance of the primary sore with its accompanying adenopathy, history of exposure and proper time of development make us reasonably sure that our patient has syphilis. The particular form of the drug is largely a matter of personal choice, preference being generally given to one of the iodides. The merc. biniodide, 2nd. decimal, 1 grain tablet, four or five times a day, is my customary prescription in the beginning, and in many cases it is all that may be needed, as far as mercury is concerned, in the whole treatment of the case. When, however, I find the lesions developing with great rapidity and early assuming a pustular form, showing a tendency to especial virulence in the disease, I substitute the merc. bichloride, 2nd. decimal in sol. generally with most excellent result, returning to the biniodide as the lesions begin to fade. For the headaches and bone pains, the classical kali iodide in doses of from two to five or ten grains in solution will generally suffice. Sometimes after a case has done well for a time, it seems to come to a standstill, showing little or no progress in any direction. In such conditions I have frequently obtained excellent results from stopping the administration of mercury altogether for a time, and giving the succus alterans of McDade for one or two weeks, then returning to the mercurial, which, after the rest the system has had, seems to have new and increased power for good,

It should not be forgotten that one effect of the syphilitic poison is to relatively diminish the red corpuscles of the blood, thus producing the anæmic cachexia. For this I know of no better drug than ferrum, which may be advantageously given in the 2nd. dec. tablet of the iodide, syrup of the iodide, or if the stomach be delicate, in the form of the "Eisen-sucker" tablet, so called.

One practical hint and I will tax your patience no longer. When a patient has a profuse syphilitic papular exanthem on the face, it is very desirable for the looks of the thing, at least, to remove the lesions from the face as rapidly as possible. This

may be materially hastened by dipping a bit of absorbent cotton, twisted on a tooth pick, in an alcoholic solution of mercuric bichloride 1 part to 30, and lightly touching each papule, allowing it to remain on from two to five minutes and then washing it off with clean water. This procedure will often clear up a face in two weeks, so that it will not be especially noticeable, but it should always be done by the physician and never entrusted to the patient.

EXAMINATION OF THE HEART.

BY N. W. RAND, M.D., MONSON, MASS.

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

The art of diagnosis forms the foundation of all scientific practice. Other things being equal, no one can doubt that he who understands the pathological conditions which cause the disturbances we call disease, is more competent to correct those disturbances, or give an intelligent opinion concerning their final results than he who does not. This, which is true of all diseases, is pre-eminently true of diseases of the heart, and for these reasons: In the first place, there is no class of diseases whose symptoms are more variable in their signification; and, secondly, in our present state of knowledge, excepting perhaps affections of the eye, there is no class of diseases which can be diagnosticated with greater precision.

If any one deems the suggestions I have herein arranged to be too elementary in character for such a meeting as this, let me assure him that they are not intended for such as are already masters of the art, but rather for the younger members of the profession, who may have lacked the necessary opportunities to develop their skill in this particular line as they would otherwise gladly have done.

The subject very naturally suggests two questions: First, — What are the signs or symptoms that would seem to call for an examination of the heart? and, second, — When such an examination is required, what is the best method of making it?

Our first question is very quickly answered. Does the patient complain of dyspnœa, either constant or upon moderate exercise? Does he find it uncomfortable to lie in the horizontal position, and prefer to have high pillows under the head? Is he at all conscious of the heart's action? Has he an irregular, rapid, slow or peculiar pulse? Do his feet ever swell? Is his urine variable in color or quantity? Is he anæmic? Can you see the pulsations of the carotids?

Upon finding one or more of these symptoms present we

should investigate the conditions of the heart. The facts that no harm can come from such a procedure, and that patients very seldom object to it, deprive us of all excuse from negligence in this direction.

Having decided that an examination is advisable, we come to our second question. How shall it be done? And right here an old and trite adage very forcibly comes to mind, "What is worth doing at all, is worth doing well?" Of course one may often satisfy himself of the condition of the heart by simply placing his ear to the chest, but I have no patience with the physician who will ordinarily content himself with what he can discover through a starched shirt bosom or a combination of corsets and cotton.

The method I have adopted for making this examination is about as follows: Having exposed the anterior wall of the chest, place the patient in the recumbent position with the shoulders slightly elevated. In office practice I use my gynecological chair. Now by inspection and palpation, ascertain the exact location of the apex. This is not often difficult. Mark the point with a blue pencil for future reference. Next proceed to map out the entire boundaries of the heart. This of course is done by percussion, and here let me say just a word about the manner of performing it.

I am convinced by my own observation that the majority of doctors never become very proficient in the art of percussing. It seems like an exceedingly simple thing to take up a nicely-adapted hammer and plexímeter and pound about the various parts of the chest. Anybody can do that, but it is one thing to do it, and another thing to do it intelligently. I believe that the middle finger of the right hand is a better hammer, and any of the fingers of the left hand a better plexímeter, than have ever yet been devised by man. The plexímeter is the medium by which the impulse of the blow is conveyed to the chest, and if an artificial one is used it serves no other purpose; while the finger not only fulfils this requirement, but appreciates with a nicety which surpasses description, the degree of resilience in the thoracic walls and in this way, to the practised hand, gives reliable evidence of the condition of the organs within. The vast difference felt by the plexímeter finger between the elastic resistence of the healthy lung, and the dull, doughy feel of infiltration, cannot escape the notice of the merest tyro, and it seems to me that this sign is deserving of far more consideration than has ever been given to it by the makers of books.

To use the hammer finger properly is of as much importance to the doctor, as is the touch of the piano keys to the musician. To gently pat with the soft ball of the finger amounts to noth-

ing more or less than a formality. The stroke should come sharply and perpendicularly upon the finger's end. The tip of the phalangeal bone is really the face of the hammer, and the nail should be kept so closely trimmed that it will not interfere with this process. I have seen men — even men of experience — percuss so poorly that no one could tell when they passed the boundaries of the internal organs; and I have seen others bring out the percussion tones so clearly, that their diagnostic force could not fail to be appreciated by even the unstrained ear. Perfection in this, as in everything else, comes only by patient and painstaking practice.

Having established the position of the heart's apex, our second step is to percuss downward in the right mammary line until the liver is reached. Now trace its upper border to the sternum, extending a blue line along the upper side of the finger which we use as a plexímeter, I say the upper side to compensate for the overlapping of the lower edge of the lung. Connect this point directly with the apex-mark and we have the line of the lower border of the heart. We next proceed to determine the right border, and to do this percuss upon the right side left-ward at the level of the fourth rib. We do not find here a dull sound over the right auricle, but as we reach its border, there is a change in the character or timbre of the percuscusion tone. The resonance is perceptibly diminished. We trace this line downward at the right of the sternum, marking as before, the outer border of the plexímeter finger to make allowance for the edge of the lung, until it intersects the lower boundary line. The line from this point of intersection to the apex will represent very accurately the length and position of the lower margin of the heart.

Begin now at the left of the upper part of the sternum, percuss downward until the dulness of the heart's upper border is reached. Trace by careful percussion, this line of dulness downward and to the left until it completes the boundary by reaching the apex, which, it will be remembered, was our starting point.

Now if this boundary line coincides with the dimensions of the normal heart, the apex will usually be found to be in the fifth intercostal space, a little inside the nipple, the right extremity of the base line at the insertion of the right fifth costal cartilage, the right border line will correspond very nearly to the right edge of the sternum, and the upper margin to the third left costal cartilage. It is well to keep these topographical points clearly in mind in order that we may promptly detect any departure from the norm.

Having outlined the heart in this manner, next proceed to

study its sounds, and to do this well every one should train his ear to auscultate without, as well as with, the stethoscope.

One can get a better general idea of the heart sounds with the ear alone. First, listen without the stethoscope and notice the rhythm, rate and general character or quality of the sounds. Then take the stethoscope and study each separately.

There are many excellent stethoscopes, and doubtless every one of us has his favorite. Mine is the vacuum stethoscope which, as some of you may remember, I described in detail in a paper which was published about four years ago in the New England Medical Gazette. I will not take time to repeat what was then written. Suffice it to say that the longer I use the instrument the better I like it, and it would require a fabulous sum to tempt me to part with the one I have, if it could not be duplicated.

Those who have given much attention to the study of the physiological and pathological heart sounds know that it is not so simple a theme as some may think. The abstract consideration of them alone is perplexing, and when one has become master of the subject theoretically, unless he has had practical experience, he really knows little about it. Nobody can ever describe the various heart murmurs so clearly that an unskilled ear can at first differentiate among them.

It is not my object at this time to enter into their full discussion but simply to call attention to some of the most salient points, which certainly should never be forgotten by any one who lays claim to diagnostic skill.

The study of heart murmurs is very much simplified by taking careful note of three things: The location, the relative time, and the quality. Of course one must understand the anatomical structure and the mechanism by which the sounds are produced, in order fully to appreciate their signification. For example, a pericardial, like a pleuritic murmur must of necessity be rough, grating, rasping, owing to the friction of the roughened surfaces of the serous membrane. Naturally it must be increased by pressure with the stethoscope from without or by the inflation of the lungs within. Its rhythm must correspond with the to-and-fro movement of the heart. It must be most distinctly heard upon the nearest point of the external surface of the body. It must disappear when effusion takes place and separates the rubbing surfaces, and reappear as it subsides and allows those surfaces to come again into contact. Those peculiar friction sounds reveal to the mind of him who has thoughtfully studied their mechanism, a graphic picture of the whole conditon.

So with all the valvular sounds. Take, for instance, that most

common of the cardiac murmurs — mitral regurgitation. The thickened, solid ventricular walls which surround this orifice conduct the sound to the apex exactly the instant at which it bounds against the bony wall of the chest, from which the sound is transmitted directly to the surface of the body. According to the nature of things, it must be most clearly audible there and then.

The semilunar valves are not here so plainly heard because when they close, the apex is not in contact with the thoracic walls, and thus the continuity of a solid conductor is broken.

For the same reason probably, a mitral obstructive murmur is not so constantly heard at the apex, being oftimes best heard higher up, approaching the site of the valve itself.

The quality of the regurgitant murmur is softer and has a blowing or musical character doubtless explained by the comparatively small quantity of blood passing the orifice and the increased tension of the columnæ carneæ and chordæ tendineæ.

In general let it be remembered that murmurs best heard above the third costal cartilage arise from the semilunar valves or from anæmia, and those below this line, from the auriculo-ventricular valves or from pericarditis; that murmurs heard along the back are aortic, or mitral regurgitant; that anæmic murmurs are venous and accompanied by the continuous jugular hum; that semilunar obstructive and auriculo-ventricular regurgitant murmurs can only occur with the ventricular systole; conversely auriculo-ventricular obstructive and semilunar regurgitant murmurs can only exist during diastole; that in the great majority of cases murmurs, if present, will be found in the left heart and in various combinations rather than singly; that a small, hard, wiry pulse is suggestive of aortic stenosis, and a sudden, bounding, visible pulse of aortic incompetence; that hypertrophy is almost invariably an affection of the left ventricle, and dilatation of the right; and finally, that no one can ever appreciate the manifestations of the heart's various abnormal conditions, until he has made himself thoroughly familiar with its structure, its action, and its relations to all the other parts of the body in health.

MORE "INTERROGATIONS."

BY CHARLES W. MOODY, M.D., PLAINVILLE, CONN.

I have been much interested in the articles which have appeared in two recent numbers of the GAZETTE, viz., "Interrogations Born of Failure," and the "Review" of the same; more especially from the fact that I have had two cases come under my observation recently, which were *somewhat similar* to

that of which Dr. Rand writes, although doubtless differing very much from his case, in respect to the causes which operated to produce them. Let me briefly state these cases. The first was that of a young man of eighteen years, who had always been strong and healthy previous to the attack for which I was consulted. He had been at work ice-cutting and packing. When very warm at this work, had eaten freely of ice, to quench his thirst; had at the same time used a pole for pushing cakes of ice, the end of which he had rested against his abdomen. This young man was taken with pain in his bowels, which was not very severe; but as by using common measures for its relief it still continued, he sent for me. There was no tenderness in the abdomen upon pressure, the pulse was 100, temperature, 101. Bowels had been regular; tongue slightly coated. As he was sitting up, and moving around the house at his pleasure, I ordered him to go at once to bed and keep perfectly quiet, and left him bry. and bell.; to be used in alternation. The next day I was summoned in haste, to find the patient in severe pain, vomiting a dark green, almost black fluid, with bowels distended and very sensitive, but still the pulse and temperature remaining nearly the same. This patient was left a number of tablets of morphia, $\frac{1}{8}$ grain, with directions to give them every two, four, or six hours, as necessary to control the pain; being careful to give no more than six, before letting an interval of six hours elapse between the doses. Calc. carb., a small powder to be taken dry on the tongue, to be given in alternation with bry. was also given. For nourishment, small swallows of rice-water were given at frequent intervals as the stomach would retain it, and also a mixture of barley-gruel and milk, which was peptonized. Of this latter he retained, after a time, a good quantity, and it constituted a considerable part of the nutriment taken. Under this treatment, together with poultices of bran stirred up in hot soapsuds used as hot as possible, applied to the abdomen; and hot fomentations of sweet oil and turpentine, the patient showed in the course of forty-eight hours, a decided improvement. At this time he was cautioned in regard to making the least effort to raise himself in bed; but in spite of all warning and advice, on the third day, feeling very comfortable, he rose in bed to arrange the clothing and was again seized with a return of pain and vomiting, if anything, more severe than the first attack. The remedies found useful before were again repeated, morphine again being used. This young man, after the subsidence of the more acute symptoms, which lasted about a week, the fever having nearly subsided, the morning temperature having reached the normal, began to have a rise of temperature, and had a run of fever of typhoid

character, lasting three weeks ; the temperature reaching at the end of the first week 103.4, but made a good recovery.

Another case was that of a young married woman who was taken suddenly in the night with acute pain in the stomach and bowels, having retired perfectly well. I was called to attend her at 4 A.M. Found her temperature normal ; pulse, 90. There was very little tenderness over any part of the abdomen. The bowels had moved freely just before my arrival, and there was some nausea present. Had eaten corn for dinner the previous day, and in the afternoon a few dry chestnuts. Left bry. and colocynth to be used every half hour in alternation. Was summoned again about nine o'clock, and found the patient in a complete state of collapse. No pulse at the wrist, extremities cold, whole surface of body covered with a cold, clammy perspiration, pain in the bowels agonizing. Gave stimulant with $\frac{1}{8}$ gr. of morphia, and camphor and veratrum alb. in alternation. In the meantime the family physician had been summoned from a distance of five miles, but not being told the urgency of the case, did not arrive until after twelve o'clock. At that time the pulse was faintly perceptible at the wrist, and the warmth was slowly coming back to the extremities. The case was surrendered by me to this physician, but the patient being troubled with retention of urine, he wished me to attend with him, and see her more frequently than he could do, being at such a distance.

On the following day the patient being very little improved, the pulse very weak, at from 130 to 140, temperature, 103, a physician was called in consultation from a neighboring city. These two physicians saw the patient twice a day ; but nothing done stayed the progress of the disease, and on the third morning after the attack, death ensued.

Now here are two cases, the first caused without much doubt by the nature of the work in which the patient was engaged, and his carelessness in performing it ; and the second case from an extension of inflammation from the womb to the peritoneum ; as I learned was the opinion of the other physicians called, formed from the previous history of the case.

The first patient was treated with morphia, given pretty freely ; the second was given but very little, until the last twelve hours, when a small quantity was administered. Am I to understand Dr. Bowen to say that he thinks if these cases, as well as that of Dr. Rand, had been given nux. and bell. they would have had a much better chance of recovery ? I am inclined to the belief, that a certain proportion of our cases will die, whatever treatment we may pursue, and I am led to that conviction by the *facts* which are apparent to every one. I am also convinced

that no one course of treatment will reach all similar cases, even though their causation may be the same. I fully agree with the old physician quoted, that the devil should not be locked in by anodyne, and I would endeavor to expel him by the use of a mild laxative, if the bowels had not already moved freely, before exhibiting remedies to counteract his work.

Possibly Dr. Rand's case might have done better if some remedy had been given to unlock the secretions, possibly not. However, if we let our patients suffer while we wait for nux. and bell. to act, will they not be likely to call in other aid? or will remedies act speedily in such cases, if the symptoms call for them? It may be that the case first cited by me recovered in *spite of* the morphia and hot applications, and possibly might have recovered without any assistance, with the proper rest and diet. Nevertheless, I shall always be glad that I did not allow him to suffer, especially since he still remains on earth. In the second case, my questions, although closely asked, did not elicit the information which led to the detection of the probable cause of the disease; and I might have thought that the attack was due to indigestion, as I was somewhat of that opinion at first, and even now think it might have been a complicating factor.

In Dr. Rand's case might there not have been some other cause back of the indigestion, some slow, slumbering fire, which needed but the touch of flame to kindle it into a raging conflagration? With Dr. Rand I am seeking for information; I cannot see how his questions in regard to diagnosis have been answered, and without diagnosis how can any rules of treatment be absolutely certain, although in this respect the homœopathic method has the advantage.

My cases of peritonitis have not been numerous, although I might relate others, where hot applications, small doses of anodyne, together with the indicated remedies have been successfully used.

Can we not hear from others giving their opinions and experiences, and thereby gain a fund of useful information?

A NOTE ON STERILIZED MILK.

BY J. H. SHERMAN, M.D., SOUTH BOSTON. MASS.

In the July number of the MEDICAL GAZETTE for 1890, I made the statement that sterilized milk was milk that had been subjected to a heat of 266° F. for half an hour. Am not sure but the last four words are added as I have not the text at hand. At one of this year's meetings of the Boston Homœopathic Medical Society, the idea seemed to prevail that boiling the

milk, or at most boiling it for half an hour, sterilized it or "practically destroyed all the bacteria;" that Soxhlit's apparatus was an effectual instrumentality for sterilization. Is it so? Wm. Perry Watson, M.D., editor of *Archives of Pædiatrics* says: "I say, not on my own authority as a bacteriologist, but on the authority of Pasteur, Lister, Loeftler, as well as other investigators, all of whom insist that boiling milk does not sterilize it, that it will indeed prevent its turning sour for a long time, but that after boiling it ten or twenty minntes, Loeftler was able to cultivate from it several kinds of bacilli capable of producing spores growing in milk, and capable of precipitating caseine under alkaline reaction. Pasteur has discovered infusoria in boiled milk capable of producing precisely the same thing. These eminent scientists agree that the destruction of all bacteria and spores in milk can only be accomplished by exposing it to a temperature of 266° F. for half an hour."

I think this ought to settle the point, that boiling milk does not sterilize it. But this is no argument against the use of boiled milk for it is vastly superior as an infant diet to unboiled milk, as it is conceeded by the above authorities that the boiling does destroy many of the bacteria or render them incapable of multiplying, if the milk is immediately after boiling put into air-tight bottles, and immediately given the child when the bottles are opened.

PRESIDENT'S ADDRESS.

BY JAMES HEDENBERG, M.D., MEDFORD, MASS.

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

Ladies and Gentlemen, Members of the Massachusetts Homœopathic Medical Society:

The past year has been one full of notable events for us and our cause. The generous gifts to Hospital and Dispensary, both public and private, need not be rehearsed. The enthusiasm manifested in the celebration of the semi-centennial of this society is fresh in our memory, and we have to-day seen one of its results in the long list of applicants for admission to this society.

A great amount of work has been done by the society and individual members in two other directions, both looking to the good of the public health; first in advocating a bill to restrict or regulate the manufacture and sale of fabrics containing arsenic, and secondly, the influence of the society was given to a bill to prevent the spread of syphilis, by giving power to detain criminals found to be syphilitic, beyond the time of sentence, if

such detention should be deemed necessary for their treatment and the public good.

The high standard of education raised and maintained by our school, the good work done in our hospitals, as openly testified to by one of our professional opponents, let me say rather friends, on the other side ; the time and money spent in our Dispensary, and the satisfactory results of its work among the poor who avail themselves of its advantages, have certainly impressed the general public, and have also done something to soften the judgment of some of the most eminent of the so-called regular school. Instances of kindly interchange of thought have occurred even here in Boston, though while reading a work entitled "An Ethical Symposium," being a series of papers concerning medical ethics and etiquette from the liberal standpoint, by Drs. Post, Ely, Vanderpoel, Pitcher, Hun, Way, Ordronoux, Roosa, Agnew, Jacobi, and Hopkins, of New York, I was thankful that so far as my allopathic proclivities go, I am a New Yorker, while my homœopathy is of the most liberal Massachusetts type.

It is not many years since, in my own town, an allopathic doctor, a fledgling, informed the authorities that he did not believe my signature to a certificate of insanity would be received by the Judge of Probate, as I was not a member of the M. M. S. He was evidently of the opinion that the M. M. S. dominated the State and that their mode of practice was State medicine.

Frequently during the last year, and particularly during our seasons of rejoicing, my thoughts have turned to the days when I was a student, and though well aware that reminiscent states when they occur frequently are a sure forerunner of senility, if not an indication that that state has already been reached, I shall venture something in that direction.

The time of my student days was a time of unrest. Medical opinions and practice were undergoing radical changes, the voice of a Forbes had been heard crying that things were so bad that they must soon mend or break. Homœopathy had appeared upon the scene to be gladly and fully accepted by some, accepted partially by others who went forth with aconite and the lancet, determined to use the latter should the former fail, and to be derided by the great mass of the profession.

Practice was simple in those days, almost as simple as that of the ignorant Scotch countryman, who having obtained some reputation as a healer, on being pressed for the remedies by which he accomplished so much, answered that he had but two simples, laudamy and calamy. Add to this list one or two drugs and the lancet, and you have the outfit of the average physician of that time, nearly forty years ago.

The leading daily paper of my native city gives an address by the President of the County Medical Society at its annual meeting. In it he names the seniors gone before, and gives many of their peculiarities; these are they who were in active practice when I was a boy, and the list embraces my father's family physician, allopathic, and my homœopathic preceptors. Of one of the allopathic phpsicians he says, "he was the doctor of whom it is said, it was his invariable custom to say to the one who opened the door, at his first visit, 'will you please bring me a bowl and a bandage.'"

Of one of my preceptors he says, "he was an able advocate of the early employment of forceps, and an adept in their use." During my days in the doctor's office it was no uncommon thing for a man, strong and well, to walk in and ask if this was not a good time, and if so, he wanted to be bled.

Tilt, in his work on "The Change of Life," published about ten years ago, details his attempt to get a patient bled, the young surgeon asking three guineas, (more than fifteen dollars); his offering another, two guineas, and the bungling work made of it by the latter; and my next-door neighbor, a bright Harvard man of ten years' experience, tells me he never saw a patient bled, either in hospital or private practice. I bear in both arms in median basilic and median cephalic veins, the marks of bleedings for the ordinary diseases of childhood, and have a vivid recollection of struggles with the doctor, in which I came off victorious. The anatomical relations of this region was one thing in which no student failed in those days.

To those of you who are only familiar with the workings of a modern well equipped medical school, with its chairs of anatomy, surgery, theory, and practice of medicine, physiology, obstetrics, chemistry, medical jurisprudence, and a score or more of adjunct professors and lecturers, how strange must seem a description of the country medical college of forty years ago, its half dozen "Chairs," doing double duty, "anatomy and physiology," "materia medica and obstetrics," etc., etc. The professors, men who made lecturing a business, and who for eight weeks of the sixteen weeks' course gave a lecture every day, then skipped from Castleton or Woodstock, Vt., to Ann Arbor, Mich. Some of our lecturers were great lights in New York City schools, who managed to put in an early fall and late spring course in addition to their winter course in the great metropolis.

Anatomy was well taught, and our professor, Corydon L. Ford, now writes his name M.D., LL.D., Dean, Ann Arbor, Mich., and Emeritus Professor, Long Island Hospital College, Brooklyn, N. Y. I remember well his pale, classical face, his flowing curly hair, his limp as he travelled around with the

revolving table, his subject stuck full of knives as a pin-cushion, and his ability to talk and dissect with a rapidity seldom, if ever equalled. Subjects were hard to obtain in those days, and when too odorous, the whole class would sit and smoke their clay pipes during a lecture hour, but on the arrival of a new subject were politely but firmly requested to desist till another exigency should necessitate it. I had supposed that constant dissecting would be against a long life, but am happy that in his case it has not proved so.

The professor of chemistry was usually a fluent lecturer, a man of brilliant experiments, but there was no laboratory work, no medical chemistry to speak of.

Surgery. It took a man of nerve to be a surgeon in those days. Ether was unknown. They were using it in Boston and getting themselves called quacks for trying such silly experiments. (See recent number of the GAZETTE.) Operations were few and far between, and in all I saw in the medical college without anæsthesia, brandy, opium, and strong bands or straps took its place.

Physiology was dry bones, might as well be read out of a book; no illustrations. An exhibition of blood corpuscles, and the circulation in the web of a frog's foot being the assortment.

Pathology was in its infancy. A society had just been started in New York City, of which our professor of surgery, the late Middleton Goldsmith, was one of the original members. There were few good microscopes and few physicians owned or knew how to use one. Prof. Goldsmith left at his death a fund to stimulate original investigation, and there is annually delivered before the Pathological Society in New York City, the Middleton Goldsmith lecture, by some chosen expert paid from the income of the fund. The professor was a fluent speaker and a fine operator; one who preferred a practice in Vermont, with the woods and streams in easy distance, to a fashionable life in New York City. Inflammation was the demon to be combatted by lancet and leeches. Veratrum viride was just coming in to replace the lancet which had passed the meridian and was fast sinking into the west of a well-merited oblivion.

Veratrum has followed the lancet, and druggists tell me it is rarely called for, and except in an article on puerperal convulsions, I have hardly seen it mentioned in years. The new antipyretics are now basking in the sunshine of popular and professional favor.

Gynæcology, as at present understood, was almost unknown, and Meigs in his Diseases of Women, (Meigs, one of the greatest of his time) contains the statement of the author that he would like to see enacted a law to prevent ovariotomy. The author

was also a bitter opponent of the theory that puerperal fever was contagious; he could believe in a special Providence, but not that a man was a walking pestilence.

The College building was a quaint old wooden structure, surmounted by a bell to call the students to lectures, situated in a quiet country village, inaccessible by rail, and reached only by stage coach. Its two lecture rooms, its museum, and anatomical room, were dilapidated in my time, and not many years after, the college gave up the ghost or was merged into the University of Vermont. My Alma Mater died so soon that I have always had something of the Topsy feeling, "never was born."

There was plenty of work during the short session of four months, held each Fall and Spring, only two terms of lectures being required during the three years of required study, and each course was a repetition of the preceding one; the whole ground was covered every term, and in many of the departments in half a term, as the lecturer had to lecture to a class in some other medical college, for half the same term.

I think that in my class of seventy, there were but two homœopathists, so that in common, with an overwhelming proportion of sixty-eight to two, we obtained what medical knowledge we could in such a way, supplemented by reading for nearly three years in the office of, and seeing daily something of the practice of, the physician we called our preceptor. Much could be learned of practice as it occurs in families, something always a trifle different from hospital work, and that even those who have many hospital advantages still have to acquire. It has always seemed to me that a judicious mixture of both methods would be better than either exclusively.

The list of text-books was, Wilson's Human Anatomy, Dewitt's Modern Surgery, Kane's Chemistry, Carpenter's Human Physiology, Watson's Practice of Physic, Meig's Diseases of Women, Condie on Diseases of Children, Ramsbotham's Process of Parturition, Dunglison's Therapeutics and Materia Medica, these with a Dunglison's Medical Dictionary making a good outfit. I have the old books and love them still. Watson is one of the classics, and Meig's reads like a modern novel, — I have long joined in the chorus of regret that we had to learn so much that was not true; but what will future generations say of the so-called truths of our time?

The homœopathic literature of my student days was small, Hull's Jahr the greater part, it seemed to me, and the daily papers of the city, furnished the field for combat. While with the allopaths nothing is as it was then, they seem to think we shall on our homœopathic side change not one jot or tittle; and in conversation with our friends, they will tell us in spite of

all our public and private denials, with an insistence and persistence quite unbearable, that we believe with Hahnemann that the cause of all chronic diseases is suppressed itch; that medicines are stronger the more they are diluted, etc., etc.

In the last number of a publication called *The Healthy Home*, published in Athol, Mass., we are given the following description of our method, by one who knows all about us and our system (in his own estimation): "As for the dogma of 'similia,' 'like cures like' expressed in the old adage, 'that the hair of the same dog will cure the bite,' it is impossible to imagine a greater absurdity. It is one of the wildest conjectures conceivable. The principle is contradicted by every rational thought, and word and deed throughout the world. Everywhere, in every vocation, and in every department of business it meets with a flat contradiction. If the farmer's field's are too full of weeds, does he sow more weeds? If the soil is too wet, does he irrigate it? If his team is overloaded, does he add more by way of relief? If his wheels are blocked, does he pile the obstructions still higher? Applied to any department of business or life or to any scientific domain, the idea is equally absurd and false. In short, homœopathy is the utterly utter ultimate of unreason and unwisdom, the mental and medical abomination that maketh desolate."

We have not as a rule resorted to wit and humor in our arguments with our opponents, though learned professors have delighted to make us a target for their shafts. One professional wit (Mark Twain) has in *Harper's Magazine* for February, 1890, given our opponents some hard hits, and those who have not been so fortunate as to see it, will find it amusing, and instructive.

Modern allopathic writers are sometimes too liberal in their first gush and first editions. Witness what Ringer says in early editions on acon., bell. and phos. I will only quote what is said of the latter. "Phos. For many years this substance has fallen into disuse, but quite recently, owing to its signal success in neuralgia, in the hands of homœopathic practitioners, it has been restored to favor." You will look in vain in later editions for any such admissions. I have on my list articles on bryonia, dioscorea, gels., hep., phos., euph., viola tri., rhus, that have appeared in regular medical journals, looking very much like articles from homœopathic authors. A noted New York physician in a recent article says: "Rational medicine is fast absorbing all the more rational part of homœopathy."

Dr. Davenport in "Diseases of Women" says:

"So much for drugs. Their sphere of action is limited, and they should be exclusively used only when there is some valid

reason for abstaining from local treatment, or, as adjuvants, in connection with the direct treatment of the cause. If I have dwelt upon their indications rather at length, it has been because I am conscious that they have been neglected in favor of the more brilliant methods with speculum and applicator, and am sure that in the case of young girls, a good deal of unnecessary treatment might have been avoided by their intelligent use. The results from their employment would be much more satisfactory if the indications were more carefully studied, and the appropriate remedy for the particular abnormal conditions were chosen."

This kind of talk sounds familiar to us, and is in marked contrast to the method of grouping in one prescription all the medicines known to act upon the organ or organs, hoping that if one did not hit it another would.

In conclusion, do we know what we are or are trying to be? My answer to this query is, educated physicians in the widest acceptation of the term, adding to the general knowledge of the profession, the special knowledge called homœopathy. If we have this, and nothing less should satisfy, we may possess ourselves in patience till the little leaven working has permeated the whole mass of the profession, and then will we receive instead of vituperation a hearty recognition.

From these sketchy, fragmentary remarks our younger members can see that there have been great changes in the manner of teaching, and also in the *matter* taught. Allopathic teaching has wholly changed, though *it was always right.* The influence of our school in producing the change, is the matter in dispute. Allopaths, or many of them at least, deny that it had any influence, and various are their means of accounting for the change; the "*change of type of disease*" being one of them. On our part perhaps, some claim too much. Let us give up vexatious and inconclusive disputations, and working zealously for the public good, trust that future historians will award to homœopathy its just meed of praise.

SOCIETIES.

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MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The fifty-first semi-annual meeting of the Massachusetts Homœopathic Medical Society was held at Steinert Hall, Boston, Wednesday, Oct. 14, 1891.

The meeting was called to order at 10:20, by the President, A. J. French, M.D., and the records of the last annual meeting read and approved.

The following candidates were then elected to membership: George E. May, M.D., Boston; George S. Woodman, M.D., Newtonville; Willis H. Sawyer, M.D., Roxbury; M. E. Mosher, M.D., Boston; Clara D. Whitman-Reed, M.D., Newton; Henry P. Perkins, M.D., West Newton; A. H. Powers, M.D., Boston; E. E. Hale, M.D., Attleboro'.

A communication from Dr. T. C. Duncan, of Chicago, was read, introducing Dr. W. P. Roberts, of Wisconsin, as a representative of the "American Health Association," and asking that the Massachusetts Homœopathic Medical Society appoint a delegate to investigate the climate of New Mexico.

Referred to the executive committee.

REPORT OF THE COMMITTEE ON SURGERY.

Horace Packard, M.D., Chairman.

I. Fracture of the Twelfth Dorsal Vertebra and Complete Section of the Spinal Cord, after which the patient lived four months and eighteen days. Lamson Allen, M.D.

II. The Surgical Treatment of Retro-flexion of the Uterus, with the report of a Case. W. P. Defriez, M.D.

III. a. A Case of Osteomalacia; Amputation at the Lower Third of the Leg; Recovery.

b. A Case of Ventral Hernia; operation abandoned. N. W. Emerson, M.D.

IV. Fracture of the Shaft of the Femur. Charles R. Hunt, M.D.

V. A Case, Death from Ether. James Krauss, M.D.

VI. a. A Case of Fracture of the Femer, in a child twelve year old.

b. A Case of Gangrene from the Bite of an Insect. N. R. Perkins, M.D.

VII. A Case of Stricture of Both Ureters. Double Pyelonephritis. Cystotomy; Death Eight Days after Operation, from Asthenia. L. F. Potter, M.D.

VIII. Compound Fracture of the Tibia and Fibula. A Case. N. W. Rand, M.D.

IX. Tait's Operation complicated by a Diseased Appendix. W. J. Winn, M.D.

Discussion: — Dr. J. W. Hayward thinks that operative measures in cases of vertebral fracture constitute an important and neglected branch of surgery. Has had many cases of fractured vertebræ and has never known one to recover. Usually the patients have died within three months, but had one live five years. Has met at least twenty cases. Thinks it the duty of surgeons to urge an operation as a possible chance of relief.

Dr. W. J. Winn: — Wyeth reports a case of fracture of the

eleventh and twelfth dorsal vertebræ, where the patient was put in a plaster cast and recovered.

Dr. Alonzo Boothby : — Has never made Alexander's operation, but, in its modified form, as described by Dr. Defriez, believes it to be a good thing. Has known of three cases, two of which have been complete successes. Does not think this is a milder operation than ventral fixation. The operation is advised for the very cases suitable for treatment by pessaries. Has cured dozens of such cases by the use of pessaries; yet he does not condemn the operation.

Dr. Defriez : — By the operation much time is saved.

Dr. L. A. Phillips : — Has operated on three of these cases by the modification spoken of in Dr. Defriez's paper, and successfully in every case. Thinks it should be used when other less serious procedures have failed.

Dr. D. B. Whittier : — Speaking of Dr. Krauss' "Case of Death from Ether," suggested reflex action resulting from ligation of the hæmorrhoidal mass, as a possible cause of death, and referred to Dr. Pratt's direction to remove the ligature in case of syncope.

Dr. West : — Thinks that the fatal effect of ether is upon the solar plexus.

In response to an inquiry by Dr. Bell, Dr. Krauss said Squibb's ether was used.

Dr. Bell : — Recently the hospital staff has not found Squibb's ether satisfactory.

Dr. L. D. Packard : — Thinks Dr. West's opinion in regard to the cause of death in the case under discussion is correct. Believes Dr. Krauss exercised all necessary caution in the matter and should be held blameless. Quoted several cases of sudden, unaccountable death from ether, and spoke in favor of the more general use of chloroform.

Dr. Horace Packard : — We must always remember that anæsthetics are dangerous things, and the danger increases with the inexperience of the administrator. People take ether differently, as you all know. In some cases it seems to act as a poison and death comes very suddenly. The danger usually comes from cyanosis, and if the face is completely covered by the ether cone this cannot be observed until the patient has crossed the danger line. Did not consider that Dr. Krauss' patient died of shock. Believes that for general use, and in competent hands, ether is the best.

REPORT OF THE COMMITTEE ON OPHTHALMOLOGY, OTOLOGY, RHINOLOGY AND LARYNGOLOGY.

John H. Payne, M.D., chairman.

I. The Relation of the Base of the Tongue to Many Throat Difficulties. Jos. Chase, Jr., M.D.

II. Stenosis of the Nasal Passages. D. G. Woodvine, M.D.

III. Antisepsis in Nasal Surgery. Howard P. Bellows, M.D.

IV. A case of Madarosis, with Cure by Internal Medication. John H. Payne, M.D.

V. Otorrhœa in Children. A. A. Klein, M.D.

Owing to the fact of the lunch hour having arrived, these papers were not discussed.

At 1:30 P.M., a very satisfactory lunch was served, at Hotel Thorndike, to 127 members.

When the meeting was again called to order at Steinert Hall, the President, Dr. A. J. French, made a brief address as follows :

It is not expected of the president to give a formal address at our semi-annual meeting, but I wish to take this opportunity to make one or two suggestions which I have considered are for the interest of our Society:

The conditions of life, thought and activity, alter with the progress that comes with time. The medical profession must change with the changed conditions it has to face. The aim is the same in all ages, but the methods by which we seek to accomplish that aim, must be adapted to the onward march of events. No medical society, or school, can be a fossil and live at the same time. The old allopathic school of medicine has served its generation, and has an honored place in the museum of medical history. The medical school of the future must be both aggressive and attractive. We are living in a most remarkable age of advancement in science, of criticism and discussion upon all subjects that relate to the best interest of mankind: this investigation is going on among all classes, and among all thinking people everywhere. The old school of medicine is awaking to the necessity of the times, and is trying to throw off her old fossiled habiliments — she is discarding her old formulas of drastic cathartics, emetics, blood-letting, etc., and is compounding her medicines in small proportions, and putting them in sugar-coated pellets and delicately-colored tablets, as similar as possible to the methods of our homœopathic pharmacy; following after our line of advancement, because patients will not, as heretofore, take nauseating drugs. All this in consequence of the progressive and advanced position of the homœopathic school of medicine. They have been forced also to take a defensive position — this gives us a great advantage. We propose, as in the past, to advance on their breastworks and capture their strongholds; force retreat, capitulation, or surrender. We base our progress and attainments upon rationalistic investigations, and not, as our opponents have always done, upon empiricism. I suggest that we take advantage of our advanced position, and, as much as possible, keep the old school upon the defensive. When we have our enemies so they are forced to act upon the defence, we have a great advantage. We have now arrived in our progress in the history of medicine, where we can take an independent position. We are recognized as competent physicians and surgeons, equal to any in the allopathic school. We have our chartered colleges, our insane asylums, our general hospitals and dispensaries; and we ask no odds of them in the treatment of the most critical diseases. We are willing to compare notes with them in all the capital operations in surgery, also in the treatment of the insane in our asylums. We are recognized by legislative bodies, and in the courts of justice, as upon an equality with them. We have our chartered colleges ranking among the first, and our hospitals second to none. We have been generously aided from the State treasury in building our insane asylum and our general hospital; and we have also received liberal aid from the city of Boston in establishing a new dispensary building. And, at least, one-third of the taxes are paid by our patrons. Therefore let us maintain a dignified and independent position, and continue to press on in our progress until the national government at Washington shall recognize us as the equals of the old school, fully as competent to re

ceive appointments in the United States Army or Navy. Now, fellow members of the Massachusetts Homœopathic Society, this can only be accomplished by thorough organization and work, — proving to the public that we are as competent, as well qualified as any class of physicians. When we go before legislative bodies for favors, our committees must go as representatives of a strong chartered society. So we want to build up and strengthen our State Society, by an increase of our membership, and by patronizing our colleges and hospitals. As nearly as I can learn, we have about 550 acknowledged homœopathic physicians in Massachusetts, and only 275 are members of our State Society, leaving 275 (one half) who are not with us as members and fellow laborers. Now this is all wrong — only half of our school with us in this organization to encourage and help us; and without this organized body, we should have little or no influence when we go before legislative and appointing powers for favors. If we are to be recognized as a power, we must present a strong and healthy organization. Will you not, then, one and all, help to make this Society a strong and influential body, by doing missionary work among the 275 who are not members, and induce them to join our Society and help us in this glorious work of reform in the healing of all the people? Let us go unitedly forth on our great mission, which is to assuage the sufferings of humanity. *Forward* let us march, with our banners unflurled with the motto, "*Similia*," emblazoned upon them.

The Orator, Dr. Sarah E. Sherman, then delivered the oration, "The Regular Medical School."

REPORT OF THE COMMITTEE ON MATERIA MEDICA.

C. Wesselhoeft, M.D., chairman.

Dr. C. Wesselhoeft spoke at length in regard to methods of forming works on Materia Medica, and has promised his remarks for publication.

He was followed by Dr. John P. Sutherland, who read a paper entitled, "Notes on Pharmacy."

Dr. J. Wilkinson Clapp called attention to the fact that at present the homœopathic pharmacists in different parts of the country, followed very different methods in the preparation of their remedies, there being no definite standard of strength. The confusion and even danger resulting from this independent, go-as-you-please style of pharmacy, and the desirability of establishing a uniform standard of strength and regular methods of preparation, must be apparent to all. With this object in view, the American Institute appointed a committee on pharmacopœia, and this committee had so far completed its work that we may look for a perfected National Pharmacopœia, at no distant day.

REPORT OF THE COMMITTEE ON GYNÆCOLOGY.

George R. Southwick, M.D., Chairman.

I. Treatment of Erosions of the Cervix Uteri. M. E. Mann, M.D.

II. Electricity in Gynæcology, with especial Reference to Apostoli's Methods. Walter H. White, M.D.

III. Significant Uterine Discharges at the Climacteric in Reference to Diagnosis and Treatment. L. F. Potter, M.D.

IV. Some New Applications. Cases illustrating Malignant Degeneration of Benign Tumors, and the Effect of Pregnancy on Chronic Posterior Displacements of the Uterus. George R. Southwick, M.D.

Discussion: — Dr. H. P. Perkins questioned the value of the Apostoli treatment, and thought the originator had himself expressed dissatisfaction with his results.

Dr. W. H. White: — Has seen considerable of Apostoli and his work, during the past summer, and has heard nothing expressive of dissatisfaction. On the contrary, the results have been almost uniformly good, the patients all being relieved in varying degrees.

Dr. W. H. Jackson: — There can be no doubt of the value of the method under discussion. Apostoli does not claim to cause disappearance of the tumor in every case, but patients are almost invariably relieved of the hæmorrhage, pain and distressing symptoms so common in these cases.

Dr. H. E. Spalding: — Spoke of the effect of pregnancy in correcting retroflexions, but does not expect relief unless the patient remains in the recumbent position.

The meeting adjourned about five o'clock, after a very satisfactory session. The attendance was large throughout the day, and the interest sustained to the end.

Frank C. Richardson, M.D., *Secretary.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Woman's Industrial Union, 264 Boylston street, Thursday evening at 7.30 o'clock. The president, Dr. Southwick, being unavoidably detained, Dr. Sturtevant was appointed president *pro tem.*

The records of the last meeting were read and approved.

Drs. Emma F. Peasley and Winfred Newell Emery were elected to membership.

The name of C. E. Ellis, M.D., Winter Hill, Somerville, was proposed for membership by Dr. Farnsworth.

The subject of a social entertainment and dinner was discussed, and a committee of three, consisting of Drs. Southwick, Stackpole, and Emery, were appointed to arrange the matter.

Dr. Coffin being in Europe, Dr. Hedenberg read his very interesting paper upon "Some of the Secondary Lesions of Syphilis, and Their Treatment." A general discussion followed.

Dr. Powers felt that general health needed special attention.

If the patient was well nourished he was better able to withstand the inroads of the disease, and throw off the effect of the second stage.

It had also been claimed that the disease could be cured without mercury, but no case had as yet been seen.

Dr. Talbot coincided in the opinion that too much stress could not be laid upon the point of well nourishing the patient. He questioned if the disease was not less prevalent than thirty years ago. He personally had seen much less of it, and the ravages were not so severe. Had not homœopathy done something to lessen its terrors? The ordinary dosing with merc. of thirty-five or forty years ago, had been much modified.

Dr. Woodvine said it was a question in all schools whether we had yet arrived at the true origin of the disease, or its best treatment. If we get the patient at the outset, and the disease is due to bacteria, we should treat locally with merc. as well as constitutionally. He also described several interesting cases that had come under his observation, and said he had obtained better results from iodide of potash in syphilitic ulcers than mercury.

Dr. Sanders, not being present, his paper on "Treatment of Gonorrhœa," was read by the secretary.

Dr. Sanders recognized three stages. Accession, inflammation and decline. The treatment both abortive and curative. In the early stage he used an injection of nitrate of silver, 2 gr. to 1 oz. of water, or chloride of zinc ½ gr. to 1 oz. water. When acute inflammatory stage is reached, strict rules of diet and hygiene are of the first importance, rest in bed, no exercise whatever being allowed. Diet consisting of gruel, rice or barley water, milk; no stimulants or condiments of any kind. If these rules are carried out, nearly every case of gonorrhœa would result in cure in seven to ten days, without any medicine whatever.

In the acute inflammatory stage, injections are not to be used, but hot applications give relief. When the acute symptoms subside and the discharge is muco-purulent, then a mild injection of chloride of zinc, ½ gr. to 1 oz. of water three times daily, will result, if all other conditions are carried out, in a cure in from three to five weeks.

If the case persists, change the remedy to fld. ext. hydrast. 13 to 1ʒ, or pinus Canadensis 23 to 1ʒ. One important and absolutely necessary point is, that the treatment both internal and external should be continued a week after all symptoms disappear.

Dr. Talbot suggested cannabis as a remedy that had done good; and in his hands, also mygale (Cuban spider.) Where

there was gleet, bismuth dissolved in rose water 13 to 1℥ gave excellent results.

Dr. Sherman thought if due to microbes, peroxide of hydrogen diluted, ℥j to ℥1x of water and used four or five times a day would be effective.

The meeting adjourned at ten o'clock.

M. E. Mann, M. D., *Secretary.*

RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the society was held Friday evening, Oct. 9, 1891, at eight oclock, with Dr. James L. Wheaton, of Pawtucket, R. I., in the chair.

Drs. Jeannie O. Arnold and Walter R. Amesbury, both of Providence, whose names were proposed for membership at the last meeting, were unanimously elected.

The following papers which were read, elicited animated discussion from the members present.

"Cholecystotomy," E. C. Gates, M.D.

"Hæmorrhage in the New-born," Charles Hayes, M.D.

"A Case of Dysentery," Isaac Sawin, M.D.

"Sudden and Unexpected Deaths in Sickness," George D. Wilcox, M.D.

"Pseudo-cyesis," W. R. Amesbury, M.D.

"Irrigation of the Stomach," T. H. Shipman, M.D.

Dr. Wilcox being absent, his paper was read by Dr. Barnard.

L. D. Lippitt, M.D., *Secretary.*

GLEANINGS AND TRANSLATIONS.

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Tapping the Ventricles in Hydrocephalus. — The child, three years of age, had hydrocephalus from the age of nine months. The circumference of the head was twenty-four inches, and, as the symptoms became more urgent in spite of treatment, tapping was advised. A Southey's trocar was passed through the anterior and outer corner of the anterior fontanelle, downward and inward deeply, the child having first been anæsthetized. On reaching the ventricle a jet of clear serous fluid spouted two feet from the canula. Two ounces were withdrawn and a canula fastened *in situ.* It was dressed with sublimate solution on lint. In a week the canula was forced out by the healing process. The bulging of the anterior fontanelle was replaced by marked depression, and the child made a perfect recovery. — *British Med. Journal.* — *Archives of Pediatrics.*

Arsenic in the Treatment of Warts. — Dr. Paul Muller, of Hamburg, writing in the *Allgemeine Medicinische Central-Zeitung*, "cannot sufficiently recommend" the internal use of arsenic in the treatment of warts on the hands. He has employed it for more than two years and always found the wart to disappear within three weeks. Another practitioner, Dr. Pullin, who seems to have used arsenic for the same purpose somewhat longer, says he has known it to cure warts in eight days. The dose ordered by Dr. Muller is only at the beginning, two drops of liquor arsenicalis three times a day for adults, and a quarter of a drop for children. These quantities are generally increased. — *Times and Register.*

Odd Color Blindness. — The *Lancet* publishes a curious case of color-blindness. The patient was an engine-driver, in Russia, about forty years of age, whose vision was perfect until 1889. Then he began to suffer from violent headaches, due to over-exertion and insufficient sleep, which were followed by a loss of all power to distinguish colors. Everything appeared to him to be red, and he was obliged to throw up his position. The surgeon who examined him could find no disease, but found his sight, focus, and sensation of light, normal. In May, 1890, the man again submitted himself for examination, declaring that his sense of color had been restored. This proved to be the fact. The *Lancet* thinks that "this case seems to show that sensation of color is perfectly independent of the physiological function." — *Coll. and Clin. Record.*

REVIEWS AND NOTICES OF BOOKS.

Therapeutics: its Principles and Practice. By H. C. Wood, M.D., LL.D. Eighth Edition Philadelphia: J. B. Lippincott Company. pp. 937.

A new edition of this widely-known work is sure to attract attention. The new features, however, are few, consisting of the addition of articles on such new drugs as aristol, chloralamid, sulphonal, sozoiodol, etc., the recasting of articles on such of the newer remedies as were contained in the last edition, (phenacetin, paraldehyd, caffeine, etc.) and the rewriting of the entire section on anæsthetics. These revisions and additions have increased the bulk of the book by thirty pages. The work is thoroughly abreast of the advanced "rational" thought of the day, in seriously considering the usefulness of remedies and methods (diet, massage, electricity and the like) which are not drugs; in studying drugs by classes, orders, and families; in

the painstaking effort to do justice to the subject by carefully studying more than 700 memoirs in the preparation of the edition; and in the author's inability to suppress an occasional denunciation and *exposé* of the "childish absurdity" and "delusion" called homœopathy. Prof. Wood is an ardent advocate of testing drugs on the healthy animal and human organism prior to administering them to diseased humanity; of knowing the exact pathogenesy of a drug as a *sine quâ non* to its rational use; consequently the paragraphs on "physiological action" of drugs form the characteristic feature of his book. Naturally enough these useful paragraphs are drawn chiefly from records of experiments on animals, (frogs, guinea-pigs, dogs, etc.) and of poisoning and overdosings in man; no references to the voluminous extant records of voluntary "provings" are admitted, notwithstanding the forcible argument for the necessity of such studies contained in the "Preface to the first edition," wisely retained in this, the 8th edition, and forming one of the strongest bits of writing in the whole book. It is by a careful study of the paragraphs on "physiological action" and comparison of them with the results of "clinical experience," that any advance can be made from venerable empiricism towards the establishment of a guiding therapeutic rule or "law." In its revised form the work is easily able to support the reputation earned by preceding editions.

Scientific Medicine in its Relation to Homœopathy. By Prof. Theodor Bakady, of the Buda-Pesth University. Philadelphia: Bœricke & Tafel. pp. 60. Price, 50c.

In aswer to certain questions concerning Koch's remedy, the talented author of this little book skilfully contrasts modern rational medicine with homœopathy, showing wherein the latter is soundly "scientific" in its principles, but contending that it is only a part of the great field of medicine. He shows convincingly the difference between pathological reasoning and therapeutic reasoning, and presents an admirable classification of therapeutic methods. After a careful study of the modern "antipyretic treatment," by means of drugs, he concludes that the method is decidedly opposed to the curative process, from the standpoint of the germ-theory; for by such artificial reduction of temperature, the vital activity of the phagocytes is markedly interfered with, and their power of overcoming the disease-producing microbes is greatly lessened.

As to the questions concerning the value of Koch's remedy and the relations of Koch's methods and remedy to homœopathy, his decision is, — "In view of this explanation, I am enabled to make the positive assertion, that I regard Koch's

method an exact scientific confirmation in vindication of isopathy" * * * "accordingly, Koch is to be regarded as the scientific founder of the isopathic doctrine * * * ." During the nine months which have passed since the above was written, the author may have seen reason to change his opinion. It is to be hoped he has, for the book, though an interesting bit of reasoning, has now no *raison d'être*, since the questions it purports to answer have been answered more convincingly by facts, than they ever could be by theorizing. Koch's remedy has up to date, proven but a weak support to homœopathy, isopathy, or "modern scientific" (rational) medicine.

The International Medical Annual. 1891. Ninth Year. New York: E. B. Treat.

This admirable publication can need no further praise than that the present issue is worthy of its predecessor. It covers the field of the year's advances in medicine and surgery, clearly briefly, and comprehensively. Among its distinguished contributors are Dr. Milne Murray, Surgeon-Major Crombie, of the Calcutta General Hospital, Prof. Dujardin Beaumetz, and many others. The themes treated of embrace not only the more conventional branches of medicine, but such odd and interesting subjects as — to give but one instance, — "The Hand as a Diagnostic Feature in Diseases of the Nervous System," by Dr. E. L. Fox, of Bristol, England. From the excellent work, as a whole, much information may be had, at small pains. It is substantially bound, and enriched with suggestive illustrations.

PERSONAL AND NEWS ITEMS.

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Dr. E. C. Peck has removed from Provincetown to Bradford, Mass.

Frances M. Morris, M.D., and Sarah S. Windsor, M.D., have removed to 138 Marlborough street.

Dr. Emma J. Peaseley, Class of '91, B. U. S. of M., has removed from Jamaica Plain to No. 92 Holland street, West Somerville.

F. P. Batchelder, M.D., B. U. S. of M., Class of '91, has settled at 293 West Chester Park, Boston, Mass. Office hours, 2 to 4 P. M.

Dr. Harriet H. Cobb has removed from 314 Broadway, Cambridgeport, to No. 49 North Ave., Cambridge. Office hours: 8 to 9 A. M. and 3 to 5 P. M.

Dr. Horace Packard has removed to No. 362 Commonwealth Avenue, near West Chester Park, Boston. His office hours are from 2 to 4 P. M. Connected by telephone.

UNTIL the Woodbury Building, corner of Boylston and Berkeley streets, is ready for occupancy, Dr. Phillips will be found at Hotel Byron, 119 Berkeley street, near Columbus Avenue. Office hours, 8 to 9.30 A. M., and 1 to 3 P. M.

ALBERT PICK, M.D., B. U. S. of M., Class of '90, has settled at Room No. 5, Riddle's Building, 885 Elm street, Manchester, N. H. Office hours: 9 A. M., 2 to 4 and 7 to 9 P. M. Sundays 12 to 1 P.M., closed Wednesday and Sunday evenings. Special attention given to surgery and diseases of women.

THE Southern Homœopathic Medical Association will meet at Nashville, Tenn., on Nov. 11th, and will have active, interesting discussions on all the branches of medicine. It is especially desired that the colleges shall be well represented and a greater interest awakened on the subject of medical education.

THE Southern Homœopathic Medical College, 16 West Saratoga street, Baltimore, Maryland, held its opening exercises on October 7th. The occasion was a very pleasant one, and the College has the good wishes and good speed of homœopathists the world over in the excellent work on which it has entered.

WALTER H. WHITE, M.D., who has made electrical therapeutics a specialty since 1883, has removed his office and residence to The Berkshire, 192 Dartmouth street, where he will be prepared to treat patients with the various forms of electricity, and will receive cases requiring such treatment, when desired, as a consulting physician. Office hours: 9 to 12, 2 to 4. Saturdays, 2 to 4.

DR. BUSHROD W. JAMES, of Philadelphia, is revising his popular work on "American Climates and Resorts," and is preparing a second edition, which he hopes to have ready for issue shortly. In it he is making comparisons of the different climates, now generally resorted to, in the whole world, with a view of differentiating the same for the various kinds of invalids and tourists.

DR. G. E WHITE has lately opened at Sandwich, Mass., with the license of the Governor and State Council of Massachusetts, a private hospital for the care of the insane, which is to be under strictly homœopathic control. Miss Alice R. Cooke will act as matron and assistant manager. Homœopathic physicians having patients needing skilled care and home-like surroundings, are recommended to visit or communicate with Dr. White.

THE annual course of clinics, at the Westboro Insane Hospital, for the students of B. U. S. M., will take place on the following dates: Nov. 6, 20; Dec. 4, 18. Round-trip tickets from Boston to Hospital Station are provided at the Boston and Albany Station for one dollar. The train, usually taken, leaves Boston at 10.55 A. M., reaching Hospital Station at 12.30 P. M. The return train leaves Hospital Station at 4.17 P. M. Other homœopathic physicians are cordially invited to attend these clinics by the superintendent, Dr N. Emmons Paine.

THE President and Board of Directors of the Washingtonian Home tendered a reception to Dr. Albert Day, in honor of his seventieth birthday, Thursday evening, Oct. 15th, from 7 to 8 o'clock, in the parlor of the Washingtonian Home, 41 Waltham street, Boston, Mass.

The Association for the Study and Cure of Inebriety also held a public meeting in celebration of the seventieth birthday of its president, Dr. Albert Day, in the chapel of the Washingtonian Home, Thursday evening, Oct. 15th, at 8 o'clock.

Dr. Day's faithful and efficient service in an important field of medical work received adequate recognition on these pleasant occasions.

THE new building of the Cleveland Medical College was dedicated to professional use on Wednesday, Sept. 2nd. Many friendly and congratulatory addresses were made. The building is a large one, of brick, three stories high, finished in Norway spruce and hard woods. There is an abundance of light and ventilation. The amphitheatre occupies two stories, and will comfortably seat 200 students. In addition there are etherizing rooms, waiting rooms, janitors' rooms, and a room for the faculty, all connected with electric bells. In the amphitheatre was exhibited a

large assortment of valuable surgical and gynecological instruments, presented by a lady friend of the college.

Dr. Bouton, the resident surgeon of the Homœopathic Hospital, Melbourne, Australia, has been made the recipient of a very handsome tea and coffee service suitably inscribed, the gift of the staff of the institution. The presentation was made to Dr. Bouton as a token of the feeling entertained towards him by the staff on the occasion of his leaving the hospital to start in private practice. Dr. Bouton has occupied the position of resident surgeon of the Homœopathic Hospital for the past six years, during which time he has well earned the affection and good will of all who came within the institution. Dr. Bouton has settled at 7 Collins street, Melbourne.

The translation of the — to the homœopathist,— unknown work, "*Hahnamann's*" Organon, announced in a circular recently received from a Western city, may prove to be in better English than the circular which heralds its coming. We hope so; for little credit redounds to homœopathy from a document crowded with such infelicitous phrases as "printed upon the finest paper, the best carbon ink": "be in the hands of every homœopathic physician so that *they*," etc. — "It is not the intention to publish only just the number," — etc. The persistent and gross misspelling, throughout the circular, of the name of the founder of homœopathy is in itself sufficient to cast a chill on the welcome of a work which treats his fame thus carelessly.

Announcement. — The Illinois State Board of Health has provided that a year of study with a preceptor may be accepted as one year on a four year course. This year is usually taken preliminary to study in a medical college. The care of a student by a busy practitioner of medicine has not always been equal to the requirements of the case. Therefore the Chicago College of Physicians and Surgeons has undertaken to coöperate with preceptors in laying out a course of reading and a course of study of accessible animals.

Non-Resident Course. — 1. Non-residents may matriculate with the College of Physicians and Surgeons to take the first year's course in the same manner and under the same conditions as if they proposed to take a resident course. 2. Non-resident students will be required to select a preceptor satisfactory to the secretary, and one who is willing to coöperate with the faculty in conducting the year's work, and give his certificate for the same at the end of the year. 3. Non-resident students must do the prescribed work and make satisfactory weekly reports of progress in the manner provided by the faculty. 4. The course covers thirty weeks, and not more than five weekly reports may prove unsatisfactory without debarring the student from the credit of the course. 5. When a student can furnish evidence of having already taken the work in the prescribed non-resident course, he will be assigned an equivalent from a special course. 6. Students who have taken the non-resident course in a satisfactory manner, and have shown by the weekly examinations that they have done the work thoroughly and intelligently, will receive certificates from the secretary, which, with the certificate of their preceptor, will be taken at this college in lieu of one year's study on a four year's course.

A syllabus of the first month's reading and work will be mailed to any student, whether a matriculant or not, on application.

For further particulars and a matriculation blank, address Dr. Bayard Holmes, Secretary, 240 Wabash Ave., Chicago, Ill.

There are sixty-six homœopathic hospitals in the United States which contain 6,320 beds. During the year 1890, 33,736 patients were treated, with a death rate of only 3.3 per cent. — *Cal. Homœopath.*

The *Pall Mall Gazette* tells of a doctor on a man-of-war who had a very simple method of treatment. He would tie a piece of tape around the waist of the mariner, and command him to declare whether the pain was above or below the tape. If above, the emetic was given; if below, a dose of salts, of course. —*Kansas Med. Journal.*

THE

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Boston, Mass.

EDITORIAL.

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PROGRESS INDEED.

When a momentous step in the direction of progress and reform receives prompt, cordial and practical support from the public, it is cause for rejoicing more general than merely with those who have taken the step. As a rule, whatever be the ultimate consequences, the immediate effect of any marked advance toward the ideal is temporary loss of money and popularity. So true is this of advance in methods of education, that any reaching toward higher standards has been very cautiously made, even by endowed institutions whose boast it is to offer the broadest advantages and make their diplomas a guaranty of ability, the country over. The history of medical education is full of such timidities; we yet vividly recall the instance of the famous old-school medical college that one season proclaimed long and loud a compulsory three-years' course; and the next season, frightened by the lessened number of names on its rolls, promptly lowered its crest, and made its diploma again a two-years' prize. It is matter for pride, not alone to Boston homœopathists, but to friends of homœopathy everywhere, that a homœopathic medical school — the Boston University School of Medicine — years ago stepped into the van of progress and has firmly kept its place there ever since. It demanded preliminary examinations before these were thought practicable by any other medical college, though many, in time, followed where it had led. It declared a three-years' course compulsory, and

sturdily held to its declaration, though for years it paid the penalty of its courage and high endeavor in diminished classes and consequently lessened income. Last spring, promptly and loyally obedient to the resolutions of the American Institute as to reform in medical education, it took the daring step of declaring a four-years' course compulsory. How courageous was the School, in taking this action, may be somewhat measured in the consideration of two facts : one, of the well-known medical college which is now appealing to the public for endowments sufficient to enable it to enter upon educational reform without disastrous loss : the other, of the college, not less well known, which indeed advertises a three-years' course, but announces that the tuition for the last year will be gratuitous ! Facing, in full consciousness of their serious import, all the risks from which these older and richer colleges so frankly shrink, the Boston University School of Medicine took its stand, and braced itself to await results. The results, amazing and incredible as they may seem, have arrived in the form of the *largest class which has matriculated in thirteen years !* Here is progress, indeed ; here is an instant indorsement, by public opinion, of a reform so radical that its best friends counted on it winning its way only after years of demonstration and more or less serious pecuniary loss. This is a happening because of which not only one honored medical school, not only homœopathy everywhere, but liberal-minded friends of sound medical education, of whatever shade of therapeutic belief, have hearty reason to rejoice and take courage. Not only is the matriculating class large, but it is enthusiastic and united to a cheering degree : it enters upon its work with a zeal, an intelligence, an *esprit de corps* which are inspiring. The crucial experiment declares itself at the outset, a conclusive success.

We may fitly add a word of congratulation to the Medical School, on the improvements which, soon to be completed, will make so noble a building in which to conduct noble work. Through the generous action of the trustees of Boston University, the new wing, — an imposing piece of architecture, with its four stories and square, sturdy tower — will supply to the college space and facilities it has long needed. Physiological and micro-

scopical laboratories, a fine library, a pathological museum, reading rooms, and private work rooms will be among the new and welcome conveniences. The alumni will rejoice to revisit their Alma Mater in her new and worthier abode; the coming students will work with heartier good will for the excellent facilities afforded them for work. Everywhere, in the school which has so bravely made for progress, are manifested the signs of progress indeed.

EDITORIAL NOTES AND COMMENTS.

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An Evidence of Interest in the very living question of the needs of homœopathic pharmacy, upon which the Gazette has several times dwelt editorially, in recent issues, and which it has very deeply at heart, is furnished in the interesting communication recently received from Mr. John M. Wyborn, F.C.S., of London. In view of the well-known and enviably high standing of Mr. Wyborn in the pharmaceutical world, and of the importance of the subject itself, no detail of which should lack interest to homœopathic physicians, we take pleasure in reproducing Mr. Wyborn's communication in full, as follows:

To the Editor of the New England Medical Gazette:—

Sir, — In the editorial comments on "Homœopathic Pharmacy," published in your current number you observe (page 455) "The facts are that in the case of *dry* medicinal substances, Hahnemann regarded the *drug itself* as the unit, and this has been the rule of all homœopathic pharmacopœias printed since his time, with the single exception of the 'British' . . . ."

Allow me to say that although the adoption, in this country, of the mother tincture as the unit of attenuation, in cases of both dry and fresh green substances, occurred farther back than my memory extends, it appears to me very clear that an American pharmacopœia, published in London, is responsible for such adoption. I refer to Dr. Hempel's compilation from the works of Buchner, Gruner and Jahr, published by Messrs. Leath and Ross, in 1850.

In this work, under the section treating of the "Denomination of Homœopathic Attenuations," (p. 36) the unit of attenuation is repeatedly referred to as "the primitive drop," *e. g.*, "In the first attenuation each drop contains the one-hundredth part of the primitive drop," and from the table illustrating this, on p. 37 — well, it would be hard to censure any student for concluding (in the absence of any definite instructions) that the mother tincture was intended as the unit, commencing as it does; viz.:

"*Mother tinctures.* (|)

First attenuation=	1=100	=hundredth.
Second attenuation=	2=10,000	=ten thousandths," etc.

This work was followed by British homœopathic pharmacists up to the date of publication of the B. H. P., and the British public are thoroughly accustomed to the adoption of the mother tincture as the unit in making the IX. dilution, which has been much used in domestic practice during the last thirty or forty years.

Your assertion that Hahnemann "never in any case accepted the tincture as the unit of strength in preparing attenuations," may be correct, but Hahnemann himself occasionally wrote in a manner which led to the inference that the alcoholic tincture was his unit. In the *Mat. Med. Pura*, article "Asarum," he observes "a quadrillionth of a grain (in the form of diluted solution) of the alcoholic tincture, and the quintillionth dilution of the freshly-expressed juice mixed with an equal quantity of alcohol."

The word "grain" here used in connection with a liquid, is also employed under article "Ruta," in the same work, *e.g.*, "A dilution which in every drop contains $\frac{1}{100000}$ of a grain of this juice."

Yours faithfully,

JOHN M. WYBORN, F.C.S.

59 Moorgate Street, London, Eng., Oct. 29, 1891.

As we understand it, Mr. Wyborn's contention is, I.—That the British Homœopathic Pharmacopœia is not the only pharmacopœia which departed from Hahnemann's rule of adopting the drug itself as the unit of attenuation ("in the case of *dry* medicinal substances"); that the example was set by Hempel's Pharmacopœia published in 1850; and II.—That Hahnemann sometimes wrote in such an obscure manner that one might infer that he used "the alcoholic tincture" as his unit.

In support of the statement on p. 455, October GAZETTE, to which Mr. Wyborn takes exception, we would beg to say that—The pharmacopœia to which he refers, "Dr. Hempel's compilation from the work of Buchner, Gruner and Jahr" is doubtless the English edition of the work published in this country in 1850, by Wm. Radde, and commonly known as "Jahr and Gruner's Pharmacopœia." If Mr. Wyborn had examined its pages more carefully he would have found that it contains definite instructions for the preparation of attenuations from tinctures, and that the mother tincture was *not* intended as the unit, notwithstanding the references made to the "primitive drop" in the section on the "Denomination of Homœopathic Attenuations."

If he had referred to No. 9, Section on Solution of Salts, Oils, etc., he would have found the following directions which cannot easily be misunderstood even by a "student." "In general, in order to obtain the first dilution of any tincture, we pro-

ceed in this way: Take as many drops of the tincture as are equal to the denominator of the fraction marked on the label, and add to them as many drops of alcohol as will be equal to the difference between the above mentioned denominator and the number 100. Mix them by shaking the vial fifteen or twenty times by means of vigorous strokes of the arm, and mark this dilution 1." "Then continue the dynamizing process either in the proportion of 1 to 100 or 1 to 10."

In order to make it plain to the general reader, it may be necessary to explain that tinctures prepared according to directions contained in this pharmacopœia were arranged under three classes.

The 1st. From dried drugs prepared in alcohol, in the proportion of 1 to 10.

The 2nd. From succulent plants, in the proportion of one part juice to one part alcohol.

The 3rd. From other fresh, green plants, in the proportion of one part plant to two parts alcohol.

It is clear, therefore, that the unit here given of attenuations made from tinctures of the first class, is the dry, crude drug; from the second class, the juice; and from the third class, the fresh, green plants, etc.

In support of our assertion in regard to Hahnemann's estimate of strength of attenuations, we would refer Mr. Wyborn to the following extracts from the preface to Vol. II. of *Materia Medica Pura*, (1824).

"In order to preserve the strength of the tinctures intact, and to determine the strength of the attenuations with tolerable accuracy, all drugs which can be obtained only in the dry form, should be pulverized and twenty parts of alcohol added to one part of the powder." "Every drop of a tincture so prepared is counted for $\frac{1}{20}$ grain of the medicinal powder. From this tincture attenuations for homœopathic purposes may be made in the manner taught in the chapter on Arsenicum. Take a vial containing about 500 drops of alcohol, and to this, one drop of the strong tincture, shake the whole well, and label the vial $\frac{1}{10000}$ signifying that every drop of the solution contains $\frac{1}{10000}$ part of a grain of the original medicinal substance." "The juices of

fresh plants, being usually mixed with equal parts of alcohol for homœopathic purposes, every drop of such a preparation must be considered as containing $\frac{1}{2}$ grain of the original medicine. To prepare the attenuations, two parts of the tincture are mixed with ninety-eight parts of alcohol by shaking them strongly together, the vial containing this first attenuation is marked $\frac{1}{100}$. The succeeding attenuations are prepared as usual."

We think that a careful reading of the extracts which Mr. Wyborn quotes in connection with the above, will show that Hahnemann's words on this subject are not contradictory.

Good News from Calcutta and Australia makes, according to wont, its pleasant appearance in the little pamphlets lately arrived on the editorial table. At the Homœopathic Hospital in Melbourne, the institution is shown to be on a financial basis of such soundness as is most admirable and enviable. The building fund for the new wing, now completed and ready for use, has, it is true, been a trifle overdrawn; but on the other hand, the maintenance fund stands £410 to the good, and the endowment fund shows an increase of upwards of £665 on last year's balance. More than three thousand patients have been treated in the year just ended. The record of deaths during the annual typhoid epidemic has been but 2.10 per cent. — a proud showing as compared with statistics of that dread disease the world over. The nurses' training school has done excellent work, and demands for nurses educated in homœopathic methods pour in from all parts of the colony. At the trustees' annual meeting, resolutions of regret and esteem, apropos of Dr. Bouton's resignation as resident medical officer, most flattering to that gentleman, were passed.

"Peace and health and my very best thanks and gratefulness" are quaintly and gracefully wished to all friends of the Calcutta Homœopathic Charitable Dispensary by Dr. Banerjee, its founder and indefatigable director. It is a pity that the American friends of this excellent charity, one of the most bitterly needed and amazingly useful of medical foreign missions, shouldn't, to use a Dickensism, "come no forrader" in practical sympathy

with it. Say a quarter apiece, friends, sent to the care of the GAZETTE, and marked "For the Calcutta Dispensary," from every GAZETTE reader, and what a capital lift would be given to this "infant institution," and how cheered the patient hearts that look so confidently to the West for a brotherly helping hand! The suggestion is made in serious good faith, and the GAZETTE will joyfully acknowledge all such modest subscriptions that may reach it. Who "cries quarter," first?

In the year just passed, 2,071 patients have been treated at the Calcutta Homœopathic Dispensary, with about fifty-two per cent. of known cures; many of the cases not returning to report, and many more much improved but not entirely recovered.

The pathological range covered is a wide one, and the patient's include alike men and women, Hindu, Mahometan and Christian. The financial report shows a small balance to the good, but it could be quadrupled without meeting the active demands on this institution's charity.

Dr. Banerjee and his small but devoted band of provers, have entered upon the study, by personal provings of the Indian drug, *Azadirachta Indica.* These provings offered in chart form, may be thus summarized: the provers taking from six to thirty drops of the tincture, daily:

Mind — Uneasiness; desire to lie down.

Head — Vertigo; headache, pain and heaviness in temples and forehead.

Eyes — Aching of the left eyebrow; slight ophthalmia; photophobia.

Nose — Sneezing; coryza.

Stomach — Aching, with nausea and retching.

Urinary Organs — Urine free, amber colored, with burning sensation.

Chest — Stitching pain and aching, especially in lower left ribs.

Pulse — Varies from 70 to 97.

Neck and Back — Pain in the back and shoulders.

Extremities — Aching, pain and heaviness of the upper and lower extremities.

Generalities — Craving for sweets.

Sleep — Disturbed.

Fever, etc. — Chilliness, and fever (temperature not stated) in two of the three provers.

A definite though limited picture of drug-action is here presented in the vertigo, ophthalmia, (conjunctivitis and photophobia), sneezing and coryza, aching pains and heaviness, which were common to all the provers. Further provings may widen this field as well as still further confirm the symptoms secured.

These Indian drugs, scientific provings of which may be counted upon to yield highly useful results, can be had by application to Dr. D. N. Banerjee, 43 Chorebagan, Calcutta, India. The tinctures are prepared according to the German Homœopathic Pharmacopæia, and are sold at a uniform price of fifty cents an ounce. Our provers' clubs have here an excellent opportunity to do profitable, original and interesting work.

"A Medical Search-Light. — I reckon there is a fortune waiting for the inventor of it!" Thus, colloquially, the Doctor to himself, as he wearily pushes away the last of the pile of bulky volumes in which he has been seeking for wisdom with which to supplement his own. He has not found it. With the sense of sorrowful bafflement doctors know so well, heavy upon him, he has lifted his eyes, a moment before, from his book; and has seen through the parted curtains, startlingly sharp and white across the cold clearness of the Christmas sky, the broad, luminous pathway of the search-light thrown from the tower of the great, neighboring building where they are holding some sort of scientific exhibition. The Doctor settles himself wearily back in his chair, and lets his thoughts travel, whimsically, along the path the search-light illumines, through the dusk of Christmas Eve.

"A medical search-light? Well, why not?" — he muses. "Would it seem any more wonderful to us than those miraculous every-day conveniences, the railroad and the telephone, would have seemed to our respected ancestors, if they could have prophetically glimpsed 'em a century ahead? And — mer-

ciful Heaven! — what a thing it would be, for a doctor, when the secrets of his profession are jeering at his helplessness, as mine are to-night, to take out his little medical search-light, and open the slide, and presto! — there goes a ray of sharp white certainty straight to the heart of his bafflement! — If, when I go into the hospital ward, to-morrow, I could flash such a ray into the brain of that poor fellow whose case I'm tangling my wits over, and see, once for all, what tiny point there is causing all this mischief — or see that there isn't any mischief there, at all, and it's all a nervous complication that we can afford to take our time about! — If a doctor could turn that unerring search-light on the spinal cord, and know the why of that first step down to the hell of locomotor ataxia! — If in those maddening cases of neurasthenia he could turn it on the 'mind diseased,' and know just what like is . . . . 'the perilous stuff that weighs upon the heart!' — If he could turn it on the great field of similars, and be sure of its shining so clearly that he could not make a mistake in choosing his herb of healing!

Who will invent our medical search-light, that will do for us in our bewildering mists what that great, splendid message from aloft, yonder, does for the mist-bound ships at sea? — Perhaps, after all, it will only be a question of mounting the medical search-lights that we have, on a more facile pivot, polishing up their reflectors, increasing their candle-power, as years go on. After all, the search-light of science throws for us much light into places black as Erebus, once. There's cerebral localization, for instance, and all the bacteriological world. Perhaps there is another search-light just at our hands, that we don't often enough take the trouble to uncover. Sympathy. Why don't we oftener put ourselves in our patient's place, and find what a mightily illuminating thing it is to do? — I thought of that, to-day, when I was swearing to myself because the Jeune-fille baby wouldn't let me poke a tongue-depressor down its throat. How kindly do I take to happenings that hurt, and whose purpose I can't guess? Lord! that baby's conduct was dignity and suavity to the way I behave! When I thought of that, and laughed to myself, I suppose the impatience went out of my touch — and the little beggars know such differences, if

we don't! — for the baby turned tractable, and all went well. Pity we can't turn on the search-light of sympathy, oftener; especially with women and little children! — Perhaps — Well, Robert, what is it?"

The servant has entered the room, after a deprecatory knock, and stirred the fire until it blazes with right good Christmas cheer.

"The mistress says, if you please, sir, you're not to forget there is company — a little Christmas dinner-party to-night, sir. And just now Mrs. DeNerfs sent to say she'd had an attack just like last Wednesday's, sir." —

"Con*found* it!" says Mrs. DeNerfs' long-suffering medical attendant. "Well?" — "I told the maid, sir," says Robert, of the inscrutable face, "that you were called out of town this noon, sir, and left word that you mightn't be back before morning." — "Didn't mention I *had* come back, eh?" — "No, sir, I hadn't rapped at the door to see." — "Robert," says the Doctor, "you're wasted in our profession. Your true sphere is a Jesuit college."

The man goes out. The Doctor, rising to put his books in place, sees that the search-light has paused just across the church belfry, and the noble arches, and the bells so soon to ring their chimes of good will, are dark against its solemn whiteness. "They might have come down to Bethlehem, on just such a pathway, that first Christmas Eve!" says the Doctor, to himself. He recalls that Highsoule told him, yesterday, the search-light had given him the text for his Christmas sermon: — "I am the Light of the World." He can guess, in part, what Highsoule will find to say. That if a man would have his own light burn clear, he must keep within reach of that great enkindling Light . . . . The Doctor is still standing by the window of his fire-lit study, when the "mistress" herself, all other means having failed, comes in person to bid him in to dinner.

Homœopathy in 1891 has gone steadily forward on its prosperous way. The signs of its ever-widening influence have been many. Its colleges have been well supported, and their standard of work has steadily advanced. Its hospitals have been

crowded, often to the taxing of their capacity, with patients who have confidence in its ability to cope with the most sadly serious ills to which flesh is heir. Its medical societies rejoice in increase in membership and energetic interest in work. The homœopathic practitioners are few who do not, where they elect to make their homes, find welcome and ample support. Look where one may, the prospect is full of good cheer and encouragement.

Among the noteworthy events of the year, the practical completion of the Cyclopædia of Drug Pathogenesy stands first. It has been a task whose infinite laboriousness can be apprehended, even in part, only by those who have attempted scientific work among the mazes of our materia medica. It has been accomplished with wonderful promptness, with patient painstaking, with large intelligence, with unflagging zeal: and the result is an enormous step toward placing homœopathy on a basis of sound, indisputable, demonstrable fact. The unending gratitude of all who practise under the rule of similars is due to the editors whose unselfish labors have brought about this great end. He is no progressive homœopathic physician who fails to have the Cyclopædia on his shelves, and the facts it clearly sets forth, in process of daily acquisition.

We must, also, remember with gratitude the immense and inspiring success of the International Homœopathic Congress at Atlantic City, where, as in familiar Scriptural prophecy, they came in from the east and from the west, from the north and from the south, and enthusiasm and harmony arose and sat down with them. We must note, also, among the lesser but most substantial "marcies," one tithe of which space forbids us to detail, the establishment, with every prospect of solid and permanent support, of a homœopathic medical college in the heart of the conservative South: the opening of the new college buildings at Cleveland; the opening of our new Boston dispensary, and the rapid progress towards completion of the noble additions to our hospital and college. We must not neglect to mention, with rejoicing and congratulation, the recent subscription by English friends of homœpathy, of a sum sufficient to rebuild the London Homœopathic Hospital in elegant and com-

modious fashion, with accommodations for a medical school.

In conclusion, there is yet another minor "marcy" for which we must not fail to give thanks. A young and zealous adversary has arisen, within the year, whose frank and outspoken malevolence is, through the columns of the *Medical News*, keeping the public informed and aware of the true animus and impelling purpose of our friend the enemy, when behind the high-colored shield of public "protection" and raising of medical standards, they seek tyrannical and partisan legislation against homœopathy. With the *News* editorials in evidence, there is not the remotest danger of the shrewd public being deceived in the matter. Wherefor for this thinly-disguised blessing, O let us, friends, — in the language or Mr. Chadband — be joyful, joyful!

1891 boasts a proud record for homœopathy. Yet we look to 1892 to better it.

COMMUNICATIONS.

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FURTHER NOTES FROM GERMANY.

BY WALTER WESSELHOEFT, M.D., CAMBRIDGE, MASS.

Let me hope that no one who read my former communication to you, thought it strange that no mention was made of homœopathy by one who counts himself a good homœopath. The omission is capable of a rational explanation since in this country the outward and visible signs of the existence of our school are not readily seen. They demand for their discovery something more of a systematic inquiry than do the numerous and imposing institutions which proclaim the activity and enviable status of the dominant portion of the profession. In point of fact there are no outward and visible signs of homœopathy in Berlin, while the generous scale on which hospitals, clinics, laboratories and medical institutions of every description, recognized and established by state or municipal governments and excluding homœopathy, are constructed, and the perfection of their appointment must strike the medical traveller with wonder and admiration. These expressions will not seem extravagant if the ample, park-like enclosures in which such hospitals as those of the Friedrichsheim, the Urban, the two Elizabeth Hospitals, and others are considered, together with the wise foresight and the scientific character of the architecture and con-

struction of such institutions as the six new pavilions for Dr. Koch in the Charité grounds, the new Friedrichs Hospital for children, — probably the most perfect hospital for its purpose in existence, — besides many others. Even the new veterinary school and its hospitals, in the very heart of the city, are surrounded by extensive and attractive grounds and paddocks, with well-kept walks, grass, and trees, such as any hospital for human beings might well rejoice in.

Among all these monuments of a genuine scientific spirit and an unstinted consideration for all the aims and needs of medical science and art, the signs of the existence of homœopathy, as I say, disappear. Our school is far from enjoying the recognition of the temporal or spiritual authorities, and its adherents occupy a position which, as compared with that which our school has conquered for itself in the United States, is most unenviable. Oppressed by unjust and unreasonable laws, denied the right of dispensing their own medicines, and thus left at the mercy of hostile and designing apothecaries, excluded from all hospital appointments, and so fiercely and contemptuously opposed by all in authority, that the public and effective teaching of our principles is absolutely impossible, their numbers can only be recruited by casual conversions and their existence is possible only by the continuance of that genuine reformatory spirit, which profound conversions and the laws of human progress, descending from bleeding sire to son, alone can give. Among the sixteen hundred doctors in good and regular standing in Berlin, there are upward of twenty homœopaths, who, although their existence is not apparent to the casual observer, are by no means dead. Their constant and well-timed demands and appeals for recognition in the German Parliament, their efforts to establish chairs and wrest from their opponents some of the numerous and constantly increasing clinical and pathological institutions, as well as the occasional outbreaks of bigotry and animosity on the part of the guardians of all scientific truth, show sufficiently how deep the homœopathic thorn has entered the allopathic flesh and how remote the indications are that it can be readily extracted.

The Berlin Homœopathic Medical Society meets regularly twice a month, and the meetings are invariably well attended, and though informal, full of scientific interest, as may be judged by the character of the journal of the Berlin homœopathic physicians. If the private institution of Dr. Mayländer, a most accomplished surgeon, is left out of consideration, there is no homœopathic hospital in Berlin; but the dispensary is a very flourishing institution, making demands upon the time, energies, and even means of the individual practitioners far too great to

be borne by so small a number. From forty to sixty patients are treated daily, and the growing numbers amply prove the favor the institution enjoys among a population so lavishly provided with the opportunities for gratuitous treatment, and gives evidence of the success of the means employed.

It was my good fortune to attend the annual meeting of the Central Verein, the German National Homœopathic Society, where I was much struck with the difference between the methods of proceedings here and those which prevail among us. Dr. Weber, of Cologne, was in the chair, and the meeting was conducted in the most admirable spirit. An informal preliminary meeting was held on the first day or, rather, evening, when the members with ladies, gathered in one of the excellent restaurants under one of the arches of that remarkable means of rapid transit, the Berlin city railway. The best opportunity was afforded in this way of renewing or making acquaintances, and for adopting special plans of action for the regular meetings supplementary to the published programme. On the following day the business meeting was held, when, after despatching the special business of the association, the relations of the school to legislation and to the universities were fully discussed and measures adopted for the furtherance of general homœopathic interests. This was followed by an elaborate lunch, to which the ladies were invited, and it was here that opportunity for the freest and most satisfactory discussions was afforded. Cases and treatment, individual drugs, differences of opinion as to potency, etc., hygienic and surgical measures were argued in the most spirited manner, and yet without a touch of that animosity that is so apt to manifest itself in our meetings, where differences of opinion as to fundamental views or principles are brought forward. It was my privilege to sit beside the foremost advocate of the extreme high potency tendencies of German homœopathy, Dr. Leeser, of Bonn, — I am sure he will forgive me for mentioning his name, — and, as a matter of course, almost immediately found myself in the very midst of a discussion of the subject tabooed, as I believe most unfortunately perhaps, in a measure by my own fault, in our meetings. For two mortal hours we, figuratively speaking, toed the mark in one long round, the fight extending every now and then far beyond ourselves to those interested at both sides and both ends of the long table, but always in the most amicable spirit, so that in the end we parted without other sentiments than the hope and wish soon to meet again. In the presence of this admirable and rational agreement to differ, I could almost wish that we at home might be subjected to a little wholesome pressure from without, to force us once more into that necessity for peace

among ourselves that would enable us to exist fraternally in single state and local societies in spite of fundamental and irreconcilable differences of opinion. It was difficult to convince our German colleagues that the subject of potencies was formally excluded from our meetings, or that the convictions of our two opposing factions were of such a delicate and fragile a nature, that they could not bear the shock of heated or animated discussion. The afternoon was consumed in these free, and I may say, most interesting discussions, continued late into the evening, which was spent with the ladies at the Zoölogical Gardens, where a frugal supper with the most delightful military music ended the day's proceedings. On the following day, by invitation of the Berlin physicians, the meeting was held at Potsdam. This was the scientific session at which from 9 A. M. to 2 P. M., papers were read and discussed by Dr. Mayländer, on massage of the prostate for hypertrophy of this gland; by Dr. Reis, of Treves, on sciatica; and by Dr. Leeser, of Bonn, on precision in homœopathic indications and the need of extreme attenuation of drugs to meet these indications. The discussions following the reading of the papers were more formal than those of the day before, and therefore, to my mind, far less instructive and fruitful. It is only when men speak with that freedom engendered by a generous meal, that they utter their best thoughts, and are possessed with the genuine desire to bring their truest convictions home to the hearts and minds of their fellow men for the advantage of the latter rather than for any purpose of self glorification. Our meetings are far too full of this formal palaver, which everybody estimates at its true value, but which all submit to as to a necessary evil. This scientific session was followed by a splendid banquet, with ladies again, at which the excellent speeches gave the fullest evidence of the sound, scientific atmosphere which prevails among our German colleagues, and of their full appreciation of the disadvantageous professional position in which they are held, as well as of the means and efforts necessary to correct it. I could not fail to be impressed by the appreciative manner in which American homœopathic endeavors and achievements were alluded to, and the generous spirit in which our country was looked to as the source from which all immediate, scientific as well as material advancement was to be hoped and expected.

In giving this somewhat detailed account of the meeting it has been my purpose to show the difference between the manner of conducting the German meetings and our own, without in the least wishing to imply that our larger meetings would be improved in tone or results by following other methods than our own. In each country these are the result of national

character and historical development. To enter upon the details of papers or discussions would be beyond the limits of my space or intentions. It is enough to be able to report that in spite of the very great difficulties under which German homœopathy is forced as yet to maintain its existence, it is a living and growing factor in medical reform with an encouraging outlook.

In Leipsic I visited the homœopathic hospital, but found it in a sleepy condition, partly in consequence of the absence of Dr. Stifft, under whose management we may look for most satisfactory results, and partly in consequence of the fact that alterations in the building were in progress, which temporarily closed several of the wards.

Before closing this letter I cannot refrain from mentioning an interesting institution I visited in Paris. I mean the Assistance Publique, the great foundling hospital, where the waifs are freely received and cared for in the most humane, and at the same time, most scientific manner. That which attracted my attention most forcibly was the matter of infant feeding, a subject which, with the peculiar clinical material to be dealt with, is necessarily one of the first importance. As practically all infants brought in here are not only illegitimate, but of syphilitic or otherwise diseased or depraved parentage, the need of suitable nourishment for vitiated infantile digestions and organisms generally, for marasmus, intestinal catarrh, inanition, etc., becomes the most serious problem. The sterilizer was in active operation with a variety of artificial foods, chiefly of a starchy character, such as flour, arrowroot, etc., but the main reliance in all cases of impaired nutrition was asses' milk, nursed directly from the animals. I was able to convince myself that this means of supplying incomparably the best substitute for healthy mother's milk, is not only wholly practicable and easy, but of surprising efficacy. The tables showing the rapid increase in weight and those showing the increase of infant mortality, since the introduction of this wholly natural and at the same time, or I should say, as a matter of course, scientific method of feeding, are of the greatest possible interest to every practitioner who has been brought face to face with the difficulties of infant feeding, and learned to look with distrust upon all the unqualified recommendations of every sort and description of artificial food, with which the market abounds. In connection with this method of feeding infants it was instructive to witness also the droves of she asses with their tinkling bells, driven early in the morning through the streets where dwell the aristocrats, whose earthly mission plainly is not only to support fashionable practitioners, but also to afford those of high professional standing the means to follow their scientific pursuits, and to reward their merits.

The great Charcot and others, habitually and of their profound convictions, order fresh asses' milk to nervous invalids, to school girls and other candidates for nervous invalidism, and in England, Holland, Switzerland, and parts of Germany, this is still given to those afflicted with pulmonary diseases. Since the animal is so little subject to diseases, so easily kept, so wholly manageable, and of an intellectual development fully equal, if not superior to that of the cow, it is somewhat surprising that no effort should have been made to introduce its milk to the suffering, both young and old, in our country.

Let me recommend the introduction of this not patentable food to the consideration of some one of the enterprising philanthropists in which our profession abounds.

A CASE OF PERVERTED SENSE OF TASTE, WITH OTHER REFLEX PHENOMENA.

BY JAMES R. COCKE, BOSTON.

In June of the present year, I received word from a personal friend informing me that he was afflicted with a very intensely bitter taste, and that this spoiled his pleasure in eating and drinking. Knowing the gentleman to be of the gouty diathesis and fond of the pleasures of the table, I supposed that he was suffering from indigestion and biliousness. He consulted his family physician, who, without making any special examination, prescribed rhubarb and soda. This gave no relief. The gentleman grew worse and complained of flashes of light before the eyes, more especially by night. He also suffered from great mental depression. He was advised to consult an oculist, who gave a negative report, and an analysis of the urine was made with a like result. This bitter taste still persisted in spite of the rhubarb and soda, and other medicines aimed at the stomach and liver. Referring to my books I got little satisfaction, learning that perverted sense of taste occurred with insanity, tumors of the brain, and disorders either of the alimentary canal or liver.

Now, as the oculist had examined the eyes and found them perfect, this at once excluded a tumor on the brain, for a growth low enough to affect the nerves supplying the sense of taste must derange some of the nerves supplying the eye.

The difficulty steadily grew worse and the gentleman was advised to come to Boston to consult some of our eminent specialists. In the meantime, I had tried the medicines indexed under bitter taste in Bœnninghausen's repertory without relief.

When the gentleman was seen in Boston late in August, he

said that the taste was even more bitter than quinine and was worse after midnight.

Determining to ferret out the trouble if possible, tests were made to ascertain whether muscular coördination and the various mental faculties were intact, and they were found normal.

Next, the sense of taste was investigated with sweet, saline, acid, and bitter substances. The sense of taste was evidently much disturbed as he could not tell either the acid or bitter substances, unless a large amount was placed in the mouth. Inspection showed that there was no hyperæmia of the buccal mucous membrane.

I first inquired of the gentleman's daughter if his teeth were in perfect condition, and she thought they were; but, when the question was put to him, he informed me that there was an old broken tooth which had remained in his mouth for years, stating at the same time that he believed this could not cause the trouble, as he had told his physician and also his dentist, who both considered it of no consequence. At my suggestion he consulted a dentist in Boston, and was informed that there was suppuration, proceeding evidently from the root of the tooth.

Now comes the interesting part of the story. The tooth being removed, and the gums treated antiseptically, the bitter taste was much abated in less than twenty-four hours, and in forty-eight hours had entirely disappeared, and has not returned since. Also his sense of taste resumed its normal acuteness and the patient stated that food tasted once more as it used.

The mental depression was relieved and the flashes of light ceased. In what way this ulcerated tooth created so much systemic disturbance I do not know, but the lesson taught me, to thoroughly examine every part of the human body when there is some inexplicable symptom, will never be forgotten. It teaches the advisability of ascertaining the cause before resorting to medication on a theoretical basis.

CERVICAL STENOSIS AS RELATED TO DYSMENORRHŒA AND STERILITY: WITH CASES FROM PRACTICE.

BY T. J. PUTNAM, M.D, NORTH ADAMS, MASS.

[*Read before the Western Massachusetts Homœopathic Medical Society.*]

It is not with the expectation of being able to offer anything new on the subject of the present paper, that I write, so much as to give some of the results of my own observation and experience, with the hope that discussion may bring out something that may be of benefit to us all.

I shall preface what I have to say in regard to "Cervical Ste-

nosis," by the following proposition: The normal functional action of any organ is dependent 1st, upon a perfectly healthy condition of the organ itself; 2nd, upon its normal relation to contiguous organs; and 3rd, upon a healthy condition of organs more or less remote, with which it is in sympathetic relation. Of no organ or gland in the body is this proposition more true than of the uterus. In continuous readiness for mobilization, by reason of the peculiar function which it may at any time be called upon to perform, its relations to other organs are constantly subject to change; its own size, shape and functional action modified; and the relation of one of its parts to another altered.

The scope of this paper limits us to a consideration of this last fact; and its importance, in this connection, will be conceded when we remember, that the different flexions of the uterus are the cause of a considerable number of the cases of cervical stenosis which we are called upon to correct, inasmuch as the great majority of these stenoses are met at either the internal or external os. Of the former, the cause is almost always found to be ante- or retro-flexion. While a variety of causes, which it is not necessary to enumerate here, may contribute to a development of the latter.

By what ever cause induced, however, the condition under consideration is directly responsible for a very large majority of the cases of dysmenorrhœa.

What is true of this condition as related to dysmenorrhœa is also true, though to a far less extent, of its relations to sterility. The reason of the difference in its causative action in the two difficulties, lies in the fact that the stenosis is apt to be very much more marked during the congestion incident to the menstrual flux, than during the inter-menstrual period, and consequently it would not offer as much opposition to the ingress of the spermatozoa during the inter-menstrual period, as it would to the egress of the catamenial fluid at the period. In this fact may be found the explanation of the theory that "nature's cure for dysmenorrhœa is marriage."

There are some cases, however, in which the stenosis is a permanent presence, offering equal opposition to ingress, as well as egress; and in such cases, menstruation is always a painful act, and conception usually impossible.

Menstruation being a purely physiological act, ought to be painless; and would be if the organs whose functional activity it represents were in a perfectly normal state.

Dysmenorrhœa has been divided by various authors into a number of different classes; such as, nervous, neuralgic, spasmodic, ovarian, obstructive, congestive, membranous and a va-

riety of others to suit the fancy or imagination of the author, but for practical purposes there are but two, *obstructive* and *membranous.*

To aid in the endeavor to lessen the sum total of human suffering in whatever form it may appear is, I take it, the highest form of professional ambition and infinitely higher than the mere matter of lengthening life by a brief space, which may be simply prolonging the agony from which the sufferer would gladly be released.

The fact that all must die is incontrovertible, but the fact that all must suffer, is subject to great modification, and the gratitude expressed is not always, nor often, for danger averted, so much as for the relief from suffering that has been experienced.

The credit and satisfaction given and experienced for the relief from the suffering incident to an attack of cholera morbus, is often greater than it would have been if the patient had been successfully carried through a critical case of typhoid fever.

In the majority of cases where extreme suffering is present, the pain is out of all proportion to the danger involved; and this is especially true of dysmenorrhœa, for the patient not only suffers the most agonizing pain at the time, but can count with the most unerring accuracy upon the date when the sufferings will be repeated, and can only expect relief in the natural course of events, by the arrival of that stage of life which marks the first approach of senility, and all this suffering brought about and continued by reason of a most insignificant abnormality in the cervix.

Remedies, whatever they may be, which afford relief from the immediate suffering are indeed a boon; and we have some such remedies, but we have more — we have not only the means of relieving the immediate suffering, but for the radical removal of the cause, in most cases, for I believe that the great majority of cases of dysmenorrhœa may be called *obstructive;* and that the obstruction is stenosis, whether the stenosis be permanent or only temporary, and the correction of this causative condition will render the resultant condition impossible.

During the past ten years, I have had considerable experience in the treatment of this class of cases, and as a result of this experience, am convinced that in most cases the suffering is unnecessary.

It was my custom, formerly, to rely on internal medication, and while I could succeed in relieving most of them at the time there were few in which permanent cures were affected; so that now whenever medical treatment fails after a reasonable time to *cure* the trouble, and the condition of the uterus and its

surroundings, as revealed by a careful examination, which I always insist upon, is found not to contra-indicate such interference, I resort to instrumental means, and have had the most gratifying results.

The course of procedure is simple and probably not new to most of you. It consists in the thorough dilatation of the cervical canal, under strict antiseptic precautions, the application of pure carbolic acid to the margin of the *internal* os, so dilated, (care being taken to protect the canal from action of the acid,) and the preservation of the lumen by the introduction of an ebony or hard rubber stem, which is slotted or grooved so as to admit of free drainage from uterine cavity.

The operation should be performed under an anæsthetic, as it is quite painful, and I prefer the week prior to the menses as the time for operating, patient to remain in bed till approaching menstrual period has passed.

I will cite a few cases from practice illustrative of the treatment and its results.

Case I. Mrs. W——; age, twenty-three years; married two years, and had not conceived, though children were desired. Menses regular, but exceedingly painful; pain preceding the flow and ceasing when flow was fully established. Ante-flexion, rendering it difficult to introduce smallest sound, was found to be present. Used dilator thoroughly; applied acid to internal os, through applicator, and introduced stem, allowing it to remain for one week, when menstrual flow came on painlessly, and was followed by conception and delivery at term.

Menses returned seven months later, and were followed, after three painless menstrual periods, by second conception and delivery at term. No subsequent menstrual troubles.

Case II. Mrs. B——; age, twenty-eight years; married seven years; conceived and miscarried during first year of married life. No conception since, but has had severe dysmenorrhœa. Found extremely narrow canal and almost entirely occluded internal os. Could only with difficulty introduce smallest sized probe. Used smallest sized laminaria tent, and secured sufficient dilatation to introduce dilator (Mott's), when canal was thoroughly dilated, acid applied, and stem introduced, which was only retained thirty-six hours as it caused considerable pain. Menses appeared four days later, almost entirely painless. Second menstrual period passed with very little pain, and conception followed, child at term, and no trouble since.

Case III. Miss S——; age, twenty; has suffered from dysmenorrhœa ever since menses were established seven years ago. Pains most agonizing, so that she is prostrated at each period and does not more than get straightened up before

next period prostrates her again. Examination revealed extreme ante-flexion and consequent stenosis at internal os.

Complete dilatation, use of acid, and wearing stem for one week has removed the trouble entirely, and the condition of prostration and debility which was always present has disappeared, and she is strong and healthy.

Case IV. Mrs. G——; age, thirty-eight years; married fifteen years; never conceived. Menstruation was only slightly painful up to five years after marriage, when, having some leucorrhœal discharge, she consulted a lady physician who told her she had severe ulceration of the womb. Treatment consisted in thorough cauterization, and introduction of caustic pencil into cervical canal.

Whether the diagnosis was correct or not, the leucorrhœa ceased, but menstruation became very painful immediately following the treatment. Coincident with the dysmenorrhœal development she had a most severe and prolonged attack of inflammatory rheumatism, which left her with partial anchylosis at the hip joints, so that in going up stairs she was compelled to go backwards.

She consulted physicians in Chicago, St. Louis and other medical centres for the relief of the dysmenorrhœa, but was told by all that the dysmenorrhœa was caused by the rheumatism, and until that was relieved she could never expect to be rid of trouble which resulted from it. She went to Hot Springs and did experience some relief from the rheumatism, but the dysmenorrhœa continued the same. Pain would begin two weeks before menstrual flow and continue with increasing severity until the scanty flow was established, and not cease until the flow ceased, so that this intolerable pain continued for three out of the four weeks; no wonder that the miserable sufferer resorted to opiates. On examination of this case I found a conical cervix and the most minute pin-hole os, while the canal itself was almost obliterated, the condition being, without doubt, the result of the caustic treatment given ten years before. It was with the greatest difficulty that I succeded in opening up the canal, as the condition was one of atresia rather than stenosis, but when finally accomplished the relief from pain was complete and continuous, though the rheumatism remained the same and has since. She has never conceived.

These cases are representatives of their class and will serve to illustrate the results of the treatment I have attempted to describe.

The History of Tuberculin. — In four acts: Act 1 — Eureka. Act 2 — Vici. Act 3 — Ave, morituri te salutant. Act 4 — De mortuis nil nisi bonum. Epitaph — Fuit. — *Med. Press.*

THE CHILDREN AND THE DOCTOR.

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

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

It is a well-known fact that much of the business of the physician is with children. During the formative period of life the rapid and varied changes, which the system is undergoing, render it peculiarly liable to various more or less severe disturbances, which make the services of the physician necessary.

In the years now happily past, the doctor was in many cases a terrible bug-bear to the children. Every child in those days knew that when the doctor was called he could at the best, expect to escape with nothing less than a rousing dose of physic; and all the terrible details of his possible fate, with blisters and bleedings, and searching medicines and emetics, ad nauseam, paraded before his agonized imagination.

While it was true that those old physicians had much business among the little ones, it is still more true with the homœopathic physician, for he not only treats the children of his adult patrons, but also those of many of his allopathic friends.

It seems as if the harsh, and I believe I am justified in saying barbarous methods of the old school, especially in the days gone by, had a tendency to make the physician who practised them as rough and harsh as they.

These conditions opened the way for homœopathy. It was so difficult to apply those old methods to the children, that the doctor was not called in until everything else had been tried. When a homœopathic doctor made his advent into a place, and it became noised about that a doctor was to be had who gave medicine without taste, it was almost as good news to the children as to hear of a dentist who could pull teeth without pain; and thus the natural consequence was, that he was first called to the children. And though the parents smiled incredulously at his watery doses, the babies swallowed them eagerly. Then the nurses decided that homœopathic medicine was nice for children, it was so easy to give. And later on, when they found the household pets recovering from severe illness under its benign influence, they decided that it really was an excellent kind of medicine for children. Of course when they themselves were sick, they thought they needed something stronger, so then the old allopath was called in, and they were puked, purged, and blistered, etc., *secundem artem.*

Now as these children gradually grew to maturity, their faith in homœopathy never weakened; the time never came when they thought they were too large for little pills to cure. That which had cured them when they were small, and had continued

to do them good service through all the years of their growth, it needed no argument to convince them, would cure them when grown, and the consequence was adult homœopaths.

And though at the present day, the less barbarous treatment of the old school, (and on account of the pressure of homœopathy they have studied hard to make it less barbarous), renders it less obnoxious to sensitive people, yet it is still true that the gentler methods of homœopathy hold a large proportion of the children, as well as of refined adults.

If then we owe so much to the children for the growth of homœopathic sentiment in the past, it seems only justice, to say nothing of that more ignoble reason, policy, that we should make an especial effort to treat the little ones with the greatest gentleness and consideration ; to be gentle not only in our doses but also in our manner.

I never can help feeling that a rude and coarse manner is as much out of place with a homœopathic physician as salts and senna, or calomel and jalap. I am glad to say that from my experience with the "little pill" doctors, I am convinced that as a class they are gentlemen and gentlewomen.

Particularly when seeing children for the first time, we should be careful to give them time to study us well, in order that they may decide favorably as to whether they will favor us with their confidence and friendship. If we bluster up to them when we first enter their presence, they are liable to be frightened and decide against us. If we pay no apparent attention to them at first, they will be more likely to consider us favorably. Often we can take the hand and feel the pulse without objection on the part of the little patient, provided we at the same time appear to be studying something in the opposite side of the room.

Any child that is in the least degree shy or sensitive, objects to being looked at, and it is therefore better, so far as possible, to keep one's eyes turned in some other direction. When, after a reasonable length of time the hand is refused, it is often possible to take the pulse in the heel. To seize and forcibly retain the hand of a fiercely resisting child, is as useless as it is unkind, for the pulse at such a time will give no indications which would ordinarily be of value. If the child is lying with the neck exposed it is often possible to note the regularity, frequency and force of the pulse by noticing the vibrations of the carotids. If the child is sleeping when I enter, I do not allow the nurse to awaken it until I have observed it carefully, for much may be learned during sleep, that surprise, agitation or interest will render it much less easy to discover after waking. The position, whether on the side, back or face. The position of the head,

whether thrown back; the legs, whether drawn up or extended. The appearance of the countenance, whether natural or distressed. The breathing, whether free and easy or obstructed; whether nasal or oral; whether deep or shallow: whether accompanied by râles and where. Any swellings in the neck can be observed, as well as the condition of the abdomen, together with many other points which will suggest themselves to the observing physician.

The history of the case can also he learned from the nurse. Should the mouth chance to be open, which is often the case, the condition of the tongue can be noticed. It is often easier, also, to take the temperature during sleep, and by a gentle but unhesitating touch, the pulse can be very satisfactorily taken, and at such times it is wholly unaffected by outside influences. If the child should awaken in consequence of the touch, we are prepared for it to do so.

When by gentleness and kindness we have once succeeded in securing the child's confidence, it is often surprising to what an extent they will bear with us. They then unhesitatingly accord us the privilege of seeing the throat, even though the spatula may need to be used; and to touch and examine any tender parts about the neck or elsewhere, greatly to the mother's or nurse's surprise, perhaps, whom they would not allow to touch the tender parts.

To the doctor who feels himself called upon to swab out a throat, a most difficult and trying duty presents itself; especially if the child, as is often the case, cannot bring itself to submit to the operation, which is an exceedingly trying one, not only to children, but to many grown people as well.

The following described plan or method in obstinate cases will be as gentle as any, and more successful than many. Let the doctor have his implements at hand, (saturated swab for right hand, teaspoon or spatula for the left), let the nurse take the patient on her lap, back to the doctor, and on a seat slightly lower than his. Then let the doctor tip the child back upon his knees, the head being partially grasped by them. Quickly insert the spatula and depress the tongue, insert the swab and swab thoroughly and withdraw the implements. The nurse raises the child to her arms, and in less time than it has taken to describe it the work is done, and the little patient hardly realizes how it was done or who did it.

In all these things, where it is necessary to do unpleasant things for the benefit of the little patients, we should never forget to act on the first part of the formula *suaviter in modo*, as well as the all important *fortiter in re*. Practice smiling, and if we cannot smile from the heart, remember that a longitudinal

extention of the oral aperture will answer all ordinary purposes. Even in many cases where it is necessary to cause the little ones some pain, as in examining sensitive parts, or even in reducing fractures, if we have succeeded in convincing them that we are their friends, and that our object is to do them good, we shall find them showing great fortitude and forbearance.

It has been my fortune to be called upon to reduce many fractures of the arm and elbow among children. I have never given ether in such cases, and it is seldom that they ever utter a whimper during the operation. I have sometimes found it difficult to convince the mother or friends that the bones were set, because the child did not cry. If then the little ones throw themselves so confidently into our hands, let us always cultivate towards them a kind and gentle manner, remembering that in the field of moral influence, as well as in the therapeutic realm, *die milde macht ist gross.*

A CASE FOR DIAGNOSIS.

BY J. E. LUSCOMBE, M.D., FITCHBURG, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

On Sept. 24, 1890, a boy of six years old came under my care with the following history, as obtained from his mother.

Previous to Sept. 20th, his health had been good, but on the morning of that day he was seized with vomiting, which condition seemed to be successfully overcome by noon. In the afternoon was able to accompany his mother to the house of a relative, a half mile away. Here the vomiting was renewed, and they returned home. Again marked improvement was noticed, and the indulgent mother allowed her son to eat a hearty supper. Retiring at seven o'clock in a fevered state, he soon began to vomit, and continued to do so at intervals during the night. In the morning the family physician, a man of forty years' experience, was called. Diarrhœa had set in, also headache was complained of. Medicine was left, but no diagnosis made. Physician called again before night and found the child slightly delirious and also noticed dark red spots upon the hands and thighs. Although the vomiting and diarrhœa abated, the remaining symptoms increased in intensity each succeeding day, with the addition of inflammation of the left eye.

Up to Sept 23rd, no other diagnosis had been arrived at than that "the child is very sick." At this time the head was drawn back. A consultation was held which resulted in a diagnosis of typhoid fever. That night the delirium was very great, accom-

panied by occasional shrill screams. At midnight, by the desire of the family and at the persistent entreaty of a friend, I consented to visit the patient on condition that the attending physician be discharged.

Called at 12.30 A.M., Sept. 24th, found the patient delirious, uttering piercing cries at intervals, which were especially agonizing to family and friends. The temperature was 101°, pulse hard and frequent, reaching 140 beats per minute. The left eye seemed protruding from its socket, the conjunctiva being in a highly congested state. The pupil of right eye was dilated and insensible to light; tongue coated white; head drawn back; ecchymoses nearly the size of a three-cent piece, on the hands and thighs, and the left arm and leg were paralyzed.

I made a diagnosis which differed materially from the one already given, prescribed belladona and cimicifuga, to be alternated hourly, and recommended that ice bags be applied to the head and a cold compress to the left eye.

Under the administration of homœopathic remedies from this time, the symptoms described began very slowly to recede.

As consciousness was regained the patient complained of pain in the occiput and back of the neck, also just above the umbilicus. The first two yielded to gelsemium and the latter to colocynth. The paralysis passed away. The congestion about the left eye subsided and revealed the fact that sight was destroyed. The iris was immovable, the pupil contracted, the lens opaque, and a slight cloudiness was noticeable in the cornea.

My last visit was made Nov. 19th, nearly two months from the time of my first. The ecchymoses had dried away into large, dark scabs. The patient was about the house playing, and indulging in boyish pranks. I advised his being kept from school until spring.

In April of this year, he attended school for two weeks, but on account of a lancinating pain running from the defective eye to the perfect one, occasioned evidently from study, he was obliged to give up. At intervals I have prescribed for this pain, and also one at the base of the brain.

In August last he was taken to the Eye and Ear Infirmary, and also to the Children's Hospital, Boston, and neither gave the parents much encouragement for the future.

Sept. 14th, he was seized with epileptiform convulsions and died in one, on the evening of Sept. 15th. On the day of his death his temperature was normal and pulse 88. Scars from the ecchymoses still remained. What was the primary lesion and what the secondary?

My diagnosis was cerebro-spinal meningitis, at the first, but the subsequent pathological condition I could not decide upon.

THE SURGICAL CLINICS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF NATHANIEL W. EMERSON, M. D.—FOR QUARTER ENDING SEPTEMBER 30TH, 1891.

Following what has become almost an established custom with my predecessors, the report of the summer service of 1891 is herewith presented. These quarterly reports not only serve the convenient purpose of permanently recording many unique and interesting cases, but also attract the attention of the profession at large to the character of the work now being done at this Hospital, and give opportunity for comparison with that which is being accomplished at similar institutions.

It is often suggested that the hot days of summer are not favorable for operations, and that cases do not do so well in them. The experience of the present term does not bear this out. On the contrary, much can be said in support of warm weather for operating. The system is relaxed, and the immediate shock of the operation seems to be less; the heat does not affect the subsequent convalescence, and one is, perhaps, quite as comfortable lying passively in bed as under any possible circumstances. Doors and windows may be freely opened, thereby insuring an abundance of fresh air; while, no matter how hot the days may be, the nights are sufficiently cool to give comfortable sleep. Nor have we found it any more difficult to obtain complete asepsis than in cold weather.

As each operator develops methods of his own, it may be well to state something of the general principles governing the work here detailed. So far as possible, asepsis has been the rule; when required, however, antiseptics have been thoroughly used, as follows: solutions of mercurius bi-chloride, from 1 to 1000, to 1 to 3000; peroxide of hydrogen, in the proportion of 2 parts to 1 of water, thus making a ten volume solution, — although in septic wounds of small area the strongest or 15-volume solution has been used; and $2\frac{1}{2}$ to 5 per cent. solutions of carbolic acid. All water used about the patient at the time of operating was boiled just previous to the operation. In major cases the field of operation was prepared the night before, as will be detailed later. In all cases not so prepared, after anæsthesia the part to be operated upon was exposed, thoroughly washed with soap and water, shaved, rinsed off with hot boiled water, and generously laved with a solution of mercury, 1 to 1000. The immediate area of operation was surrounded with towels wrung out of a hot solution of mercury, 1 to 2000, or else with hot towels rendered aseptic by steaming just before the operation. The

hands of the operator and his assistant were most carefully cleansed, and then immersed in a solution of mercury, 1 to 2000. Believing that the hands are the most frequent offenders in causing sepsis in fresh wounds, besides the operator the hands of one assistant only were allowed to come in contact with the wound. A hot solution of mercury, 1 to 2000, was kept constantly beside the operator during the entire operation, and another beside the chief assistant, into which the hands were frequently plunged. This solution was renewed as often as needful, and should the operator become so absorbed as to be liable to neglect its use, his attention was often called to it by his assistant. The instruments were thoroughly sterilized for each operation by baking or steaming; the accessories, such as gauze, sponges, catgut, silk, etc., were treated in like manner on the morning of the operation.

The dressings have consisted chiefly of gauze, rendered aseptic by steaming on the operating day, freely applied to the wound, outside of which absorbent cotton was used, and held in place by an aseptic bandage. In cases where union by first intention was expected and desired, the wound was sealed by mercurialized cotton and collodion.

Previous to the operation, the heart and lungs were examined, and the urine subjected to a careful analysis, and in one case the operation was refused because of the pathological condition of the urine. Organic disease of the heart and lungs was and is not considered a counter indication for the administration of anæsthetics. Ether was chiefly used, but if not borne well by patients whose lungs were affected, chloroform was substituted for it. This rarely occurred, however; in but one case was it found impossible to anæsthetize, and in this instance the operation was discontinued, as will be hereafter explained. Greatest care was exercised in giving the ether, and because of this care no difficulties of any kind, other than the one above mentioned, were experienced. Much of the success in the cases here detailed, is due to Dr. Winfield S. Smith, who assisted at most of the major operations, and who was untiring in his devotion to the subsequent care of the patients, and to the faithfulness of the internes, Dr. Pilling and Dr. Marion Coon.

ABDOMINAL SURGERY.

In the conduct of these cases the extremest care was taken to procure and preserve asepsis. On the day preceding the operation the whole abdominal surface was thoroughly washed with soap and water, shaved, again washed with boiled water, and then laved with a mercurial solution of 1 to 1000; after which a compress wrung out of a mercurial solution, 1 to 2000,

was applied, covered in with a layer of cotton, and all held in place by a gauze bandage. This was not disturbed until the patient was etherized and upon the operating table, when it was removed, and the surface freely flushed with a hot solution of mercury, 1 to 2000. The field of operation was then surrounded with towels which had been recently steamed, and these were frequently renewed by a nurse during the operation. No antiseptics of any kind were introduced into the abdominal cavity, but in case of hemorrhage or of any septic matter within the abdomen, the cavity was repeatedly flushed with boiled water. Drainage was not employed when it could possibly be avoided, and when it was used the tube was early removed. The double tube was always inserted. This, however, was not wholly without disadvantages, as was illustrated by one case of hysterectomy. The patient suffered unusually from intestinal pain after the operation, from which no relief was obtained until the drainage tube was removed. When the attempt was made to withdraw it the tube did not readily come away, and when half withdrawn seemed to be held by some obstruction. Traction was made upon the solid arm of the tube, which was cut off as low down as possible; by then drawing upon the other arm that portion remaining of the solid arm disappeared from view, was distinctly felt to glide over some resisting substance, and was finally withdrawn by gentle but continuous effort. The intestinal irritation and pain immediately subsided, and the conclusion was that a loop of intestine had insinuated itself between the arms of the tube. This might easily occur, and, if undiscovered, cause strangulation of the bowel, followed by perforation and death.

Case I. Mrs. ——; age, 34. Admitted July 6th. Diagnosis, cystic degeneration of both ovaries.

This case had been long under observation. The most prominent symptoms were constant pain, with much tenderness in the region of the right ovary; could walk but little because of the pain, which extended to the back and hips; profuse menstruation; severe mental depression; attacks of cerebral congestion, accompanied by a beating and throbbing headache, terminating in epistaxis. Bell. 3x usually gave partial relief. This happened as often as once a week, and all symptoms increased in severity, especially the abdominal tenderness. Digital examination showed the right ovary and tube enlarged and exquisitely sensitive. Under ether, the fourfold enlarged ovary of the right side could easily be felt; the left one was much smaller, yet larger than normal.

July 8th. Under ether, the right ovary and tube were found as diagnosed, and removed. The left one was brought to the

surface, and on careful inspection numerous small cysts were seen as having already developed, and it was also removed.

July 16th. The dressings were changed for the first time, and the wound was entirely healed.

July 25th. Sat up for the first time; shortly after she began to walk, and was discharged Aug. 12th. The temperature at no time went above 99⅖°, nor the pulse above 86°. She could safely have gone two weeks earlier, but, as a matter of family convenience, wished to remain longer.

This patient is cured. From the day of the operation there has been no headache, abdominal pain and tenderness are entirely relieved, and the depression is gone. Can walk and ride without fatigue. Functions all normal.

Case II. Miss ——; age, 20. Admitted July 8th. Diagnosis, salpingitis and cystic ovaries.

This was a case of peculiar interest. She had been in good health until about the time of her previous menstruation, two weeks before, when she had foolishly exposed herself on a rainy day, while fatigued from over exercise. Since then had been in bed, with severe pain in the back, lower abdomen and pelvis.

July 11th. Menstruating, pain severe, discharge dark and clotted; cauloph. 3x.

July 15th. Menses ceased. Attempt to introduce a tampon was frustrated, because the parts were so swollen and sensitive. Still complained of great pain through pelvis and back; also of a profuse leucorrhœa, to which she was not subject.

July 18th. Examined under ether. The uterus was sharply retroverted. At the left of the uterus a mass, about as large as a goose egg, was found, which was soft and non-resistant, and so movable that it easily slipped away from the examining fingers. Also discovered an acute stage of gonorrhœa, with a profuse vaginal discharge. The right ovary and tube were normal. While a laparotomy for the removal of the ovary and tube of the left side was clearly indicated, it was deemed wiser to wait for a time and keep her under observation. If the left appendages were removed, and afterwards the right tube became affected, like indications to those now present might require a subsequent laparotomy to do that which could as well be done all at one time. A douche of tannic acid in water, 2 teaspoonfuls to a quart, three times a day, was ordered, and merc. cor. 3x was given internally.

July 23d. She complained of severe pain in the right ovarian region, with pain on micturition, pain so severe that during the following days she was frequently in tears because of it. This condition continued for a week, and then began to subside.

Bell. 3x was given for two or three days, followed by gels. 3x.

Aug. 13th. Again menstruating, with intolerable pain through both ovaries.

Aug. 18th. Menses having ceased, examined again without ether. Found a tumor on each side of the uterus. The one on the left side was unchanged; the one on the right was evidently an enlarged tube and ovary, which resembled, in all essentials, the one on the left side.

Aug. 19th. Under ether, abdominal section was made, and both ovaries and tubes were removed. On the right side, there were few adhesions, easily broken up. The tube was acutely congested, and much enlarged and distended, while the ovary was three or four times as large as normal, consisting of a mass of small cysts. On the left side there were so many adhesions that the tube and ovary, particularly the latter, were isolated with difficulty. The ends of the cut tube were cauterized. No drainage. She made an uneventful recovery. The highest temperature was 100⅖°, on the second and third days, with the pulse 100° and 90°, respectively. After that the highest temperature was 99⅖°, and pulse 80. She was discharged on the 25th day.

Case III. Mrs. ——; age, 33. Admitted July 27th. Diagnosis, ovarian cysts.

Four years ago had an abscess in the left side, diagnosed as pelvic, which was opened.

Dec. 1st, 1890, noticed an enlargement in the right side, which was called a cyst. This was aspirated in December, and a quart of thin, blood-stained fluid taken away. Since then it has been aspirated three times: the first time 10 ounces of clear, straw-colored fluid were drawn; the second time, quantity, character and color of fluid unknown; and the third time, 4 ounces of the clear, straw-colored fluid were taken away. Early in May, she had an attack of severe pain in the abdomen and pelvis, continuing two weeks, located chiefly in the left ovarian region. Since that time she has suffered with more or less pain in various parts of the abdomen.

Examination, without ether, disclosed extensive disease of both appendages, involving ovaries, tubes and surrounding tissues. Diagnosis: ovarian cysts, complicated by adhesions, and laparotomy was advised. When the character of the operation and its severity was explained to the patient, she declined to undertake it, and voluntarily left.

This case is particularly interesting in that it illustrates the dangers of repeated aspirations. Careful inquiry revealed the fact that after each aspiration she had an attack of so-called

"inflammation of the bowels"; and upon one occasion, certainly, it resulted in considerable inflammatory disturbance.

On the right side, the seat of the frequent aspirations, the growth extended as high as the level of the umbilicus, was entirely adherent to the abdominal wall, was immovably fixed, and with walls so thick that fluctuation could not be detected by any form of manipulation. From the history of the case, one could only conclude that this was the result of repeated aspirations. Probably in the beginning a simple ovariotomy would have given radical relief.

Case IV. Miss ——; age, 33. Admitted July 29th. Diagnosis: salpingitis, ovarian and par-ovarian cysts.

Eight years ago a chair was pulled out from under her, and she fell, causing a displacement of the uterus, which confined her to the bed for two years. Last October an operation was performed, probably dilatation of the os uteri; but this gave no relief to the distressing dysmenorrhœa which had troubled her since menstruation began. Menstruated regularly about once in three weeks, and flowed for ten days, the discharge being dark and clotted. There were attacks of "bloating" of the abdomen, which came on with the pain, continued three or four weeks, and then subsided, followed by an interval of comparative comfort, after which the same condition again developed. Examination, without ether, proved unsatisfactory because of sensitiveness.

Aug. 1st. Examination, under ether, revealed a tumor at the left of the uterus, which was well defined and freely movable. The right side was resistant, but its condition was less pronounced and defined.

Aug. 8th. Patient was etherized. Upon opening the adomen the right tube was found closely adherent to the lateral margin of the uterus posteriorly, and the ovary was enlarged to the size of a hen's egg. Both were removed, but it was necessary to apply the ligature in sections. Also, a par-ovarian cyst, as large as a small orange, was found imbedded in a mass of adhesions, and lying deep in the pelvis. It was with difficulty removed, after much careful dissection, followed by insignificant hemorrhage. On the left side the ovary and tube were even larger than on the right, and were also adherent. Both removed. Both ovaries consisted of a mass of small cysts, some as large as the end of one's little finger. The ends of the tubes were cauterized, and a double-drainage tube was inserted to the bottom of Douglas's cul-de-sac.

Aug. 9th. Dressing changed, and there had been considerable discharge from the tube.

Aug, 10th. Still some discharge from the tube, which was shortened, and entirely removed on the 14th.

Aug. 18th. Temperature normal, and the patient doing well. On the following day she did not improve, acquiring an evening temperature of 101°, and suffering considerable pain in the right side.

Sept. 10th. Under ether, the abdomen was again opened, but the most thorough search did not discover an abscess. The seat of the operation at either side of the uterus was in excellent condition. The operation afforded no relief. The right leg was slightly flexed, because there was less pain in this position.

Sept. 18th. There was a copious discharge of pus from the abdominal wall, and the patient immediately felt better. The temperature again fell to normal, and a few days later she was carried out of doors.

She did not permanently improve, however. A high evening temperature, with that of the morning approaching normal, together with pain and the inability to extend the right leg, indicated a formation of pus somewhere. The pain gradually increased in severity, especially in the region of the spine of the ilium, where there was growing tenderness and swelling.

Oct. 30th. Under ether, an incision was made, just anterior to the iliac spine, into a large abscess. It was extra-peritoneal, extended deeply into the pelvis, and while it could not be traced directly to the previous operations, it seems as if there must have been some connection between them. It was thoroughly washed out, curetted so far as was safe, and a double-drainage tube inserted to the bottom of the cavity. This afforded immediate relief, and the patient is now convalescent.

Case V. Mrs. ——; age, 49. Admitted Aug. 7th. Diagnosis, sclerosis of the ovary. In May of this year she was operated upon successfully for ruptured perineum, and was then advised to return for further operation because of a diseased ovary. She complained of severe pain in the limbs and genitals, and there was a very painful spot in the middle of the dorsal region over the spine, which was especially sensitive to contact with anything cold. Also, there was a constant dull ache in the region of the right ovary.

Aug. 8th. The patient was etherized, and the right ovary removed. It was small and contained in a mass of old cicatricial tissue lying upon the brim of the pelvis, with which it was so closely identified that it was necessary to dissect it away. The ovary was condensed and hardened almost beyond recognition, only a small portion at one end showing any normal ovarian tissue. To the touch it was hard and resilient, exactly like

the substance of an old cicatrix. This condition was thought to be due to the pressure to which the ovary had been subjected. Having become engaged in a mass of inflammatory adhesions, when the inflammation was allayed, and these adhesions had become merely adventitious, they contracted more and more in an effort to assume a normal type, and in so contracting compressed and condensed the involved ovary. After the operation the vomiting was not excessive, there was but little pain, and before evening she had voluntarily passed urine. Early in the morning of the next day, however, she was very prostrate, evidently from the shock, although there had been almost no hemorrhage, and the operation was not a prolonged one. Nausea had continued all night, and it was necessary to use the catheter. She was so reduced that the radial pulse was almost imperceptible, and several hypodermic injections of brandy were given. She had several such attacks of exhaustion, from each of which she rallied, was much better on the next day, and thereafter made a recovery without incident, with the exception of a somewhat irritable condition of the bladder. This was of only temporary importance, and she was discharged on the 26th day.

Case VI. Miss ——; age, 22. Admitted Aug. 28th. Diagnosis, salpingitis and ovarian cysts. Menses irregular, sometimes in three weeks, again in five. Flows a week, or more; discharge thin and clotted, with much pain in sides and back, and great prostration. Profuse leucorrhœa, yellow, thin, and sometimes bloody. Headache, with rushes of blood to the head and faintness. Vaginal introitus irritable, with itching and burning when urinating. Examination, without ether, unsatisfactory because of extreme sensitiveness. Examination, under ether, showed enlarged and movable ovary and tube on each side. That of the right side was larger, but less movable than that on the left, and conveyed to the touch a feeling of well-defined fluctuation. She was daily expecting to menstruate, and the operation was deferred on that occount. Menses lasted eight days, and were very painful.

Sept. 16th. Patient was etherized. Both ovaries and tubes were removed. Many adhesions on both sides were found, which, however, did not confine the free mobility of the ovaries. On the left side the ovary was as large as a hen's egg, and the seat of diffuse cystic degeneration, while the tube was enormously distended and inflamed. They were removed with little difficulty. On the right side, however, the ovary was so imbedded in a mass of adhesions that it required more care and effort to remove it. The ovary was a mass of small cysts, and one,

about as large as a hen's egg, had dissected its way downward and lay deep in the pelvis. The walls of this cyst were exceedingly thin and delicate, so that in spite of the most careful manipulation, it was ruptured, and its contents, consisting of a thin, transparent fluid, like water, escaped. The abdomen was thoroughly washed out with boiled water, and a double-drainage tube inserted to the bottom of Douglas's cul-de-sac. Following the operation there was distressing nausea and vomiting, with distention of the abdomen by flatus.

Sept. 17th. Tube removed, as there was only a slight discharge from it. Gas still troublesome. Carbo veg. 3x.

Sept. 18th. The intestinal gas still caused much pain, and the rectal tube failing to reach it, an enema of hot water was given, which afforded much relief. The evening temperature was 100⅗°, pulse 120.

Sept. 19th. She continued to suffer much pain, with temperature and pulse as the evening before. On the 21st, the evening temperature was 100⅖°, and pulse 86. There was continued intestinal disturbance until the 26th, when the evening temperature was 102⅘°, and pulse 122. The nausea and distension continued. The wound in the abdominal wall was almost healed. She was carefully looked after, with the expectation that signs of formation of pus would supervene. On the 28th, she had several diarrhœic discharges, with some vomiting, and the stomach retained nothing.

The next day she was better, and continued to improve until Oct. 3rd, when the evening temperature was 99°, and pulse, 100; after which the temperature came to normal, and so remained, with the pulse about 80. She was discharged Oct. 30th.

Case VII. Mrs. ——; age, 37. Admitted Sept. 7th. Diagnosis, fibroma uteri, She began to menstruate when eleven years old, and has always been regular. Has had no children and no miscarriages. Has known of the uterus being displaced for about eight years. Menses have continued regular, but during the past year have been very painful, and more and more profuse, followed by a watery discharge which lasts for a number of days. Examination revealed a fibroid uterine tumor as large as a cocoanut, which was symmetrical in shape, somewhat movable, and very hard. A sound passed into the uterus about five inches.

Sept. 12th. Patient was etherized. Upon exposing the tumor it was found to be deep in the pelvis, and bound down by the right broad ligament, which seemed shortened and contracted. This was ligated in sections and divided, the hemorrhage being entirely controlled in this way. Upon section of

the right ligament, the tumor was more easily lifted, and while held up by an assistant, pins were passed beneath the tumor and through the cervix uteri at right angles to each other, a rubber ligature was passed beneath the pins, encircling the cervix several turns, and the tumor removed above the pins. No hemorrhage. The cervical opening in the stump thus formed was cauterized. The abdominal peritoneum in relationship with the stump was carefully united to that of the stump, below the elastic ligature and throughout its entire extent, and upon the manner of accomplishing this, somewhat depends the success of the operation. The remainder of the abdominal wound was closed in the manner heretofore described, a double-drainage tube first being inserted, because hemorrhage from the stump of the right broad ligament was feared. The tumor weighed twenty-one pounds.

She suffered much from flatus, pain, and constant eructations of gas, and on the 13th a $\frac{1}{8}$ grain morph. sulph. suppository was given, per rectum. The eructation continued, with frothy mucus. On the 14th, the drainage tube was removed, and it was found that a loop of the intestines had pushed its way between the arms of the double tube. She shortly obtained relief, passed a more comfortable night, and on the third day the evening temperature was $100\frac{4}{5}°$, the pulse 120. This was the highest point reached. The temperature remained at about 100° for ten days, then dropped to normal and so continued.

On the ninth day the elastic ligature was removed and the sloughing portion of the pedicle cut away, after which the wound was dressed daily with peroxide of hydrogen. She sat up on the 27th day, and made an uneventful convalescence.

Case VIII. Mrs. ——; age, 35. Admitted Sept. 10th. Diagnosis, multiple fibro-cystic tumor of the uterus. She began to menstruate at 15, and had always been regular. She had one child, thirteen years ago; no miscarriage. Seven years ago, first noticed a swelling in the left side, which has gradually enlarged and progressively caused discomfort, with marked development of ascites between the periods. This latter increased, causing extreme distress with inability to lie down for about three days immediately preceding the menses, the abdomen becoming painfully distended. As the flow began, the ascites seemed to decrease, the distention grew less, and she had an interval of comfort, only to be succeeded by another attack as before. Flow not excessively profuse. She underwent some kind of electrical treatment three years ago, without benefit. Now the abdomen is distended more than at full time, there is a well-defined tumor, reaching as high as the umbilicus, with an irreg-

ularly bossed surface, and movable to an exaggerated degree, because of the marked development of ascitic fluid in which the tumor is suspended. A vaginal examination showed the cervix to be carried so high as to be almost out of reach. By persistent manipulation, a sound was passed about four inches. The introduction of the sound caused quite free hemorrhage.

Sept. 12th. Patient was etherized. The usual abdominal opening was begun, and on incising the peritoneum, the cavity was found to be full of a straw-colored fluid, all of which was evacuated. A large, multiple, fibro-cystic tumor of the uterus was exposed, while the left ovary was as large as an orange and cystic. The incision was enlarged above the umbilicus half way to the ensiform cartilage, and below as far as the attachment of the bladder. The tumor was then lifted out of the abdomen, the cervix below it tranfixed with pins, an elastic ligature applied below the pins, including the broad ligaments and tubes, and the tumor and ovaries were removed. The mass weighed $7\frac{3}{4}$ pounds, and consisted chiefly of an aggregation of fibroid tumors, with two well-defined cysts in their midst. The amount of fluid which escaped from the abdomen was, at a very low estimate, six quarts; no attempt was made to save this for measurement, as it was desired to conserve the time as far as possible. The peritoneum, both parietal and visceral, was highly congested, very deep red, almost purple in color, and bled easily upon contact. The peritoneum at the lower angle of the wound was carefully sewed to that of the stump below the elastic ligature, after the whole cavity had been repeatedly flushed with hot water. The wound was then closed, layer by layer, and dressed with aseptic gauze and cotton. No drainage.

For six days the wound was undisturbed, and for ten days there was no discharge from the stump, which became mummified. On the twelfth day, the elastic ligature was removed and the stump above it cut away.

On the third day the temperature was 100°, pulse 84, and this was the highest reached. The next day the temperature dropped to 99°, pulse to 68, and so remained until the 10th day, when the temperature fell to normal.

She sat up on the twenty-seventh day, and made a complete and satisfactory recovery.

Case IX. Mrs. ——; age, 37. Admitted Sept. 14th. Diagnosis, multiple fibroid of the uterus.

Began to menstruate at 13. Has had no children. Believes that she miscarried about 12 years ago, early in pregnancy, but is not certain. About five years ago, noticed increase in size of abdomen, and thought she was again pregnant, but after waiting

eleven months, sought advice. Does not know the diagnosis of the examination then made. She has slightly increased in size, the development being very slow. There is no marked disturbance of menstruation, there is much pain in the lower abdomen, and, during the last two months, a persistent diarrhœa.

A consultation was held, and upon examination the uterus was found enlarged, with a marked tumor in the body, and several small growths upon its surface. Also, a growth, somewhat movable, in the left ovarian region. Diagnosis, fibroma uteri. The tumor in the left side was thought to be an outgrowth from the uterus, or an enlarged ovary.

An operation was unanimously advised, but the patient decided not to undergo it, and voluntarily left.

Case X. Mrs. ——; age, 31. Admitted Aug. 20th. Diagnosis, retroversio uteri.

Family history one of tuberculosis on both sides. Husband has been dead for five years. Miscarried, about ten years ago, at the sixth week. Has not been well since the birth of a child, eight years ago. At that time there was a cervical laceration, which was repaired two years ago. The baby lived only sixteen days. After child-birth, miscarried five times, in rapid succession, and always at about the sixth week. She was told that the uterus was displaced backward after confinement, and that this caused the miscarriages. Menses irregular for the last four or five years; sometimes retarded, more often several days too soon. Pain constant in left side of abdomen and in left leg, with great sensitiveness to contact from arm pit to thigh, causing faintness. Pain aggravated for a week before menses, with a heavy, bearing-down feeling. Flow profuse, thin and stringy; at times clotted. Cannot bear down at stool because of pain, and is obliged to relieve the rectum by manual assistance. Frequent urination; "gnawing" sensations at the stomach pit, with sensitiveness to pressure; appetite poor; tongue slightly coated; headache in vertex; head confused; dizziness without unconsciousness, causing her to fall. Uterus prolapsed, and so forced against the anterior vaginal wall as to cause agonizing sexual desire.

Aug. 26th. Patient was etherized. An incision, about two inches long, was made through the linea alba, and the uterus, which was free from adhesions, was brought into view. The anterior surface of the fundus was scarified, as well as the corresponding surface of the parietal peritoneum, and fixed to the abdominal wall by three silkworm-gut sutures, passed directly through the whole thickness of the parietes on one side, and then, engaging the fundus uteri deeply enough to assure complete support, carried out through the parietes of the opposite

side. These sutures were secured by lead plates and bullets. After all were introduced, the uterus was firmly brought into the desired position and fixed. The wound was closed by careful coaptation of each separate layer, and sealed with cotton and collodion.

While on the operating table she had a chill. On coming out from the ether she complained of severe pain in the left side of the pelvis, and had another chill lasting half an hour. A $\frac{1}{8}$ gr. morphia sulph. suppository partly relieved the pain. The next day there was a chill lasting three-quarters of an hour, and it was necessary to use the catheter. Temp., $103\frac{1}{5}°$; pulse, 126. On the third day, pain decidedly less, urinated naturally, and complained only of flatus in the intestine. Temp., $101\frac{1}{5}°$; pulse, 100. On the fourth day she was much more comfortable, and on removing the lowest wire suture, which held the wound together, the relief was marked. Temp., 99°; pulse, 84. On the fifth day the temp. was $98\frac{3}{5}°$; pulse, 72; and she progressed comfortably, the wound healing by first intention. At the first menstrual period, she suffered much pain for the first day only, and when discharged there was marked relief from all previous symptoms.

Case XI. Mrs. ——; age, 39. Admitted Aug. 25th. Diagnosis, retroflexion and retroversion uteri.

She has had two children, the youngest of which is now 14. No miscarriage. A lacerated cervix and ruptured perineum were repaired last year. Constant pain in the right iliac region; soreness, smarting and burning on urination; constipated; burning in the stomach, with sensitiveness in the epigastrium. Uterus very movable, and retroflexed and retroverted.

Sept. 5th. Patient was etherized. The uterus was fixed to the abdominal wall, exactly as in the preceding case. It was without adhesions, and so movable that it would lie in the pelvis in any position in which it was placed. She made a recovery without incident, the highest temperature, $99\frac{4}{5}°$, occurring on the 2d day. She sat up on the 20th day, and was discharged on the 25th.

Case XII. Mrs. ——; age, 29. Admitted Sept. 24th.

About seven months ago first noticed a "bunch" in the right iliac region, movable, and about as large as a hen's egg. A sensation of fulness and pressure first called attention to it. It was more noticeable during the latter part of the day and during the menses. It slowly enlarged, and now is sensitive to manipulation and very movable. Examination showed the uterus normal in size and position; the left ligament normal; the right

ligament slightly thickened, very sensitive, and with a tumor above it which was movable, soft, difficult to fix, but which, when fixed, gave off indistinct fluctuation.

Sept. 25th. Patient was etherized. The usual abdominal opening was made, and a cyst of the right ovary found, about as large as a pullet's egg, with complete cystic formation of the rest of the ovary. The ovary and tube were removed, and the wound closed in the usual way. The temperature on the third day was $100\frac{3}{5}°$; pulse, 80°; after that both quickly declined to normal. The wound healed by first intent, she sat up on the 14th day, and was discharged in four weeks.

CASE XIII. Mr. ——; age, —. Admitted ——. Diagnosis, indirect inguinal hernia.

On the right side an incision was made over the internal ring, the sack of the hernia isolated, the contents returned to the abdomen, and the sack ligated as close to the ring as possible. Before ligating the sack, however, it had been opened, and deep silkworm-gut sutures were passed directly through the abdominal wall and peritoneum, about half an inch from the margin of the ring, thence out again one-third of an inch from the point of insertion, and then tightly tied over lead plates. The margins of the ring were brought together by catgut sutures, and the wound left open to heal by granulation. Stitch abscesses formed at the sight of the hernia, which much delayed the healing.

In this case the suture material was undoubtedly at fault and the cause of the suppuration, although the greatest care had been taken in its preparation. In this particular instance, the result of the abscesses rather assists in establishing conditions which will tend to prevent a recurrence of the hernia. They have condensed the flabby abdominal wall, and substituted firm cicatricial tissue, which strengthened the relaxed and distended wall.

[*To be continued.*]

SOCIETIES.

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WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting was held at the Bay State House, Worcester, on Wednesday, Nov. 11, 1891. The meeting was called to order at 11 A.M. by the Secretary, the President and Vice-Presidents being absent, and Dr. G. F. Forbes, of West Brookfield was elected President, *pro tem.*

The reports of the Secretary and Treasurer were read and

approved. Dr. W. H. Bennett, of Fitchburg, and Dr. Henry W. Cain, of Upton, were elected members of the Society. The names of Dr. George P. Dunham, of Westboro' and Dr. George J. Searle, of Marlboro, were proposed for membership and referred to the Board of Censors.

The resignation of Dr. N. R. Perkins, on account of removal from the county was accepted, and he was granted honorable discharge.

Dr. Lamson Allen, of Southbridge, and Dr. J. K. Warren, of Worcester, were elected delegates to the Rhode Island Homœopathic Society, and Dr. E. D. Fitch, of Worcester, and Dr. A. J. Atwood, of Townsend, delegates to the Homœopathic Society of Western Massachusetts.

The election of officers for the ensuing year resulted as follows —

President, Lamson Allen, M.D., of Southbridge.

First Vice-President, Edgar A. Fisher, M.D., of Worcester.

Second Vice-President, Edward D. Fitch, M.D., of Worcester.

Secretary and Treasurer, Carl Crisand, M.D., of Worcester.

Librarian, Jennie S. Dunn, M.D., of Worcester.

Censors, Charles L. Nichols, M.D., of Worcester; J. P. Rand, M.D., of Worcester; P. R. Watts, M.D., of Stafford Springs, Conn.

The meeting was then placed in charge of Dr. J. E. Luscombe, of Fitchburg, Chairman of the Bureau of Diseases of the Brain, Skin and Special Organs of Sense.

The first paper was read by Dr. F. P. Glazier, of Hudson, subject, "Menstrual Headaches." The writer gave a short description of the etiology of this form of headache, together with remarks upon diagnosis and treatment.

The courtesy of the Society was extended to Drs. Keith, of Westboro, Billings, of Barre, and C. H. Davis, of Worcester, and they were invited to participate in the discussion.

Dr. Mellus considered it difficult to state the cause of reflex headaches. Many headaches are considered menstrual because they are worse or occur at the menstrual epoch, while in reality the cause does not lie with the menstrual functions or in the generative organs at all. If a patient is carrying about all the weight of nervous irritation the system can stand, the menstrual flow may render resistance to this nervous strain no longer possible, and the headache results. The most frequent cause of reflex headache he believed to be some error of refraction. Many cases of headache at menstrual period result from defective vision, and can be remedied. Probably three-fifths of reflex headaches come from ocular disturbance.

Dr. Crisand cited a case of supposed menstrual headache in

which local and medicinal treatment failed, but which was relieved by use of proper glasses.

Dr. Warren said it was important to make a correct diagnosis. The headache may be congestive, neuralgic or purely nervous. May result from laceration or again from contraction of vaginal wall and sphincters. This contraction is especially liable to be present in young unmarried ladies. Stretching of the vaginal walls and also the sphincter ani will often relieve.

Dr. Keith spoke of the value of rest and change of work in treatment of these cases.

Dr. Davis considered the subject of menstrual headaches a very important one, especially with school girls. Thought Dr. Mellus had struck the keynote with regard to a large proportion of so-called menstrual headaches. With periodicity of men strual epoch came periodicity of headache, because the nervous system was unable to withstand the extra strain put upon it.

The second paper was the report of a clinical case by Dr. G. H. Wilkins, of Palmer. The case was one of malaria, and the doctor gave the history of the case, together with the treatment.

Dr. Cate spoke of the value of eupatorium perf. in the treatment of malaria. Best results obtained from decoction. He considered the alcoholic tincture to be worthless.

Dr. Mellus and Dr. Murdock both reported having seen the chill prevented by the use of morphine.

At 1 P.M. the meeting adjourned for dinner.

The afternoon session was called to order at 2.15 by the President, Dr. G. F. A. Spencer, of Ware.

A communication was received from Mrs. W. B. Chamberlain, in which she offered to the Society the medical library of the late Dr. W. B. Chamberlain, believing such to have been his wish, on the conditions, if accepted, that it be properly numbered and catalogued, suitable cases provided, and the volumes kept together. In the event of the Society ceasing to exist, the library is to go to,

1st. A Homœopathic college, if there should be one in Worcester at that time.

2d. In the event of there being no Homœopathic college in Worcester, to a Homœopathic hospital. if one exists in Worcester; and

3d. If there be neither of the above named institutions, then the library is to become the property of the Boston University School of Medicine.

Dr. Nichols referred to the interest which Dr. and Mrs. Chamberlain had always taken in the Society and in Homœopathy, and the continued interest of Mrs. Chamberlain, as manifested by this gift, and moved that the Society accept the library

under the conditions named, and that a committee of three be appointed to see what is necessary for the reception of the books, and report at the next meeting.

This was carried, and the Chair appointed Drs. Fisher, Nichols and J. P. Rand.

On motion of Dr. Warren, the thanks of the Society were extended to Mrs. Chamberlain for her very generous gift.

Before the adjournment of the meeting, the motion of Dr. Nichols in regard to the report of the committee on the Chamberlain library was amended, so that this committee should report at a special meeting of the executive committee of the Society.

Dr. C. Otis Goodwin, of Worcester, read a paper on "Nervous Exhaustion," going into the pathology, diagnosis and treatment of this disorder.

Dr. Cate considered that Neurasthenia arises generally from some functional or organic disturbance in some part of the system. It is important to get at the cause. Neurasthenia is a word with which physicians cover up a vast amount of ignorance.

Dr. Barton read a paper, — subject, "Retrospect of Ophthalmic Practice," — giving some of the important advances made in Ophthalmology, with a review of some of the more interesting cases which he had seen during the last four years.

Dr. Luscombe read the last paper of the day, entitled, "A Case for Diagnosis." This was a case of Cerebro-Spinal Meningitis, which had fallen into his hands with diagnosis of Typhoid Fever. It resulted in recovery, with loss of sight in one eye, followed, nearly a year afterwards, with convulsions and death. No autopsy allowed.

Dr. Murdock reported a case of Epilepsy with sudden formation of pulmonary abscess.

At 4.15 the meeting adjourned.

EDWARD D. FITCH, M.D., *Secretary.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the Women's Industrial Union, No. 264 Boylston street, Thursday evening, Nov. 5, 1891. President George R. Southwick in the chair.

The business records were read and approved.

Elizabeth A. Brackett, M.D., was elected to membership.

E. C. Ellis, M.D., of Somerville, was proposed for membership.

Drs. I. T. Talbot and L. A. Phillips were appointed as delegates to the Rhode Island Society.

The subject of a social entertainment to take place in Decem-

ber was discussed, and it was finally voted that, instead of the proposed entertainment, extra effort should be made to have the annual dinner a success.

Dr. Emerson reported a case of gangrene of the leg; Dr. Clapp, one of gangrene of the toe.

Dr. Packard spoke upon seemingly fatal cases of abdominal disease cured or relieved by opening into the abdominal cavity and washing out.

Dr. Phlllips reported a case confirming Dr. Packard's experience.

Meeting adjourned at 10 o'clock.

M. E. Mann, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

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The Clinical Guide and Pocket Repertory. By G. H. G. Jahr. Translated by Chas. J. Hempel, M.D. Enriched by the addition of the New Remedies, by Samuel Lilienthal, M.D. Second American from the Third German Edition. Phila.: Hahnemann Publishing House. 1891. 624 pp.

The title of this thoroughly well-known work tells its own story, and speaks its own commendation. To praise, in this late day, the work of Jahr and Hempel, would indeed be "to gild refined gold, and paint the lily," To those whose faith in the materia medica as it now stands is comprehensive and unshakable, and who therefore find repertories helpful and reliable, "Jahr" must always stand as the head and prince of these. Dr. Lilienthal has added a very considerable number of new remedies which seem to him worthy to stand with the old. We note with satisfaction that most of these seem to have been conservatively selected. The volume is solidly well bound, and its press work is most satisfactory.

The Comparative Anatomy of Domesticated Animals. By A. Chaveau, M.D., LL.D. Enlarged with the coöperation of S. Arloing. Second English Edition. Translated and edited by George Fleming, C.B., LL.D., F.R.C.V.S. 1084 pp. 585 illustrations. New York: D. Appleton & Co.

For seventeen years, or since its first translation into English, Chaveau's great work has stood as authority on the subject of which it exhaustively treats. To the veterinary surgeon,—which class, fortunately for our friends the dumb things, and for the dignity of the healing art in all its branches, is rapidly growing

in numbers and in the standing and scholarship of its representatives — the work is an absolute necessity, and the cornerstone upon which his knowledge of his profession must rest. To the student of general anatomy, it is of very great interest to, occasionally at least, glimpse the marvels and complexities of anatomy in its broad, comparative aspects. No intelligent physician can fail to find in Chaveau's great work, studied with such marvellous patience and minuteness, expressed with such exactness and simplicity, much that will be fascinating and helpful in the suggestions and side-lights it gives on subjects of more daily familiarity to him. In the present edition many additions and a few amendations have been made. The anatomy of the ass, mule, camel, and rabbit forms quite new chapters, not given in the original work. One hundred and thirty fresh illustrations have been added. The work as it now stands is a classic, unapproachable in its chosen sphere. A copious index enables the reader to instantly be guided to any single point especially of interest to him. The work is offered in worthily solid and handsome shape.

Text-Book of Hygiene. By George H. Rohé, M.D. Second Edition. Philadelphia and London: F. A. Davis. 421 pp.

The fact that this excellent and comprehensive treatise on hygiene has already passed into a second edition, speaks heartily alike for its own merits, and the interest of the profession and the public in its very important theme. Upward of a hundred pages have been added to the volume as it originally stood, and notes on all the recent advances in sanitation bring the work thoroughly up to date. The field covered is very wide, and embraces teaching on the removal of sewage, construction of dwellings and of hospitals, military, camp, naval and prison hygiene, exercise, antiseptics, and many other points of as immediate practical interest, together with an admirable chapter on the best methods of collecting vital statistics. The style is so direct and untechnical that the book is as well adapted to the use of laymen as to that of the profession. No physician can afford to be ignorant of the facts it sets forth, nor could these be learned more agreeably and quickly than by a study of its pages.

Essentials of Surgery. By Edward Martin, A.M., M.D. Essentials of Bacteriology. By M. V. Ball, M.D. Phila.: W. B. Saunders.

Two new volumes come to sustain the enviable reputation earned by this well-known series of "Quiz-Compends." Dr. Ball's compend on "Bacteriology," — the fruit not only of extensive reading, but of personal study and experience gained in

the laboratories of Berlin, under Koch and Fränkel, — contains much information that is valuable to physicians as well as students, and says the latest word on this rapidly-growing science. Dr. Martin's compend on Surgery is in its third edition ; a fact which bears excellent testimony to its popularity and its worth. To the present edition a useful appendix has been added, giving instruction, among other things, in regard to the various preparations used in antiseptic surgery.

Manual of Physical Diagnosis. By James Tyson, M.D. Phila. P. Blakiston, Son & Co. 136 pp.

The author tells us that this little manual was primarily intended for use among his own students. But its "conciseness with sufficiency" — the object sought, and to a commendable degree attained, — make it suitable for far wider usefulness, among students graduate and undergraduate. It gives full directions for exact examinations of the heart and lungs, with the significance of all detectable abnormalities ; its style is direct and comprehensible, and a few well-chosen cuts add to the interest of the text. The little volume is issued in substantial and tasteful form, at a moderate price.

The Transactions of the Maine Homœopathic Medical Society for 1891 proves a neat and substantial little pamphlet of 120 pages. It gives a full report of the twenty-fifth annual meeting, the constitution, by-laws and list of members, the president's address, and fourteen papers, read by different members on a great variety of subjects. The latter are brief, practical and to the point, being chiefly reports of cases, several of which, and notably the brilliantly successful one of epithelioma in a man of 69, cured by *arsenicum album* used after the "Mitchell Method," are of very great interest. The society is to be congratulated on the many evidences of sound prosperity and healthy growth offered in its annual report.

Otis Clapp and Son's Physician's Visiting List for 1892 will easily hold its place as the ideal one for the homœopathic practitioner. Admirable in finish, substantial in binding, with generous spaces for entry of engagements of all sorts, and with memoranda on many subjects of great value for instant reference, it deserves well the popularity that has so long attended it and on whose augmentation we may count, the present year.

The Medical News Visiting List for 1892 has much to commend it on the score of usefulness and beauty. It is published with dates and a thumb index. In addition to ample space for memoranda of many sorts, it has much valuable gen-

eral information : on analysis of urine, surgical emergencies, antidotes to poisons, tables of data on pregnancy, dentition, and the like. It is handsomely bound in flexible red leather. Philadelphia : Lea Bros. & Co.

THE forty-first annual appearance of the PHYSICIAN'S VISITING LIST (Philadelphia : P. Blakiston Son & Co.) will assuredly be welcomed by the loyal many among physicians to whom no friends are like old friends. It is dated for a number of patients per week, varying according to the edition ; has ample space for cash-memoranda, notes on obstetric and vaccination engagements, and the like ; and valuable notes on treatment of many diseases and emergencies, with diagnostic hints, are found in the introduction. It is neatly and substantially bound.

The November CENTURY has the opening instalments of "The Naulahka," the new tale by Kipling and Ballestier. For Kipling's reputation's sake, it is to be hoped he is not responsible for the present chapter. The short stories are by J. J. Eakins, Gertrude Smith and Julia Schayer. Brander Matthews has a graphic and beautifully illustrated sketch of the Players' Club. The most noteworty bit of verse is Edith Thomas's "Sursum Corda." New York : The Century Co.

THE POPULAR SCIENCE MONTHLY, for December, numbers among its contributors Prof. Evans, who writes on "Progress and Perfectibility among the Lower Animals," and adduces strong reasons for his belief that a language for dogs is feasible and already partly constructed ; another paper on "Dress and Adornment," by Prof. Starr ; and papers on various themes by P. D. Ross, Prof. Geo. L. Goodale, and others. New York : D. Appleton & Co.

One could hardly travel "ALL AROUND THE YEAR" with a prettier reminder of the flight of time than the charming calendar, published by Lee & Shepard, with the above title. The designs are by J. Pauline Sunter, and include a graceful picture of quaintly-grouped child-figures, appropriate to each month in the year ; June, for instance, showing a little maid chasing the vanishing spring, with the cry, "Stay, O sunny days ! Here's a rose to take away with you !" The cards are bound together by a dainty silver chain. The whole offers, at the moderate price of 50c., a charming and useful holiday souvenir.

THERE is said to be but one "Nightingale Nurse" in the United States — Miss Louise Parsons, Superintendent of the Training School for Nurses, connected with the Maryland University Hospital in Baltimore. She received her training with Miss Florence Nightingale, at St. Thomas Hospital, London, England. — *Hospital Leaflet.*

MISCELLANY.

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DOCTOR. — "You must take a teaspoonful of this medicine three times a day regularly, taking a dose before each meal, until you feel better."

Journalist. — "But, my dear doctor, I can't possibly follow your directions."

"Why not?"

"Because I don't get but one meal a day."— *Hom. News.*

THE Kapillarhebermikroskopirtropfenflasche is the name of an apparatus for dropping fluid used in microscopical work, described by Prof. M. W. Beyerinck in the *Centralblatt für Bakteriologie und Parasitenkunde.* The author is, however, not obstinate in his partiality for the name, and obligingly proposes Kapillarheberbakterienkulturkölbchen as a substitute for those who think the other is too long — *Med. Record.*

OF THE late Dr. Gray, (homœopathist), of New York, it is said that a poor sewing-girl went to him for advice, and was given a vial of medicine and told to go home and go to bed. "I can't do that, doctor," the girl replied, "for I am dependent on what I earn for my living." "If that is so," said Dr. Gray, "I'll change the medicine a little. Give me back the vial." He then wrapped around it a ten-dollar bill, and returning it to her, reiterated his order, "Go home, and go to bed," adding, "take the medicine, cover and all." Sound homœopathy that, certainly. — *Hom. News.*

A NEW METHOD OF COMPRESSING THE SUBCLAVIAN ARTERY. — Keen, in a further contribution to this subject in the *College and Clinical Record*, calls attention to the necessity of using a pad that dips well down behind the clavicle. He now employs one made of wood for this purpose, and quotes a case of Dr. Parkes, in which his method was successfully used. The Esmarch bandage is applied in the form of a figure 8, one loop going through the opposite axilla and the other beneath the perineum, the point of crossing being on the pad pressing on the subclavian artery. — *Ex.*

A RATHER USELESS AMBULANCE SERVICE is that of London, if we may judge from what is stated in an account of a recent runaway accident. The driver was thrown out of the vehicle and very severely injured, and a messenger was sent out to the nearest police station to call an ambulance. Here he was told that it would not be sent unless it was paid for, and so considerable delay was occasioned, the sufferer meanwhile lying in the street. An ambulance service which will not serve until the cash is in hand, may be of use in giving invalids an airing in the park on pleasant days, but will hardly do for emergencies. — *Med. Record.*

ACCORDING TO DR. VAUDEN CORPUT, of Brussels, the long continued internal administration of antiseptics (menthol, carbolic acid, and especially salicylic acid), has a tendency to diminish the virile power of both sexes. The writer believes that these antiseptics act upon the pigmented elements of the blood and upon the seminal cells in the same way as upon the lower organisms. Under the microscope the spermatozoa show loss of motion, just like the leucocytes, which lose their amoeboid movements and cannot effect their migrations. In the female the antiseptics mentioned prolong the menstrual period. — *New Remedies.*

SUIT FOR NON-APPEARANCE. — A curious suit for failure to respond to a call is reported to have lately been decided in Connecticut. The father of a boy who had been bitten by a dog called a physician to attend the case. The doctor declined to go, on the ground of a previous engagement. The father sued the physician, and claimed that by reason of non-appearance the boy suffered unnecessarily. and that the scar was more disfiguring than if the service had been prompt. The plaintiff won the suit, the jury awarding ten dollars damages. It does not seem probable that the decision in this case could be sustained upon appeal. While every physician holds himself in readiness to respond to calls in serious cases, there is no law that compels him to attend any case that he does not wish to. — *N. A. J. H.*

PERSONAL AND NEWS ITEMS.

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THE annual meeting of the American Obstetric Society will be held in New York, Dec. 15, 1891.

DR. H. M. IRWIN, Class of 75, B. U. S, of M., has removed from Galesburgh, Ill., to 971 West Monroe Street, Chicago.

DR. J. F. HADLEY, of Waltham, has the sympathy of a wide circle of friends in his prolonged and serious illness from typhoid fever.

DR. S. E. SYLVESTER, of Newton, is receiving many congratulations on his rapid convalescence from what at one time threatened to be a most severe illness.

DR. EDWIN A. CLARKE is studying at the College of the New York Ophthalmic Hospital. After completing the course, he will continue his study in Europe.

A YOUNG homœopathic physician is in demand at Montville, Mass., a town of 800 inhabitants. Particulars can be had by addressing Wm. Fick, M.D., Montville, Mass.

DR. CHARLES M. THOMAS, of Philadelphia, announces that he will hereafter relinquish the practice of general surgery, and will devote his entire attention to the diseases of the eye and ear.

THE annual meeting of the Massachusetts Surgical and Gynecological Society will be held at the Crawford House. Boston, on Wednesday, Dec. 9, 1891. A good programme provided, and a full attendance desired. L. A. Phillips, Secretary.

AN editorial justly complimentary to the Insane Hospital at Westborough appeared in a recent issue of the *Springfield Republican.* After summarizing the years's work, — to which we hope to refer, in detail, later, — the editorial concludes with the sensible and significant remark that it "is cheaper to cure the insane at $4 a week, than to turn them into chronic cases at $3.25 a week."

THE graduating exercises of the Training School for Nurses connected with the Westborough Insane Hospital were held Nov. 4th. They consisted of music, addresses and the awarding of diplomas to the following graduates: Mollie M. Binford, Frank A. Brooks, Mary F. Delehanty, Sarah N. Love, Elwood G. Parmenter, Lizzie F. Rath, Hiram Rosman.

DR. ALFRED M. DUFFIELD, B. U. S. of M., class of 1885, sends a pleasant word of greeting to old friends, from Huntsville, Alabama, where he is in successful practice. Dr. Duffield is secretary of the Alabama Homœopathic Medical Society. He speaks most encouragingly of the prosperity of the New South as illustrated in his flourishing neighborhood. It is pleasant to think of live homœopathists sharing this prosperity, and helping to train public opinion in the way it should therapeutically go.

ANÆSTHESIA BY ETHERATED AIR. A new method of ether administration, and a new inhaler have been designed by Dr. Horace Packard. This inhaler introduces a new principle and promises to revolutionize ether anæsthesia. Complete surgical anæsthesia has been produced with it in six minutes, with the consumption of but *two dracmhs* of ether; and an operation of three-fourths of an hour's duration made with two and one-half ounces. A detailed description of the instrument with illustrations will appear in a future number of the GAZETTE, and the apparatus will be for sale by Otis Clapp & Son, at an early date

DR. ALONZO BOOTHBY and DR. FRANK C. RICHARDSON received their friends with pleasant informal hospitality, at the Boothby Hospital, Nos. 1 and 3 Worcester Sq., Boston, Thursday afternoon, Nov. 5, 1891, from 2 to 5 o'clock, the occasion being the opening of the spacious new addition, a part of which will be given up to the use of patients suffering from nervous diseases. Dr. Richardson will hereafter be associated with Dr. Boothby at the Hospital, and will devote himself to the care of nervous diseases. His office hours, (at No. 1 Worcester Sq.) will be, Monday, Wednesday, Thursday and Saturday, from 1 to 3 P.M. Dr. Boothby's office hours at the Hospital, are 11 A.M. to 1 P.M., Sundays excepted. The hospital has been greatly enlarged by the adaptation to its uses of the house adjoining the one originally occupied, and now has twenty rooms, two wards, and supplying thirty-one beds for the use of patients.