

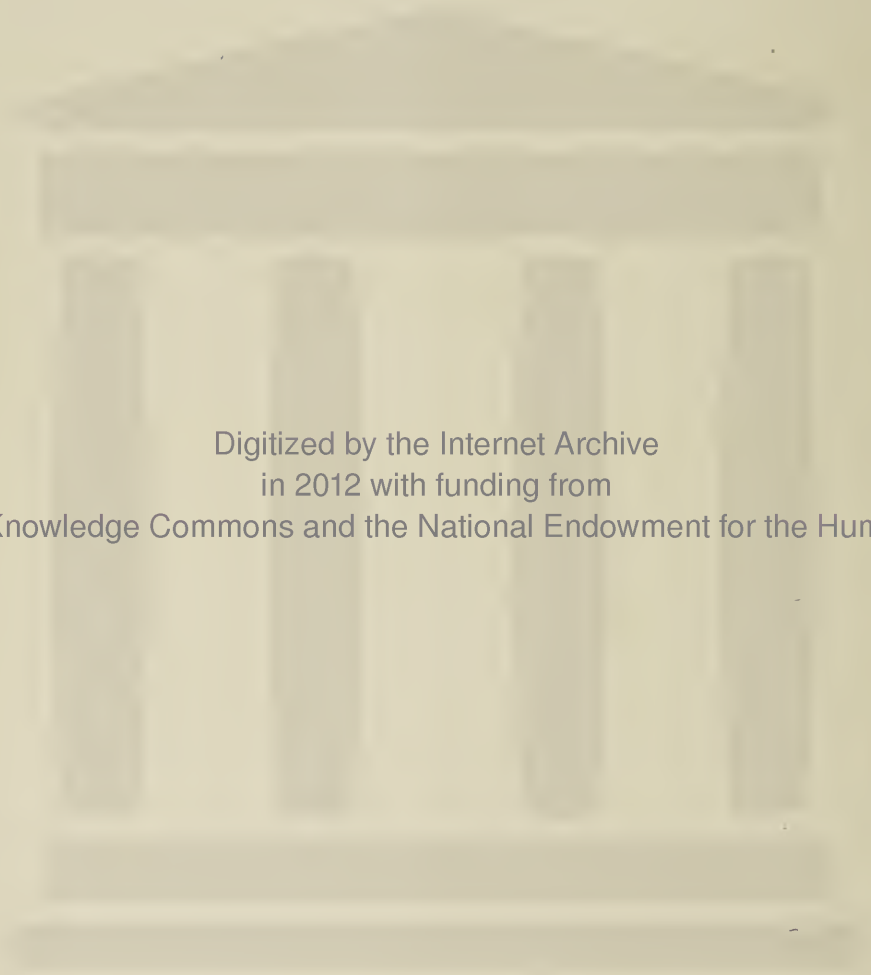
No. ....

BOSTON  
MEDICAL LIBRARY,  
19 BOYLSTON PLACE.









Digitized by the Internet Archive  
in 2012 with funding from

Open Knowledge Commons and the National Endowment for the Humanities

THE  
NEW ENGLAND  
MEDICAL GAZETTE.

A Monthly Journal  
OF  
HOMOEOPATHIC MEDICINE.

---

*“Die milde Macht ist gross.”*

---

VOLUME XXXIII.

BOSTON:  
OTIS CLAPP & SON, 10 PARK SQUARE.  
1898.





# INDEX.

## COMMUNICATIONS.

Action Taken by the Faculty of Boston University School of Medicine on the Death of Dr. J. Heber Smith.....	544
Action Taken by the Student Body of Boston University School of Medicine, on the Death of Dr. J. Heber Smith .....	545
Adenoids. By T. M. Strong, A.M., M.D.....	255
Annual Address Before the Boston Homœopathic Medical Society. By George B. Rice, M.D. ....	97
Appendicitis. By Nathaniel W. Emerson, M.D. ....	448, 492
Bread for Diabetics. By E. H. Packer, M.D.....	156
Capillary Bronchitis and Catarrhal Pneumonia. By William T. Hopkins, M.D.....	150
Case, A. Puerperal Septicemia. By Stella Manning Perkins, M.D.....	501
Cases of Sprained Ankle Treated by the Gibney Method. By Frederick P. Batchelder, M.D. ....	19
Clinical Lecture, A. By Walter Sands Mill, M.D.....	205
Clinical Records of the Medical Treatment in Hospitals. By Conrad Wesselhoeft, M.D. ....	532
Clinical Verifications of the Microscope. By J. P. Rand, M.D.....	213
Desirability of Early Change of Surroundings for Nervous Cases. By Ellen L. Keith, M.D.....	300
Diagnosis by the Aid of Drugs. By Charles H. Thomas, M.D. ....	148
Electricity in Infantile Paralysis. By E. P. Colby, M.D. ....	540
Fragmentary Observations on Street and Carpet Dust. By Conrad Wesselhoeft, M.D.....	109
Headaches of Ocular Origin. By George H. Talbot, M.D.....	66
Homœopathic Treatment of Hæmoptysis, The. By Herbert C. Clapp, M.D..	289
Hydrotherapy in the Treatment of the Pneumonias of Infancy and Childhood. By Frederick W. Elliott, M.D.....	307
Influence of State Registration on Educational Standards. By Edward B. Harvey, M.D. ....	529
Interesting Case, An; or, A Chapter of Accidents. By Sara Merrick, M.D..	311
Massachusetts Air in the Treatment of Phthisis. By Herbert C. Clapp, M.D.	481
Method and Apparatus for the Detection and Correction of Astigmatism, A. By George H. Talbot, M.D.....	395
New Method of Controlling Postpartum Hemorrhage, A. By Duncan Macdougall, M.D. ....	158
Nitrate of Silver as a Local Application in the Treatment of Herpes. By J. P. Rand, M.D.....	153
Our New Pharmacopeia. By James Wilkinson Clapp, M.D.....	249
Phaseolus Nana. Report of a Case. By Fred S. Piper, M.D.....	408
Pregnancy following Ventrofixation, with Improvements in Technique. By A. Laphorn Smith, M.D.....	357
Presidential Address. By Howard P. Bellows, M.D.....	241
Primary Pancreatic Sarcoma. By Harrie William Greene, M.D.....	65
Principle of Homœopathy, The. By W. Buist Picken, Esq.....	452
Prostatic Enlargement. By Horace Packard, M.D. ....	344
Psychic Epilepsy. By Frank C. Richardson, M.D. ....	145

Re-establishment of Normal Intestinal Digestion an Important Factor in the Treatment of Neurasthenia, The. By James F. Bothfeld, M.D. ....	497
Reflex Neurosis Due to Pyelo-Nephritis and Terminating in Death by Apoplexy, A. By De Ette Brownell, M.D. ....	102
Remarks upon our Symptomatology. By E. P. Colby, M.D. ....	337
Report of an Unusual Case. By D. W. Van der Burgh, M.D. ....	221
Resection of the Small Intestine for Tubercular Ulceration, followed by Recovery. By Frederick W. Halsey, M.D. ....	61
Schott Method and the Nauheim Baths in Chronic Heart Disease, The. By William L. Jackson, M.D. ....	I
Skin Lesions in Tertiary Syphilis. By A. H. Powers, M.D. ....	385
Some Experiments in Infant Feeding. By Walter Wesselhoeft, M.D. ....	433
Spermatocystic Disease. By James Krauss, M.D. ....	351
Static Electricity in Neurasthenia. By Clara E. Gary, M.D. ....	542
Suggestions Concerning Colotomy. By Henry Edwin Spalding, M.D. ....	49
Surgical Clinics of the Massachusetts Homœopathic Hospital, The. Service of Nathaniel W. Emerson, M.D., for Quarter ending March 31, 1898. ....	193
Surgical Treatment of Diphtheria, with Report of Cases, The. By J. Emmons Briggs, M.D. ....	398
Tubal Disease. By Horace Packard, M.D. ....	14
Use of Definition of that Cure of which Similia is the Law in Showing the Propriety of Identifying Ourselves by Name with Homœopathy. By Charles S. Mack, M.D. ....	9
Use of Electrolysis in Urethral Stricture. By Orren B. Sanders, M.D. ....	389
Value of Gynecological Electro-Therapeutics, The. By Clara E. Gary, M.D. ....	57
Would not Hahnemann Have Done This? By Sara Newcomb Merrick, M.D. ....	486

## EDITORIAL.

Acne Vulgaris. ....	415
Annual Meeting of the State Society, The. ....	224
Endow the School of Medicine. ....	116
Improvements in the Massachusetts Homœopathic Hospital Building. ....	24
In the Right Direction. ....	471
Medical Side of the Hospital, The. ....	413
Nurses' Home, The. ....	264
On the Dispensary Problem. ....	72
Pharmacopeia Again, The. ....	359
Professional Opportunity and Responsibility. ....	316
Restriction of Medical Practice, The. ....	161
Somerville Hospital Investigation, The. ....	412
State Hospital for Tubercular Patients, The. ....	547
Strength of Tinctures. ....	505

## EDITORIAL NOTES AND COMMENTS.

Alumni Scholarship Fund, An. ....	165
Annual Meeting of the American Institute. ....	361
Boston University's Quarter Centennial. ....	120
Change of Management, A. ....	80
Change of Name, A. ....	27
Children's Seaside Hospital, The. ....	506
Circular from Dr. Adams, A. ....	319
Concerning the Pharmacopeia of the American Institute. ....	76
Correction, A. ....	76
Dispensary Report for 1897. ....	80
Dr. C. E. de M. Sajous' Journal. ....	122

Dr. J. Heber Smith .....	549
Dr. N. W. Rand.....	549
Editorial Comments .....	28
Hahnemann's Tomb .....	229
Homœopathic Pharmaceutics in Germany.....	118
Homœopathic Pharmacy .....	551
Institute in New England, The .....	120
International Congress, An.....	79
Journal for our Surgeons and Gynecologists, A.....	121
Meeting of the Institute .....	122
Monkeys Spread the Plague.....	164
Mr. Hennig's Reviews of the Pharmacopeia .....	318
New Insanity Board, The .....	473
News from Kansas.....	320
Old New Remedy, An.....	473
"On to Omaha" .....	272
Open Letter, An .....	227, 506
Patriotic Occasion, A.....	230
Personal Loss and a Personal Gain, A .....	75
Phaseolus Nana .....	552
Physicians and the Klondike .....	166
Physicians in the Army .....	272
Plague in India, The .....	418
Postponement of the Third Pan-American Medical Congress.....	552
Power of the Imagination, The .....	320
Prescription Writing .....	472
Professor Schenck's Predicament.....	163
Quarter Centennial Celebration.....	319
Regulation of Medical Charity.....	317
Restriction of Medical Practice, The .....	268
Seventeenth Annual Announcement of the New York Post-Graduate Medical School and Hospital, University of the State of New York, The .....	420
Silver Anniversary, A.....	28
Tour through the Rockies, A .....	228
Westborough Hospital .....	79

SOCIETIES.

Boston Homœopathic Medical Society 28, 80, 122, 166, 274, 321, 467, 507, 553,	560
Lowell Hahnemann Club .....	126
Massachusetts Surgical and Gynæcological Society .....	278
Western Massachusetts Homœopathic Medical Society.....	82, 231
Worcester County Homœopathic Medical Society.....	84, 173, 364

GLEANINGS AND TRANSLATIONS.

Alcoholism in the Young.....	177
Avoid Routine Treatment.....	329
Better Work than Anti-Vivisection Crusades.....	33
Brain Food.....	546
Cancer and High Feeding.....	177
Causes of Death.....	181
Chinese Remedy, A.....	132
Color of Schoolroom Walls, The.....	181
Common Sense in the Use of Antiseptics.....	512
Corrosive Sublimate in Calomel .....	130
Diphtheria in Russia .....	180
Dr. John E. Walsh on Diphtheria .....	377
Dr. Sternberg on the Danger from Yellow Fever .....	423

Duration of Whooping Cough.....	178
Duties and Character of a Surgeon.....	431
Effect of Chloroform and Ether Narcosis on the Liver.....	424
Encouraging ... ..	518
Fever and High Pulse in Children.....	517
First Nathan Lewis Hatfield Prize for Original Research in Medicine, The...	371
Free Antitoxine .....	179
Frog-skin Grafting.....	129
Growth of the Baby.....	180
Health of New York, The.....	132
Heart Disease a Rare Cause of Death .....	517
Hereditary Suicide.....	180
Homœopathic Dilutions in the Light of Physical Chemistry.....	428
Homœopathy Scientific.....	174
How to Prescribe.....	516
Hydrastis Canadensis as a Remedy for Cough .....	130
Incubators to be Let .....	182
Infantile Mortality .....	328
Infantile Scurvy, with Comments on Infant Foods and Feeding .....	376
Infantile Syphilis .....	379
Influence of Locality on the Prevalence of Malignant Disease.....	374
Inhuman Weapons of War.....	373
Injustice to Experts in Canadian Courts .....	34
Insanity and Crime .....	328
Insanity Cured by Removal of Uterine Appendages.....	378
Insanity in the Colored Race .....	175
Malignant Disease .....	427
Malnutrition in Infants .....	377
Matriculation in the United States Medical Colleges.....	132
Medical Men in England .....	132
Mohammedan Endurance .....	32
Nature of the Lesions in Typhoid Fever, The.....	369
Nature's Method of Vaginal Antisepsis .....	176
New Anæsthetic, A .....	31
New Theory of the Accidents Consequent on Excision of the Thyroid, A....	378
Nitroglycerin in Spasmodic Croup .....	371
Obstetrical Propheying.....	513
Pasteur Monument, The .....	378
Physicians' Fees in Moscow .....	132
Plague in China, The .....	131
Premature Burial .....	181
Prize for Physiological Research, A.....	132
Professor Uffelmann on Foods.....	178
Quackery.....	34
Railway Hospital Car, A.....	179
Remedy for Tapeworm, A.....	131
Right of Way for Physicians .....	517
Sanitary Record of Houses, A.....	181
Seasickness .....	517
Shall Newborn Babies be Washed? .....	516
Simple Test for the Purity of Water, A .....	515
Simple Tonic, A.....	514
Snoring as a Calamity .....	372
Spontaneous Combustion of Hydrogen Peroxide .....	377
Substitute for Amputation, A .....	181
Sulphuric Acid .....	131
Sun never Sets on Uncle Sam's Domains .....	131
Superior Test for Albumen in the Urine, A.....	130
Temperance, A Physiological Necessity.....	514
To Lessen Cases of Phthisis.....	325

Total Ablation of the Stomach.....	127
Treatment of Catarrhal Otitis Media.....	311
Tumors of the Breast.....	512
Two Hundred and Fifty Cases of Gonorrhœa Treated by Large Douches of Permanganate of Potassium.....	32
Use of Mixed Toxins of Erysipelas and Bacillus Prodigiosus in Treatment of Inoperable Sarcoma, with Immediate and Final Results, based upon a Personal Experience of Six Years.....	425
Venom of Bees, The.....	430
When to Call a Surgeon in Appendicitis.....	327

## REVIEWS AND NOTICES OF BOOKS.

About Children: Six Lectures given to the Nurses in the Training School of the Cleveland General Hospital. By Samuel W. Kelley, M.D. ....	89
Abridged Therapy, An. Manual for the Biochemical Treatment of Disease. By Dr. Med. Schuessler, of Oldenburg.....	569
Accident and Injury. Their Relation to Diseases of the Nervous System. By Pierce Bailey, A.M., M.D.....	330
Alaska: Its Neglected Past, Its Brilliant Future. By Bushrod Washington James, A.M., M.D.....	184
American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, A.M., M.D.....	571
American Text-Book of Genito-Urinary Diseases, Syphilis, and Diseases of the Skin, An. Edited by L. Bolton Bangs, M.D., and W. A. Hardaway, M.D.....	421
American Text-Book of Gynecology, Medical and Surgical, An. Edited by J. M. Baldy, M.D. ....	564
American Year-Book of Medicine and Surgery, The. Under editorial charge of George M. Gould, M.D.....	185
Annual and Analytical Cyclopædia of Practical Medicine. By Charles E. de M. Sarjous, M.D., and one hundred associate editors.....	518
Appleton's Popular Science Monthly.....	90, 281, 524
Atlas and Abstract of the Diseases of the Larynx. By Dr. L. Grünwald. Edited by Charles P. Grayson, M.D.....	367
Atlas of Legal Medicine. By Dr. E. Von Hofmann. Edited by Frederick Peterson, M.D., assisted by Aloysius O. J. Kelly, M.D.....	367
Brief Essays on Orthopedic Surgery. By Newton M. Shaffer, M.D.....	282
British, Colonial, and Continental Homœopathic Medical Directory, 1898....	186
Change of Life in Women and the Ills and Ailings Incident Thereto, The. By J. Compton Burnett, M.D.....	570
Clinical Methods, being an Introduction to the Practical Study of Medicine. By Robert Hutchison, M.D., M.R.C.P., and Harry Rainy, F.R.C.P., F.R.S.E. ....	88
Clinical Text-Book of Medical Diagnosis for Physicians and Students, A. By Oswald Vierordt, M.D.....	519
Clinical Text-Book of Surgical Diagnosis and Treatment for Practitioners and Students of Medicine and Surgery, A. By J. W. Macdonald, M.D. ....	520
Compendium of Insanity, A. By John B. Chapin, M.D., LL.D.....	332
Current Thought.....	91
Diseases of the Eye. By Edward Nettleship, F.R.C.S.....	137
Diseases of the Skin. Their Constitutional Nature and Cure. By J. Compton Burnett, M.D.....	523
Diseases of Women. By E. C. Dudley, A.M., M.D. ....	474
Elements of Histology. By E. Klein, M.D., F.R.S. ....	522
Elements of Latin for Students of Medicine and Pharmacy. By George D. Crothers, A.M., M.D., and Hiram H. Bice, A.M.....	139
Epitome of the History of Medicine, An. By Roswell Park, A.M., M.D....	331
Essentials of Bacteriology. By M. V. Ball, M.D. ....	43

Essentials of Homœopathic Therapeutics. By W. A. Dewey, M.D.....	523
Essentials of Obstetrics. By Charles Jewett, A.M., M.D., Sc.D.....	39
Eye-Strain in Health and Disease, with Special Reference to the Amelioration or Cure of Chronic Nervous Derangements without the Aid of Drugs. By Ambrose L. Ranney, A.M., M.D.....	183
Handbook of Diseases of the Heart and their Homœopathic Treatment. By Thomas C. Duncan, M.D.....	368
Histology, Normal and Morbid. By Edward K. Dunham, M.D.....	567
International Medical Annual and Practitioner's Index, The. A Work of Reference for Medical Practitioners. By eminent contributors .....	235
Karezza, Ethics of Marriage. By Alice B. Stockham, M.D .....	42
Lectures on Nervous and Mental Diseases. By Charles Sinclair Elliott, M.D.	134
Lectures on the Malarial Fevers. By William Sidney Thayer, M.D.....	41
Manual of Chemistry, A. By W. Simon, Ph.D., M.D. ....	566
Manual of Clinical Diagnosis, by Means of Microscopic and Chemical Meth- ods, for Students, Hospital Physicians, and Practitioners, A. By Charles E. Simon, M.D.....	232
Manual of Hygiene and Sanitation, A. By Seneca Egbert, A.M., M.D. ....	333
Manual of Medical Jurisprudence, A. By Alfred S. Taylor, M.D.....	132
Manual of Modern Surgery, General and Operative, A. By John Chalmers Da Costa, M.D.....	522
Medical and Surgical Diseases of the Kidneys and Ureters. By Bukk G. Carleton, M.D.....	39
Nervous Diseases with Homœopathic Treatment. By Joseph T. O'Conuor, M.D., Ph.D. ....	138
Office Treatment of Hemorrhoids, Fistulæ, etc., without Operation, The. By Charles B. Kelsey, A.M., M.D .....	521
Orthopedic Surgery. By James E. Moore, M.D.....	281
Outlines of Rural Hygiene. By Harvey B. Bashore, M.D.....	185
Pathological Technique. By Frank Burr Mallory, M.D., and James Homer Wright, A.M., M.D .....	37
Physicians' Visiting List of 1899 .....	571
Pocket Medical Dictionary, A. By George M. Gould, A.M., M.D.....	570
Practical Treatise on Appendicitis, A. By Howard Crutcher, M.D.....	34
Practical Treatise on Sexual Disorders of the Male and Female, A. By Robert W. Taylor, A.M., M.D. ....	136
Prescriber, The: A Dictionary of the New Therapeutics. By John H. Clarke, M.D., F.R.G.S.....	90
Principles of Bacteriology, The. A Practical Manual for Students and Physi- cians. By A. C. Abbott, M.D.....	135
Principles of Medicine. By Charles S. Mack, M.D.....	369
Psychology of Suggestion, The. By Boris Sidis, M.A., Ph.D. ....	182
Renal Therapeutics. By Clifford Mitchell, A.M., M.D.....	571
Repertory of the Symptoms of Rheumatism, Sciatica, etc. By Alfred Pulford, M.D. ....	568
Saw Palmetto: Its History, Botany, Chemistry, Pharmacology, Provings, Clinical Experience, and Therapeutic Applications. By Edwin M. Hale, M.D.....	186
Stirpiculture; or, The Improvement of Offspring through Wiser Generation. By M. L. Holbrook, M.D.....	42
Surgical Complications and Sequels of Typhoid Fever, The. By William Keen, M.D., LL.D.....	280
System of Practical Medicine, A. By American Authors. Edited by Alfred Lee Loomis, M.D., LL.D., and William Gilmore Thompson, M.D.....	329
Text-Book of Diseases of Women, A. By Charles B. Penrose, A.M., M.D..	38
Text-Book of Gynecology, A. By James C. Wood, A.M., M.D. ....	233
Text-Book of Materia Medica, Therapeutics, and Pharmacology, A. By George Frank Butler, Ph.G., M.D. ....	572
Text-Book on Surgery, General, Operative, and Mechanical, A. By John A. Wyeth, M.D.....	422

Therapeutics of Facial and Sciatic Neuralgias, The. With Repertory and Clinical Cases. By F. H. Lutze, M.D. ....	568
Transactions of the Homœopathic Medical Society of the State of New York for the year 1897. Edited by John L. Moffat, B.S., M.D. ....	236
Traumatic Injury of the Brain and its Membranes. By Charles Phelps, M.D.	36
Tuberculosis of the Genito-Urinary Organs, Male and Female. By N. Senn, M.D., Ph.D., LL.D. ....	40
Year-Book of Treatment for 1898, A. ....	182

REPRINTS AND MONOGRAPHS RECEIVED.

Pages .....	43, 91, 140, 186, 282, 334, 475, 524
-------------	--------------------------------------

PERSONAL AND NEWS ITEMS.

Pages .....	45, 92, 140, 236, 285, 334, 380, 432, 476, 525, 573
-------------	---

OBITUARY.

Dr. Amos F. Worthington .....	188
Dr. Clifford B. Adams .....	477
Dr. Irving Storer Hall. ....	94
Dr. James H. Osgood .....	477
Dr. J. Heber Smith .....	525
Dr. Joseph Sidney Mitchell .....	572











# THE NEW ENGLAND MEDICAL GAZETTE

---

No. 1.

JANUARY, 1898.

Vol. XXXIII.

---

## COMMUNICATIONS.

---

### THE SCHOTT METHOD AND THE NAUHEIM BATHS IN CHRONIC HEART DISEASE.

BY WILLIAM L. JACKSON, M.D.

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

After all that has lately been written on this subject, it may appear superfluous to add more, but I have had so many interested inquiries about Nauheim that it seems probable I may reach a circle of those still unfamiliar with the subject. Moreover, having spent a long time in the place and having been through the treatment, I may be able to present another phase of it.

After Dr. Helmuth's exhaustive article of recent date it is needless to give a minute description of the springs, the character of the waters, or the history of the place, although I would make some additions to what he has said.

The little town of Bad Nauheim, twenty-three miles from Frankfort-on-the-Main, may be reached by various agreeable routes. For a patient able to travel continuously, the most expeditious way is by the North German Lloyd or Hamburg-American steamer to Bremen or Hamburg, and from either port by rail in nine or ten hours direct to Nauheim. Another and very interesting route, however, is by way of Antwerp, Cologne, and the Rhine, which may be agreeably broken by stops at Brussels, Cologne, and Coblenz.

Formerly, as you all know, a patient suffering from disease

of the heart was thought to be beyond the power of medical art to cure or more than temporarily relieve. But Oertel showed that it was possible to do a great deal for such cases, and even to restore them to usefulness in the world.

Still more recently, Drs. August and Theodor Schott, of Nauheim, have developed a method which, in connection with the wonderful baths of the place, gives even better results, so that to-day patients suffering from certain forms of heart disease may reasonably hope to receive a great deal of benefit, and in some cases even a practical cure. Unfortunately, however, Nauheim means too long and hard a journey for a very sick person to attempt. Then, too, the season is limited to the summer months, which detracts greatly from its value, as many sufferers are unable to wait until the proper season, or even to undertake the journey at any time.

Baths may be had as early as the first of April and as late as October, but the usual season is from May 1 to October 1. The difficulty in being there in April and October is that it is very cold, and although some of the bathrooms can be heated, yet one cannot expect the good results which later in the season may be obtained. The month of May, even, may be very cold and disagreeable, and in going there thus early in the season one should take the precaution to select a room that can be heated. In fact, although I found the summer climate of Bad Nauheim on the whole an extremely agreeable one, yet it is not free from extremes both of heat and cold, and not only thin but thick clothing may be necessary to comfort.

I made thermometric observations every day at noon and never saw it hotter than 82° F. nor colder than 46° F.

Malaria is unknown, although there is a sluggish stream flowing through the town from which so much mist rises that I should recommend avoiding the pleasant villas in its neighborhood for those on the hill beyond.

The nights are usually cool, so that sleeping is possible, and one is free from the usual summer pest of flies and mosquitoes.

Nauheim is not a cheap place ; in fact, none of the health

resorts of Europe are cheap, but a person can live very comfortably there for three dollars a day. If one arrives before the height of the season, there is ample chance for selection of rooms, but in midsummer, when the place is crowded, you will be fortunate if you find satisfactory quarters. The number of visitors has increased so much in the last few seasons that the accommodations are taxed to their utmost. Of course one can find good board for less than I have named, but the German fare is different from ours and not every one is satisfied with it, and if you order special food the price rapidly increases.

Nauheim is under the watchful care of town authorities who make a rigid inspection of all sanitary conditions, so that one is fairly sure of a healthy lodging.

The treatment of heart cases in Nauheim, according to Dr. Schott's method, consists usually of baths and exercises. Dr. Schott prefers in chronic heart cases to have the patient remain about six weeks for the *erste Cur*, or first course of treatment. Then, as this is generally somewhat exhausting, to have the patient go to some clear, invigorating climate, preferably at 2,000 to 3,000 feet elevation, where he remains a month for the so-called *zwischen Cur*, or middle period, returning to Nauheim for the *zweite Cur*, or second course of baths and gymnastics, lasting four to six weeks.

The whole number of baths in the two courses is about forty. They are usually taken in a series of three, if the patient bears them well; that is, a bath on three consecutive days, then one day's interval, when they are resumed again. Should the baths not agree well, that is, if there is marked exhaustion and sleeplessness, difficulty of respiration, loss of appetite, and so forth, only one or two can be taken without a day of intermission. Besides varying the frequency, the baths themselves can be much modified. The temperature, the proportion of solids in the bath, the quantity of carbonic acid gas, and the length of time the patient remains in the water can be varied.

Patients who are strong and able to bear the stimulus can derive great benefit from the *strombäder*, or flowing baths,

where the water, strongly charged with carbonic acid gas, constantly flows in and out during the bath.

It goes without saying that all these various factors should be carefully adapted to each individual patient according to his needs, and that it requires the discrimination of a master mind to properly apply them.

The springs depended upon for the baths are called No. 7 and No. 12. Between these there is but little difference; No. 12 containing a little more salt, a little less carbonic acid gas, and being a trifle warmer. The baths used in commencing are called *thermal*, and for these the water as it comes from the two springs is allowed to flow into two reservoirs exposed to the air. This allows the excess of carbonic acid gas to escape, and causes a precipitation of peroxide of iron and calcium carbonate, which gives the water a very rusty color.

The temperature as the water comes from the ground is about 90° Fahrenheit, and as it enters the bath it is about 84°. It is customary to commence the baths at 90° to 97°, and this increase over the natural temperature of the spring is obtained by adding plain hot water, which also diminishes the proportion of solid constituents. As the patient improves, the temperature is gradually reduced until the water from the spring is used without any change at 84°. The proportion of solids is still further increased as the patient grows stronger by the addition of mother lye, which is the residual liquid from which the salt has been crystallized, and which is rich in chloride of calcium and bromine.

The duration of the bath is from eight to twenty or twenty-five minutes, beginning with a short time and increasing as the condition improves. When the patient is deemed strong enough, he is allowed to take the *sprüdel* bath, which is the natural water just as it comes from the ground, without having passed through the reservoir, its temperature and constituents being unchanged. These baths contain a large quantity of carbonic acid gas. They are clear, sparkling, and effervescent, and are frequently compared, both from their appearance and effects, to champagne.

The Nauheim baths have an especial influence upon the pulse. The rate is reduced from ten to twenty beats to the minute; sometimes even more, and at the same time it becomes fuller and stronger. This condition continues during the bath, and even for some little time after. Most patients experience a very disagreeable constriction about the chest during the first few baths, and oppression of breathing. Sometimes there is marked precordial pain, as though the heart were clutched by an iron hand. At first there is a feeling of exhilaration, which soon is followed by languor. In those who have latent gout or rheumatism a considerable amount of lameness may be developed, and in some cases marked spinal pain.

Unless the patient is very strong it is best to get into the bath quietly, and while in it to remain perfectly still, without even talking; to get out of the bath slowly and carefully; to be thoroughly rubbed down by an attendant and assisted to dress. Unless the lodgings are very near to the baths, one should take a carriage home and rest in bed for an hour.

The exercises with resistance are an essential part of Dr. Schott's method of treating heart disease. They are designed to bring into action every set of muscles in the body. They are taken with the aid of an assistant, who resists the efforts of the patient, but always allows himself to be overcome.

The assistant graduates the amount of resistance by the condition and by the effects of the exercise upon the patient. Dr. Schott's operator in Nauheim gave me sixteen movements, five of the upper extremities, three of the body, four of the lower extremities, and finally four more of the upper extremities. The amount of time devoted to these exercises is half an hour daily.

It is not every one who can make a successful assistant, nor can one be trained in a short space of time. It is necessary not only that he should have strength, but that he should have intelligent judgment so that he may realize when it is necessary to modify his resistance. He should keep a close watch of the effect of the exercises, and if he should

observe any untoward symptoms, the patient must be made to rest and should be required to put forth less strength in overcoming the resistance. The symptoms which should be watched for and avoided are increased rapidity of breathing, any palpitation of the heart, the appearance of perspiration, or change of color of cheeks or lips.

The patient should breathe regularly; and should be instructed not to fix the diaphragm nor hold the breath. This patients are very prone to do if the resistance is too great for them. The operator should never constrict the limb with his hands.

Patients should remove or loosen the outer clothing so as to make the movements free and unimpeded. Each movement should be slowly and evenly performed, and should be followed by a rest. No movements should be given twice in succession. The exercises should not be so severe that exhaustion will follow. On the contrary, there should be a feeling of *bien aise* or relief from the oppression, much the same-sensation that a stronger person would have after an invigorating walk in the open air. A feeling of warmth through the body is produced and the pulse becomes slower and fuller.

The diet advised by Dr. Schott is a very strict one. In the first place, stimulants of all kinds are to be avoided, not only alcoholic, but tea, coffee, and tobacco. Old wine is permitted in small quantities to those who depend upon it. The amount of liquid taken is much restricted, even soup being advised against. Aërated waters are forbidden. More or less liquid is supposed to be absorbed through the skin in the baths, which may make up for the small quantity allowed as a beverage. Food is to be taken as often as every three hours, in small amounts. Among the articles to be especially avoided are cabbage, fried potatoes, new potatoes, new bread, beans, turnips, or anything causing flatulence. No pepper. Fruit, but only such kinds as can be skinned; better, if cooked. Most cases of dilated heart are accompanied by dilatation of the stomach, and it is partly on this account that the food is made as concentrated as is consistent with good nourishment.



I have referred to the inconvenience of the limited season at Nauheim and the impracticability of the long journey in some cases. To overcome these difficulties, baths have been established in many places, especially in England, where an artificial substitute for the Nauheim water is used. In almost all of the very many hydropathic establishments in England, these Nauheim baths are used and claimed to be as beneficial as the original. This claim cannot in my opinion be substantiated, but there is no question that such artificial baths, in combination with the Schott exercises, will give very substantial relief, and may make it possible for some to undertake the journey who must otherwise be debarred from it.

The proportion for the artificial Nauheim baths is as follows :—

Water . . . . .	60 gallons.
Salt . . . . .	7 to 14 pounds.
Chloride of calcium . . . . .	7 to 11 ounces.
Bicarbonate of soda . . . . .	$\frac{1}{2}$ pound to 1 pound.
Hydrochloric acid . . . . .	4 to 6 ounces.

The two latter are intended to produce the carbonic acid gas, the hydrochloric acid being added just before the patient's entrance to the bath. The proportion of the chloride of soda and the chloride of calcium varies according to the condition of the patient, it being customary to commence with a smaller amount, and to increase the quantity as the patient is able to bear it.

The cases suitable for the Nauheim treatment may be enumerated as follows : as a general rule, it may be said that all cases of heart disease are suitable except those where there is an advanced arthromatous degeneration of the arteries, or where there is serious degeneration of the myocardium. But the most favorable cases are those of a recent endocarditis, due to rheumatism or influenza, or dilatation caused by overexertion. Great benefit can, however, be obtained in valvular affections of different degrees, and even in cases of considerable dilatation of the ventricles and

in fatty degeneration of the heart. Angina pectoris, that terrible malady which all physicians dread to encounter, may be relieved and apparently cured.

Of course no one would undertake the journey to Nauheim unless he were well enough to be reasonably sure of reaching there in fair condition. Once there, he must submit to strict rules and implicit obedience to directions, as patients have been known to die in the bath who had failed in this.

In any case, I consider it essential that a patient should be accompanied by some person of intelligence, not only in his walks and as a general attendant, but to care for him at his bath.

The symptoms giving evidence of improvement which a patient notices are greater ease in breathing, enabling him to lie down in bed, improvement in appetite and digestion, with increase in weight, less œdema, relief from rheumatic pains, increasing ability to exercise without dyspnœa, diminution in the purple color of the extremities after a bath, increase in the quantity of urine, lessening of the labored action of the heart, and more clearly marked apex beat, with less wobbling of the heart.

The physician very frequently notices a diminution in the area of cardiac dulness, a slower, stronger, and more regular pulse, and even in some cases entire disappearance of old and well-marked *bruits*.

As to the theory of the action of the baths and exercises, and whether the heart is permanently diminished in size, I am content to leave that to those who have time and inclination for such discussion; but for us who are practical everyday physicians, the important question must be, "Is the method as followed by Dr. Schott efficacious?" To this I unhesitatingly say "Yes," both from my own personal experience, my observation of other cases, and my talks with those who have been through the course. There is no doubt in my mind on this point, but when one attempts to analyze it, and to claim that the benefit is due to this or to that part of the treatment, I think it is a great mistake. The successful

results are due to the system of treatment as a whole, the journey, the entire change of air, food, and interests, the ideally restful surroundings, the unique baths, the carefully regulated diet, the resistant gymnastics, the change to a higher altitude for the middle period, and the return for a second course of the baths. Perhaps in many cases the very abandonment of all effort to keep up that comes naturally in Nauheim may render the patient more susceptible to benefit from the treatment. Here for a few weeks, and with the knowledge that it is only temporary, one adopts the life and the manners of an invalid. The charming walks in the park are broken by many a short rest on the benches placed in pleasant spots at frequent intervals, where one is entertained by the friendly little-birds of numerous kinds and delighted by the beauty of his surroundings. The easy *droschkes* or open carriages are cheap and enticing. You are recommended to go to bed after your bath, and you are expected to stay there as much of the time as you chance to please. The wheel-chair, pushed by a placid and leisurely attendant, is everywhere, and serves a delightful purpose in allowing one to be much in the open air without physical exertion or exhaustion. It seems, in short, to be the normal condition of a guest in Nauheim to be lazy and self-indulgent, and no excuses on the patient's side nor remarks from any one else are in order.

---

**USE OF DEFINITION OF THAT CURE OF WHICH  
SIMILIA IS THE LAW IN SHOWING THE PRO-  
PRIETY OF IDENTIFYING OURSELVES BY  
NAME WITH HOMŒOPATHY.**

BY CHARLES S. MACK, M.D., LA PORTE, IND.

I feel perfectly sure that accurate definition of the immediate end sought in any given practice of homœopathy will prove a powerful aid to us in our efforts to advance the cause of homœopathy. I believe that opportunities for advancing that cause are very frequently lost for the simple reason that one or another of us is without such definition. How fre-

quently we are charged with inconsistency in that we identify ourselves by name with homœopathy, while cultivating not only homœopathy but also whatever else than homœopathy is good in medicine! I believe that one cannot in the best possible way refute this charge without accurate definition of the cure sought in any given practice of homœopathy. I feel entirely confident that if we homœopaths were always ready with such a definition, the effect of it in the medical world would be astonishing. That we so frequently see physicians leave the old school ranks and join ours may be taken as evidence that not all old school physicians are incorrigible; that among them are certain ones who are candidly investigating the claims of homœopathy. Now I doubt not that each year a certain proportion of these candid investigators turn back to the old school ranks and are forever lost to ours because they get no satisfactory answer to their perfectly reasonable question, which may be worded as follows: "How can you consistently call yourself a homœopath, and at the same time cultivate whatever else than homœopathy is good in medicine?" I feel sure that the answer which will prove most satisfactory to many of these investigators involves an accurate definition of that cure of which *similia* is the law. In a little book<sup>1</sup> in which this subject is discussed at length, I have defined that cure of which *similia* is the law as, *such modification of the quality of vital processes and their effects that whereas these processes and effects are abnormal, they shall, as the immediate effect of the medicine used, become normal (or approximately so)*. The word *immediate* here has no reference to time, but simply means that there are not various drug effects, or even one drug effect, mediate to the cure; the first and only step reaches cure. This immediateness sharply differentiates that cure of which *similia* is the law from any cure that can be undertaken in rational practice. Thus definition of the end sought in any given practice of homœopathy helps us to make clear to the candid investigator the fact that one may consistently accept homœopathy

<sup>1</sup>"Principles of Medicine." Published by the W. T. Keener Company, 96 Washington Street, Chicago.

and at the same time rational practice. When he selects a homœopathic remedy the end he has in view is entirely distinct from any he has in view when following any given rational practice, so that there is no more inconsistency in accepting homœopathy and also rational practice than there is in accepting various rational practices whose immediate ends are entirely distinct from one another. If, for instance, a patient has typhoid fever, the physician may seek a homœopathic remedy in order to effect the immediate cure above defined as that of which *similia* is the law, or he may attempt the rational practice of killing the typhoid germ, or he may attempt the rational practice of chemically destroying ptomaines formed by that germ, or he may adopt the rational practice of stimulating, or he may adopt the rational practice of cold packs or cold baths, or he may combine two or more of these or other rational practices and may or may not at the same time administer a homœopathic remedy. The immediate end he would seek with a homœopathic remedy is as different from that he would seek with any of the rational practices as is the immediate end he would seek with a stimulant from the immediate end he would seek with a germicide. I am sure that, in the eyes of the candid investigator who asks how one can consistently accept homœopathy and at the same time accept rational practice, our position would be immensely strengthened if each and every one of us were always ready with an accurate definition of the immediate end sought in any given practice of homœopathy.

Definition of the immediate end sought in any given practice of homœopathy may prove immensely useful when we are explaining to the candid inquirer why it is that, though we accept such rational practices as commend themselves to us, we still identify ourselves by name with homœopathy. From the definition above given it is evident that the cure of which *similia* is the law ranks, in a sense, higher than any cure which we can undertake in rational practice. In the little book above named I have given what purports to be a complete definition of rational practice. It is rather long, and perhaps we can, without repeating it here, show that the

cure sought in any given practice of homœopathy is, in a sense, superior to any cure that one can undertake in rational practice. Glance at the italicized definition and note, first, that the condition aimed at in any given practice of homœopathy is normal (or approximately so). In a given rational practice the condition sought may not be normal, or even approximately so; the condition we try to effect in a given rational practice may be entirely abnormal, though regarded as preferable to the disease condition present. An instance of this is where we endeavor to, with drugs, induce a compensative hypertrophy in the walls of a heart whose valves are diseased. Note, second, that a normal (or approximately normal) condition is always the *immediate* end sought in any given practice of homœopathy. We have just observed that the condition which we try to effect in a given rational practice may not be at all normal (or approximately normal). When the condition we would effect in a given rational practice is normal, it is never the *immediate* end sought, but is always more or less remote. If, for instance, in rational practice I give a cathartic to a patient with cerebral congestion, my immediate object is to move the bowels, and any beneficial effect upon the brain is more or less remote. Again, if in the same circumstances I give ergot, the immediate end I have in view is to set up an abnormal condition — the pathogenetic effect of ergot. Do not, however, for an instant suppose that the resultant of cerebral congestion from disease and cerebral anæmia from ergot can possibly be health. This fallacy, too, is dealt with in the little book above named. Here we must content ourselves with simply urging that the immediate resultant of two abnormal forces (disease force and drug force) cannot by any possibility be health; that the immediate object of any given rational practice with a dynamic drug always is to set up the pathogenetic effect of the drug, and that if that particular rational practice has in view as an end health, that end is never *immediate*, but always more or less remote. Glance again at our definition and note, third, that some degree of radicalness is essential to that cure of which *similia* is the law, and note that it is radical in a way that

no cure in rational practice ever can be. The data for a rational practice must all be *in themselves* knowable to inductive science ; wherefore no rational practice can ever undertake a specific modification of vital processes, for these are not *in themselves* knowable to inductive science ; they are knowable to such science only *in effects*.

We find, then, as an essential to that cure of which *similia* is the law, that it is health (or proximate health), that it is more or less radical, and that it is the immediate effect of the medicine used. These essentials mark that cure as specific, and difference it from any cure that one can attempt in rational practice. *Similia* is the law of specifics. Surely we are quite within bounds when we say that that cure of which *similia* is the law ranks, in a sense, higher than any cure that one can undertake in rational practice. When once a correct definition of this specific cure is understood in all its bearings, there is no need of argument to show it proper for us who believe in this cure, and in *similia* as the law of it (however much we believe in and pursue empirical or rational practices), to identify ourselves by name with homœopathy, and thus markedly distinguish ourselves from that larger body of physicians who do not believe in homœopathy and feel called upon to antagonize us and oppose its progress.

I have spoken of definition of that cure of which *similia* is the law as useful when we would show to a candid inquirer from old school ranks the propriety of our identifying ourselves by name with homœopathy. No less useful will such definition prove when we would down the opponents of homœopathy, for it will help us in making manifest just what it is that they are opposing ; namely, that it is what, in a sense, outranks anything else in medicine.

---

TO DETERMINE AGE OF FŒTUS IN MISCARRIAGES. — Dr. Lambinon gives the following figures, obtained at the Liège Maternity, bearing upon the weight of the placenta in cases of miscarriage. The average weight of the placenta at 6 weeks was 20 gr. ; at 90 days, 67 gr. ; 120 days, 111 gr. ; 165 days, 262 gr. ; and at 235 days, 330 gr.

**TUBAL DISEASE.**

BY HORACE PACKARD, M.D., BOSTON, MASS.

*(Continued from December Gazette.)**Symptoms.*

Tubal disease, and its sequelæ, namely, chronic salpingitis and pelvic abscess, is so well known clinically that enumeration of its symptoms is hardly called for here. The subjective symptoms of pain and discomfort in both tubal regions (both tubes are likely to be infected simultaneously), with a history of puerperal fever or gonorrhœal infection, and the detection on examination of either circumscribed or diffuse enlargements on each side of the uterus, are sufficient basis for a diagnosis.

In the formative stage of a pelvic abscess the accompanying elevation of temperature is of great importance in differentiating from other pelvic tumors.

*Treatment — Medical.*

It is doubtful if any medical or local treatment can avail to cure a tubal disease of gonorrhœal or pyogenic origin. It is probable that at the lowest estimate they are crippled functionally, so that barrenness results. It is possible that under suitable treatment the disease may be subdued so that thereafter the patient may enjoy otherwise good health and freedom from local discomfort.

In the acute stage —

Belladonna 1 x.	} Administer every two hours on alternate days.
Mercurius sol. 3 x.	

Locally a cold pack about the pelvis and over lower abdomen changed every two hours.

In the chronic stage —

Silica 3 x. — Two grains every four hours.

Locally, copious daily douches of hot saline solution (make saturated solution of rock salt. To one quart of this add two quarts or a sufficient quantity of hot water to attain a temperature of 112° F.).

*Surgical.*

Usually surgery is resorted to only in the chronic stage of tubal disease, after all local, medical, and conservative meas-



ures have failed. One exception to this exists, in case where the tubal disease has rapidly developed into a pelvic abscess. Here the indication is to give immediate relief in the simplest way. This is best done by making an incision through the vaginal vault, as soon as the abscess points there and can be felt on digital examination. This gives immediate relief, establishes drainage, and may be followed by such satisfactory repair that the patient does not suffer thereafter. Ordinarily, however, there persists a mass of inflammatory tissue, with a nucleus consisting of the remains of the tubal mucous membrane, pyogenic membrane and débris, which is a source of constant irritation and discomfort.

Fifteen years ago, through the boldness of Tait, a new era was established in the treatment of these cases of chronic tubal disease, and the so-called "Tait's" operation came in vogue, which consisted in the removal of such diseased tubes and accompanying aggregation of inflammatory tissue, through abdominal section. This operation involved also removal of the ovaries, which, though primarily in no wise the origin of the disease, are usually involved and entangled in the inflammatory deposits and adhesions.

More recently, within the last three or four years, these pathological conditions have been approached *per vaginam*, and their removal effected by this route with far less disturbance to the patient, and materially lessened mortality. Manifestly an opening made in the vaginal vault, through which pus tubes are removed, involves far less disturbance to the abdominal viscera, and far less shock to the system than an incision through the abdominal wall, with, maybe, the rupture of a pus tube during the process of manipulation in its removal.

With the vaginal approach an important element comes up for consideration, in the question of the incidental removal of the uterus. I say incidental here, because its removal under these conditions becomes a side issue. It is done to facilitate the removal of the pus tubes, that is, it is an intervening obstacle, and its simultaneous removal makes it possible to perform these operations by this route, when

otherwise it could only be effected by abdominal section. Objections may be and are raised against the removal of a so-called healthy womb, but we must remember that the inflammatory process which has called for the removal of the tubes has found its way there through the uterine cavity, which must have suffered proportionately, and has escaped a similar fate to that of the tubes only because provided naturally with better drainage. The fact that with the tubes and ovaries sacrificed the uterus is no longer a factor in the reproductive life of the woman, gives us a still more justifiable excuse for removing it, if thereby the other steps in the operation are greatly facilitated and danger to the patient's life diminished. On the psychological side of the question there is a chance for argument. We cannot deny that the uterus may possess a subtle influence over the psychic life of the individual. It is a question which I have discussed with neurologists not a little, and have also closely watched my patients who have undergone the operation. This, with such reports as I have from time to time observed in current medical literature, has convinced me that there is no greater likelihood of psychic disturbances after the loss of these pelvic viscera (that is, tubes, ovaries, and uterus) than after the normal climacteric. In fact the operation induces an artificial climacteric. It is usual that the ordinary post-climacteric phenomena, such as flushing, flashes of heat, etc., follow the operation for a varying time, from a few months to a year or two.

An important point in the technique of this vaginal tubo-ovario hysterectomy is the longitudinal splitting of the womb. As far as the writer's knowledge goes, the Massachusetts Homœopathic Hospital is the first institution in which this step was made a routine part of the operation. At the present time every member of the surgical staff follows this method.

Abdominal surgery with us has been almost revolutionized, since this method of dealing with the pelvic viscera came in vogue. Our patients convalesce, as a rule, with scarcely more disturbance than that following operation for the repair

of laceration of the cervix. We used to consider it necessary to isolate and provide these cases with a special nurse for the first week or ten days. Now it is a common thing for them to go through convalescence in the general ward with other patients, with no more than the ordinary nursing.

#### *Technique of the Operation.*

In women who have borne children, and where a short, capacious vagina exists, the operation is easy of performance; while if the opposite conditions obtain it becomes fraught with the greatest difficulty, and obstacles are liable to be met which call for the greatest degree of manual dexterity.

The cervix is grasped with a strong vulsellum forcep and the uterus drawn well down toward the external vaginal orifice. With retractors in place to expose the vault of the vagina, an incision is made around the cervix entirely through the mucous membrane to the sub-mucous connective tissue. It is usually the work of but a few moments to separate the bladder anteriorly and the rectum posteriorly from their uterine attachments. This can sometimes be best done with the finger, sometimes with a pair of scissors. It is apparent to the touch at once when the peritoneal cavity is thus entered. With scissors, aided by the forefinger, the vesico and recto-uterine peritoneal duplicatures are separated laterally well out toward the base of the broad ligament.

The uterine artery on either side can now be readily felt by passing the forefinger up laterally beside the uterus. This is next ligated either by passing a catgut ligature around it with the aid of an aneurism needle, or grasping it with a strong, long-handled artery forcep, cutting through on the uterine side, and ligating as any other artery would be tied. When this is done on both sides, the two largest sources of blood supply to the womb are secure.

The protecting retractors are then slipped in, the one anteriorly and the other posteriorly, until their ends lock over the fundus uteri. With a pair of straight scissors the uterus is now fearlessly split from cervix to fundus.

One half of the bisected womb, with its adnexa, is now dealt with, while the other is pushed up out of the way.

With the room thus gained it is found easy to slip the fingers up into the pelvic cavity, separate an adherent pus tube and ovary and bring them down into view. There remains now only to ligate the ovarian artery and cut through the remaining tissues of the broad ligament. The other side is dealt with in a precisely like manner, and the operation is practically done. If the ligatures have been carefully adjusted, the field of operation will be dry. Sometimes there is persistent oozing from the small arterial branches in close proximity to the cervix where the first incision is made. These are best secured by passing a small-sized catgut ligature around them with the aid of a small needle. When the operation is finished, it is surprising what a small wound remains in the vaginal vault through which all this has been accomplished. Two or three catgut sutures of medium size are now passed antero-posteriorly through the mucous membrane, constituting the lips of the wound, including, if possible, the vesical and rectal peritoneum. It is not always possible or practicable to include the edges of the peritoneum, for they are sometimes far up and out of reach; indeed it does not seem to make much difference whether this is accomplished or not, for I have not observed that convalescence is in any wise unfavorably influenced where I have failed to accomplish it. I think it is better to do it where it can be done, for it is reasonable to believe that there is less likelihood of adhesions occurring between this exposed area and adjacent loops of intestines or portions of omentum.

In all cases where there is a purulent condition in connection with the tubes at the time of operation, the lateral extremities of the wound should be left open, and in them a gauze wick adjusted for drainage. The vagina is then packed with strips of borated gauze. It is my custom at the close of the operation to insert a one quarter grain morphia rectal suppository. This I believe a humane and harmless procedure. It tides the patient through the immediate discomfort following the operation. After its effects have subsided, the case is treated symptomatically as indications arise.

*After Treatment.*

On the third day the vaginal packing is changed, leaving the lateral wicks, which pass through the angles of wound undisturbed. The gauze packing on removal will sometimes be soaked through with bloody serum, in other cases it will be hardly discolored. On the fourth day the packing is again changed and the lateral wicks removed. The vaginal cavity is then mopped with peroxide of hydrogen solution, one part to two of water. This is repeated daily, as long as indications call for it, or in other words as long as there is any vaginal discharge. The amount and duration of the discharge depend upon the condition which existed at the time of operation. If pus tubes involve the case, and the purulent matter become smeared over the freshly wounded surface, there must be expected a corresponding delay in the process of healing through more or less suppuration. There seems very remote likelihood of the extension of such to the loops of intestines or general peritoneal cavity; in fact the drainage is so natural and perfect that the general peritoneal cavity appears in every case to be promptly and effectually shut off from the site of operation by adhesions. I do not recall a single case where general peritonitis has supervened.

The patient usually sits up in from two to three weeks, and is dismissed in from three to four.

---

## CASES OF SPRAINED ANKLE TREATED BY THE GIBNEY METHOD.

BY FREDERICK P. BATCHELDER, M.D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society, October 13, 1897.*]

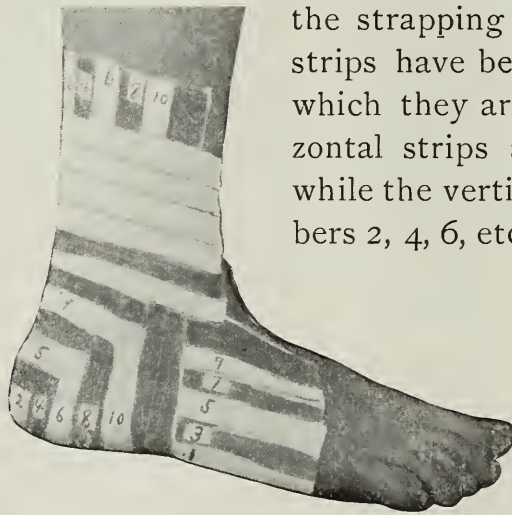
The growing tendency in the treatment of several surgical conditions is for the adoption of some method whereby the patient can be kept about on his feet, and even continue at his customary vocation.

Any method which can thus assist in effecting a successful result, with but little or no loss of time or wages, at once commends itself to our attention.

The experience of many members of the medical profession has not been encouraging, so far as the treatment of a sprained ankle with rest, fomentations, etc., is concerned. Massage has often proved of much assistance in effecting a cure.

The writer's attention was directed in 1895 to an article by V. P. Gibney, M.D., Surgeon in Chief to the Hospital for the Ruptured and Crippled, which appeared in the *New York Medical Journal* of February 16, 1895, entitled "Sprained Ankle. A Treatment that Involves no Loss of Time, requires no Crutches, and is not attended by any Ultimate Impairment of Function."

The method as described by Dr. Gibney was, so far as known, first employed by Mr. Edward Cotterell, of London. It consists in the application of ordinary surgeons' adhesive plaster, in strips of suitable dimensions, to the injured foot.



The accompanying illustration shows the strapping as applied, and most of the strips have been numbered in the order in which they are to be affixed. The horizontal strips are numbered 1, 3, 5, etc., while the vertical strips bear the even numbers 2, 4, 6, etc. The alternate straps have been colored darker in order to give a greater contrast. In a recently sprained ankle, where there is much swelling, it is often desirable to elevate the limb for several hours, and apply cold compresses. In cases of longer duration this is unnecessary.

The most frequent focus of injury and swelling is in front of the external malleolus, at the site of the external calcaneo-astragaloid ligament and the anterior fasciculus of the external lateral ligament.

#### *Mode of Applying the Straps.*

Usually strips three fourths to seven eighths of an inch wide and twelve inches long will be suitable for applying,

and fit the varying convexities and concavities of the surface much better than wider ones.

The first strip is applied along the lower margin of the outer border of the foot, commencing near the little toe, and carried around the heel along the inner margin of the foot to about its middle, and just beneath the plantar arch. In the cut the initial portion only of this strap can be seen, as the remainder on that side is covered in by the vertical strips. Strip No. 2 is applied vertically, commencing at the junction of lower and middle thirds of leg, and carried downward alongside the tendo achillis, beneath the heel and up to a point just above and behind the internal malleolus. Strip No. 3 is applied horizontally, parallel with No. 1, and overlapping it about one half. In the cut they do not overlap sufficiently. No. 4 is applied vertically in the same relation to No. 2, and subsequent strips are applied alternately horizontally and vertically in numerical order, until the whole outer aspect of the foot is covered in. Several horizontal strips are then applied in succession up to the top of the vertical strips to reinforce these and keep them in place.

On the inner aspect of the foot no such methodical order can be followed, for the terminal ends of the strips must be allowed to go in that direction which will permit them to fit the surface and adhere well.

A space at least one half inch wide should be left uncovered up the front of the foot and leg. Thus the strapping does not at any point entirely surround the foot, and hence cannot constrict it.

It will usually be found desirable to carry a reinforcing strap obliquely downward and backward, just in front of the external malleolus, around or beneath the point of the heel and up on the inner surface several inches. Thus the injured ligaments and tissues before mentioned receive additional care.

Over all a gauze roller bandage should be applied and worn for a day or two, until the strapping has become thoroughly adherent and moulded to the contour of the foot. A stocking and shoe can usually be put on at once, and the patient urged to use the foot somewhat.

In most cases it will be desirable to restrap the foot at the end of ten to fourteen days, the new straps to be worn a similar length of time. Only rarely will a third strapping be required, and that in chronic or neglected cases.

The method commends itself —

*First.* Because of its simplicity and ease of application, a pair of scissors and a spool or roll of adhesive plaster being all the apparatus required.

*Second.* It does not constrict the foot at any point, and hence cannot increase the swelling.

*Third.* It affords support to the injured tissues and still allows patient to be on his feet without detriment, the foot executing adequate flexion for walking without difficulty.

The following cases are selected from those I have treated and illustrate well the average results :—

Mr. G——, commercial traveler, consulted me at my office in July, 1895, for some medical disease and incidentally referred to his sprained ankle, injured six or more weeks previous, saying that he did not suppose I could do anything for it, as he had been under treatment at —— Hospital all the time, and they finally told him he would have to let nature and time effect a cure. He limped a good deal and had to use a cane. The following day I, for the first time, applied the strapping to his foot, but not without some uncertainty, for although Dr. Gibney's results seemed marvelous, yet such a chronic case did not promise well. The patient experienced great comfort at once, and came to the office two days later for inspection. He had no use for a cane, limped very much less, and could walk with comparative comfort.

In a few days more he resumed his former occupation, which necessitated a great deal of stair climbing, and had no further trouble. The ankle was restrapped twice, and the result was all that could be desired.

Mr. R——, one of the advertising agents for Quaker Oats, on returning to his boarding place one Saturday evening, sustained a severely sprained ankle when alighting from a horse car in motion, and carrying a heavy valise in one hand.



A similar accident years before had kept him confined to the house six weeks.

I saw him shortly after the accident and the ankle was swelling rapidly. He could hardly use the foot. This was at once elevated, with patient lying down, and cool compresses were applied and frequently changed. In two hours the swelling had ceased to increase, and the strapping was applied, with good reinforcement over the point of injury, just anterior and below external malleolus. He was at once able to stand on the foot with but little discomfort.

The next morning he walked about without a cane, and after being cautioned to use a cane that day when going out, walked down two flights of stairs, took a car to the Union Station and a train to Lexington, returning the latter part of the afternoon. The next day, Monday, he went to Lowell and resumed his duties, traveling with his men and wagon from house to house. He did not lose a day's wages, and in a day or two after resuming work had practically no discomfort from walking about so much. The ankle was restrapped at the end of two weeks.

As to how the cure is effected, Dr. Gibney says: "It has seemed to me that the equable support given to the tendons and ligaments about the joint results promptly in resolution of all effusion, and that the functions of the tendons and ligaments are thus promptly restored; that use of the ankle is very desirable, and that the cure is brought about by the normal action of the foot."

This method has been very extensively employed in the out-patient department, Hospital for the Ruptured and Crippled, in Dr. Gibney's clinic at the College of Physicians and Surgeons, and in the orthopedic department of the New York Polyclinic.

---

A CODE OF ETHICS. — Speaking of a code of ethics, it can be truthfully said that honest men and women do not need it, and knaves will not heed it. A code of ethics is like a law without a penalty. It sounds well, but accomplishes nothing. — *Exchange.*

## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible.

---

## IMPROVEMENTS IN THE MASSACHUSETTS HOMOEOPATHIC HOSPITAL BUILDING.

On December 2, Dr. Horace Packard held his clinic in the new amphitheatre of the hospital. We say new because in the extensive alterations which have been made hardly a vestige of the old operating room remains.

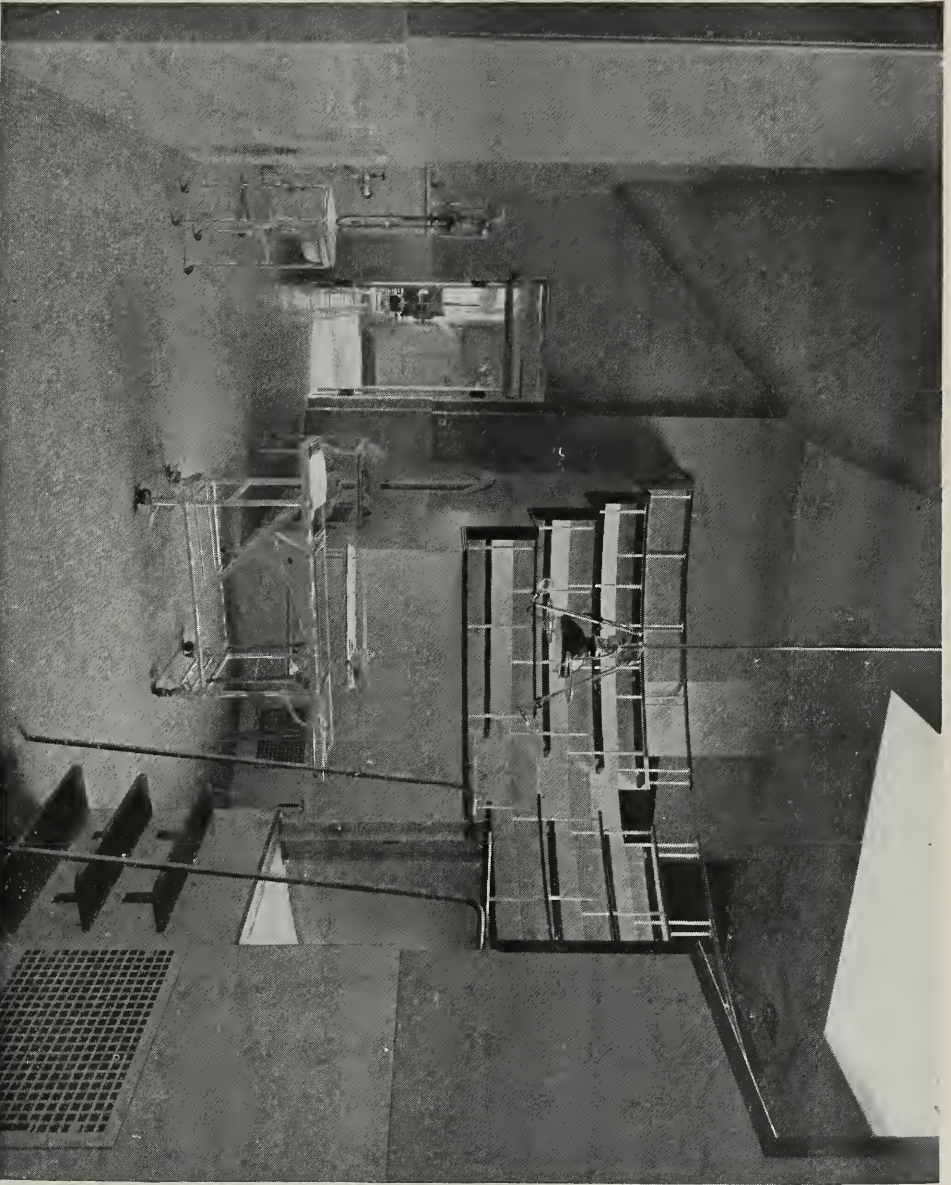
This practically marks the completion of extensive changes made in various portions of the hospital during the past summer, whereby its efficiency has been much increased.

Beginning with the basement, we note two new one hundred horse-power boilers of the most modern construction, with modern appliances for smoke-consuming and fuel-saving. In addition to these a new fifty horse-power engine with new dynamo of five hundred light capacity; this beside the existing engine with dynamo of three hundred light capacity, so that the plant now has a total capacity of eight hundred lights.

The laundry, situated also in the basement, has been much enlarged by the addition of the rooms formerly used as sleeping apartments for the men servants. The renovated laundry has three Cambridge rotary washers (Empire make). Of these, one is used exclusively for septic material, the others being devoted to ordinary laundry purposes. There is also one Cambridge extractor and a large steam drier. The capacity of the laundry is ten thousand pieces a week.

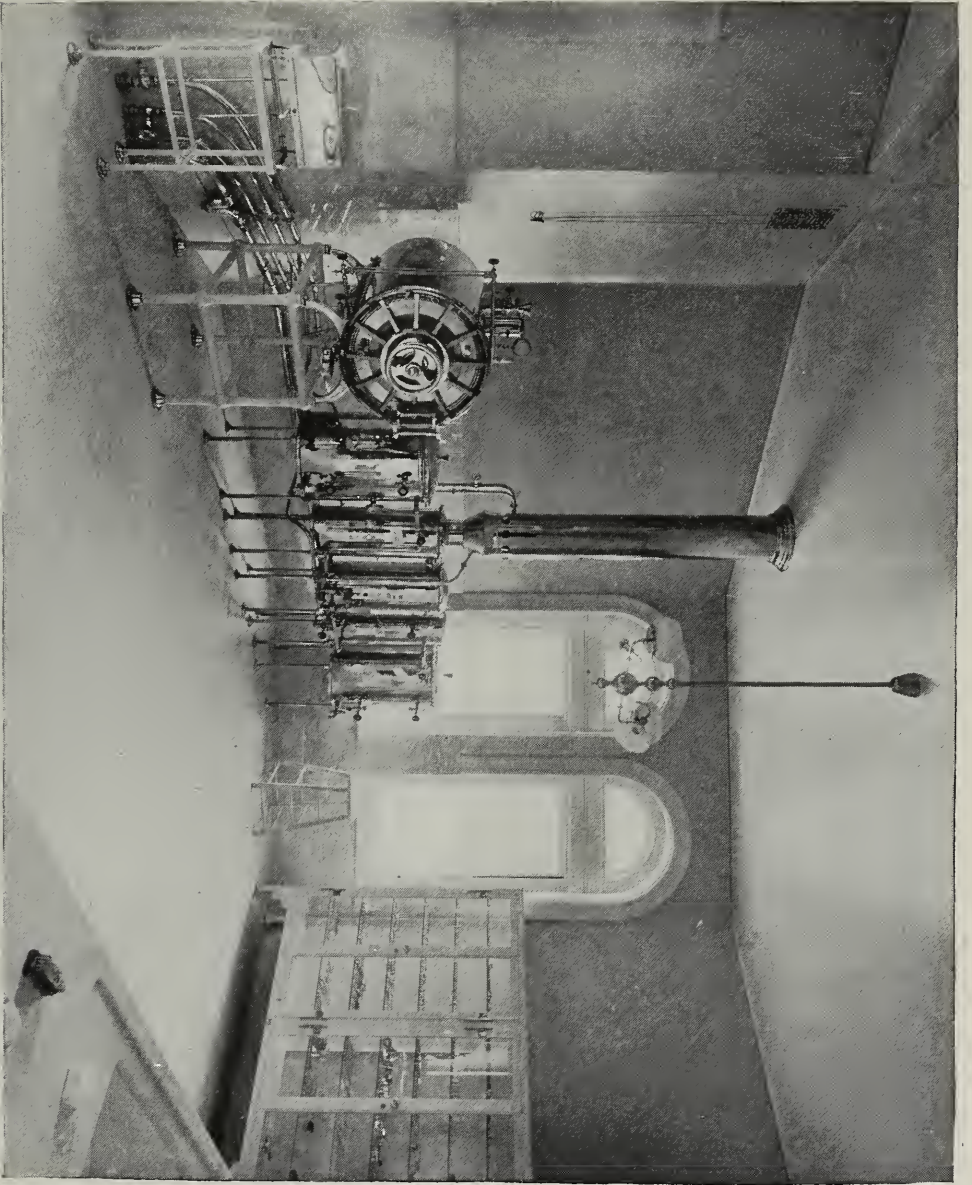
The cost of these changes in this portion of the building has been not far from \$10,000.

In the medical side of the hospital the principal improvement is that, by means of a copper addition, a new sewing room has been added to the fifth floor of the Möring wing, whereby that floor is made available for patients.



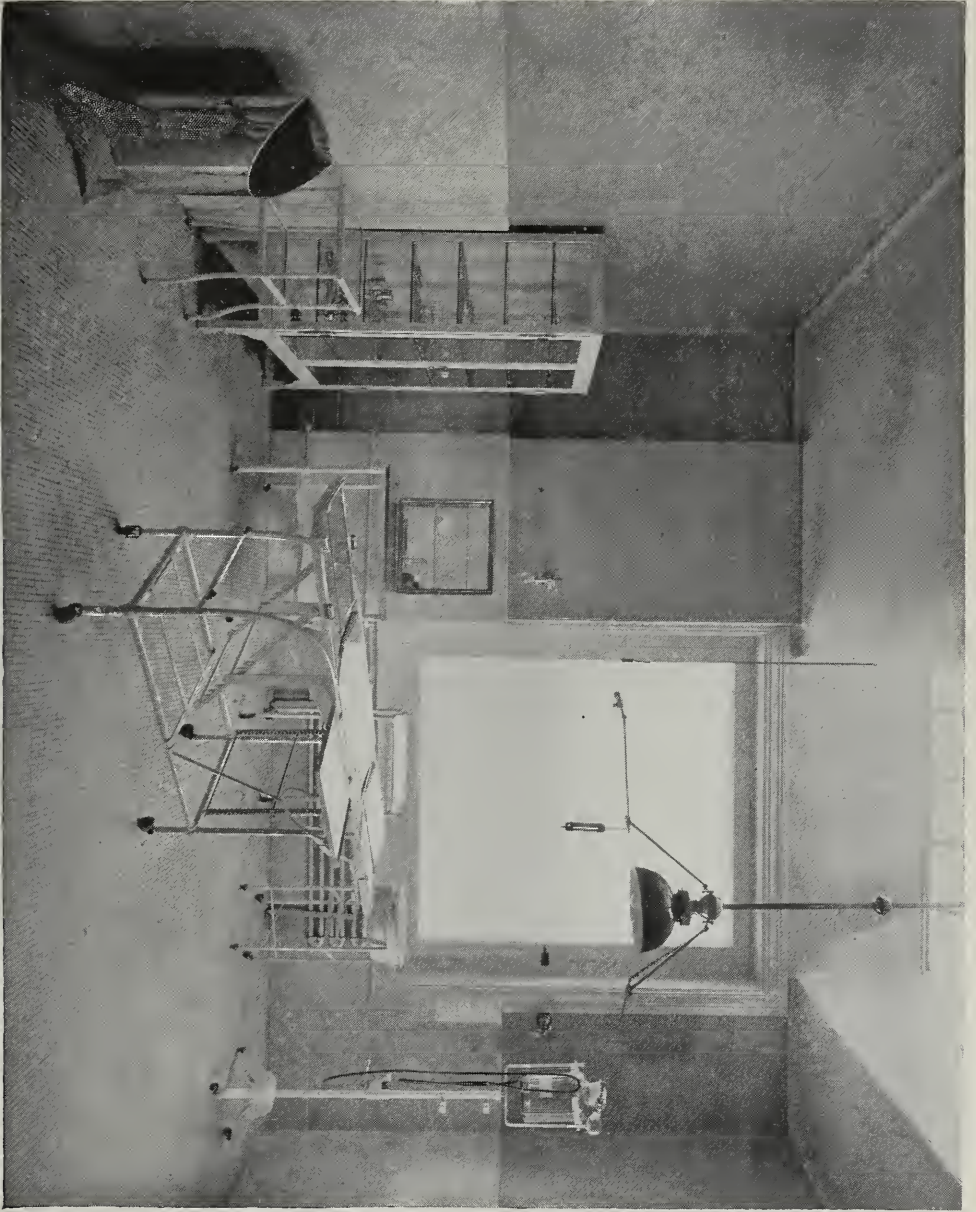
SURGICAL AMPHITHEATRE.





STERILIZING ROOM IN CONNECTION WITH SURGICAL AMPHITHEATRE.

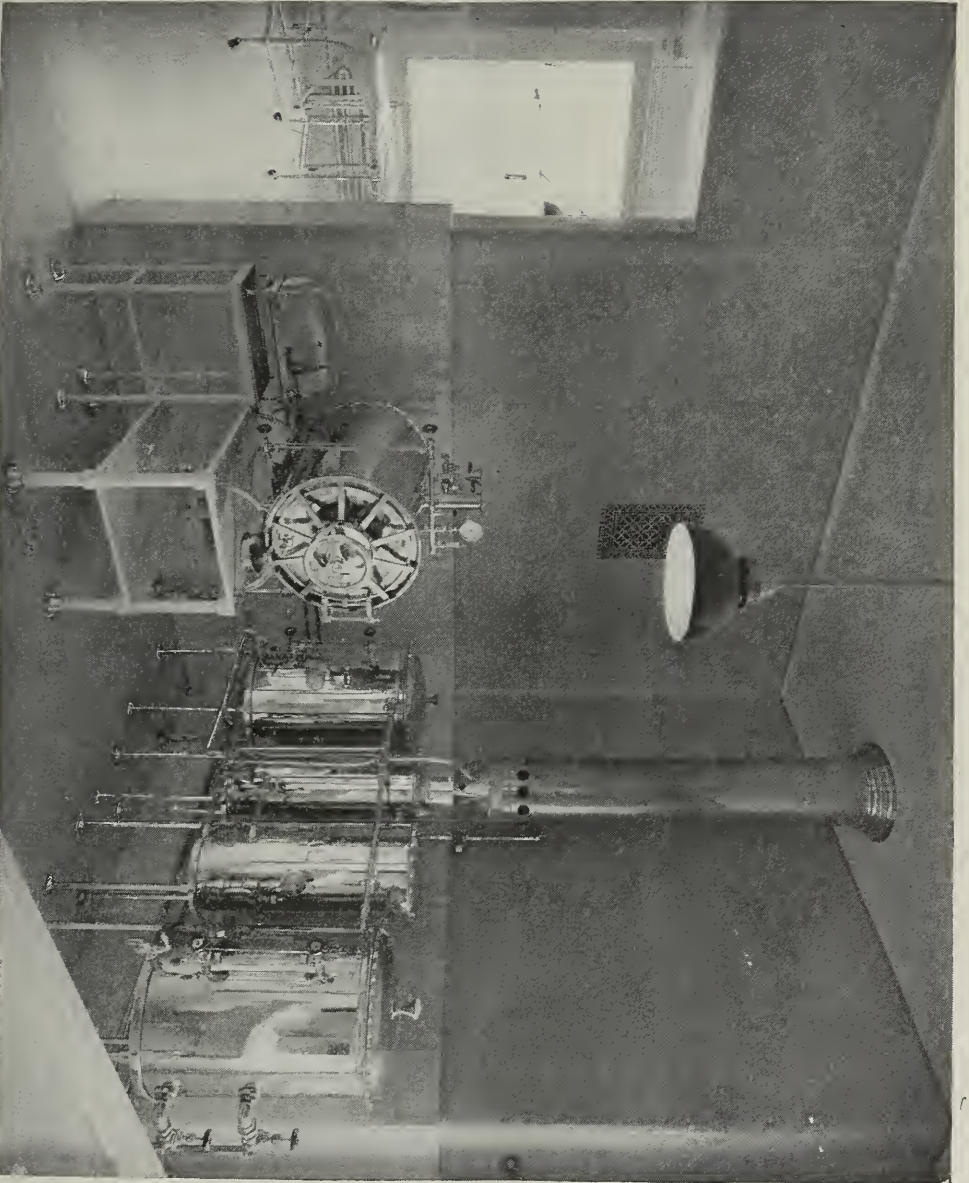




SMALL SURGERY.







STERILIZING ROOM IN CONNECTION WITH SMALL SURGERY.



It is in the top floor of the Reed wing that the most extensive and valuable improvements are to be seen. This whole floor has practically been remodeled.

The amphitheatre, which retains its original outline, has been entirely rebuilt. The amphitheatre proper, or operating space, is floored with marble mosaic, and when artificial light is necessary it is furnished by two overhead automatic adjustable incandescent lamps. No permanent furnishings encumber this space, all the instruments, etc., being kept in the sterilizing room adjoining.

The gallery of the amphitheatre, with seating capacity for one hundred students, is paved with terazzo, has iron benches with polished mahogany seats and rails. The whole amphitheatre has a white marble wainscot four and one half feet high, the walls above being painted a delicate tint. Ventilation is amply provided for by a ventilating chamber in the roof, heated to secure constant upward draft through the ventilating pipes, the system being so arranged that a fan can be connected should at any time the present arrangement be deemed insufficient. Adjoining the gallery are dressing rooms, furnished with closets and washbowls for the convenience of men students who may be selected to assist in operations. The whole amphitheatre, as it now stands, is in its arrangement and construction intended to exemplify modern surgical ideas of perfect and complete asepsis.

To the left of the amphitheatre, and opening directly into it, is the sterilizing and instrument room. This is quite a large room, comprising what was the Colburn ward and corridor between that and the old amphitheatre. It is paved with vitreous interlocking tile, has a white marble wainscot four and one half feet high, the walls above which are painted a pale green tint. All the woodwork in this room, which is indeed but little, is painted white. As one enters this room from the amphitheatre, on the right is a medium-sized marble sink for toilet purposes. On the right again is a large marble sink, flanked on either hand by a broad marble slab (the whole being in one piece) for the washing and drying of instruments and appliances.

Opposite this instrument sink, along the wall which is continuous with the rear wall of the amphitheatre, are dry and moist sterilizers for dressings and instruments, and a still for distilling water. This is so arranged that in the process of distillation all gases that may arise from destruction of organic matter are permitted to escape, thus producing a distilled water that is absolutely pure and agreeable to the taste; this water is again boiled under pressure and then conducted into different receptacles, one hot, the other cooled to any temperature desired. This arrangement, which is novel, is due in large measure to Dr. J. W. Clapp, together with Mr. Cobb, inventor and proprietor of the Palatable Distilled Water Still. The fourth wall of the sterilizing room is occupied by the instrument case, composed entirely of iron and plate glass. Beneath the gallery, on either side, are broad passageways, in which are closets for the storage of linen surgical dressings and appliances. The passageway to the left leads to a dressing room for the women students who are to assist in operations, a photograph and X-ray room, and a waiting-room for minor surgical cases.

The passage to the right leads to the etherizing room, which is nearly if not fully twice as large as before, and to a large recovery room capable of accommodating twelve patients. Opposite this is the surgeons' dressing room, properly appointed. Taken as a whole it would seem as though this portion of the hospital were as near perfect as modern workmanship could make it, and it reflects great credit on the committee having the matter in charge.

The third floor of the Reed wing has been entirely re-floored with oak and newly painted, so that now it is one of the best and pleasantest in the whole hospital.

In the corridor connecting the Reed wing with the surgical annex are to be found a new lunch room for the use of the surgeons, and another etherizing room to be used in connection with the small operating room.

This surgery has undergone much improvement also, not so extensive in the room itself as in its surroundings. It may be remembered, by those of our readers familiar with the hospital, that patients operated on in the small room

were obliged to be etherized in the etherizing room adjoining the amphitheatre and then carried on a stretcher downstairs into another wing, and upstairs again to the scene of operation. Under the new improvements a corridor, referred to above as containing the surgeons' lunch room and extra etherizing room, connects directly the Reed wing with the annex, so that either the amphitheatre, or so-called small operating room, is equally accessible to all parts of the hospital. This small room has the marble mosaic floor, a wainscot of white marble, and a complete system of ventilation. Leading from it is another complete sterilizing room, the counterpart in structure and furnishings of the one already described in connection with the amphitheatre.

The hospital at present then contains two perfectly and completely appointed operating rooms, absolutely and entirely distinct, so that two surgeons can be operating at the same time, each with his own corps of assistants, without in the least conflicting with one another. Credit should be freely given to the architect, Mr. H. K. Hilton, of Providence, for the excellence of the plans presented, and for their successful execution, and especially so because of the numerous knotty problems which he so skilfully solved during the process of reconstruction. This work has been accomplished at an expenditure of fully \$20,000, under the personal supervision of Drs. J. Wilkinson Clapp, Horace Packard, and Nathaniel W. Emerson, who were selected by the Building Committee of the Trustees for this work; and to their personal effort and time, much of it taken from the usual summer vacation, it is due that we have to-day, probably, as well-appointed a hospital for surgical work as can be found in New England at least. We heartily congratulate them on the successful completion of their work.

---

#### EDITORIAL NOTES AND COMMENTS.

---

A CHANGE OF NAME. — Dr. Price is to be congratulated on the change of name of the journal of which he is editor from the *Southern Journal of Homœopathy* to the *American Medical Monthly*.

A glance at the list of future contributors certainly ought to convince one that the success of the journal in its new dress and with its broader name is already assured.

EDITORIAL COMMENTS. — The comments which some of our Western *confrères* make on the editorial in the November number of the *Gazette*, entitled "A Plea for Dignity in Medical Journalism," excellently well illustrate the necessity that exists for the putting forth of such a plea.

A SILVER ANNIVERSARY. — The December number of the *Medical Times* wears gala attire in celebration of its silver anniversary.

We congratulate its editor upon the completion of twenty-five years of successful work in medical journalism, and note with appreciation that feature of his editorial policy which includes "respect for the honest opinions of those who differ," even while unhesitatingly dissenting from their premises and deductions.

---

## SOCIETIES.

---

### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, December 2, 1897, at 7.45 o'clock, President George B. Rice in the chair.

The business records of the last meeting were read and approved.

The following physicians were proposed for membership: Albion K. P. Harvey, of Somersworth, N. H.; William Louis Chapman, of Providence; and Walter H. Tobey, of Boston.

Mary E. Hanks, M.D., and Harry O. Spalding, M.D., of Boston, and Charles E. Libbey, M.D., of Saxonville, were elected to membership.

The President, Dr. Rice, then announced a committee composed of Drs. H. P. Bellows, E. P. Colby, and Martha E. Mann to nominate officers for the society for the ensuing

year, and they were instructed to report to the General Secretary on or before December 16, 1897, the names of two candidates for each office.

The Obituary Committee on the death of Annie Louise Farrington, M.D., presented resolutions which were adopted by the society.

The resignation of E. Lindon Mellus, M.D., was read. It was voted that he be made a Corresponding Member.

### *Scientific Session.*

Dr. J. Emmons Briggs reported a case of hypertrophy of the breasts with photograph. The patient, aged fifty-two, had noted rapid increase in the size of the breast during the past eighteen months. At the time of amputation they each weighed over five pounds. Also a case of complete pro-identia, with complete rupture of the perineum. Vaginal hysterectomy with anterior and posterior colporrhaphys and perineorrhaphy were performed. The patient regained entire control of the sphincter, and after having had fæcal incontinence for twenty-seven years.

William L. Jackson, M.D., presented a paper, "The Schott Method and Nauheim Baths in Chronic Heart Disease," followed by demonstration of some of the exercises employed by Dr. Schott.

### *Section of Ophthalmology, Otology, and Laryngology.*

H. P. BELLOWS, M.D., Chairman; N. H. HOUGHTON, M.D., Secretary;  
G. A. SUFFA, M.D., Treasurer.

Drs. N. H. Houghton, M.D., Mary E. Mosher, and Charles H. Thomas were chosen a committee to nominate sectional officers for the ensuing year.

### PROGRAM.

1. Why Atropine is Used in Iritis. G. A. Suffa, M.D.
2. Everyday Ear Troubles. J. M. Hinson, M.D.
3. Diagnosis by the Aid of Drugs. C. H. Thomas, M.D.

### *Discussion.*

Dr. A. A. Klein in discussing the first paper cited cases of iritis where pain or discomfort was absent and yet adhesions

of the iris to the lens capsule occurred. Great care in the use of atropine should be exercised in cases of high degree of hypermetropia in patients over forty years of age with very firm sclera, and in those very susceptible to its influence, since cases of glaucoma have resulted from the use of atropine.

Dr. Suffa stated that iritis may occur without pain, but is always associated with lack of vision. Atropinization of the conjunctiva may occur, but is usually due to impurities in the solution. He uses atropine sulphate disks, one quarter grain, and always makes a fresh solution. He has used scopolamine in two cases of glaucoma with resultant increased tension. Has used it in refraction work but always gets toxic symptoms.

Dr. J. M. Hinson emphasized the importance of using a midriatic in all cases of iritis.

Dr. C. Wesselhoeft had seen cases of chronic conjunctivitis apparently due to atropine. His objections are to the abuse and not the use of the drug. As a routine the atropia treatment is objectionable. There are other ways of treating iritis. He would recommend homœopathic treatment, and was anxious to hear more about homœopathy in the treatment of this disease.

Dr. J. Heber Smith referred to the instability of atropia sulphate, and cited a case of chemosis which he thought might have been due to liberated sulphuric acid. Has observed many instances where patients complained of sensation of sand in the eyes for some time after the use of atropine.

Dr. Rice read his discussion of Dr. Thomas' paper.

Dr. John L. Coffin in further discussion of the paper spoke of the time intervening between the secondary and tertiary lesions of syphilis as indefinite, and cited a case in a woman of seventy years with a syphilide on top of the head after an interval of thirty-five years. Also another case of a tubercular syphilide of the leg treated with kali iodide with no appreciable result until twenty-five to thirty grains were given three times a day.



The Nominating Committee reported for sectional officers for the ensuing year: Chairman, S. A. Sylvester, M.D.; Secretary, Marion Coon, M.D.; Treasurer, T. M. Strong, M.D.; and they were duly elected.

J. EMMONS BRIGGS,  
*General Secretary.*

---

## GLEANINGS AND TRANSLATIONS.

---

A NEW ANÆSTHETIC.—Two German investigators, Messrs. Einhorn and Heinz, have discovered a new anæsthetic agent to which they have given the name orthoform. This substance belongs to the chemical group of aromatic amido-ethers. It consists of a white, crystalline powder, without taste or odor. It does not readily dissolve, and its action is slow. But this fact is compensated for by the duration of the influence of the substance. Orthoform is produced with acids from soluble salts, which possess anæsthetic properties.

Applied to the surface of a wound or an irritated mucous membrane, orthoform, in a powder or ointment, produces insensibility. Many observations of sufferers bring this fact to light boldly. With bad burns in particular—and every one knows how distressing these are—orthoform subdues the liveliest pain in a few minutes, and its effect lasts for hours. Inasmuch as orthoform is not a poison (rabbits and dogs may take with impunity from two to six grams a day), one may safely make a fresh application when the anæsthetic influence has begun to diminish. One discovers how great is the toleration of it by the organism, for instance, in a case of cancerous ulcer of the face, which is the seat of such intense pain as to render sleep impossible. The ulcer is sprinkled with orthoform for a week, and the quantity applied may amount to fifty grams. The patient ceases to suffer, and no inconvenience follows the experiment.

For the torture of cancer of the stomach Messrs. Einhorn and Heinz have administered many doses of a gram in the course of a single day. It affords great satisfaction in all

cases of wounds or ulcers of the skin and mucous membrane, and, as it is strongly antiseptic, it hastens recovery from bacterial ravages. It has no action on unbroken skin, but its powerful influence permits one to regard it as suitable for a local anæsthetic in cases where one is to operate on a mucous surface. Experiments of this kind have, indeed, been made at Munich. — *New York Tribune from the Paris Temps.*

TWO HUNDRED AND FIFTY CASES OF GONORRHOEA TREATED BY LARGE DOUCHES OF PERMANGANATE OF POTASSIUM. (*Annales de la Société Médico-Chirurgicale de Liège.*) By Albert Hogge, M.D.

After an exhaustive study of his cases, Dr. Hogge draws the following conclusions: 1. Janet's method is abortive (cure in less than twenty days) only in one quarter of the cases which are seen less than forty-eight hours after the demonstration of the purulent discharge. The rapid cure may be obtained in some patients presenting themselves for treatment at a later time (one sixth of cases treated from two to fifteen days after the appearance of the discharge). 2. The method of large douches of permanganate of potassium and lime assures absolute cure in nearly every case of gonorrhœa which is treated from the beginning or which has been submitted to rational treatment until the method is established. Complete cure is usually maintained. 3. This method assures a minimum of complications. Folliculitis or prostatitis may be produced by the method, and, if these have already occurred, the treatment has little influence on them. 4. It is not necessary to douche the posterior urethra systematically, but to attack it only when it becomes diseased. It is not necessary to make more than four or five posterior lavages if the second portion of the morning urine does not become clear rapidly under its action. 5. Weak solutions (1 to 8,000 or 1 to 5,000) appear best to produce the desired result. This method assures rapid cure and is less liable to produce complications than the method which employs stronger solutions. — *Exchange.*

MOHAMMEDAN ENDURANCE. — Among the many services

done to the Turks by Greece in the last few months, not the least is to have given them an opportunity to show how and what they can endure. The *Times* correspondent is much struck with their eagerness to fight and with the difficulty of killing them. He mentions one man whose abdomen was penetrated by a bullet and who not only kept his place in the ranks till the battle ended but marched ten miles afterwards. Another man with three wounds—two in the legs and one in the shoulder—continued on duty twenty-four hours; until an officer noticed his condition and sent him to the hospital. Sometimes our alcoholism has been associated with our daring and our endurance as cause and effect, but here are qualities of the same sort in a non-alcoholic nation. Our contemporary's correspondent remarks further on the rapidity with which the wounds heal, and says that medical men attribute it to the abstemiousness of the Turks. Here we should scarcely be able to match the race whose soldiers are ill-clad, ill-fed, and who take no alcoholic stimulants.—  
*The Lancet.*

BETTER WORK THAN ANTI-VIVISECTION CRUSADES.—A medical exchange very truthfully says that few probably of the people who hear of the Society for the Prevention of Cruelty to Children have any idea of the magnitude of its operation, or the importance of the work which it is doing; operations which extend over an area including 23,000,000 of the population, and serving 109,364 children during the last ten years. The tale is a miserable one—25,437 sufferers from actual violence, 62,887 from neglect and starvation, 12,663 little things exposed to suffering in the streets to draw forth the lazy and cruel charity of the casual giver, 4,460 girl-victims of sensuality, 3,205 children improperly and hurtfully employed, as in traveling shows and circuses, and 712 cases where the interference of the society came too late, and nothing was left for it but the punishment of the wrongdoers. One may judge of the helplessness of these little victims by the fact that nearly ninety per cent of them were under twelve years of age; and one may esti

mate the reality of the cruelties inflicted on them by this, that notwithstanding the newness of the law and the unwillingness of certain magistrates to give effect to its provisions, 5,460 convictions were obtained out of 5,792 prosecutions. — *Meyer Brothers' Druggist.*

INJUSTICE TO EXPERTS IN CANADIAN COURTS. — I was summoned a few years ago to a criminal case at a police court nearly forty miles from my residence, and after giving evidence I asked the crown attorney for my fee and mileage, when I was told that we not only received no fee but were compelled to pay our mileage as well. The only method available at present of extracting the mileage is to refuse to go and allow a constable with a warrant to take you as a prisoner, your time being of no value when compared with the fee lawyer who has his bill passed at the sessions without a murmur, although the medical evidence may have been far more important to the state in the case in question. — *Dr. J. R. Hamilton, in the Dominion Medical Monthly and Ontario Medical Journal.*

QUACKERY. — To gain some idea of the profits of quackery, consider the fact that in one year, 1890, the manufactories of patent medicines in the United States sold their products for \$32,622,123. Now if the retailers doubled the price to consumers, as is more than probable, then the people of this country paid for their patent medicines, which very surely do much more harm than good, money enough to have paid every one of the 104,805 "physicians and surgeons" of the United States an annual income exceeding \$600. — *Dr. Chaillé, New Orleans Medical and Surgical Journal.*

---

#### REVIEWS AND NOTICES OF BOOKS.

---

A PRACTICAL TREATISE ON APPENDICITIS. By Howard Crutcher, M.D. Chicago: Hahnemann Publishing Co. 1897. pp. 134.

This book is what it claims to be, "a practical treatise," and should be in the hands of, carefully read and digested by, every student of medicine and practitioner of the day. It is clearly and

concisely written from beginning to end ; is not controversial in its statements, and presents the points the author seeks to make in a common-sense manner and without prejudice. The chapter on etiology is almost too condensed, as the sensible comments on the factors which have been given prominence in recent years as, for example, micro-organisms, give promise of interesting reading if they were amplified.

Under "indications for treatment" the various and varying conditions are more fully discussed. More radical ground could be advantageously taken in abscess cases, and when the final summing up of such cases arrives (if it ever does) we believe the indication for operation will be to operate as soon as pus is determined. It is true that the abscess walls become firmer by delay, but it is quite as true that we do not want any abscess wall, firm or otherwise, if we can avoid it. Upon the principle that we would anticipate the pus by removing the appendix could we always determine that pus would form, so we should evacuate pus and thus avoid denser adhesions. While awaiting these firm abscess walls we are inviting a more virulent abscess contents, and we never know at what moment an abscess wall may leak at some weak point from over-distention.

Moreover, after we have established a firm confining wall and everything is progressing favorably, these complicated deposits must be gotten rid of, and even after all possible absorption has taken place permanent adhesions may be left behind which, by restricting the normal movements of the intestines, are always liable to be sensitive. The author does not so fully express himself upon the above point as he does in the so-called recurrent cases, where all of his conclusions are sound and convincing and thoroughly in accord with the present-day trend among those who are most frequently operating. Especially to be noted is the position taken as to differentiating the inoperable cases and declining to interfere in such. We formerly attacked them with a blind idea of "doing something"; better recognize that nothing can be done and thus save the legitimate operation from odium.

The operation recommended by Dr. Crutcher is well described and illustrated, but the essential details of it as emphasized by him are better developed by Dawbarn's method, in which the stump is put entirely away from the peritoneum, thus theoretically and practically rendering it forever after innocuous. Not only is there no possibility of leakage and infection when done in this way, but scarification is unnecessary and no chemicals are relied upon.

The book is worthy of commendation from beginning to finish ; is most fair in its treatment of subjects still controversial ; apparently has no pet theories to exploit ; gives frequent acknowledgment of authorities quoted ; and altogether is perhaps the best exposition in readable form and condensed space of the views on appendicitis as accepted by the foremost of the profession to-day.

N. W. E.

TRAUMATIC INJURY OF THE BRAIN AND ITS MEMBRANES. With a Special Study of Pistol-shot Wounds of the Head in their Medico-legal and Surgical Relations. By Charles Phelps, M.D., Surgeon to Bellevue and St. Vincent's Hospitals. Forty-nine illustrations. New York : D. Appleton & Co. 1897. pp. 582.

In a short space allotted to a magazine review it is impossible to do even partial justice to this able treatise by Dr. Phelps.

No man has had a wider experience than he in the special field covered by this work, and the compilation of his observations and experiments is well-nigh faultless.

Many papers by well-qualified authors have, from time to time, appeared in the foreign and domestic medical journals, but the knowledge gained from these has necessarily been somewhat fragmentary, and it has remained for Dr. Phelps to place the subject on fairly scientific ground and to give it a dignity and interest which it has hitherto never attained. The work is based upon conclusions drawn from an experience with 500 cases of traumatic injuries of the brain ; and the most marked innovation, and to the majority of readers, perhaps, the most surprising one, is the new nomenclature which the author has seen fit to adopt. For example, the terms "concussion" and "compression," which were formerly, in a somewhat vague way, supposed to account for the symptoms due to brain injury, have been discarded and a new classification — hemorrhages, sinus thromboses, contusions, and lacerations — has been adopted.

This is the result of a careful study of 225 autopsies. These necropsies have also disclosed the fact that the inflammatory conditions following such injuries may give rise to meningitis, abscess, softening, necrosis, and atrophy.

The work is divided into two parts : —

I. General Traumatic Lesions.

II. Pistol-shot Wounds of the Head.

Part I proper is preceded by a scientific classification of fractures of the skull. It goes on to consider the Pathology, Symptomatology,

Diagnosis, Prognosis, and Principles of Treatment in six complete and carefully prepared chapters.

Part II is devoted to Pistol-shot Wounds of the Head, and nowhere in medical literature can one find evidence of a more careful and painstaking study of this much neglected but important section of surgery. The author's large hospital experience has served him well in these chapters, and the general description and tabulation of cases is therefore unsurpassed.

In addition to all this, however, a large number of experiments on the cadaver are carefully detailed and illustrated. The medico-legal points in connection with this part of the subject are fully and minutely considered.

A word must be written in addition in praise of the excellent full-page illustrations of the results of pistol-shot wounds on the cadaver, for this is certainly the most unique and practical, and hence perhaps the most interesting portion of the work.

That there are certain errors of omission and commission in this treatise cannot be denied, but it will undoubtedly rank as a classic in surgical literature and serve as a stimulator of further experiments in this interesting field.

It is to be hoped that future investigators and operators will be governed by as much moderation and conservatism as Dr. Phelps.

W. S.

**PATHOLOGICAL TECHNIQUE.** A Practical Manual for the Pathological Laboratory. By Frank Burr Mallory, M.D., and James Homer Wright, A.M., M.D. Philadelphia: W. B. Saunders. 1897.

"Pathological Technique" is in three parts. Part I deals with *post-mortem* examinations. A list of instruments used to do the most satisfactory work is given, together with some general rules to be observed, and some "suggestions to beginners," which cannot fail to be useful to the novice as well as to others who may have already done *post-mortems*. Also, conveniently arranged, is a list of the normal average weights and measurements of the various organs, taken from Nauwerck's "Sectionstechnik."

The authors especially emphasize the microscopical examinations as being essential to a well-conducted *post-mortem*, and tell us how to proceed to do this, especially where one wants to investigate the bacteriological causes. This section is admirably well written.

Part II is devoted to "Bacteriological Examinations," the culture media most commonly used, and the methods of their preparation are

given. Those stains which have proved the best for bacteriological work, and their mode of preparation, are also given. With each organism discussed is a very good cut, and its description classified under the following headings: "Morphology," "Cultivation," naming the media best suited to their growth; "Colonies," describing their appearance on the media at different stages of growth; "Pathogenesis," under which is given the characteristic results when used on test animals; and "Occurrence," giving a concise yet comprehensive idea of the organism studied. This feature alone we think would be sufficient to recommend this section of the work.

Part III is devoted to "Histological Methods." The laboratory apparatus is described, also the examination of fresh materials. Fixing reagents are given, as well as the details of their preparation. Then follows an enumeration of the various stains used for histological investigation, and discussions as to their relative value for certain kinds of work. Especially worthy of note for their conciseness and clearness are the twenty-three pages devoted to the histological examination of the Central Nervous System. What is said of the blood is good so far as it goes; that is, of its normal histology; but we feel that it would have been of greater value had some description been given of the pathological picture one would expect to find in certain diseased states, which except in the case of the *plasmodium malariae* is conspicuously absent.

The points given on "Pathological Products" and "Clinical Pathology" are very practical. As a whole, the book should very well fill its purpose as "a manual for laboratory work." S. C. F.

A TEXT-BOOK OF DISEASES OF WOMEN. By Charles B. Penrose, A.M., M.D. Illustrated. Philadelphia: W. B. Saunders. 1897. pp. 529.

Dr. Penrose has aimed to place before the medical student a work especially adapted to his needs. This work, while not complete, cannot fail to meet the first requirements of the student in this branch of medicine.

It is a condensed account of the latest and most approved methods of treatment. The wording is concise, the meaning easily grasped, and all doubtful and conflicting theories omitted, only the most advanced being mentioned. In no part of the work is there any full description, the subject being treated at length only when absolutely necessary to a complete understanding.

The subjects are fairly well illustrated and the prints are good.



The chapter on injuries to the perineum and their repair is particularly well written and illustrated.

The author is perhaps too concise in his references to physiology and pathology in some diseases. In the treatment, only one plan as a rule is given. This, of course, is less confusing to the student, but even he wishes to be able to select his course in a special case. In the chapter on diseases of the bladder no mention is made of the catheterization of the ureters. This may have been purposely omitted.

A. M. P.

MEDICAL AND SURGICAL DISEASES OF THE KIDNEYS AND URETERS.

By Bukk G. Carleton, M.D., Genito-urinary Surgeon and Specialist to the Metropolitan Hospital, Blackwell's Island. Illustrated. New York: Boericke, Runyon & Ernesty. 1898. pp. 253.

The author aims in this monograph "to incorporate all new facts from reliable sources, together with his personal experience obtained at the Metropolitan Hospital and in private practice." The chapter on the indications for remedies, and the indications for medical and surgical treatment scattered throughout the book, are the important and valuable points to commend it to the medical profession. The indications given for some remedies are too brief and uncertain to be of value. One very striking omission is noticed; no place is given to any tabular presentation of differential diagnostic points.

In the consideration of some of the subjects, uræmia for example, too little space is allotted, and important facts are omitted. No reference is made to the extended studies of Bouchard and his pupils in the field of urinary toxicity.

In the treatment of puerperal eclampsia due credit is not given to the use of intravenous and other modes of using normal saline solution, for in the hands of several observers it has proven of great value, especially preceded by the withdrawal of some of the toxic blood.

In the consideration of the etiology of oxaluria, reference to its causation is wholly omitted.

The cuts and presswork are commendable, though some errors have escaped the proofreader's eye.

B.

ESSENTIALS OF OBSTETRICS. By Charles Jewett, A.M., M.D., Sc.D. New York and Philadelphia: Lea Brothers & Co. 1897.

The title of this book is not a misnomer. Its text makes no attempt to discuss theories, or all the methods of procedure in each

case, but tells the student what he most needs to know. It answers questions which a thoughtful beginner is sure to ask.

The different parts of the subject are considered in natural sequence, and always from a practical or clinical point of view.

A few among many points of excellence are the very plain directions for making external palpation, with illustrations; the stress laid upon the necessity in most cases of very infrequent vaginal examinations, in the conduct of normal labor; and the necessity of absolute cleanliness. The author has evidently had ample experience not only in the practice but also in the teaching of obstetrics. G. H. E.

TUBERCULOSIS OF THE GENITO-URINARY ORGANS, MALE AND FEMALE.

By N. Senn, M.D., Ph.D., LL.D. Philadelphia: W. B. Saunders. 1897. pp. 317.

Anything from the pen of Nicholas Senn commands the attention of the profession, and this book most deservedly does so.

The aim of the author is to give the state of tubercular diseases of these organs, as seen to-day in the light of the best modern methods of bacteriological and clinical research, and to combine the opinions and experiences of the best authorities with his own observations. The work is divided into ten parts or chapters as follows:—

Part I. Tuberculosis of the Male Genital Organs.

Part II. Tuberculosis of the Testicle and Epididymis. This chapter is exhaustive, clear, and explicit, and the indications for surgical treatment very conservatively stated.

Part III. Tuberculosis of the Female Organs of Generation.

Part IV. Tuberculosis of the Vulva.

Part V. Tuberculosis of the Vagina.

Part VI. Tuberculosis of the Uterus.

Part VII. Tuberculosis of the Fallopian Tubes.

Part VIII. Tuberculosis of the Ovary.

Part IX. Tuberculosis of the Bladder.

This chapter is also most interesting. Diagnostic indications are well and clearly stated under various headings. The cystoscope is only casually referred to as being useful in the hands of an expert. The principal stress is laid upon the microscopical examination for bacilli and the symptoms taken as a whole.

In the final chapter on Tuberculosis of the Kidney the subject is thoroughly and concisely considered.

The various methods of diagnosis, including catheterization of the ureters and cystoscopic examination, are spoken of, and the author

says that "they have done so much in clearing up many doubtful points in the clinical phenomena of renal tuberculosis that the careful practitioner is able to make a positive diagnosis in most of the cases during the early stages of the disease." The author gives indications for nephrotomy and nephrectomy, and cautions against undue haste in performing the latter operation.

The book is admirably though not profusely illustrated, and the make-up of the book is of the high class usually seen from the hands of this publishing firm.

LECTURES ON THE MALARIAL FEVER. By William Sidney Thayer, M.D., Associate Professor of Medicine in the Johns Hopkins University. New York: D. Appleton & Co. 1897. pp. 326.

The present status of our knowledge of the malarial fevers is summarized in these lectures. The writer holds that the common application of the term "malaria" is unscientific and inexact, a cause of much confusion, and that it should be applied only in a qualifying sense, as "the malarial fevers," and to such fevers alone as are due to a specific micro-organism and which yield always to treatment by quinine. Upon this basis he proceeds to elaborate his subject.

The parasite of malarial fevers is described as being not a bacterium, but as belonging to the protozoa and more closely to the class of sporozoa. Dr. Thayer describes minutely the hæmocytozoa of malaria including the parasite of tertian fever (*Hæmamæba vivax*, Grassi); the parasite of quartan fever (*Hæmamæba malaria*, Grassi); and the parasite of æstivo-autumnal fever (*Hæmatozoon falciparum*, Welch; *Hæmamæba præcot*, Grassi, etc.).

Types of fever are classed under 1. The regularly intermittent fevers: (a) Tertian fever; (b) quartan fever. 2. The more irregular: æstivo-autumnal fevers. Nearly a hundred pages are devoted to their clinical description, very many charts illustrative of the text being introduced.

The lectures on Sequelæ and Complications, Morbid Anatomy and General Pathology are followed by one on Diagnosis, Prognosis, Treatment and Prophylaxis. Under diagnosis, tables are given to emphasize the distinctive differences between the tertian and quartan parasite, and between malarial fever simulating typhoid and true typhoid fever. The medicinal treatment of malarial fevers centres in the use of quinine.

Three excellent plates, representing respectively the parasite of

tertian, quartan, and æstivo-autumnal fever precede the index. The drawings for these plates were made from specimens of fresh blood, most of them with the assistance of the camera lucida.

STIRPICULTURE; OR, THE IMPROVEMENT OF OFFSPRING THROUGH WISER GENERATION. By M. L. Holbrook, M.D. New York: M. L. Holbrook & Co. 1897. pp. 192.

The term "stirpiculture" as used in the present instance is made to include something more even than the explanatory or sub-title indicates. It includes the rearing and training of children, as well as their generation. It insists primarily upon the proper use of woman's selective privilege in contracting marriage, upon intelligent parentage, prenatal culture, and normal living.

A chapter is given to heredity and education, less stress being laid upon the former than upon the latter, yet always assuming that the one must be studied as an indicator of the lines along which the other must work. A somewhat scientific consideration of the germ plasm in its relation to offspring follows. The author gives the kernel of his thought in saying: "Every child born into the world is to a certain extent an experiment. That is to say, the parents cannot predict its sex, nor what its chief characteristics will be. These depend upon what potentialities are stored up in the germ plasm"—potentialities, we interpret, for good from normal lives that have striven upward; potentialities for evil from lives diseased morally or physically, all modified by congenital or acquired character, to be modified still further by favorable or unfavorable environment.

KAREZZA. ETHICS OF MARRIAGE. By Alice B. Stockham, M.D. Chicago: Alice B. Stockham & Co. 1897. pp. 136.

The desire of the author is to awaken the minds of men and women to the true sanctity of the marriage relationship; to encourage pureness of thought and living, and to make the procreation of children the outcome of an intelligent mutual love and desire for offspring.

The author advocates a controlled maternity. This seems just and right to both mother and child, but whether such a limitation should be brought about by the means the author approves — *coitus reservatus* — may be seriously questioned. Eminent authorities maintain that marked nervous derangements result in both sexes, when such a practice is followed habitually.

So far as the book counsels purity in the marriage relations, mutual

respect, honor, and consideration, it is heartily to be commended. The plea for suitable and early instruction of children in things sexual will awaken a response in the mind of every intelligent man and woman.

ESSENTIALS OF BACTERIOLOGY. By M. V. Ball, M.D., Bacteriologist to St. Agnes' Hospital, Philadelphia. Third Edition, revised, with 81 illustrations and 5 plates. Philadelphia: W. B. Saunders. 1897. pp. 218.

In view of the constantly increasing interest in the science of bacteriology, and the importance which that branch of medicine is assuming, any legitimate help to a better understanding of the subject must be welcomed by practitioners as well as students. Such a help is this recent addition to Saunders' Question Compendis. Like others of the series, it is written by a man qualified to undertake the task, and the information given is sufficient in quantity and excellent in quality. The origin, classification, growth, and properties of bacteria are discussed; various methods of examination, preparation, and cultivation are set forth, together with the growth and appearance of colonies, their manner of action, the induction of immunity and experiments upon animals.

Part II is given up to special bacteriology in which the most accurately known bacilli, both pathogenic and non-pathogenic, are given a textual description, as well as charted further on in alphabetical order. Instruction is given in the appendix upon the true fungi, yeasts and moulds; upon the examination of air, water, soil, and lastly of the organs and cavities of the human body.

As a compendium of essentials in bacteriology this little manual will prove eminently serviceable, provided always that the amateur does not rely exclusively upon so necessarily elementary a work.

---

#### REPRINTS RECEIVED.

---

Transillumination in Diseases of the Nose, Throat, and Ear. By W. Scheppegrell, A.M., M.D., New Orleans, La. Reprinted from *Annals of Otology, Rhinology, and Laryngology*.

The Progress of Laryngology. By W. Scheppegrell, A.M., M.D. Reprinted from *The Laryngoscope*.

Medical Reminiscences. By Edmund S. F. Arnold, M.D. Reprinted from the *Atlantic Medical Weekly*.

Neurasthenia or Neuro-sthenia: Which? and an Efficient Treatment. By Beverley O. Kinnear, M.D. Reprinted from the *Therapeutic Gazette*.

Oxygen as a Distinct Remedy for Disease and a Life-saving Agent in Extreme Cases. By A. W. Catlin, A.M., M.D. Reprinted from the *Brooklyn Medical Journal*.

The Treatment of Laryngeal Tuberculosis with Cupric Interstitial Cataphoresis, with Report of Cases. The Advantages of Direct Laryngoscopy in this Method. By W. Scheppegrell, A.M., M.D. Reprinted from the *Medical Record*.

Further Experience with Vaginal Fixation of the Round Ligaments for Backward Displacements of the Uterus. By Hiram N. Vineberg, M.D. Reprinted from Vol. XXII Gynecological Transactions.

Splitting the Kidney Capsule for the Relief of Neuralgia. By G. B. Johnston, M.D. Reprinted from the *Medical News*.

Acquired Umbilical Hernia in Adults. By G. B. Johnston, M.D. Reprinted from the *Medical Register*.

Value to the Public of State Medical Societies. By G. B. Johnston, M.D. Reprinted from the *Medical Register*.

Comparative Frequency of Stone in the Bladder in the White and Negro Races. By G. B. Johnston, M.D. Reprinted from Transactions of the Southern Surgical and Gynæcological Association.

Military Surgery in Greece and Turkey. By N. Senn, M.D., Ph.D., LL.D. Reprinted from the Journal of the American Medical Association.

Bunion: Its Ætiology, Anatomy, and Operative Treatment. By Parker Syms, M.D. Reprinted from the *New York Medical Journal*.

Report of Two Cases of Syphilis, with Remarks relative to Ptyalism. By C. Travis Drennen, M.D. Reprinted from the *Medical News*.

Bulletin of the Harvard Medical Alumni Association. Report of Seventh Annual Meeting held in Boston, June 29, 1897.

Symptoms and Treatment of Hepatic Abscess, with Report of Seventeen Cases. By G. B. Johnston, M.D. Reprinted from Transactions of the American Surgical Association.

Second Supplement to Autobiographical Sketches and Personal Recollections. By George T. Angell. Boston: The American Humane Education Society.

---

## PERSONAL AND NEWS ITEMS.

---

DR. EDW. H. WISWALL'S sanitarium has been established in Wellesley for the winter. Dr. Wiswall formerly received patients at Newton.

THE LOCAL COMMITTEE OF ARRANGEMENTS for the 1898 session of the American Institute at Omaha has already been organized, and its members are planning to give the profession undeniable proof of the excellence of Western welcoming. The Trans-Mississippi and International Exposition will be open during the gathering of the Institute, and will offer, if such were needed, additional attractions and inducements to far-away physicians to be present.

DR. CHARLES R. COLE, a native of Harrington, died at Rockland, Me., December 21, 1897, at the age of 45 years.

DR. EBEN THOMPSON died of erysipelas at his home in Newton Upper Falls, December 7, 1897.

---

## PUBLISHERS' DEPARTMENT.

---

BOVETRA. — "This form of beef juice is a remarkably satisfying one. I have once or twice tried pressing the juice from a generous piece of steak, and found it did not satisfy my hunger as do two teaspoonfuls of the Bovetra."

Thus writes an experienced and well-known physician who kindly permits us to quote his words of commendation.

The testimony of one is also the testimony of others; Bovetra is a satisfying food.

The physician already referred to says in regard to a case in which Bovetra and the whites of eggs constitute the whole bill of fare, "The case is one of chronic ulcer of the stomach where no solid food is tolerated." This only illustrates a fact of great importance, namely, that Bovetra is retained when no ordinary nourishment can be borne.

In chronic ulcer of the stomach, in cancer of that organ, in chronic gastritis, and in that form of indigestion popularly called "nervous dyspepsia," Bovetra proves of exceeding value. It is taken with relish; is retained without effort; is assimilated readily, and is a potent factor in conserving and increasing the patient's vitality.

We particularly call attention to its use in such chronic, obstinate, and baffling diseases as we have just mentioned, because in such cases the question of proper nourishment becomes of the greatest importance, in view of the frequently decreasing tolerance of ordinary forms of food. We are confident you will not be disappointed in Bovetra.

We do not claim for it that there has never been anything of the kind so good, and that there never will be anything of the kind any better, but we do claim for it a genuine excellence as a palatable, easily retained, readily digested, truly nourishing, concentrated albuminous food.

It is the gist of prime juice beef; the life of the meat, and by metabolic changes, oftentimes literally, the life of the invalid.

Price to physicians, thirty-five cents; per dozen, \$4.00. Prepared only by Otis Clapp & Son, Boston and Providence.

"LET THEM AS 'AS 'EM."—An English rector, having preached a sermon on the eternal fate of the wicked, sought to improve the lesson by personal application. Meeting an old gossiping woman, he said to her, "I hope my sermon has borne fruit in your mind. You heard what I said of that place where there shall be wailing and gnashing of teeth?" "Well, as to that," answered the dame, "if I 'as anything to say, it be this — let them gnash their teeth as 'as 'em — I ain't." — *Boston Evening Transcript.*

SOURCES OF CAMPHOR. — The world is looking anxiously for some new source of supply for camphor. Formerly supplies came from China, Japan, and Formosa. In China it is not now cultivated. In Japan only a limited amount of camphor forest remains. This is under government control, and the output is very limited. The island of Formosa remains the principal source of supply. The interior of the island used to be one vast camphor forest. The trees there grow to a very large size. They are said to reach a height of 150 feet. The natives collect the camphor by a terribly wasteful method. The whole tree is cut down and the roots dug up. The



wood roots contain the most camphor. The leaves are not used, although they contain a large amount. This wanton destruction will soon annihilate the forests unless the present owners of Formosa can arrest it. The method of preparing the gum varies, but generally the chips of the wood and roots and bark are boiled in great caldrons or pans, and the gum, volatilized, is caught in meshes of straw or tubes over the caldron. — *Medical Argus*.

CAMPBOR TABLETS. — Camphor acts through the cerebro-spinal nervous system. All are familiar with its manifestations, its indications. Under its grand characteristics Burt emphasizes "great coldness of the external surface, with sudden and complete prostration of the vital forces ; long-lasting chills ; extremities cold and blue, with cramps."

Such marked conditions may not often occur, but coldness of the skin and chilly sensations, together with lassitude and inability to get warm, are relatively frequent and indicate the onset of that annoying affliction — a cold.

Camphor, in the convenient form of Otis Clapp & Son's Camphor Tablets, is indicated in just such conditions.

Camphor Tablets if taken before a cold is established will arrest its development, and will equalize the disturbed circulation. These tablets are put up in ounce vials ; a neat, compact, and convenient form in which to carry or dispense them.

The physician himself may often be glad to take a Camphor Tablet ; for who is more exposed to snow and sleet, chilling rain and damp, foggy weather, than the hard-worked professional man or woman ?

On receipt of physicians' price, twenty cents, Messrs. Otis Clapp & Son will promptly forward a vial of these useful and effective tablets, prepared solely by them.

SHE WAS N'T SURPRISED. — *Attentive Officer* (to old lady visiting Nelson's flagship, the Victory) : "Here" (pointing to brass plate in deck) "Nelson fell."

*Old Lady* : "Fell, did he? I don't wonder. It's all *I* can do to keep my feet!"

MYRO-PETROLEUM ALBUM. — Two thousand years ago petroleum had a place in the pharmacopœia of the Persians and other Eastern nations. Like many another medical adjuvant it fell into disuse, and for hundreds of years the petroleum products were seldom resorted to in the treatment of disease.

Within the last century, however, science has been pleased to take notice of the curative powers and antiseptic properties of petroleum substances.

Pure petroleum is composed entirely of carbon and hydrogen, its peculiar efficacy depending on this binary combination. After exhaustive experiments and researches several valuable preparations have been made from it. During the processes to which the oil is subjected it becomes partially saponified, while retaining a large proportion of its carbon.

A virtually new substance is produced, chiefly by the admixture of petroleum jelly with myronic acid.

Perhaps the most important product secured is Myro-Petroleum Album. This preparation is obtainable in the form of a cerate which may be used to great advantage in scrofulous swellings, scaly cutaneous diseases, cuts, bruises, burns, chilblains, and in cases of tonsillitis and ulcerated sore throat.

Special attention is called to its use in pneumonia in lieu of poultices. It is far superior to the latter as a counterirritant, and a promoter of resolution and absorption.

Plasters of Myro-Petroleum Album may be applied directly to the chest by spreading the cerate thinly on soft linen. This should be covered with a moist cloth, which *should be kept moist*. A dry cloth may be placed over all. The discomfort caused by poultices, their varying effectiveness, and the exposure of the patient incident to their renewal, may thus be entirely avoided.

Much relief in all diseases of the respiratory organs is afforded by the application of Myro-Petroleum Album.

Price to physicians, one ounce, 20 cents; two ounces, 40 cents. Put up and sold by Otis Clapp & Son.

FOR SALE, a desirable homœopathic practice in Northwestern Georgia, in the thriving city of Tallapoosa. Sale to include valuable real estate, medicines, etc. Purchaser will be thoroughly introduced.

The temperature of Tallapoosa is comparatively even; average for January, 45° F.; for July, 78° F. Atmosphere dry, elevation high.

Price \$1,500. For terms, etc., address Dr. Geo. W. Worcester, Newburyport, Mass.

FOR SALE, at a reasonable price, one secondhand Harvard chair; also, two secondhand Yale chairs. For information as to their condition and price apply to Otis Clapp & Son, 10 Park Square, Boston.

# THE NEW ENGLAND MEDICAL GAZETTE

---

No. 2.

FEBRUARY, 1898.

Vol. XXXIII.

---

## COMMUNICATIONS.

### SUGGESTIONS CONCERNING COLOTOMY.

BY HENRY EDWIN SPALDING, M.D., BOSTON, MASS.

[*Read before the Massachusetts Surgical and Gynæcological Society, December 9, 1897.*]

An open convention like this gives too little time for a full consideration of colotomy in all its details, hence I shall offer only a few suggestions on matters incident to the operation that I have learned in the school of personal experience and observation to deem important. During the last two decades a great change has come over the professional mind as to the value of this operation. I remember too well having in council one of the leading allopathic surgeons of Boston for a case of rectal cancer. He told the patient that he could have colotomy done, but depicted to him all the real and imaginary evils attending the operation, especially assuring him that he must ever after be in a condition of constant filthiness. Of course the operation was not done, and I now recall with horror the needless sufferings of the patient, with fæces escaping through the bladder, a recto-vesical fistula having been formed by the disease. Were that surgeon alive to-day, I am sure that he too would look back with regret at the advice given, although it was then in accord with the general opinion of surgeons.

As regards the non-control of the fæcal discharges, if the operation is the usual left inguinal or left lumbar, the regularity with which the bowels can be made to empty themselves, when diarrhœa is not present, is quite remarkable.

If it be a transverse or right-side colotomy, the condition, in this respect, is not quite as favorable, because the nearer we approach to the ilium the more liquid are the contents of the bowels.

The degree of relief resulting from colotomy depends as much upon the condition demanding the operation as upon the method of operating chosen. Colotomy may be required for the relief of congenital malformations, recto-vesical fistula, non-malignant ulceration, or cancer.

In case of congenital absence of rectum or anus, an inguinal colotomy not only gives immediate relief to the closed intestine, but materially aids in successfully establishing a perineal outlet by a second operation. Indeed, one of the first colotomies on record was done by Duret, of Brest, in 1793. He opened the sigmoid child two days old, thus prolonging its life to adult age. Here we would of course expect complete relief of suffering.

Recto-vesical fistula may be congenital or the result of disease. In either case the contents of the bowels gaining entrance to the bladder sets up a most distressing cystitis. From this suffering a successful colotomy should give practically complete relief.

In non-malignant ulceration, which may be a sequel of dysentery, but is more frequently tubercular, syphilitic, or chancroidal in character, the presence of fæcal matter upon the ulcerated surfaces prevents healing and causes great suffering. Here the operation relieves the acute suffering and makes an absolute cure ultimately possible.

By way of the inguinal opening healing applications can be made to reach the diseased rectum much more effectually than when forced upward from below, which is an important consideration.

In cancer the degree of relief obtained depends largely upon the peculiar type the disease takes. Cancer of the rectum is found to develop practically in one of four ways:—

First. A hard cancerous deposit forms within the walls of the gut, not extending deeply into the subjacent tissues, which by contraction and growth gradually impinges upon

the lumen of the gut until occlusion is complete. Here, except from mechanical obstruction, there is not much suffering, and when chronic diarrhoea is present, which is sometimes the case, there is almost none, until there is complete closure of the passage.

Second. The disease is characterized by a destructive ulceration rapidly involving adjacent organs, and instead of obstruction of the canal there is a free discharge, mostly involuntary, of most offensive liquid fæces and pus.

Third. The growth may spring from one wall of the intestine, taking on the cauliflower characteristics, bleeding easily and causing pain through mechanical obstruction.

Fourth. A hard mass of tissue, involving, perhaps, but a portion of the circumference of the gut, but striking deeply into the surrounding tissues and organs. Its surface is characterized by a deep, crater-like ulceration, the edges of which are ragged and hard.

In the first three types we may confidently promise and expect that colotomy will give very great relief from physical suffering. Manifestly, in a malignant disease like cancer, complete immunity from pain cannot be expected while life is being destroyed. In all cases the presence of the mass of disease, together with the accumulation of blood, pus, and broken-down tissue, are provocative of tenesmus. The fact that there is an occasional escape of these accumulations from the anus, sometimes leads the patient and friends to think that the operation was not a success. These sufferings may be lessened by the daily use of soothing suppositories or injections through the rectal opening at the site of the operation, as well as by douching the lower end of the rectum through the anus. Establishing drainage by a free incision of the sphincters sometimes gives great relief.

In the fourth type the relief obtained is often disappointing. In addition to the sufferings inseparable from the other types, here the disease, striking deeply into the surrounding tissues, involves important nerves, resulting in most intense anguish. Naturally the suffering from this condition colotomy cannot relieve.

Of the various sites of operation transverse colotomy should be adopted only when the seat of the disease is at the splenic flexure or in the descending colon. A discussion of the comparative merits of inguinal and lumbar colotomy would itself demand a paper. I will simply say that the two chief advantages claimed for lumbar colotomy can be easily set aside.

It is claimed that the posterior wall of the colon being destitute of a peritoneal covering, the operation may be done without entering the abdominal cavity. This assumption seems to be based on false anatomy. If the colon has no mesentery, the assumption is correct; but the fact is that in a great majority of cases there is a mesentery, and the colon is practically covered by peritoneum. As to the relative frequency of the presence or absence of a colo-mesentery, observers disagree. Taken together, they make an average of 81 per cent in which the mesentery is present. Now with a mesentery the peritoneum must be opened in order to reach the colon and bring it into the wound, and this would seem to happen in four cases out of five.

This, however, weighs little for or against the operation, for the fear of invading the peritoneal cavity belongs to surgery of the dead past.

Again, it is claimed that if the occlusion has been so long continued as to demand the immediate opening of the colon, it may be done much more safely in the lumbar, the peritoneum not being opened. This, as we have seen, can only be done in about one fifth of the cases. Even then there is great danger that the lumbar wound may be so poisoned by the discharges as to cause interstitial suppuration to a serious extent. I shall later on detail my method of immediately opening the colon, with practically no extra hazard whatever.

We may assume then, without further argument, that the inguinal is justly the more generally favored site of operation.

I need not in this assembly describe in detail an inguinal colotomy operation, but some special points may be worthy our consideration.

The abdominal incision being made, which rarely need be

more than two and one half inches in length, I at once coapt the parietal peritoneum and the integument with a continued sheep gut suture. This is contrary to the method of Kelsey and many others, but I deem it important in that it more effectually closes the wound against infection and brings an unbroken peritoneal surface in contact with the peritoneal coat of the extracted loop of intestine. Allingham likewise sutures together the integument and peritoneum, but he uses an interrupted suture of silk. I prefer the continuous suture, for the reason that it can be done more rapidly; and the sheep gut because the union of these tissues being very rapid, its retentive power is sufficiently long-lived to meet all requirements, and being absorbed there is less danger of stitch abscess and no annoyance to the patient in having the stitches removed some days later.

According to the old, and sometimes present, method of doing a colotomy, only a portion of the calibre of the intestine was brought outside the abdominal wall. This gave really a fæcal fistula instead of an artificial anus, and robbed the operation of half its value. It, indeed, prevented the suffering incident to complete occlusion, but in allowing a portion of the fæces to pass onward to the rectum and the site of the disease, the suffering from their local irritation was kept up and a possible healing prevented. To avoid this, Allingham and others have urged that the intestine in its entire circumference be brought outside the abdomen, so that when the operation is complete there shall be present in the abdominal wound two distinct intestinal openings, — the proximal and the distal, — the latter of course leading to the rectum. Some have proposed closing the rectal end by invagination and dropping it back into the abdomen. This presents no real advantages, but some disadvantages, as already suggested. I have found this a most valuable channel for reaching the diseased surfaces with healing and soothing applications. Closed, it provides a pouch for the accumulation of its own secretions and the products of disease. It necessitates the immediate section of the intestine, with the attendant risk of peritoneal contamination. Moreover, the

fatal mistake has been made of closing the wrong end of the gut, and leaving the rectal end open in the wound.

Having brought the knuckle of intestine out of the wound, in order to retain it there while the intestinal and parietal peritoneal surfaces become agglutinated, I have been accustomed to use Allingham's mesenteric stitch. A sterilized woven silk suture is passed through the integument about three fourths of an inch from the side of the wound, so as to include about one half the thickness of the parietes in the stitch; then through the mesentery, which is held taut, and back so as to hold within the stitch a considerable fold of mesentery. The ends of the suture are then tied. While I have not used it, I am favorably impressed with Kelsey's method. He uses silver wire, shot and shield. His stitch enters the abdominal wall about one inch from the wound, pierces the mesentery, and comes out an equal distance from the wound the other side. This, bringing both sides of the wound in close opposition to each other, favors a quick agglutination and a distinct separation of the intestinal surfaces, and lessens the risk of hernia before firm union has taken place. Another feature of his method I have used with satisfaction. He places his mesenteric stitch so as to divide the wound into two unequal parts, the upper portion including two thirds of the wound. This insures a larger and freer outlet for the escape of fæces, and a sufficiently large opening into the rectum below. Allingham objects to this, fearing that the gut may be so twisted as to bring the rectal end into the upper portion of the opening. Of course if the operator feels any uncertainty about this, the mesenteric stitch should divide the opening into two equal parts.

Dr. Greig Smith's method of maintaining the mesenteric spur is to draw out the knuckle of intestine and then pierce the mesentery with a sterile glass mixing rod, which lies on the abdomen across the wound.

Prolapsus of the bowel has sometimes caused much annoyance. To Allingham is due the credit of solving the difficulty and detailing a cure. He shows that prolapse occurs only when there is a long mesentery. The gut being drawn out



and the mesentery made tense, it is kept in this condition by an assistant, while the operator draws out as much intestine as will come out readily above and below, being sure that the line of traction is from the same point as the first. There will thus be brought outside the abdomen four or more inches of intestine. Allingham reports cases where twelve inches have been withdrawn.

This requires a second operation, which in itself is somewhat severe. As in ordinary operations, the bowel is opened at the end of one or two days to allow the escape of gas and fæces. At the end of a week, the patient being anæsthetized, for cutting through the mesentery is very painful, a clamp provided with spikes is applied to the protruding mass, about one fourth of an inch from the abdominal wall, and the portions of intestine and mesentery outside the clamp are cut off. The clamp is allowed to remain until all danger of hemorrhage is over, which is usually twenty-four or thirty-six hours. When removed it should be loosened gradually, and if bleeding occurs again tightened for a few hours. If the case be one of malignant disease so advanced as to offer no likelihood of life being prolonged more than a few months, or much activity of life, it is hardly worth the while to subject the patient to the risk and annoyance of this secondary operation.

The spur is contraindicated in colotomy for congenital occlusion of the rectum or anus, for here an attempt should be made to establish a perineal anus and subsequent closure of the inguinal. It is questionable when the disease is non-malignant. Here, if the pathological condition can be overcome, it will be desirable to close the artificial opening, and to successfully do this as much of the calibre of the bowel should be preserved as possible. The great difficulty here will be in keeping the rectum clear of fæces and thus making healing possible. While I have never tried it, I think this might be done by inserting into the rectal end of the wounded intestine a carefully prepared tampon of absorbent cotton, with a string attached.

In case of emergency colotomy for the relief of complete

occlusion, it is often necessary to give vent to the pent-up gas and fæces by opening the bowel at once, instead of waiting until it has become so adherent to the peritoneal covered walls of the wound as to effectually seal up the abdominal cavity. This cannot be depended upon as complete under twenty-four hours, although it may be effectual in half that time. However carefully the intestine is stitched to the edges of the wound, there is the greatest danger that the escaping fæcal discharges may find their way into the abdominal cavity, setting up a general peritonitis, if the opening is made at once and in the usual manner. I recently devised and tried a method that, so far as I know, has been used by no one else. In my case it was eminently successful. Here there had been vomiting of stercoraceous matter for several hours, and delay was out of the question. I procured an aluminium tube five eighths of an inch in diameter and two and one half inches long, with quite a broad flange on one end. It was, in fact, a drainage tube cut short. Over the free end was drawn a piece of gum rubber tubing four feet long. The mesenteric stitch had been put in, and the gut carefully stitched to the edges of the wound. I then encircled a space an inch or more in diameter, on the most prominent portion of the mass of intestine, with stitches of sterilized silk that extended through the peritoneum and muscular walls, but did not penetrate the mucous lining. I carefully protected the wound with gauze, lest some fluids accidentally escape when the incision should be made. Then an assistant lifting one side of the enclosed circle with tooth forceps and I the other, I quickly made a crucial incision into which another assistant buttoned the aluminium tube with rubber attached. The encircling silk suture was then drawn, like a purse-string, tightly around the tube and tied. The gauze dressing was carefully adjusted so as to properly support the tube. The patient was put in bed and the free end of the rubber tube immersed in a jar of carbolized water. The forceps, which had been placed on the tube to prevent the escape of fæces until all things were ready, were now removed. The escape of gas and fæces was free, giving the

patient immediate relief without risk, annoyance, or filthiness. The protruding intestine was removed on the second day. By the use of this method I believe that the intestine may be opened at the time of the initial operation with perfect safety.

The nearest approach to my method is one devised by F. T. Paul and reported in the *British Medical Journal*, July 18, 1891. With proper precautions he divided the extracted bowel in the middle. The distal, or rectal, end he invaginated and returned to the abdominal cavity. A glass tube about one inch in diameter was then inserted and tied into the upper or proximal end of the gut. To the other end of this glass tube was attached a piece of rubber tubing for conveying away the discharges. The walls of the protruding bowel were then sewed to the edges of the wound. He had about two inches of intestine protruding, which was carefully dressed and cut away the second day. I think my method is preferable to this in that the bowel is stitched to the edges of the wound, which can also be temporarily protected by packing, before the incision is made, and it does not involve the questionable procedure of closing the rectal end and dropping it into the abdominal cavity. I believe also that the simplicity of my method must commend it to surgeons.

---

## THE VALUE OF GYNÆCOLOGICAL ELECTRO-THERAPEUTICS.

BY CLARA E. GARY, M.D., BOSTON, MASS.

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

It is not the purpose of this paper to depreciate the brilliant achievements of gynæcological surgery during the past half century, but to illustrate by cases, gathered from private practice, the curative action of electricity applied to diseased organs.

Drugs (indispensable in certain conditions) prove alluring and deceptive to the discouraged physician, and in many cases a positive failure. Then the surgeon is consulted. In the mad rush for preëminence the young operator, and the older ones for that matter, avail themselves of the knife as a

swift panacea for obscure pelvic disorders, and we have a vast army of women launched upon life without their generative organs, but with an unintelligible amount of symptoms of the same character that made their lives miserable before they lost their womanhood. In case number one we have much to do with the nerve supply of the pelvic organs. For this reason it may be well to recall their location. The inferior hypogastric plexus is situated at the side of the rectum, vagina, and bladder. These plexuses are in turn derived from the hypogastric plexus of the sympathetic, situated in front of the promontory of the sacrum. Therefore we have the vaginal plexus supplying the walls of the vagina, the uterine plexus supplying the cervix and lower part of the uterus, and other filaments passing separately to the body of the uterus and Fallopian tubes.

CASE I. Mrs. A. B. W., age thirty-seven years; married eighteen years; two children, youngest sixteen years. Cervical laceration at the birth of the youngest. Not repaired for six years. As a probable result nervous symptoms began to develop. Operation. Patient recovered. Shortly after recovery she had a fall. Did not fall heavily, but had, as she termed it, "a terrible shaking-up." Nervous symptoms returned. Intense pain in the region of the sacrum. Went to a specialist in nervous diseases. He referred her to a surgeon. Examination revealed a retroverted uterus with uterine and right ovarian adhesions. The adhesions were broken up and uterus placed in a proper position, supported by a pessary. Nervous symptoms continued to increase. Constant pain in back and abdomen. Painful menstruation. Stomach refused food. Patient despondent. Again consulted a surgeon. After carefully examining the case he advised hysterectomy. Patient recovered from the operation, but with increased nervous symptoms. She came to my office December 15, 1896. It was impossible to gain any connected account of her case at that time, except that she had been operated upon and was steadily growing worse. The physical examination revealed no objective symptoms, except great tenderness over the lower part of the spine.

Gave her static electricity over the lumbar region. Used the mild spark or counter irritant. After every treatment she declared that she felt stronger and better for a few hours. Then there would be a return of the nervous symptoms for a short time. After eight sittings, embracing a period of three weeks, discharged patient. September 25, 1897, she came to my office to say that she had had no return of the nervous symptoms since the last treatment, which was in January. There seemed to be a loss of nervous equilibrium (if I may use the word) on account of the long-standing laceration. The removal of the pelvic organs did not relieve but aggravated the trouble.

CASE II. Mrs. M. T. came to my office February 4, 1897. Had previously been examined by two surgeons, who advised hysterectomy. Patient thirty-four years old; married twelve years; no children. Excitable temperament. Symptoms, dull, heavy pain in the ovarian region while walking, especially in the left side, increased by standing. Pains running down the thighs and across the sacrum. Defecations painful. Irregular menstruation. Examination necessarily imperfect on account of the great hyperæsthesia of the parts. It was sufficient, however, to diagnose an enlarged uterus with a hyperæmic condition of the surrounding tissues. Advised electricity before resorting to the more heroic treatment offered by the knife. February 4 applied vaginal bipolar faradization to lessen the tumefaction, congestion, and pain. To avoid painful contractions and to attain the requisite degree of tension from the secondary coil, I used a very fine wire of great length, making smooth vibrations. Treatment occupied about twenty-five minutes. February 5, 6, and 7 same treatment, marked improvement. February 8 substituted the galvanic current, strength fifteen milliamperes, for ten minutes. Positive pole (carbon clay-covered electrode) in the vagina, external electrode over the lumbar region. February 9, same treatment. February 10, patient complained of a great amount of pain. Return to the bipolar faradization for ten days. February 21, same treatment, using a coil of shorter wire. Continued this treatment until

March 1. Menses appeared at the proper time with a diminished amount of pain. Defecation improved. March 11, substituted the galvanic current, twenty milliamperes, about twelve minutes, with the positive carbon plate-covered electrode in the vagina. Continued this treatment for twelve days. Repeated examinations led to the above changes. Discharged the patient well. To prove that my premises were correct I requested the opinion of some other physician. Accordingly, April 4, the patient was placed under an anæsthetic and critically examined by a prominent Boston surgeon. He pronounced the uterus and right ovary perfectly normal. The left ovary could not be outlined, as the tissues were hardened and thickened on that side. Patient informed me that she was made aware of this condition several years ago, while she was being examined for sterility. September 25, Mrs. M. T. reported at my office that she had been comparatively free from pain, no trouble at the menses, in fact she informed me that she had passed a most "delightful summer."

CASE III. Neuralgic dysmenorrhœa. Miss H. L. M., age thirty-two; began to menstruate at fourteen years. Not regular the first year. Became so after that. The flow generally lasted seven days. For the last four years her periods have been terrible during five days out of seven in every month. Has been obliged to remain in bed the whole of that time. She would hardly recover from the prostration of one period before the next one was due. Three years ago a surgeon performed rapid dilatation. For five months suffered comparatively little pain. In March, 1895, a very painful period, compelling her to go to bed for two days. In April suffering more intense, keeping her in bed the entire week. Surgeon again performed rapid dilatation. May and June her periods were extremely painful. Pelvic examination with negative results. Patient thoroughly discouraged, and as the only possible relief submitted to the extirpation of both ovaries. The flow gradually diminished, but the pain became constant and increased in severity. September 12, 1896, she came to my office. Gave her internal applications

of the galvanic current, about thirty milliamperes. Continued this treatment every third day for four weeks. The paroxysms rapidly yielded. March 10, 1897, dismissed patient cured, as she had been free from pain since the last of January, 1897. September 25, 1897, she reported in my office no return of former symptoms.

Dr. Rockwell says very truly: "If an agent like electricity possesses such marked influence over so many forms of pain of obscure origin, why should not this treatment *precede* rather than *follow* operative proceedings for their relief?"

---

## RESECTION OF THE SMALL INTESTINE FOR TUBERCULAR ULCERATION, FOLLOWED BY RECOVERY.

BY FREDERICK W. HALSEY, M.D., BOSTON, MASS.

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

February 18, 1893, I was called in consultation by Dr. Walter Whiting, of Malden, to see Mrs. S——, who was suffering from painful fissure in ano. She was just recovering from an attack of typhoid fever, and an operation under ether was deemed inexpedient, hence conservative methods were used. Fortunately the fissure yielded to such efforts and healed. The general condition of the patient did not improve, however, and searching for further cause a thickened doughy mass was outlined, low down in the pelvis of the patient, on her right side. No point of fluctuation was felt; and again, owing to her miserable condition, no immediate operation was advised. Hot salt-water douches were used locally, and arsenicum iodide was advised internally. From then on her condition was that of a chronic invalid, in varying degrees of wretchedness. Shortly after this the family removed to Newton, and the case went into the hands of the other school. Electricity, massage, Christian and mental science were in turn called into service, but without avail. An acute attack of peritonitis developing, she was sent to the Massachusetts General Hospital for operation. After consultation by the surgical staff, an operation was not deemed advisable, the diagnosis being tubercular peri-

tonitis and enteritis, and she was sent home to die. This she refused to do, and to the surprise of her physician and friends she slowly improved until she was able to be up and about once more.

I was now consulted and the patient came to my office for treatment. Her weight at this time was about eighty-five pounds. Examination revealed an indurated and thickened condition in the region of the right ovary and tube, extending well out into the right side, but no distinct tumor could be outlined. An exploratory incision was advised, with a view to the removal of all diseased tissue, if it were found possible. This was declined by the patient. No noticeable change in her general condition took place until July, 1896 (about three years from the date of my first visit to her), when I was again summoned to visit her, she being then at Winthrop Beach. A fluctuating abscess had developed, under the skin of the abdomen, two inches below and about the same to the left of the umbilicus. The hospital was the proper place for her, and she was removed there that afternoon.

The next morning I opened the abscess (which was very superficial) without ether; pus and blood vented freely. On the third day fæcal matter discharged from the opening, at first in small quantities, but increasing day by day, until almost everything eaten was discharged from this opening within an hour or two from time of taking it. Her general condition was improved at once, the pulse steadying down to 90 or 95 per minute, whereas it had been running from 110 to 115. The temperature also dropped to 99° F., rarely reaching 100° F. at night. Before this vent for the discharge of pus was made the evening temperature never fell below 101° F., and often touched 103° F.; and this had been going on for over a year. While this fæcal fistula was a most grievous annoyance to the patient, her general condition showed such a marked improvement that she was advised to wait nearly three months before a laparotomy was attempted.

December 7, 1896, with the kind assistance of Dr. J. W.



Hayward, Dr. Boyd etherizing, a laparotomy was made at the patient's home. It seemed probable that the hole in the bowel would be found directly under the fistulous opening in the abdomen. The incision was made in the median line, trusting thus to get under the knuckle of adherent bowel, dissect it free, and repair the lesion. Opening through the peritoneum, no adherent bowel was found at this point. The fistula was followed up; it led obliquely downward to the opposite side of the abdomen, some five inches distant outside of the peritoneum, then dipped down to the very floor of the pelvis, where trouble had been diagnosed several years before; here, after a good deal of difficulty, the lesion in the bowel was found. The abdominal wall was literally riddled with abscesses, running in all directions; these were opened up and cleaned out with the curette. The bowels were adherent to each other, and in many places to the peritoneum, making the dissection and tracing the seat of the disease extremely difficult. The ulceration involved more than two thirds the calibre of the bowel, all three coats of the intestine being entirely destroyed, the ragged hole having a diameter of at least two inches, being oval in shape. The whole bowel at this place for a distance of about eight inches was bound down beyond the possibility of freeing it. Nature's protecting fistulous wall having been freely opened, a resection of the intestine was the only procedure which could save her life. The healthy bowel was grasped firmly on each side of this diseased mass and cut off. An end-to-end anastomosis was now made of the severed ends, using fine black silk and a continuous lembert suture. An extra row of lembert interrupted sutures was then taken outside of the first. Search was made for other openings in the bowel, but none were found. No tubercles were noticed on the bowels at this time. The ovaries and tubes were quite adherent, but did not seem otherwise abnormal to the touch. The operation had already consumed nearly two hours, and it was not thought best to disturb them. The diseased and adherent bowel was cleansed and left. Drainage tubes were

left in the largest abscess cavities and deep in the pelvis, and the wound closed as well as possible.

No peritoneum was found at the point of the fistula, it having been destroyed by the ulceration, and even the skin was put on a severe strain to cover the abdominal viscera. For the first forty-eight hours it was only by the constant attention of a most faithful nurse, together with her own indomitable pluck and determination not to die, that the breath of life was kept in her. From this time on her convalescence was uninterrupted. The abscess cavities gradually closed, the abdominal opening healed, with the exception of the lowest point, where the stitches broke away. A round opening as large as a silver dollar was left, having a distinct communication with the pelvic cavity. From this opening a small knuckle of the intestine could be seen. For fifteen days there was no leakage of fæcal matter. On the sixteenth a small quantity was seen. Nothing more was noticed for a week, then a few specks appeared, and they seemed to ooze out at intervals of about one week. The general condition of the patient had improved wonderfully, but even the occasional appearance of these fæcal specks was a constant menace to her, and the hole into the abdomen was by no means a necessity. It was felt that her condition justified another operation. This was done April 7, 1897.

The abdomen was opened as before, and search made for any opening into the bowel. The point of anastomosis was examined first, and to my great satisfaction it was found to be perfect. Two very small ulcerated spots, at least four feet away from the former disease, were found. These were trimmed a little, and folded in on themselves by lembert suture. The portion of diseased bowel left at the former operation having become loosened by the suppurative process, it was dissected away by the finger and removed. The small intestine was found studded with fine miliary tubercles, over at least a third of its length, these having appeared since the first operation. By making a sliding flap it was now found possible to close the wound completely, one

drainage tube only being left. Very little shock was experienced as a result of the operation and the wound healed very kindly. Two or three times a few fæcal specks have been seen on the pad since this last operation, but the inference was that they came from something left in the abdominal cavity before the operation. Six months have elapsed and the patient is up and about her house, going out every pleasant day. She has gained thirty pounds and gives promise of staying with us for some time to come.

---

### PRIMARY PANCREATIC SARCOMA.

BY HARRIE WILLIAM GREENE, M.D., SPRINGFIELD, MASS.

Mr. J. R.—, aged forty-four years, occupation painter, had suffered with severe attacks of abdominal pain for about four months. The attacks at first came on only for an hour or so, but soon grew longer and more frequent. He was treated for dyspepsia without much result, and had steadily lost weight.

When I first saw him, January 20, 1897, there was marked cachexia, and almost constant general abdominal pain, with tenderness in the epigastrium. Vomiting had occurred only twice since the disease first appeared. Vomitus consisted of food without bile or blood. Icterus was not present. Examination showed a marked pulsation of the aorta in the epigastrium without bruit. Slight dulness on percussion, but nothing to be discovered by palpation. The gums were clean, and careful examination of the urine showed no traces of albumen, sugar, or lead.

The diagnosis, approved by council, was malignant disease of the pancreas, and a fatal prognosis made.

The case now passed to another physician, who promised more than we could.

The patient grew steadily worse; the tumor in the epigastrium became prominent; a number of hard nodules appeared under the skin in different localities, emaciation increased, and he finally died from exhaustion April 26.

The family requested an autopsy, and very kindly invited me to be present. The pancreas was about eight inches long, four wide, and two thick; very hard. The mesenteric glands were extremely involved, appearing like bunches of grapes. Other organs normal. Microscopical examination proved the growth to be a sarcoma. The nodules in the skin were not examined microscopically, but were very hard and evidently metastatic from the pancreas.

The case is certainly a rare one, as Osler,<sup>1</sup> quoting from Segre, says that in 11,492 autopsies only 132 tumors of the pancreas were found; 127 of which were carcinomata and two sarcomata. Osler<sup>2</sup> lays great stress on intense persistent icterus, fatty stools as common, and pain ordinarily not severe.

This case had no icterus, but intense pain. There were fatty stools and fat in the urine, I believe, for a week or so before death.

---

## HEADACHES OF OCULAR ORIGIN.

BY GEORGE H. TALBOT, M.D., NEWTONVILLE, MASS.

Nervous diseases are, at the present time, the typical ones. This is explained, in part, by the great nervous strain to which the individual is subjected by the requirements of modern times.

Some of these affections manifest themselves in an impaired functional activity; others, in actual pain and suffering.

Any deviation from the normal condition of an organ will give rise to an irritation or to altered sensations. Regulated to a certain extent by the irritability or susceptibility of the patient, pains or irritations originating in one part may be transferred to another or weaker part or one more ready to assume a morbid impression.

Of the many manifestations of this irritation at some central point headache or neuralgia is probably the most common. About fifteen per cent of all nervous diseases claim

<sup>1</sup> Osler, "Practice of Medicine," 1892, p. 461.

<sup>2</sup> Osler, "Diagnosis Abdominal Tumors," 1895, p. 137.

headache as the most pronounced symptom. Add to this the immense numbers of sufferers from this cause who are not in the list of nervous patients, and it is readily seen that this subject is of importance, since the malady claims so many victims, and its proper diagnosis is surrounded by so many difficulties, and while it may not be fatal to life is often fatal to the proper enjoyment of life and may interfere with the successful discharge of its duties.

A so-called nervous headache is often a sympathetic one ; that is, one resulting from a faulty action in some organ ; in other words, it is dependent on some eccentric source of irritation. In no other diseases do we observe better examples of sympathetic pain than in headaches.

A classification based on their location is of no practical value and is often misleading, as at the present time we have no absolute knowledge of the conditions which lead to the localization of the pains.

If the cause of some headaches is directly and demonstrably due to a morbid sensation conveyed by sympathetic action, there is necessarily an irritation at some place, and assuming that such a headache has its origin in some near or remote organ, we can, in many cases, easily locate the centre of disturbance. It may be in the stomach, the uterus, the nose, the ear, or the eye, but in a large proportion of cases the eye will be the organ to first receive attention. And it is not difficult to understand why this is the case, when, after having exhausted the resources of the *materia medica* in a vain effort to find the appropriate remedy, we seek for a cause for the pain in some other organ.

The eye of all the special senses is the only one in constant use except during sleep. Fortunately during a great part of this time it is in a passive state and practically at rest, although performing its normal function ; but now with abnormal conditions, when the eye has to exercise the power of accommodation for all distances, there can be no rest during waking hours ; it is never passive.

Or when a perfect equipoise is maintained between opposing muscles, adjusted with the nicest care to meet the full

requirements of the eyes under all conditions, there can be no pain or weakness when an attempt is made to use them or hold them in any fixed position. They are under perfect control. But when there is no equilibrium between these muscles, and fixed positions are maintained with difficulty or not at all, the brain becomes more or less disturbed by its inability to properly control the movements of the eyes. When we consider the small area of perfect vision in each eye, and how the slightest deviation in the normal relative positions of these two areas will result in distorted vision, we can readily understand that perfect coördination of the ocular muscles is essential to the perfect working of the visual apparatus, and that in the absence of it binocular vision is maintained with difficulty.

In whatever way this incoördination is brought about, there is a constant endeavor of some muscle to overcome the increased tension of its fellow, and a constant strain is the result, which sooner or later manifests itself as a pain in some part of the head.

Where the cornea is distorted, as in astigmatism, the act of focussing requires a much greater effort of the ciliary muscle than is designed by nature.

The deviations in the curvature of the cornea convert this surface into two condensing lenses of different foci. To see an object distinctly with such an eye two pictures must be focussed upon the retina, one following the other so quickly that the double impression seems instantaneous. This is effected by the ciliary muscle. In reading with such an eye every word seen requires a double focussing equivalent to a contraction and relaxation of this muscle. This choric movement after a time excites pain, which is by no means confined to the eye itself or even to the brows.

The slight irregularities are productive of more pain and trouble than the greater ones, for in the latter the effect is so pronounced that the eye makes no effort for sharp vision, contenting itself with blurred images. Refractive errors, particularly in children, are probably the cause of more headaches than is generally supposed by the laity, hypermetropia

and astigmatism being the chief errors of this class. Where the headache results from the former a high degree of error is generally found, while in the latter more often a slight one.

It is thought by some that a headache from a refractive error is more generally frontal, and that a muscular strain causes an occipital one; but the truth of this is difficult to ascertain from the almost invariable presence of the two classes of error in the same patient.

Astigmatism may, however, be the undoubted cause of an occipital or a cervical headache, and heterophoria a frontal one; but from a study of the different authorities one is led to the conclusion that the location of the headache is determinable by some individual peculiarity and bears no definite relation to the ocular error.

Ametropic conditions, then, are an undoubted cause of an irritation that, by sympathetic action, produces pain in various parts of the head.

As to the frequency with which these abnormal conditions cause headache, authorities differ. Dr. Marlow found in 2,000 patients with refractive errors 755 cases of headache, occurring in every degree of intensity.

“Although in cases of headache from eye strain the presence of asthenopic symptoms is the rule, there are many exceptions; thus in 113 of the 755 cases of headache, or about fifteen per cent, no symptoms of asthenopia were present. This fact is of interest in connection with the opinion expressed by some ophthalmologists that eye strain does not give rise to headache and the more unusual and remote functional disturbances without at the same time causing symptoms involving the eyes themselves. So far from being the necessary accompaniment of headaches, etc., the onset of local symptoms often seems to be the occasion for the remote symptoms to subside. Every ophthalmologist must be familiar with cases in which the patient, the subject of headaches or other functional neuroses, has experienced no difficulty in the prolonged use of the eyes, until some definite period of life, when the asthenopic symptoms have developed

and coincidentally the headaches or other nervous symptoms have diminished or come to an end."

Regarding the part played by heterophoria in the causation of headache, I am led to the conclusion, from a pretty thorough study of the best writers on the subject, that such a condition of weakened muscles, in the vast majority of cases, is not primarily a fault in the muscles themselves, but is due, rather, to some antecedent cause. The number of cases of actual muscular weakness without some accompanying refractive error is small, and in these few exceptions there will usually be found a condition of the nervous system that will account for it. It may be due to enervation, and occurs frequently in persons of delicate health, who are weak, nervous, or debilitated. This insufficiency or preponderance of power on the part of one muscle or set of muscles may be an undoubted cause of headache, but we should look beyond the muscles themselves for the primary cause.

In a perfectly healthy individual with no refractive error, it is possible at times to find some lateral deviation, and in neurasthenics it is very common. The good effect of many of the tenotomies or partial tenotomies performed on these nervous individuals is undoubtedly psychical. The continuous use of prisms for every eye showing the least deviation is unscientific, to say the least. Undoubtedly these muscles do at times require some treatment whereby this incoördination may be remedied, but it hardly seems reasonable to attempt the accomplishment of that object by directing the constant wearing of prisms. In the development of any other muscle we would not think of confining it in a splint and expect to get the desired result, and yet a prism worn continuously is virtually a splint for the ocular muscles.

Dr. G. A. Barry, of Edinburgh, in the Transactions of the Ophthalmological Society of the United Kingdom, says: "For my part, I regard the practice, which, to judge from the literature of the subject, is not uncommon in America, of frequently performing tenotomies or so-called partial tenotomies for lateral deviations, as a disgrace to modern ophthalmology. As to the practice of frequent ordering of prisms



for similar conditions, while it shows the same ignorance, it is open to less objection.”

If there is a weakness of these muscles, first correct any abnormal conditions either in the eye or in other organs that show any pathological conditions; and if after a sufficient time the muscular weakness persists, proceed to exercise them by the judicious use of the proper prisms applied in the proper manner.

---

### SPORADIC INFLUENZA.

Lindenthal (*Wiener medicinische Wochenschrift*, 1897, No. 15; *Gazette hebdomadaire de médecine et de chirurgie*, September 5, 1897), on the strength of post mortem bacteriologic examinations in eight cases of sporadic influenza, lays down the following conclusions: 1. There is a form of influenza observed apart from epidemics, possessing the same anatomic and bacteriologic characteristics as the epidemic disease. 2. In pneumonia due to influenza the exudate is not always purulent; there are cases in which it is fibrinous, serous, or hemorrhagic. 3. The inflammations of the sinuses of the face, which are frequent in the course of influenza, are almost always produced by the bacillus of that disease; pneumococci and other pyogenic microorganisms, which are often met with are usually the result of a secondary infection. 4. The bacilli of influenza, the dimensions of which vary according to the case, may be recognized by the following characters: they are decolorized by the Gram process; they can be cultivated only on a medium containing hemoglobin; and they do not develop at the ordinary temperature or in the absence of oxygen. At the onset the colonies are hemispheric, vitreous, homogeneous, and transparent, but after a time they become flattened, bluish, and opaque; they attain a diameter of from four to five millimetres, and their centre becomes granular. — *New York Medical Journal*.

## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

---

## ON THE DISPENSARY PROBLEM.

In the December number of the *Hahnemannian Monthly* appears an excellent article on "Dispensary Abuse."

At first thought it might seem that the subject had been sufficiently ventilated; that further expressions of opinion were unnecessary; that abuse of dispensary privileges being proved, nothing but a remedy for the evil could now be of profit or of interest.

We think, however, that the subject will never have been sufficiently ventilated until such an intelligent public sentiment is aroused as shall result in the inauguration of practical reforms. We think, also, that while expressions of opinion ill-considered, or based upon insufficient knowledge, or biased by personal predilection, can be of as little value on this subject as on any other, expressions of opinions the outgrowth of logical deductions, products of a careful consideration of facts, must always prove welcome and valuable. Such opinions will prove the matrix in which other than impracticable remedies for the existing evil will crystallize.

The writer of the article referred to, Dr. E. H. Kase, skillfully avoids generalizations. He bases what he has to say upon the careful investigation of 1,058 consecutive cases of applicants for treatment, during the past summer, at the Hahnemann Hospital Dispensary, Philadelphia; a dispensary where, "except in very rare cases, treatment is always given indiscriminately to all who apply."

The investigation was conducted by personal, patient, acute, yet kindly and friendly questioning; each applicant interviewed alone, "with efforts of mutual interest and confidence."

Such an attitude wears something the air of novelty when

the usual stereotyped brisk explosion of questions is remembered. At all events, the writer is confident the answers given contained a minimum of evasions and untruths.

The questions included "the name, address, age, married or single, occupation, average amount of cash received per week by applicant, from occupation or otherwise during the past year; average amount of cash received per week by all other members of the family, from occupation or otherwise during the past year; average aggregate cash receipts per week for the past year in said family; number of persons in said family supported from the aggregate receipts; property or real estate owned by the said applicant or family; department to which the applicant was sent."

For practical purposes applicants were tabulated in classes having reference to average cash receipts per week during the past year, and number of people dependent on receipts for support. It is significant that over one half (543) of the total number of applicants came under the following division: "Patients from families with two or more to support, in which the aggregate cash receipts for the past year have averaged \$10 or less per week."

The next largest number (172) includes "patients who have no one to support but themselves, and whose aggregate cash receipts during the past year have averaged less than \$8 per week." The next largest (86) includes the true pauper class, and those out of work most of the past year.

The classification, made with apparently painstaking care to preserve perfect fairness, reveals a comparatively small proportion of patients abusing the privileges of the dispensary. It does show, however, so far as a limited number of cases can show, that the majority of our working classes are not averse to free medical treatment, or that their dread of "doctors' bills" overcomes their usual independence, or that illness finds them without available reserve funds, though the wages they command when in health may be considerable.

These are not the deductions or only partially such of the writer of the article. What he does say of the American

mechanic and laborer is well worth reading if productive of mental reservations : —

“The careful study of each of these individual cases alone, together with all of its special features, reveals an interesting and commendable degree of thrift in the working classes, manifested under the most adverse circumstances, in trying to get along ; for this is, indeed, a cold world ; and now, as in the past, let it be the glory of the medical profession to consider and assist this class of working people, who, with much self-denial and absence of many necessary comforts, endeavor to get on in the world, raise a family, provide a comfortable habitation for them, and maintain good citizenship and self-respect ; which class, it seems to me, are well worthy of all the encouragement and sincere respect at our command ; and to minister to *their* needs faithfully and skillfully should be the desire and aim of every dispensary physician ; much more so than to the real pauper class, which includes a large proportion of the dissipated and tramps, whom we all support. And while we are wrestling with the problem what they are good for and what to do with them we often find ourselves guilty of actually coddling them.”

Among the causes of such abuse as undoubtedly exists the writer emphasizes the improvident element in mankind ; the frequent feeling of partial ownership in the dispensary by those who contribute directly or indirectly to its support, individuals, firms, railroad corporations, etc. ; the sending by physicians of patients to dispensary specialists ; the accident departments of hospitals acting as feeders to hospitals and dispensaries ; the desire for clinical material, and most of all, perhaps, the general impression created by physicians themselves through many generations, that their work was first of all beneficent, and only secondarily the means of obtaining a livelihood.

These causes are certainly to a large extent removable. Steps in the right direction, according to Dr. Kase, would be a more general agreement of what should constitute a dispensary patient, and the active coöperation of beneficent institutions, corporations, the profession, and the laity to dis-

courage and prevent the unwelcome patronage of those not entitled to seek free medical aid.

It is quite as much for the good of the people as for that of physicians that the defects of the present dispensary system be remedied. This should be borne in mind by those who hastily conclude that the present agitation of the subject is preëminently in the interests of the profession.

As regards measures for the elimination of existing defects, we think Dr. Kase points out a most practical one in the work he undertook; for the more personal investigation of the worthiness of applicants to receive charity must prove of genuine value, and as thorough a sifting as possible of the deserving from the undeserving will undoubtedly give as nearly immediate returns as any other one method of relief which has been suggested.

---

#### EDITORIAL NOTES AND COMMENTS.

---

A PERSONAL LOSS AND A PERSONAL GAIN. — On January 1, Dr. T. M. Strong closed by resignation his official connection with the Massachusetts Homœopathic Hospital, where he has served as an efficient superintendent for six years, to begin private practice as a specialist in diseases of the nose and throat. We have ever found Dr. Strong a kind and courteous gentleman, active and interested in the growth and improvement of the hospital during his connection with it, and we feel assured that the news of his resignation will bring a sense of personal loss to the many friends who have been associated with him in the hospital work. We heartily wish him success in the new work which he now begins.

Dr. I. T. Talbot, Dean of the Medical School, succeeds Dr. Strong as superintendent of the hospital. There is a feeling of the eternal fitness of things in this appointment. To Dr. Talbot more than to any one man, — we might almost say any collection of men, — to his energy, to his perseverance, to his courage, to his untiring and incessant hard

work, is the past and present success of the hospital due; and now that it stands full grown, thoroughly equipped, and well endowed, what more appropriate than that its management should be administered by him who presided at its birth, solicitously watched its youthful growth, and justly feels proud of its present strength and power for good? We extend to the profession, to the hospital, and to Dr. Talbot our sincere congratulations and best of wishes for the new administration.

CONCERNING THE PHARMACOPŒIA OF THE AMERICAN INSTITUTE.—At a time when the Pharmacopœia of the American Institute of Homœopathy is meeting with so much apparently intentional misrepresentation, it is a satisfaction to read and consider the able review of the Institute's work, by George R. Hennig, of Chicago, which appears in the January issue of the *Medical Visitor*. As a fair and intelligent exposition of the subject it will approve itself to all who desire information regarding the origin of the work, its purpose and scope.

It would be strange indeed if a scientific work of such magnitude were presented to the profession in a first edition guiltless of errors. Such, doubtless, appear, but its vital principles and essentials, both in their conception and exploitation, have met and will continue to meet with ample recognition from fair-minded and well-informed physicians and pharmacists abroad and at home.

Those having the welfare of homœopathy at heart—the extension and comprehension of this rational system of medicine and therapeutics—will welcome rather than cavil at the earnest efforts and their consequent results put forth by a body of men appointed, encouraged, and endorsed by that national organization which conscientiously endeavors to advance the interests of that branch of the profession which it assuredly represents.

A CORRECTION.—We take pleasure in publishing below a communication from Mr. F. B. Sanborn, relative to a misapprehension of the law pertaining to the removal of the

insane from public hospitals. We are glad to be corrected by so eminent an authority in matters pertaining to the management of the insane.

*To the Editor of the New England Medical Gazette:*

An article under the caption "Legislation for the Insane," in your December number, contains a charge against the selectmen of our Massachusetts towns so peculiar that I write to inquire if it can really be true. You say: "Hitherto it has been the custom of the selectmen of a town, when notified of the commitment to a State institution for the insane of some person having a legal *residence* in the town over which they preside, to *immediately* remove such insane person from the hospital, where he is receiving such care and treatment as may tend to his recovery, . . . and to place him in the town almshouse, where he receives no treatment, and where, consequently, his malady tends to become chronic and incurable."

If this statement could be substantiated, it would show some nine or ten hundred of our fellow-citizens (for so many are the town selectmen) not only to be inhuman, but to be actually exceeding their powers, and violating an express law, passed nearly twelve years ago (Chap. 319, 1886), to declare what could be done with the insane poor committed to any institution for their care or cure. This law says (Sect. 1):—

"In case said insane person shall be found to have a settlement in some town or city of this Commonwealth, the *overseers of the poor in the place of his settlement* shall have the legal custody of said person, *after his discharge from the hospital or asylum; but not previously.* (Sect. 3.) The overseers of the poor shall not commit to nor detain in any almshouse, private dwelling or other place, *without remedial treatment,* any insane person whose insanity has continued less than twelve months; but all persons suffering from recent insanity shall have the opportunity of medical treatment in some hospital or asylum, under the direction of a physician qualified, . . . if they or their friends so desire."

I have not heard that this Act has been repealed; nor do

I believe it is customarily violated; certainly not by the selectmen of towns, who, unless they happen to be also overseers (which does not usually happen in any but small towns), have no legal power in the case. The above Act was drawn by me when Inspector of Charities (that is, Deputy Lunacy Commissioner), was approved by the State Board of Lunacy, and passed without serious opposition in the Legislature. One of its objects was to settle the doubt which had formerly existed, whether the hospital authorities or the local overseers had the power to discharge a town patient; another was to secure remedial care in all recent cases, if any one was enough interested to request it. So far as I have ever heard, the law has been effective, at least in preventing the "immediate" removal by towns of their patients. If any cases are known to you, where this has been done, contrary to law, it will be a favor to the present Board of Lunacy, I am sure, if you will publish them; for it is among the duties of that Board to see that such cases receive remedial treatment. Such has been the law for them and their predecessors for more than thirty years; and this duty was performed during the years (nearly twenty-three) that I was an official of the State. I cannot think it has been so habitually neglected since 1888 as your article must imply.

But the number of the insane who can have treatment with any hope of recovery is never very large in Massachusetts. Among more than 8,000 treated in our institutions last year, less than 500 recovered, while more than 600 died; nor could more than 900 of them, or one in every nine, be estimated as curable. This proportion would be increased, in my opinion, if the 8,000 (soon to be 9,000 or 10,000) were distributed in twenty small hospitals, instead of crowded into half a dozen large ones, as the plan you seem to favor would infallibly compel, at least for a few years. In the eight State institutions which now receive the insane are now more than 5,700 patients — an average of 720; while one contains almost 1,000, and several more than 800. Far better than this would be the Wisconsin system of small



local asylums, supplemented by boarding out, as in Scotland. A thousand of our insane poor placed in families would show more virtual recoveries than the Medfield and the Worcester asylums, taken together, with their 1,450 inmates, can boast. (Signed) F. B. SANBORN.

CONCORD, January 1, 1898.

WESTBOROUGH HOSPITAL. — Eleven nurses received diplomas on the completion of their course at the Westborough Hospital, January 5, 1898. Colonel Codman and Mrs. I. T. Talbot, of Boston, and Miss E. A. Durfee, of Fall River, representing the Board of Trustees, together with other distinguished guests were present. The following is the order of the graduating exercises: —

HYMN, "Angel of Peace" . . . . .	CHOIR
PRAYER . . . . .	REV. J. H. WEEKS
SOLO, "Chiming Bells of Long Ago" . . . . .	MISS MACCULLOUGH
REMARKS . . . . .	SUPERINTENDENT
SONG, "O Vales with Sunlight Smiling" . . . . .	CHOIR
ADDRESS . . . . .	DR. N. EMMONS PAINE
SOLO, "The Song that Reached my Heart" . . . . .	MRS. HELEN BRODERICK
DISTRIBUTION OF DIPLOMAS AND PINS, . . . . .	COL. CHARLES R. CODMAN
DOXOLOGY.	

AN INTERNATIONAL CONGRESS. — A letter and announcements recently received from Dr. Amalio Gimeno, of Madrid, set forth the objects of the Ninth International Congress of Hygiene and Demography, to be held in Madrid, April 10 to 17, 1898. These objects naturally relate to the discussion of all questions bearing upon the health of individuals and nations and upon the science of population. The Eighth Congress was held at Budapest in September, 1894. Spain has never heretofore been honored by an assembly of such importance as that of the International Congress of Hygiene and Demography, which is to be inaugurated under the patronage of Alfonso XIII and the Queen Regent. Scientific men from all parts of the world are most earnestly and cordially invited to be present. An exhibition of objects pertinent to the subjects discussed will be held in connection with the Congress.

DISPENSARY REPORT FOR 1897. — Some idea of the work being done at the Homœopathic Medical Dispensary, 750 Harrison Avenue, Boston, may be had from the following report for 1897 : —

Medical Department — Prescriptions given	.	.	.	4,997
Woman's	„	„	„	5,568
Surgical	„	„	„	4,649
Eye and Ear	„	„	„	7,315
Throat	„	„	„	2,823
Chest	„	„	„	1,382
Children's	„	„	„	1,801
Skin	„	„	„	1,430
Nervous	„	„	„	1,850
Rectal	„	„	„	291
Genito-Urinary Department	„	„	„	488
Orthopedic	„	„	„	263
Students (not internes)	.	.	.	2,639
				<hr/>
				35,496

A CHANGE OF MANAGEMENT. — In new guise the *Medical Visitor* comes to our study table, in pleasing form as to presswork, and equally pleasing as to contents. While the retiring editor, Dr. T. S. Hoyne, will undoubtedly be very greatly missed, the present publishers, Messrs. Halsey Bros. Co., are to be congratulated upon securing the services of Dr. Wilson A. Smith, also a man of parts, and an earnest and intelligent worker in the field of medical literature.

---

## SOCIETIES.

### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, January 6, 1898, at 7.45 o'clock. President George B. Rice, M.D., in the chair.

The reading of the records of the last meeting was omitted by vote of the society.

The following physicians were proposed for membership :

Frederick W. Colburn, Kenneth R. Parmenter, of Boston ; Adeline E. Francis, of Waltham ; and Florence Tresilian, of Belmont.

A. K. P. Harvey, M.D., of Somersworth, N. H., and William Louis Chapman, M.D., of Providence, R. I., duly recommended by the board of censors, were elected to membership.

The report of the secretary for the year 1897 was read and approved, also the treasurer's.

The auditor not being present, his report was omitted.

It was voted that the president appoint an obituary committee of three to prepare resolutions and an obituary notice of our late member, Frederick A. Freeman, M.D., the same to be transmitted to the secretary on or before January 15, 1898.

The president subsequently appointed George R. Southwick, M.D., W. P. Defriez, M.D., and Helen L. F. Wright, M.D., on this committee.

The Nominating Committee chosen at the last meeting reported a list of nominations. Officers of the society for the ensuing year were elected as follows :—

President, John L. Coffin, M.D. ; first vice-president, Sarah S. Windsor, M.D. ; second vice-president, T. M. Strong, M.D. ; general secretary, F. E. Allard, M.D. ; provisional secretary, E. E. Allen, M.D. ; treasurer, Maurice W. Turner, M.D. ; auditor, N. R. Perkins, M.D. ; censors, F. P. Batchelder, M.D., N. Emmons Paine, M.D., George B. Rice, M.D.

The resignation of Caroline E. Hastings, M.D., was read and accepted.

### *Scientific Session.*

SECTION OF SANITARY SCIENCE AND PUBLIC HEALTH.

CHARLES H. THOMAS, M.D., Chairman ; F. E. ALLARD, M.D., Secretary ;  
GRACE E. CROSS, M.D., Treasurer.

#### PROGRAM.

1. Fragmentary Observations on Street and Carpet Dust. Conrad Wesselhoeft, M.D.
2. Demonstration of Appliances for Generation of Formaldehyde Gas. T. Metcalf Co.

President's Address. George B. Rice, M.D.

On motion of Dr. I. T. Talbot the society extended a vote of thanks to the retiring president.

Dr. Talbot also moved that a committee of five, composed of the retiring and four preceding presidents, be appointed to prepare a memorial expressing the appreciation of the society of the efficient services of the retiring secretaries, to be published in the Society's Year Book and in the NEW ENGLAND MEDICAL GAZETTE. Carried.

#### MUSIC AND READING.

Immediately following the President's Address the society was entertained with violin solos by Mr. Charles Moerenhout, and readings by Miss Caroline B. Nichols.

The society then adjourned to the Physiological Laboratory, where a collation was served.

J. EMMONS BRIGGS, *Secretary*.

---

### WESTERN MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the society was called to order at Cooley's Hotel, Springfield, December 15, 1897; the president, Dr. E. H. Copeland, in the chair. The report of the secretary was read and accepted. Resignation of Dr. Edward L. Mellus was received and acted upon, Dr. Mellus being elected a corresponding member. The Board of Censors reported favorably upon the name of Edward Hooker, M.D., of Hartford, Conn., for membership. The name of Dr. Plumb Brown, of Springfield, was proposed for membership and referred to the Board of Censors.

The Bureau of Physical Examinations, Dr. Carl Crisand, chairman, opened with a very interesting paper from Dr. Amanda Bray, of Worcester, on "Uterine Troubles in Girls and Unmarried Young Women."

In speaking of dysmenorrhœa and amenorrhœa and their treatment, Dr. Bray mentioned several interesting cases from her own practice. The question as to the advisability of

the use of the pessary for young women was discussed. Dr. Rand, of Monson, mentioned a number of cases in which he had treated patients for backache when the uterus was normal in size and position, so far as an examination would determine, and, by inserting a pessary, in each case the backache was permanently relieved.

Dr. Carmichael reported a case of insomnia in a young woman where the uterus seemed perfectly normal; but thinking that the uterine circulation might in some way be interfered with, he put in a pessary and the insomnia disappeared. She wore it nine months, then took it out, and her insomnia returned. Replacing the pessary at once relieved the sleeplessness, as before. She married afterward, had a child, has had no further trouble.

II. Prognosis in Valvular Diseases of the Heart, by Dr. H. C. Clapp, of Boston.

The doctor very clearly set forth the different kinds and degrees of heart lesions, reminding us that numbers of people with valvular diseases of the heart lived to old age. The loudness of the heart murmur is not to be considered alone, the condition of the heart walls, whether dilated or hypertrophied, being much more important.

Adjourned for dinner.

Afternoon session.

III. Diagnosis of Rectal Diseases, by Dr. Henry E. Spalding, of Boston.

It was voted that the papers should continue without discussion until the end.

IV. Ectopic Gestation, Diagnosis and Treatment, by Dr. George R. Southwick, of Boston.

Dr. E. D. Fitch, of Worcester, not being present to give his paper, "Modern Athletics and Heart Strain," the next paper presented was by Dr. F. P. Batchelder, of Boston, "The Concluding Chapter in that X-Ray Experience."

At a previous meeting Dr. Batchelder had shown an X-Ray photograph of the hand of a patient who gave a history of having gotten a wood splinter in the palm of his right hand just below the ring and little fingers. He removed the

splinter himself and had no further trouble, until some time after he began to have pain in the same spot, which pain continued and grew worse, notwithstanding careful medical treatment.

It was thought that an X-Ray photograph might reveal a portion of the splinter remaining in the hand, although there was no outward sign of any trouble. This did not prove to be the case, nothing whatever abnormal being shown in the picture. The pain grew daily worse, and opiates were finally resorted to, but with little benefit, the pain still continuing to extend over the hand. The man finally consented to an exploratory incision being made in the palm.

There was found upon a nerve, at the point where the pain was first felt, a small growth which looked like a grain of rice. These small growths were found scattered along the nerves supplying the inner side of the ring and little fingers, and others were also found in the palm of the hand, and a diagnosis of multiple neuroma was made. A portion of the nerve, with several of the growths attached, was removed. The patient was without pain for several weeks, when it returned, slowly extending up the arm until the hand, arm, shoulder, and back of the neck have become involved, the pain being constant and of great severity. No loss of sensation in the hand resulted from the removal of the portions of nerve at the operation.

The meeting adjourned without discussing the papers.

The next meeting will be held on March 15, 1898, at Springfield.

ALICE E. ROWE,  
*Secretary.*

---

### WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Worcester County Homœopathic Medical Society was held at the Y. W. C. A. building on Wednesday, November 10, 1897.

The meeting was called to order at 10.30 by the president, Dr. W. H. Bennett. Dr. E. R. Miller, chairman of the Bureau of Surgery and Physical Diagnosis, took the chair.

The first paper, read by Dr. J. K. Warren, was a short account of the first year's work at Hahnemann Hospital. He spoke of the success which had attended the work at the hospital, and of its gratifying financial condition at the present time. Fifty patients had been treated during the year, forty-two surgical and eight non-surgical, with four deaths. Several interesting cases were spoken of at some length by the doctor, and were discussed at the close of the reading of the paper by the members present. At the close of the discussion the president again took the chair, and the regular business of the society was taken up. The report of the secretary and treasurer was read and accepted. The names of Dr. Henry J. Klopp and Dr. Etta Brownell, of Westboro, were proposed for membership in the society, and were referred to the board of censors. The election of officers for the ensuing year resulted as follows:—

President, Dr. George S. Adams; first vice-president, Dr. J. F. Worcester; second vice-president, Dr. Amanda C. Bray; secretary and treasurer, Dr. F. R. Warren; librarian, Dr. E. D. Fitch; board of censors, Dr. C. L. Nichols, Dr. J. P. Rand, and Dr. J. K. Warren.

The business session being concluded, the meeting was again taken in charge by the chairman of the bureau. On motion by Dr. Crisand, it was voted to invite visiting friends to participate in the discussion of papers.

“A Case of Cancer of the Diaphragm” was the title of the paper presented by Dr. G. F. A. Spencer. This had been a very interesting case, both on account of its rarity and of the obscurity of its symptoms, which were principally those of dyspnoea on the slightest exertion and moderate though persistent pain in the left side. There was no history of pleurisy or injury of any kind. On percussion slight dullness could be made out on the left side of the thorax. By aspirating, about two quarts of dark-red fluid were removed. This was repeated during an interval of several months, and in all nearly fourteen quarts of the fluid were removed. Patient was much exhausted immediately after each operation, but quickly rallied, and seemed much relieved. A few weeks

before death, which occurred August 15, the heart sounds were extremely feeble, and percussion showed an increased area of dulness. The autopsy revealed a thickened pleura on the left side, containing about a quart of fluid, and on the upper surface of the diaphragm was a cyst about the size of a hen's egg, with a short pedicle. The diaphragm was thickened to three fourths of an inch, roughened and hard, its upper surface perforated in many places by the disease process. Microscopical examinations of the growth demonstrated it to be cancer. The next paper, by Dr. B. S. Stephenson, and read in his absence by Dr. Nellie W. Stephenson, was entitled "Cataract Extraction, with and without Iridectomy, with Citation of Cases."

Dr. Edward G. Tuttle, of New York, then presented a very interesting paper, entitled "Surgical Treatment of Retro-displacements of the Uterus." After defining cases of the retro-displacements of the uterus requiring surgical treatment as those cases in which internal medication, manipulation, and local treatment with drugs and appliances had failed either to permanently relieve the symptoms or to correct the displacement, the author went on to describe some of the more common causes of backward displacement. Where the combined force of gravitation of the abdominal viscera and of the general intra-abdominal pressure is exerted, it tends to force the uterus downward, the cervix strikes the perineum and rectum, and the uterus is forced across the vaginal outlet, thus bringing the long axis of the uterus nearer parallel to that of the vagina. Then if we have a ruptured perineum, together with a relaxed condition of the uterine ligaments and vaginal outlet, a retro-displacement is inevitable.

Subinvolution, with that atonic condition of the ligaments, so apt to follow the lying-in period, will produce a backward displacement. In selecting an operation for the relief of this condition, it is necessary to determine accurately beforehand if the uterus can be replaced without force, will the requisite force endanger hemorrhage and inflammation, are the adnexa involved. Vaginal fixation is not applicable in cases where pronounced adhesions exist. The danger of wounding the



bladder or of producing severe injury to that viscus is considerable, and serious results are likely to follow in future pregnancies. When the uterus is freely movable, Alexander's operation, anatomically considered, is an ideal one, but strong adhesions positively contraindicate it. Neither is it applicable in multipara, on account of the weak and undeveloped condition of the round ligaments.

Of the various operations devised for the relief of this condition, the author considered that of ventro-fixation the most satisfactory, especially in cases where the adhesions are strong and the adnexa involved. He thought that the objection to its use, that of complicating future pregnancies, had been rather overestimated, and that this complication most often proceeded from some fault in the method of operation, either in using non-absorbable ligatures, or in passing them too deeply into the fundus, or by including the recti muscles in the ligatures. He would recommend its use after a *cœliotomy*, for tubal or ovarian disease, instead of removing the comparatively healthy uterus. The support this organ gives to the abdominal viscera is too great to allow of its being needlessly sacrificed, when so safe and simple an operation can be performed. Dr. Halsey said, in discussing this paper, that according to many the chief support of the uterus is a dense mass of connective tissue around the cervix, instead of the broad and round ligaments. In the majority of cases the round ligaments are stretched out any way, and have little to do with controlling retro-displacements. Ventral fixation is an ideal operation, does the work thoroughly, and we can see the results of our work.

Dr. J. K. Warren had for some time operated for this condition by bunching up the connective tissue around the cervix, thus forming a support for the uterus, with good results.

After dinner, Dr. Lamson Allen presented his paper, entitled "Notes from Dr. E. H. Pratt's Midsummer Clinic."

Dr. Crisand reported two cases of septicæmia following minor traumatism.

Dr. E. R. Miller then read a short paper on the preparation, properties, and uses of lysol.

At this point the meeting adjourned to the office of Dr. E. A. Clarke, where he gave the society a very interesting X-Ray demonstration.

F. R. WARREN,  
*Secretary.*

---

FROM "SPARE HOURS." — Let us by all means avail ourselves of the unmatched advantages of modern science, and of the discoveries which every day is multiplying with a rapidity which confounds; but let us go on with the old serious diligence, — the *experientia* as well as the *experimenta*, — the forging and directing, and qualifying the mind as well as the furnishing, informing, and what is called accomplishing it. Let us, in the midst of all the wealth pouring in from without, keep our senses and our understandings well exercised on immediate work. Let us look with our own eyes, and feel with our own fingers. — *John Brown, M.D., LL.D.*

---

## REVIEWS AND NOTICES OF BOOKS.

---

CLINICAL METHODS, BEING AN INTRODUCTION TO THE PRACTICAL STUDY OF MEDICINE. By Robert Hutchison, M.D., M.R.C.P., Demonstrator of Physiology in London Hospital Medical College, and Harry Rainy, F.R.C.P., F.R.S.E., University Tutor in Clinical Medicine, Royal Infirmary, Edinburgh. Philadelphia and New York: Lea Brothers & Co. pp. 562. Price, \$3.00.

We are sure the profession will concur with us in the statement that only by the intelligent application of approved methods of clinical investigation can a correct diagnosis be made in a given case.

But what are the approved methods of investigation, and how shall they be applied? These are questions which "Clinical Methods" attempts to answer in fourteen chapters, to which is added a short appendix containing tables of reference, formulæ of staining solutions, etc.

The subject first considered is naturally that of case-taking. The authors emphasize the value of accurate, comprehensive, systematic, and concise work in this direction, and present a case-taking scheme embracing the family and personal history of the patient; a general and special physical examination; diagnosis; prognosis; notes of the treatment and progress of the case and final results.

A separate chapter is devoted to the importance of close observation of general conditions and appearances, and of the deductions to be drawn therefrom.

The alimentary, circulatory, respiratory, excretory, nervous, and locomotor systems are each assigned a chapter, as also the examination of the eye, ear, nose, and throat; the clinical examination of children; clinical bacteriology, and the examination of pathological fluids. Each chapter is quite freely illustrated, though the cuts are of varying value and excellence, those relating to microscopical examinations being rather unsatisfactory, with the exception of the colored plates, which are of considerable merit.

The heavy-faced type used for sub-headings catches the eye readily and adds to ease of reference and division of topics.

Owing to the amount of subject matter, the volume would have appeared to better advantage as an octavo rather than as a duodecimo. The indexing is open to the criticism of incompleteness. A distinct sphere of usefulness is, however, occupied by "Clinical Methods" through its presenting and describing the latest methods of clinical investigation, and furnishing a necessary foundation of knowledge preparatory to the subsequent study of medicine.

ABOUT CHILDREN: SIX LECTURES GIVEN TO THE NURSES IN THE TRAINING SCHOOL OF THE CLEVELAND GENERAL HOSPITAL. By Samuel W. Kelley, M.D., Professor of the Diseases of Children in the Cleveland College of Physicians and Surgeons (Med. Dept., Ohio Wesleyan Univ.), etc. Cleveland: The Medical Gazette Publishing Company. 1897. pp. 180. Price, \$1.25.

Nurses should know something more than mere facts; they should know the basis upon which those facts are founded. Thus thinks the author of "About Children." Acting upon this belief he adds, throughout the book, suitable explanations of statements made. The principal subjects considered include a glance at the literature of pediatrics; a description of the peculiarities of the anatomy in infancy and childhood; definitions of terms, applicable at different ages; descriptions of pathological conditions; symptoms and their meaning, including a brief mention of the more common diseases of children, while the fifth and sixth lectures are more specifically devoted to actual nursing; to the general and special care of young patients, and the preparation of their food.

The principal criticism to be made is that the author has oftentimes studied brevity at the expense of his subject. Several of the

lectures, noticeably that on nursing proper, might have been amplified to advantage. What is said, however, is practical, true, and clearly expressed.

The laity can read this book with profit, and physicians will find it suggestive. Nurses should not attempt the care of sick children without the knowledge to be found in its pages. A book such as this, which evidences more actual experience than attempt at compilation, will always prove useful.

THE PRESCRIBER: A DICTIONARY OF THE NEW THERAPEUTICS. By John H. Clarke, M.D., F.R.G.S. American Edition. Revised and Enlarged by the Author from the Fourth English Edition. Philadelphia: Boericke & Tafel. 1898. pp. 258. Price, \$1.

Several editions of "The Prescriber" have given the author opportunity to perfect this work and give his American readers a carefully edited little volume. We take pleasure in noting that it consistently fills its avowed purpose, that of being an assistant to the application of a knowledge of the materia medica. It is in no sense a substitute for, but rather a supplement to, materia medica lore. The student will not get from this book the mistaken impression that there is a royal road to the mastery of the symptomatology of homœopathic remedies.

An alphabetical arrangement of subjects is naturally followed as in other editions; headings, sub-headings, and cross references being liberally supplied. Attenuation, dose, and frequency of repetition are suggested after each remedy. Practical points regarding auxiliary treatment are frequently incidentally given; new remedies, when proven efficient, have been added, and more complete system of classification has been adopted. Doubtless many physicians of experience as well as young practitioners will find this small dictionary of the new therapeutics a welcome reminder of remedial resources.

APPLETON'S POPULAR SCIENCE MONTHLY. Edited by W. Y. Youmans. New York: D. Appleton & Co.

The January number of this excellent monthly presents many articles of general as well as special interest. Among the former are the "Foreign Element in American Civilization," by A. H. Hyde, and the "Racial Geography of Europe," by Prof. William Z. Ripley; among the latter are the "Leipsic University memorial address on the deaths of Ludwig and Thiersch, the eminent scientists," by Prof. Wilhelm His, and the "Causes and Distribution of

Infectious Diseases," by Surgeon-General George M. Sternberg, M.D., LL.D.

The February number contains a curious article, entitled "In a World Half as Large," by M. J. Delbœuf, in which the writer calls attention to the inaccuracies in Laplace's *Exposition du Système du Monde*. "Physical Training in Colleges" is discussed by Dr. F. E. Leonard, of Obèrlin. Another article of much interest, also, is the first authorized American publication of Herbert Spencer's reply to Huxley's famous Romanes Lecture, which was originally published in the London *Athenæum*, and which appears under the title "Evolutionary Ethics."

CURRENT THOUGHT. Cleveland: O. C. Elton Blanchard, Editor and Publisher.

The initial (January) number of *Current Thought* is the successor of *Current Events*, a journal established in 1893. *Current Thought* will be published quarterly and will be a sociological review of matters pertaining to literature, economics, science, and art.

NEW MEDICAL PUBLICATIONS. An advance bulletin just come to hand announces the early appearance of several books that will doubtless prove of great value to the profession. These works are to be issued by Mr. W. B. Saunders, of Philadelphia.

Chief among them are several volumes of Lehmann's Hand Atlases, an English edition of the well-known German text. These volumes will be well and freely illustrated and carefully edited.

Other works are: An American Text-Book of Genito-Urinary and Skin Diseases, by L. B. Bangs, M.D., and Wm. A. Hardaway, M.D.; Val Valzah and Nisbet's Diseases of the Stomach; Keen's Surgical Complications and Sequels of Typhoid Fever; Dr. Chapin's Compendium of Insanity; Moore's Orthopedic Surgery; Stengel's Pathology; Heisler's Embryology; Kyle on the Nose and Throat; Hirst's Obstetrics, etc.

Early reviews, on publication, may be looked for in the GAZETTE.

---

## REPRINTS RECEIVED.

---

Deficient Excretion from Kidneys not Organically Diseased and Some of the Diseases Peculiar to Women, and Diseases of the Skin. By L. D. Bulkley, A.M., M.D. Reprinted from the Journal of the American Medical Association.

The Clinical Value and Chemical Results of Using Professor Gaertner's Mother Milk in Children. By Louis Fischer, M.D., and Herman Poole, F.C.S. Reprinted from the *Medical Record*.

Resection and Advancement of the Levator Palpebræ Muscle in Traumatic Ptosis. By Charles A. Oliver, A.M., M.D. Reprinted from the University Medical Magazine.

---

### PERSONAL AND NEWS ITEMS.

---

"SURGICAL ERA" is the title of a new department inaugurated in *Chicago's Medical Era* under the fostering care of Dr. Charles Adams, a well-known surgeon in that lakeside city. Dr. Adams will assume the exclusive editorial control of the new department.

DR. T. M. STRONG, having resigned the position as resident physician of the Massachusetts Homœopathic Hospital, has removed to Hotel Ilkley, 176 Huntington Avenue, and will devote himself exclusively to the medical and surgical diseases of the nose and throat. The doctor may be consulted before 9.30 A.M. and between the hours of 2 and 4 P.M.

A VACANCY AT WESTBOROUGH. — There will soon be a vacancy on the medical staff of the Westborough Insane Hospital. Applicants for the position of assistant physician must be graduates of a homœopathic medical school. Address for further information, Dr. G. S. Adams, Superintendent, Westborough, Mass.

DR. BYRON D. SPENCER, formerly of Union, Me., after taking a course in surgery in New York City, has located at 290 Main Street, Bangor, Me.

DR. HORACE G. KEITH has removed from 2 Hudson Street to 107 South Broadway, Yonkers, N. Y.

OF INTEREST TO PHYSICIANS. — An intelligent and earnest homœopathic physician is wanted to fill a position in the Melbourne Homœopathic Hospital, Australia. Traveling expenses and a desirable salary are offered. Dr. J. P. Sutherland, of Boston, will be pleased to give further particulars. He may be addressed at his residence, 295 Commonwealth Avenue.

IN PORTLAND, ME. — The regular monthly meeting of the Maine Academy of Medicine was held Monday evening, January 10, at the Maine Eye and Ear Infirmary building, Portland. Dr. Wedgewood, of Lewiston, the president of the academy, presided and called the meeting to order.

The paper of the evening was by Dr. G. W. Merrill on "Digestive Agents." The subject was ably treated by Dr. Merrill, and was followed by a general and interesting discussion.

A banquet was served later on, and at its close Dr. Albert Walton, of New York, spoke instructively on the use of oxygen and kindred gases in the treatment of pulmonary and other diseases.

It is worthy of note that homœopathic physicians are members of this academy, and that homœopathic non-members are frequently among its welcome and honored guests.

IN PROVIDENCE, R. I. — The forty-eighth annual meeting of the Rhode Island Homœopathic Society was held at the Narragansett Hotel, Providence, January 14. The exercises of the entire session were under the direction of the retiring president, Dr. T. H. Shipman. The reports of the secretary and of the treasurer showed the affairs of the organization to be in a prosperous condition and the membership to exceed forty-five. The following officers were elected for the ensuing year: —

President, Sayer Hasbrouck, M.D., Providence; vice-president, Louis D. Lippitt, M.D., Olneyville; secretary, John H. Bennett, M.D., Pawtucket; treasurer, Mortimer H. Sanger, M.D., Providence; censors, Drs. H. A. Whitmarsh and Mary D. Moss, of Providence, and Charles H. Barnard, of Centredale.

The scientific session was opened by the annual address of the president, Dr. Shipman, on the "Physiology of the Sexual System." It was a plea for a closer investigation of pertinent natural laws and a broader dissemination of what is already known. Dr. George B. Peck spoke of his institute experiences, refuting thereby most of the charges made

against the methods of the American Institute of Homœopathy. His reminiscences were called from observations made at the last nineteen sessions of that organization. Dr. Henry A. Whitmarsh treated of the examination of the abdomen, reporting illustrative cases and exhibiting pathological specimens. Dr. J. H. Bennett reported on consumption, its treatment with aseptolin, detailing gratifying results from its use in twelve cases. Dr. John P. Rand, of Worcester, presented a new collection of statistics concerning gallstones, which tended to show their ultimate cause is constriction of the gall duct. Dr. J. K. Warren, also of Worcester, spoke on the "Surgery of the Gall Bladder." Brief discussions followed each paper. Dr. Asa W. Brown, a member of forty-four years' standing, gave brief reminiscences of that early time.

---

#### OBITUARY.

DR. IRVING STORER HALL died of apoplexy at his home in Waltham, November 23, 1897. Dr. Hall was born in Augusta, Me., April 21, 1845; studied medicine in that city under Dr. James B. Bell, now of Boston; graduated from Hahnemann College, Philadelphia, in 1867, and settled in Hallowell, Me., the same year.

He studied in Europe from 1868 to 1870, when he returned to Hallowell and practised there until 1872, when he removed to Waltham. Dr. Hall was a member of the Hahnemann Club of Boston, and one of the Medical Board of the Waltham Hospital.

His pleasing personality and upright character won him many friends, by whom he will be deeply regretted.

---

#### PUBLISHERS' DEPARTMENT.

##### A FEW FACTS.

While it is quite true that the principal homœopathic pharmacy in New England is that of Otis Clapp & Son at 10 Park Square, Boston, and that each and every homœopathic remedy may be obtained



there in the purest and most reliable form, it is also of interest and importance to the profession and their clientele to bear in mind that this pharmacy is supplied with goods other than tinctures, aqueous extracts, tablet triturations, triturations, dilutions, medicinal and dietetic preparations.

**INSTRUMENTS.** — This firm carries constantly a line of surgical instruments made by the best makers and embodying the most improved views of eminent surgeons of to-day. These instruments are for general operating work; instruments for special service may be ordered through this firm and will also be made to order after any desired pattern. Gynæcological, urethral, rectal, and obstetrical instruments, instruments for dissecting and *post-mortems*, can be found in stock at Otis Clapp & Son's.

**SURGICAL ACCESSORIES.** — An enumeration of these is hardly necessary, for a list will at once occur to every man and woman engaged in this line of work. We would suggest, however, that such accessories be obtained at 10 Park Square, Boston.

We venture to mention a few of the accessories which the surgeon finds so essential, and which may be ordered from Otis Clapp & Son: Antiseptic and absorbent dressings: gauze, lint, antiseptic wool, absorbent and styptic cotton; gauze, cotton, rubber, and plaster of Paris bandages; silk, catgut, and wire sutures; glass and rubber drainage tubes; surgeons' adhesive plaster; tourniquets; flexible and contractile collodion; ether and ether inhalers; syringes and irrigators; water bottles; ice bags and caps; catheters; antiseptics in liquid and powder form; medicated oils; cerates; suppositories; hypodermic syringes; hypodermic tablets; sterilizers; surgical and laparotomy pads; rubber sheeting and tubing; surgical chairs and tables. These surgical accessories and others may be had, if desired, from Otis Clapp & Son.

**SPLINTS.** — The subject of splints demands a paragraph, though a short one. Splints can be procured of the above-mentioned firm in sizes and shapes desired, singly or in sets. In addition to metallic splints, wood fibre may be ordered. This substance is meeting with considerable favor, and is preferred in many cases because it can be moulded or shaped to fit any part of the body. Being obtainable in sheets, various sizes of splints can be cut from them.

**MEDICINE AND INSTRUMENT CASES.** — A few words under the above heading should be of interest, for every physician will find it to his advantage to inspect the line of medicine and instrument cases carried by Otis Clapp & Son.

Medicine cases are furnished in morocco, seal, etc., in different sizes, from the smallest pocket to the most capacious buggy case, and arranged for vials of varying capacity and number. Any style or size of case desired will be made to order at a slight advance in price.

Instrument cases may also be had and ordered in different styles and sizes, with or without instruments. Especial attention is called to the folding pocket cases in morocco and sealskin. The needs of students in the matter of cases have been considered as well as those of established practitioners.

ELECTRICAL APPARATUS. — So much attention is now being paid to the use of electricity in the treatment of many morbid conditions that we are sure it will be of general interest to the profession to know — if indeed it does not already know — that Otis Clapp & Son's pharmacy in Boston is a centre of supply for all apparatus used in electro-therapeutics. Batteries, faradic, galvanic, and cautery; batteries for physicians and others for family use; pocket batteries, centrifuges, dental cataphoresis outfits; electrodes, milimeters, rheostats, static influence machines, and X-Ray apparatus; battery cords, battery fluid, battery zincs, etc., can be obtained at 10 Park Square, Boston.

A skilled electrician has charge of this department, and all orders will receive his personal attention.

---

FOR SALE. — A good homœopathic practice in a town of 2,300 inhabitants, within easy reach of Worcester, Mass. Collections very good. For particulars address Dr. D., care of Otis Clapp & Son, 10 Park Square, Boston.

“ONE OF THEM KINGS.” — One of our United States vessels lying in the port of Naples some years ago was visited by a large number of shore dignitaries in most gorgeous uniforms, one of whom, carelessly leaning against a canvas ventilating shaft, vanished quickly to the lower regions. An old tar who saw the performance went to the officer of the deck and touching his hat said, “If you please, sir, one of them kings has just tumbled down the hatchway.”

What measures were taken for his relief are not stated, but we may assume from the foregoing that whatever they were, they were undertaken with a due regard for the established order of things rather than for the rank of the visitor. — *Exchange*.

FOR SALE. — American typewriter in good order; new last spring. Price, \$5.00. Address “A. T. L.,” 10A Park Square, Boston.

# THE NEW ENGLAND MEDICAL GAZETTE

---

---

No. 3.

MARCH, 1898.

Vol. XXXIII.

---

---

## COMMUNICATIONS.

### ANNUAL ADDRESS.

[*Delivered before the Boston Homœopathic Medical Society, January 6, 1898. By George B. Rice, M.D.*]

*Ladies and Gentlemen of the Boston Homœopathic Medical Society :*

By virtue of custom, the retiring president of this society is privileged to address you at this, the annual meeting, on a subject of his own choosing. The few remarks to which your attention is asked were suggested from time to time during the past year by the work of this society, and by making a final review of its transactions.

In making this review, I have been impressed by this fact : that few, very few of the papers and discussions have been of such a nature as to impress an impartial observer with the belief that this society was deeply interested in the advancement of homœopathy. In other words, homœopathy has been "conspicuous by its absence."

For instance, the proceedings of the Materia Medica Section, held in November, although intensely interesting and instructive, did not add to our knowledge of homœopathic drug action in the slightest degree.

The same may be said of the Section of Mental and Nervous Diseases. For the reason that we are trying to demonstrate to the public, through our State Asylum and other institutions, the superiority of homœopathic treatment over other methods, it would seem that the omission of

homœopathic therapeutics from papers and discussions here was an error.

In the management of pregnancy, and in the treatment of the diseases peculiar to women, we have claimed superior results from medicines prescribed according to the totality of symptoms, yet but one or two allusions to a homœopathic remedy were made as an aid in the treatment of these cases at the report of this bureau in March.

I will not weary you by detailing further the proceedings of each bureau in this regard, for the instances given are fair examples of the work done in other sections; good work, it is true; thoughtful and instructive papers have been presented, papers showing extensive research and careful study of the subject considered, but little homœopathy.

It is not my place to criticise you as a society, but the question naturally arises, — and it seems to me that it is the place of the retiring president to propound such a question to this society for its consideration, — Whither are we drifting? and if homœopathy be not the guiding motive in our discussions and papers, what reasons have we for existing as a society under the present name of “The Boston Homœopathic Medical Society”?

It is not difficult to find reasons for our present trend of thought, for perhaps at no time in the history of medicine, since the days of Samuel Hahnemann, have so many and important changes taken place as during the immediate past. The tremendous advancement in surgical technique; the new interest awakened in diseases and injuries of the osseous system by the X-Ray discovery; the advent of serum-therapy, bringing possible control over the heretofore dreaded disease, diphtheria, and of other intractable affections; increased knowledge and interest in hygiene and sanitation; and the enthusiasm of those physicians making a special study of certain organs of the body, with a greater accuracy in physical diagnosis as the result of this special study, — these are some of the causes for our diversion.

Again, many of us are drawn away from homœopathy by the mass of useless imaginative material encumbering our

*Materia Medica* — a work which is used, nevertheless, by the large majority of homœopathic physicians ; while only those who have had extensive bedside experience can use it intelligently and can “ separate the wheat from the chaff.”

I am not unmindful of the fact that certain of our colleagues are devoting their lives to the work of building a new *Materia Medica*, less voluminous and with fewer inaccuracies ; but the support has not been great on the part of some, because it is their preference to indulge in imaginative prescribings rather than give time to the sober consideration of material things, and further, because of the belief that with the death of our great teacher, Hahnemann, progress in the knowledge of drug action ceased.

As progressive physicians, we are active in all branches of medical science, but if we approach this matter fairly and squarely we must recognize that something more is expected of us than knowledge of the experiments which are being conducted in branches of medicine and surgery by investigators not holding our therapeutic beliefs. The public expects more than this. Physicians of the dominant school, particularly the younger members, are saying, “ Demonstrate this therapeutic theory of yours to us in a scientific manner, in a manner according to our present anatomical, physiological, and pathological knowledge, and we are ready to give you respectful hearing.”

Years ago, when this society was founded, the attitude of the so-called regular school was totally different. It required courage then to say to the world, “ I believe in the law of similars, as demonstrated by Hahnemann.” Those who had the cause of homœopathy so strongly at heart then are the very ones who have developed this society to its present condition, and some of them are active in society work today. Is it not the duty of the younger members to share this burden of investigation along homœopathic lines ? Very many of us owe our present standing in the community and our incomes quite as much to the college and medical society as to our own efforts. Should not this be recognized ? and how better can it be recognized than by en-

deavoring to so establish the truth of the Hahnemannian law as to lead to its adoption by progressive men and women of all schools and nations? This end surely cannot be accomplished by the neglect of homœopathic therapeutics in our meetings.

How can we better understand a few of the already well-proven drugs? By what means can our *materia medica* be made more concise and within the comprehension of the average intellect? Do local applications interfere with the action of the indicated internal remedy? To what extent are we justified in using such adjuvants? Are there certain pathological conditions which cannot be reached at all by the homœopathically prescribed remedy, as at present understood? Are not these questions worth the while answering? If we are worshipping false gods, is it not time that we found it out? But if, as I believe, as we believe, the homœopathic method of curing disease surpasses every other, and can be so demonstrated, then our position becomes an enviable one, and the struggle will be rewarded by official recognition, by control of governmental, state, and city institutions with which we now have little or nothing to do. Is not this a work we *must* do if we wish to retain our self-respect, the respect of the public and of our fellow-workers in the cause of medical science?

In this connection it seems fitting to say a few words regarding specialists; and in what I am about to say I claim no originality of thought. You are aware that the specialist is the natural product of advanced knowledge. Specialists are not confined to the medical profession alone. The ministry, the law, the arts, civil and mechanical engineering, and other callings, all have their specialties. Regarding medicine, it has been found that minute anatomical, physiological, and pathological knowledge of the whole body, which can be brought into use instantly, as required, is well-nigh impossible, and beyond the grasp of the ordinary mind; and when is added to this a necessary training of eye and ear, and a skill of hand enabling one to make proper diagnoses of parts diseased, and to treat them with a degree of

skill the public have a right to expect, it is not to be wondered that the specialist becomes a necessity. This of specialists in general. Of the homœopathic specialist it is demanded that, in the light of increased knowledge of special organs, and of increased skill in diagnosing diseases of these organs, there also is shown increased knowledge of homœopathic drug action upon the special part.

The true homœopathic specialist is not one who, with the ink on his sheepskin still wet, chooses certain portions of the body for special attention because it seems easier, and he has less to learn than the general practitioner. Nor is the true specialist the patient-snatching person, who is always cauterizing tissues, applying astringents and shotgun local applications, resorting to surgery on the slightest pretence; given also to the constant use of drug-store prescriptions "for strong medicines of which he knows nothing to be put into a body of which he knows less," as Dr. Holmes puts it. No; the true specialist is one who, after college training and some years of general work, finds greater interest and adaptability in treating some organs than others; and who, after special study, enters the field, not as a competitor of the general practitioner, but as his co-worker and helper in the chosen field of labor. The interests of the general practitioner are jealously guarded; the question of how much money is in the case has no influence in the interest or care bestowed; and, above all things, the cause of homœopathy is advanced by cures resulting from accurate prescriptions, and proper aids to nature in the way of cleanliness, of alterative local effects, of conservative surgical measures.

The work, then, for the specialist in this society is to accurately determine the power or lack of power of the homœopathic remedy to cure diseases having certain local manifestations, and if a lack of such power is found, to fearlessly say so, giving an opinion regarding more curative measures. We have now the confidence of the public here in Boston. It is a confidence which must be kept by our being *honest*. We have large hospitals which must demon-

strate their superiority over other institutions by the better results obtained from homœopathic medication. We have a school of medicine in which we all take pride. Its graduates must be the equal of graduates from old-school colleges in the groundwork of medical knowledge, and their *superiors* in therapeutic knowledge and ability to cure disease.

Ladies and gentlemen, our society should be, and is, something more than an organization where papers are read on scientific medical subjects. It is a brotherhood which is looking to the advancement of the ethical as well as scientific knowledge. It represents a class of practitioners who are striving to separate more and more widely the physician from the medical tradesman. It holds that self-laudation, both by mouth and by printers' ink, that records of wonderful cures performed upon hundreds of patients met in private practice by physicians of but very few years' experience, have no place in its meetings; that papers other than those presented for the imparting of knowledge and the desire for scientific advancement are not worthy a hearing. It tries to show that the true physician considers self-advancement in position, in financial matters, and in general popularity as of entirely secondary consideration; and by these methods, and these alone, it hopes to increase in influence, to promote all that is honest and above reproach, and to advance the cause of homœopathy.

---

## A REFLEX NEUROSIS DUE TO PYELO-NEPHRITIS AND TERMINATING IN DEATH BY APOPLEXY.

BY DE ETTE BROWNELL, M.D., WESTBOROUGH INSANE HOSPITAL.

[*Read before Boston Homœopathic Medical Society, February 3, 1898.*]

Lesions in the urinary tract are frequent causes of neuroses in the male and in the female, perhaps more often than is generally suspected. There is a disposition to attribute the cause in the latter to ovarian or uterine disease, and often it happens that a marked psychosis is said to have been produced by uterine disease when, on examining the urine, it has been found to contain pus, blood, and casts.



The case I am about to report would probably never have been committed to an insane hospital had the urine been examined before admission. The urine would have revealed a grave kidney lesion, and an unfavorable prognosis might have been deduced from that alone.

The case, Mrs. A. N——, aged fifty years, no children, was committed to the Westborough Insane Hospital, November 5, 1896. The duration was given as six weeks, and the cause "nervous trouble." She was a nervous invalid in the extreme sense, but her condition was primarily a reflex neurosis, and could scarcely have been classified as one of the psychoses during any part of her illness.

Her family and friends had a vague idea that "the time of life" and her "run-down condition" were the main sources of trouble, and that a little while in the hospital would, no doubt, effect a cure. That the family physician concurred more or less in this opinion was learned later. It was, therefore, with much hope that she was placed in our care. She was poorly nourished, weighed eighty-four pounds, height five feet six inches, circumference of chest twenty-nine and one half inches; was practically helpless, too weak to stand, and a bedsore had developed over the coccygeal region, due to pressure and frequent wetting. There seemed to be no real paralysis of the sphincter vesicæ muscle, only a frequent and intense desire to urinate.

The menopause commenced at about forty-five and ceased about fourteen months before she came to the hospital. On examination the uterus was found to be in the second degree of prolapse. The ovaries could not be outlined, but the tubes were felt near the uterus. On admission the patient's temperature was normal, and at no time until the last was there fever. A heart lesion was suspected by the family, and when examined a slight murmur could be heard.

She had a thin watery diarrhœa, and complained of thirst; craved acids and fruit. The nervous symptoms were extreme restlessness and irritability. In her normal condition she enjoyed society, and possessed a cheerful, patient, and gentle disposition; under the influence of physical disease she

became irritable, fault-finding, and at times profane. No portion of her body seemed free from pain. The character of the pain was neuralgic, and it seemed to be centred chiefly in the back and limbs. She was unable to move the right lower limb, and touch sensation in both limbs was slightly diminished.

Moving caused pain, yet the uncontrollable nervous restlessness caused her to toss about and try to turn, frequently screaming out in her distress at the attempts to do so. At first her hands were never quiet. She would tear handkerchiefs, sheets, and gowns, or anything that came within her reach. She did not do this from delusion, but simply because she could not keep quiet. I finally gave her old muslin and newspapers at night at her request and she tore them with equal satisfaction. She talked sensibly at all times regarding herself, describing her symptoms minutely. Restlessness and pain, accompanied with more or less insomnia, were quite constant for two months.

The urine on admission was as follows: Daily quantity 38 ounces; reaction acid; sp. gr. 1010; solids all diminished; urea 1 per cent; albumin a trace; sediment by centrifuge consisted mainly of pus with fragments of casts, epithelial, squamous, and many round cells. A week or two later red blood corpuscles were observed. After about two months the patient seemed to improve. She slept more, ceased tearing and screaming at night, grew more cheerful, and looked better in every way. The diarrhoea lessened and the bed-sore healed entirely. Two months from the day of admission she was able to walk and continued to do so until the last. The urine, however, was never free from pus, and the sp. gr. never above 1011. Frequent urination persisted, though she was able to control the desire for short periods of time. All through her illness at the hospital the daily quantity of urine averaged 36 to 38 ounces. The urea was rarely above 1 per cent estimated by the Doremus method.

Five months from admission the patient had improved to all outward appearances; weighed eighty-eight pounds, and seemed so much better that the family desired to take her

home. She still felt weakness and soreness in the abdomen, but could sit up nearly all day and walk about with comparative ease. On the morning previous to the day set for her to go home and while combing her hair, she suddenly became unable to speak and could not move the right arm or leg. Her head and eyes became much drawn to the left. When seen by the physician a few minutes later the breathing was stertorous and pupils unequal. She seemed to recognize those about her and tried to speak, but was unable to frame the words. Two hours later the temperature was normal. The next day she was about the same, only that she could articulate "yes" with difficulty, though quite plainly. The second day after the attack the temperature rose to  $102.6^{\circ}$ ; the third day,  $105.6^{\circ}$ . The pulse was correspondingly high, reaching 125. Patient continued to fail after the first rise of temperature and died the fifth day from the occurrence of the hemiplegia. After the second day she was not able to articulate a word, but moaned frequently.

We began the treatment of the case at the time of admission by giving every two hours the trituration of cup. ars. 3 x, dissolved in water. We have found no better remedy for cases that present pus in the urine together with casts, thereby indicating an involvement of the kidney. (Boric acid internally seems more useful in cystitis.) A light nourishing diet, Mellin's Food, milk, and cereals, was used at first, also eggs. She craved unfermented grape juice and it was allowed, never apparently aggravating the diarrhœa.

An autopsy was permitted and made the day following her death. In the thoracic cavity nothing of special interest was found. The heart was a little below normal in size, and there had evidently been some insufficiency in the pulmonary valves, for the reason that a small ante-mortem clot was found in the right ventricle. The contents of the abdominal cavity were removed and examined. The liver weighed  $38\frac{1}{4}$  ounces. The left kidney weighed  $33\frac{1}{2}$  ounces, its length was  $10\frac{1}{2}$  inches; greatest circumference  $10\frac{1}{2}$  inches and smallest  $9\frac{1}{2}$  inches. It presented a state of suppuration and cystic

degeneration not often seen. On laying it open it was found to be made up of many cysts varying in size from one inch in diameter to those the size of a pea. They also varied in appearance. Some were filled with a transparent fluid, others with a semi-opaque, and still others filled wholly with pus. Where the urine came from we were at a loss to conjecture while making the autopsy. Why we had never been able to find a whole cast was made very plain indeed. We therefore concluded that the primary cause of the neurosis was suppurative nephritis, and that it must have existed for years. This explained the cause of her having been in ill health so long. Her husband had told us that she commenced to break down soon after their marriage, twenty years ago, but had been much worse during the last five years. He also added, "But kidney trouble was never suspected until she entered your hospital."

The post-mortem examination of the brain revealed nothing externally. The brain was removed and weighed 46½ ounces. In order to harden, it was placed in 5 per cent formaline.

A few months later the left hemisphere was examined by making sections horizontally, commencing at the upper surface and proceeding to the base.

The cause of death was found to have been a large hemorrhage from a small branch of the lenticulo-striate artery. The hemorrhage had destroyed almost wholly the body of the lenticular nucleus, compressing the fibres of the internal capsule in its upper levels. The pressure was apparently restricted to those fibres in the anterior half of the capsule. The hemorrhage was very extensive, covering upon horizontal section an area of about 1½ inches in diameter, and nearly reaching the surface of the Island of Reil. The fibres of the internal capsule were apparently not compressed in the lower levels. The external capsule was largely destroyed. Now, considering that the graphic centre lies in the middle central convolution and the auditory centre in the temporal lobe, the visual centre in the occipital lobe in region of calcarine fissure and also the angular gyrus, it

is obvious that any connecting fibres between these various centres passing between the clot and the Island of Reil, either by means of the capsular externa or otherwise, must have been interfered with by the pressure. It is not known just where the association fibres run, and cases like this are of immense value to the student of aphasia.

It is interesting to note that although the hemorrhage was extensive, there was not an early loss of consciousness. For nearly two days she apparently knew those about her and tried hard to speak, only succeeding the second day in articulating "yes."

The conjugate deviation of head and eyes toward the side in which the lesion occurs is an interesting symptom in cerebral apoplexies. When death takes place rather quickly it persists to the last. In this case the patient's head was turned to the left from the beginning of the apoplexy to the end.

The location and the extent of the apoplexy are shown in the illustration given below, and also the suppurative condition of the kidneys in the cuts following.

PLATE I. BRAIN.



A longitudinal section,  $2\frac{1}{2}$  centimeters from base of brain. The hemorrhage involving a portion of the internal capsule, the lenticular nucleus, claustrum, external capsule, and almost to the cortex of the Island of Reil.

PLATE I. KIDNEYS.

Right Kidney.



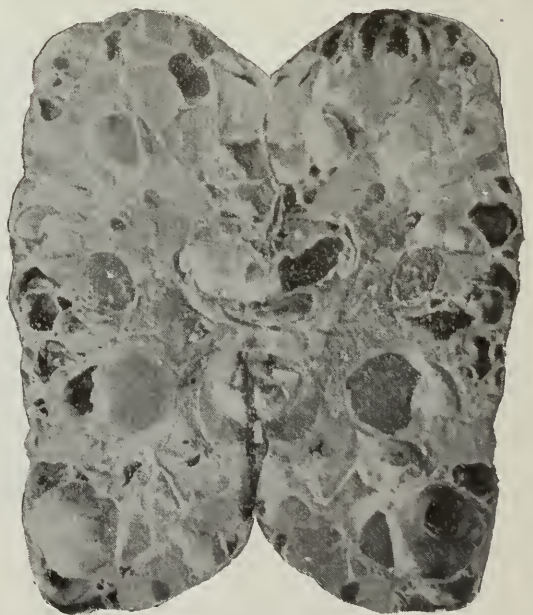
Left Kidney.

PLATE II. KIDNEY.

PLATE III. KIDNEY.



Right Kidney, opened longitudinally, showing cysts and abscess cavities.



Left Kidney, opened longitudinally, showing cysts and abscess cavities.

[The apparent size in this illustration is due to a shorter focus.]

## FRAGMENTARY OBSERVATIONS ON STREET AND CARPET DUST.

BY CONRAD WESSELHOEFT, M.D., PROFESSOR OF PATHOLOGY AND THERAPEUTICS  
IN BOSTON UNIVERSITY SCHOOL OF MEDICINE.

[*Read at the Annual Meeting of the Boston Homœopathic Medical Society.*]

It has long been an object of interest to me to ascertain what part the ordinary dust of streets and that of dwelling-houses plays in relation to infectious diseases.

Although each kind of dust should be subjected to a separate examination, certain circumstances combine to make these two kinds of dust identical. Let us examine in general the condition of our streets in order to see what their dust is composed of. In the first place, we observe that all streets are paved or macadamized with stone and mineral material generally. Also that this, by constant wear of wheels and hoofs, is ground into a fine powder, very observable when the wind blows. But that this mineral matter cannot be the only component of street dust is very evident when we consider the large quantity of horse dung daily deposited upon the streets, and that this is but scantily removed by scavengers. The rest remains to be ground up with the mineral matter, and is deposited in dwellings in large quantities in dry windy weather.

Another subject well worthy of investigation is the deposit of horse urine in the streets. This can be seen standing in pools in the gutters, mixed with organic matter of other kinds, and is only removed at long intervals by heavy showers, when it is washed into the sewers.

It is, therefore, not only possible but also probable that all this organic matter, during periods of mild temperature, forms one of the most prolific culture mediums for the production of every variety of microbes. Now, with regard to house dust, it is well known to every housekeeper and to those who have watched the arrangement of the common hot-air furnace that this, by means of the "cold-air box," communicating with the air, usually on the street side, conveys

large quantities of this street dust through the air chamber of the furnace, and thence through the hot-air pipes into the rooms of the house, where it is always seen in clouds whenever the registers are opened or closed. This dust is then mixed with other forms of dust generated in the house itself, and is invariably deposited in and beneath every carpet and rug, where it is stirred up every time one walks over them, to be inhaled by the members of the family; and it is not an extremely difficult matter to prove that this dust contains the germs of many of the prevalent infectious diseases.

The examination of this dust by every bacteriological method has been diligently made by many others and much more expert hands than mine. The results are also well known and bear out the theory that such dust is deleterious to the health of the community; it is, nevertheless, an investigation so full of interest, that I wished to see with my own eyes what others had seen and described.

For this purpose I collected a quantity of street dust which had collected on the horizontal part of the air box of my furnace. Secondly, I obtained from a carpet-sweeping establishment a quantity of carpet dust which collects on the apparatus in large quantities, and has the advantage of being the product of a variety of households.

*Street dust* is a gray powder which feels gritty between the fingers; but its peculiarities are only partially revealed by the microscope. For this purpose a small pinch is placed upon a slide, gently shaken from side to side, and the coarser part allowed to drop off, leaving only a fine dust on the slide. This, under a cover glass, may be examined in the dry or wet state. It is then seen to consist of a large proportion of organic fibres and other particles of fragmentary organic matter of vegetable origin; with and among these there is seen much amorphous matter of yellow color and somewhat translucent; it occurs in small particles as well as in larger fragments; all peculiar by their yellow color, which is also that of the organic vegetable fibres. This is evidently dried organic matter derived from horse dung; the vegetable fibre being that of the hay and oats, while the amorphous, trans-



lucent, yellow matter is in all probability dried intestinal secretion, constituting about one quarter of the street dust.

Another quarter of the dust consists of numerous black particles with jagged edges and glistening fracture surfaces. This is evidently coal dust blown into the street during the delivery of coal to the dwelling-houses.

The most numerous ingredients are white crystalline particles, varying from  $\frac{1}{3000}$  mm. to any size above that. They are transparent, with sharp edges or in blocks, and all are of pure white color and of glassy appearance, evidently fragments of quartz sand. Pure quartz sand, taken as a test, exhibits the same features. Among this mixture of substances there are also found various kinds of hairs and textile fibres.

*Carpet dust* appears as a gray powder, a little darker than street dust, and is mixed with much woolly fuzz. A pinch of this shaken over a slide leaves a fine dusty film. This can also be examined in the dry state, or moistened with a drop of water. In either case there are to be seen numerous textile fibres of all colors, such as are prevalent in carpets. All of these fibres have adherent to them numerous black particles of coal like those described as being found in street dust. Besides these the particles of quartz also abound; while the fibrous and amorphous organic matter, though less in proportion than in the street dust, is also well represented. There are the same fibres of vegetable origin, and likewise the yellow translucent, amorphous material which is suggestive of dried intestinal secretion of the horse.

It should not be forgotten that the urine and fecal matter of dogs, so numerous in our streets, must also be taken into consideration in estimating the hygienic condition of our streets. From curbstones and doorsteps this filth is washed into the street where it mingles with the rest to form the dust we have to inhale. The presence of this organic substance is made conspicuous by the appearance of numerous flat, nucleated bodies like bladder or intestinal epithelium.

This, however, is only what the microscope shows in rough

outline, and though highly suggestive, it does not reveal the finer constituents of either kind of dust. In order to observe these, much more accurate bacteriological methods have to be made use of. And for the work done in this direction I am greatly indebted to the painstaking labors of Mr. T. R. Griffith of our Senior Class, whose notes I use here. His method was the usual one; that of making cultures from each kind of dust in nutrient broth, and thence inoculation of gelatine and agar-agar in plate cultures. From these plates the various separate colonies were transferred into gelatine tubes and pure cultures obtained; from which the varieties were studied on other media.

The information was thus gained that in the street dust there were found fewer varieties of bacteria than in the carpet dust. So far only five or six were found; but among these there were recognized the bacillus of tetanus, Klebs-Loeffler bacillus (of diphtheria).

In the carpet dust the varieties seemed to be much more numerous, as it was possible to isolate no less than twenty-eight, estimated to be about half of the whole quantity cultured. So far as we were able to determine, the number of pathogenic bacteria in this was small, but there were isolated with tolerable certainty: *Micrococcus coryzæ*, Friedlænders bacillus (pneumaniæ), *staphilococcus pyogenes albus*, bacillus of typhoid. (This was probable because in all its reactions and appearance it resembled this bacillus.)

It is possible that the relative number of bacilli in the two kinds of dust was due to many being killed by the sun before having been collected in the air box of the furnace. What was determined as tetanus bacillus in the street dust was very plentiful, and may be accounted for by the greater vitality of this microbe. Another reason for the smaller quantity of pathogenic microbes is, that these do not thrive well in soil containing larger quantities of non-pathogenic microbes, which seem to have the property of destroying the pathogenic kinds by absorbing their food.

The very cursory and imperfect results obtained are owing to the want of time and material to carry out more compre-

hensive investigations. In order to accomplish these it is necessary to subject all the varieties of microbes found to tests which would enable us to distinguish the pathogenic from the non-pathogenic kinds. The only way to do this would be to inoculate animals, such as dogs, rabbits, guinea-pigs, etc., with each variety of microbe found, and thus observe results. Such material and the time required were not at our disposal; still, there was much satisfaction in having personally observed, even in part, that which our literature on the subject contains.

Imperfect as these observations are, we find them amply supported by the observations of others, and from them it is now well known that the dangers besetting the inhabitants of the earth surround them on all sides; in the air we breathe, in the water we drink, as well as in the earth under our feet. We were enabled to confirm the observation that the tetanus bacillus was very plentiful as compared with other varieties; and that this is to be attributed to its greater vitality. It is found most abundantly in tropical regions, the inhabitants of which are more subject to the disease than those of colder zones. M. Verneuil has laid stress on the fact in localities where horses are kept in considerable numbers, the prevalence of tetanus is relatively greater, and that the specific organism abounds in and upon stable floors.<sup>1</sup>

If our own observations are correct with regard to the great preponderance of equine organic matter in our street and house dust, this would also coincide well with M. Verneuil's observations, for it would probably be impossible to invent a better culture medium than the intestinal secretion and urine of horses and dogs with whose excrements our streets are daily inundated. Nevertheless tetanus is not a very common affection as compared with its prevalence in warm countries like India, Egypt, Mexico, etc. In Bombay alone there were reported 1,935 cases in five years (L. C.). Now, it may be that the tetanus bacillus, being bound especially to the soil, is more likely to infect people going barefoot as they do in hot countries; while its greater scarcity

<sup>1</sup> *Hahnemannian Monthly*, January, 1898, from *International Journal of Surgery*.

at the north may be accounted for by the very general protection of the feet and body.

Those who have been interested in reports and lectures about expeditions to the Arctic regions, especially those of Franklin, Kane, Hayes, Hall, Payer, De Long, and lastly of Nansen, must have been struck by the immunity of those explorers from infectious disease in the Arctic regions. There the members of those expeditions always enjoyed good health as long as they had food enough; and this healthfulness was still more secured in latest times by improved methods of sterilizing and of packing food for Arctic voyages. It is observable that before sterilization became an art, scurvy frequently attacked the voyagers, and it seems that this was not alone due to scarcity of food, but probably more to its imperfect preservation.

It is observable that none of Nansen's party had scurvy or any other disease; not only because they lived well, but because their food was not only selected with special reference to its nutritive quality, but also was sterilized and packed with the utmost care. On the other hand, meats and other food did not become spoiled at those high latitudes with a temperature almost constantly considerably below zero. Reindeer meat was perfectly good after having been kept for months, probably because microbes, and especially the streptococcus septicus, and others of that genus, found the climate too uncongenial. Another interesting and instructive observation was that during the three or more years of Nansen's sojourn at the high north, none of his party had so much as a "cold," while, if I am correctly informed, they had severe colds soon after their return to balmy Norway.

It may be a hasty conclusion, though not altogether wrong, that what we call "colds" are after all due to the presence of a pathogenic microbe. These colds could not well be ascribed to sudden changes of temperature because the changes the Nansen party underwent were not sudden. They were gradual going north, when the health of the party actually improved as the cold increased; while "colds" set

in after their return, when the change was also gradual to warmer air, but into regions where microbic life abounds.

As it is evident that microbic life pervades our regions, it is a deplorable fact that our streets are converted into culture grounds for organisms that constantly threaten the health of the community, and we may all hopefully look for the time when it will no longer be unavoidable to saturate the surfaces of our streets with material upon which microbic life thrives better than upon anything else; that is, organic refuse from the animal body; this, ground into a fine dust, pervades our dwellings, and produces some of the various infectious diseases with which we have to struggle. The reduction of horses through the use of electric cars may already have made a difference in favor of a lower rate of mortality; and the future will reap still greater benefits from the introduction of horseless vehicles, from cremation, and from the burning of garbage.

---

YELLOW FEVER ZONES.—Regarding the distribution of the disease (yellow fever) Guiteras recognizes three areas of infection: 1. The focal zone in which the disease is never absent, including Havana, Vera Cruz, Rio, and other Spanish-American ports. 2. Peri-focal zone or region of periodic epidemics, including the parts of the tropical Atlantic in America and Africa. 3. The zone of accidental epidemics, between the parallels of 45° north and 35° south latitude. Yellow fever is a disease of the seacoast, and rarely prevails in regions with an elevation above one thousand feet. Unsanitary conditions are a predisposing factor of the disease. Epidemics of yellow fever are most serious in large cities, where its greatest ravages take place where the population is crowded together in the ill-ventilated, badly drained houses.  
— *Medical Review.*

---

VACCINATION IN JAPAN.—In 1870 Japan was visited by a terrible epidemic of smallpox, which almost decimated Yokohama. Vaccination was made compulsory in 1896. The Japanese are said to have been struck with the fact that pockmarked foreigners were rarely seen in Japan.

## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

---

## ENDOW THE SCHOOL OF MEDICINE.

This year of 1898 marks a quarter of a century since the establishment of the Boston University School of Medicine.

To those who have watched its growth during all this time with interest, and at times not without anxiety, a glance at its condition to-day cannot be otherwise than with a feeling of gratification. Under conditions at no time perhaps the most favorable, it has steadily and healthily grown until it now ranks among the best in the country. A visit to the physiological laboratory during the working hours would indeed, we feel sure, be a revelation to the older and earlier graduates, who remember their struggles to learn somewhat of physiology. Now they would see students experimenting with the sphygmograph and the cardiograph, making blood-counts, investigating hæmoglobin by spectral analysis, pursuing investigations of muscle currents, muscle fatigue, rate of conduction in nerves, vision tests, strength measurement tests, time reaction of mental processes, drug action, etc. These various investigations are not done by the professor for the edification or pleasure of the class as observers, but are performed by the students themselves under the observance and control only of the instructor. In the chemical and medico-chemical laboratory and all the departments of medico-physics similar hard, persistent, delicate, patient work is being done. In the other departments, the hospital and the dispensary, including the out-patient department, careful clinical work not only may, but must be done and properly reported to the instructor, by the student, before the hope of graduation can legitimately enter his mind. This is indeed a condition of affairs pleasant to contemplate, and to what has this almost phenomenal growth been due? More

than anything else, more than all else, we believe, has it been due to the indefatigable industry, tireless energy and unanimity with which those men, now constituting the elder members of the faculty, "without money and without price," with apparently no hope of reward other than the satisfaction which comes from work well done, have unremittingly striven for the best development of the school. It has been a noble work, and nobly has it been done; a work which, however, we feel, has not received and does not now receive that measure of appreciation from the profession, or from even the alumni, which it merits. This is not due to any spirit of hostility, but rather to a certain indifference or apathy. In the struggle for personal existence, and gratification of personal ambitions, one's thought, sympathy, and help do not go out to its support as they should. Nevertheless in so far as it stands to-day, with the hospital as a monument of the success of homœopathic ideas and sympathy and support, just so far is it the duty of the profession and its friends to encourage, to help, and to support it. The scientific study of medicine, *the scientific study of homœopathy*, has grown so rapidly, has broadened so immeasurably, that the time is already here when the proper and best teaching by a professor or instructor in a university cannot be satisfactorily done by time taken from professional duties, exigent upon a large practice. The necessities of teaching require a large part of and in some chairs the whole time and brain of its occupant; and to this end it is necessary that an institution of this kind, equally with other schools devoted to the higher education, should be *endowed*, and *liberally* endowed.

By the interest and energy of the profession and by the munificence of its patrons and friends the Homœopathic Hospital has been placed, to say the least, above the plane of penury. Let us urge, then, that the same energy and liberality which have accomplished so much for the hospital be aroused to the needs and to the support of the medical school.

EDITORIAL NOTES AND COMMENTS.

---

HOMŒOPATHIC PHARMACEUTICS IN GERMANY. — We give below an abstract from an article, which appears in the *Zeitschrift des Berliner Vereins Homœopathischer Aerzte* of November, 1897, by Dr. Sulzer, one of the editors of this journal and also one of the members of the commission appointed in 1897 to perfect a new Homœopathic Pharmacopœia in Germany. This commission includes among its members several belonging to the German Apothecaries Association, together with ten homœopathic physicians and three homœopathic apothecaries. The first meeting of this board was appointed for August 11, 1897.

The book is to form a part of the German *Reichs Arzneibuch* (Pharmacopœia of the German Empire), and is undertaken under the auspices and with the advice of the Ministry of Culture of Prussia.

The views expressed by Dr. Sulzer are of especial interest to us as they accord with the provisions of our new Pharmacopœia. It is hoped that our German friends may see their way clear to adopt the English and American standard of tinctures, as the result of such action would be to practically establish an international standard.

We should cling to the axiom that the method of preparing homœopathic medicine is a matter to be determined by physicians. Its principles were first announced by Hahnemann, and it remains for physicians *to develop it in the right direction*. . . .

Certain drugs, like hepar, merc. sol. H., are to be prepared strictly according to Hahnemann's method. Thus oyster shells must be used for triturations of calc. carb.

In certain cases we are justified in making changes, where this would *obviously be an improvement*; for example, we should not, as Hahnemann did, triturate phosph. with sugar of milk, etc. Neither is it true that all symptoms were obtained from triturated phosphorus.

The same applies to drugs of vegetable origin. These pathogeneses were not exclusively derived from the provings of the juice,



but accidents and poisoning also play a part here. Sometimes the whole plant, sometimes parts of it, or the juice or a decoction were instrumental in involuntary provings; at any rate, all active parts of a plant were used in its pathogenesis more or less. We should, therefore, endeavor to obtain the effects of every active part of a plant, by making the most concentrated extracts containing all the active principles of the plant, not only that which is obtained by pressing out the juice. . . . Probably much that is soluble in alcohol may not be got by pressing. . . . Each plant should be treated individually. This has already been determined by the commission. Juicy plants will certainly require a different treatment from those containing little juice. The strength and quantity of the alcohol to be added are additional questions to be determined. . . .

Although Hahnemann prescribes only the use of the juice of the leaves in proving belladonna, it would be absurd to use only these, as we know for certainty that many symptoms were produced not only by the juice of the leaves, but from a variety of belladonna preparations. Hence we now use the whole plant in making (belladonna) tincture.

That Hahnemann always tried to obtain the efficacy of all parts of a plant is proved by the fact that he at a later period advocated *the trituration of the whole plant*. For example, take of the freshly cleaned plant one grain (of dry plants like oleander, thuja, etc., take  $1\frac{1}{2}$  grains) and triturate with three times 100 grains of milk sugar, thus obtaining the millionth trituration.<sup>1</sup>

The new Pharmacopœia of the American Institute does justice to this subject in so far as each plant is treated of individually. . . .

Another point in the editing of a pharmacopœia is the question of valencies (drug power). . . . Then follows a description of Hahnemann's methods.

If Hahnemann later on took the expressed juice as the unit of strength, this was to a certain degree quite arbitrary. . . .

That pressed-out juice contains a large proportion of water is easily to be determined by boiling down. But what is worst of all is that the watery contents of plants varies very much according to the time of the year, the weather, etc., so that the determination of the unit is a serious problem. Why Hahnemann introduced the different degrees of valency (drug power),  $\frac{1}{2}$ ,  $\frac{1}{10}$ , etc., is not clear.

<sup>1</sup> Rollink, *Homœop. pharmacopœia*, 1839, p. 43, where Hahnemann's method is given according to *Chron. Dis.*, Part I, 2d Ed., p. 182. All of this proves that making an alcoholic extract, as above stated, does not antagonize Hahnemann's provings in the least. . . .

. . . For the higher dilutions it is of no account whether one, two, four, or six drops were taken. . . . But for the lower dilutions, now more generally used, the quantity of medicine added in the beginning is of great importance. . . . To designate aconite  $\frac{1}{2}$ , aethusa  $\frac{1}{6}$ , apis  $\frac{1}{10}$ , etc., is entirely arbitrary. . . . The division of tinctures and essences, according to valencies, is also very arbitrary. It would first have to be proved that aconite tinct. contains  $\frac{1}{2}$  drug power, while apis is designated as containing  $\frac{1}{10}$ . As already stated, as the watery contents of plants varies, so also must the medicinal power vary of the expressed juice. *And as at least with regard to one and the same plant a certain degree of unity is to be established, the English as well as the American Pharmacopœia (as far as I am able to judge from a reference of The Monthly Homœopathic Review) has adopted a very practical course, which guarantees the possibility of attaining a certain degree of unity in preparations, especially where they are to be made on a large scale. . . .*

By this method the question of drug power is at once settled. . . .

BOSTON UNIVERSITY'S QUARTER CENTENNIAL. — The present year (1897-98) completes the first quarter of a century of the operation of the University as a completely organized institution. The reaching of so important a milestone in Time's calendar of distances is worthy of note and of friendly felicitation.

In view of this quarter centennial the trustees deem it appropriate that, at the close of the University year in June next, there should be some fitting commemoration of the work undertaken and accomplished. To this end a committee has been appointed to plan and provide for such observance as shall seem suitable. The helpful coöperation of all past students and present friends of the University is, we know, earnestly desired and will be warmly welcomed. The announcement of the trustees' intentions is merely a preliminary one, and further and more definite information will doubtless soon follow.

THE INSTITUTE IN NEW ENGLAND. — An open letter from Dr. T. C. Duncan, chairman of the Board of Censors, calls attention to the worthy and prominent part the homœopathic medical profession of New England has always taken

in the management and membership of the American Institute.

He emphasizes the advantages of belonging to this representative body; the prestige its certificate of membership confers; the value of its sessions and of the reports and papers subsequently gathered into the annual volume of transactions to be sent to each member. In conclusion he urges every physician eligible for membership to seek the endorsement of Dr. Peck (New England's representative on the Board of Censors), an endorsement which will be gladly given to all applicants "of good report and well recommended."

A JOURNAL FOR OUR SURGEONS AND GYNECOLOGISTS. — The literary contributions to professional knowledge by homœopathic surgeons and gynecologists may now be gathered together between the covers of the *Homœopathic Journal of Surgery and Gynecology*. Methods of surgical procedure may be contrasted, surgical problems solved (on paper), results of operative interference set forth, and existing and hoped-for relations between surgery and homœopathic therapeutics more clearly defined.

Much valuable material, hitherto scattered, will now be rendered readily accessible, and in a form ultimately suitable for library shelves.

Dr. Charles E. Fisher fills the editorial chair of this new journal, and Dr. T. L. Macdonald, as collaborator, joins him in his labors.

The initial (January) number is an earnest of good things to come. The counterfeit presentment of William Tod Helmuth, that master of the theory and practice of surgery, fittingly serves as frontispiece, and the leading article is from his gifted pen. Other good papers on technical subjects of present-day importance interestingly follow. The different departments well cover the field of surgery, and we see no reason why the new *Homœopathic Journal of Surgery and Gynecology* should not meet with ready recognition and approval.

MEETING OF THE INSTITUTE. — Homœopathic members of the profession are now receiving the circular letter sent out by the President and Secretary of the American Institute of Homœopathy urging their attendance at the Omaha meeting in June. The local committee is perfecting arrangements for suitable and ample accommodations for members at reasonable prices. The transportation committee will secure favorable rates from the railroads. Attractive excursions to the Rocky Mountains, Yellowstone Park, etc., have been planned. Great interest will also, doubtless, be felt in the Trans-Mississippi Exposition, which will be held during the session of the Institute. We hope the contents of this letter will prove to be potent arguments in favor of the trip West, and that New England and the near-by States will be largely represented.

DR. C. E. DE M. SAJOURS' JOURNAL. — *The Monthly Cyclopædia of Practical Medicine* which appeared with the new year is in reality an old friend to many professional men, for it is but a continuation of the *Universal Medical Journal* which numbers a round dozen of completed volumes.

Dr. Sajous, the editor, will make the *Monthly Cyclopædia* first of all a supplement to his *Annual*, continuous editions of which the average practitioner may not perhaps possess. This monthly journal will, however, to a certain extent bridge over the lack of a volume or two by presenting reviews of the more valuable contributions of the previous year, together with much important current literature. It will be sent free to subscribers to the *Annual*, who may thus keep in touch with the latest results of scientific experiments and research along professional lines.

---

## SOCIETIES.

---

### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The February meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday, February 3, at 7.45 P.M., President John

L. Coffin in the chair. The business records of the last meeting were read and approved.

Drs. Frederick W. Colburn and Kenneth R. Parmenter, of Boston, and Adeline E. Francis, of Waltham, were elected to membership.

On motion of Dr. F. P. Batchelder, it was voted that the society, through its secretary, extend a cordial vote of thanks to Mr. Charles Moerenhout and Miss Caroline B. Nichols for their skilful and very enjoyable entertainment, given at the annual meeting, January 6.

The Executive Committee recommended that the name of Dr. Alonzo G. Howard be substituted for that of J. T. Cutler, M.D. (who was nominated at last meeting, but is not a member of the society), as treasurer of the Section of Sanitary Science and Public Health.

The following officers for this section for the ensuing year were elected by the society: Chairman, F. P. Batchelder, M.D.; Secretary, M. B. Currier, M.D., and Treasurer, Alonzo G. Howard, M.D.

#### *Section of Mental and Nervous Diseases.*

GEORGE S. ADAMS, M.D., Chairman;

A. D. HINES, M.D., Secretary;

FREDERICK L. EMERSON, M.D., Treasurer.

The following sectional officers were elected for the ensuing year: Chairman, F. L. Emerson; secretary, Sara Johnson; treasurer, Edith C. Varney.

#### PROGRAM.

1. Psychic Epilepsy, Frank C. Richardson, M.D.

Discussion opened by N. Emmons Paine, M.D.

2. Three Cases of Insanity with Apparent Toxic Etiology.

H. I. Klopp, M.D.

Discussion.

3. A Reflex Neurosis due to Pyelo-nephritis and terminating in Death by Apoplexy. De Ette Brownell, M.D.

Discussion.

4. Syphilis as Affecting the Nervous System. James Krauss, M.D.

## DISCUSSION.

As Dr. Richardson was not present at the opening of the meeting, Dr. De Ette Brownell presented her very interesting paper, "A Reflex Neurosis due to Pyelo-nephritis and terminating in Death by Apoplexy."

Dr. Krauss, in discussing Dr. Brownell's paper, said in part: The report of this case is interesting for two reasons: First, the finding of the cause of death; the usual cause is fat emboli, carried to the brain through the blood. Second, the emphasizing of the fact that physicians should examine the urine in all cases, and when pus is found should not base an opinion on its presence; it may come from the bladder, or may come from the kidneys. One can differentiate only by cystoscopy. If it come from the kidneys, it may be seen exuding from the ureter, in which case we may catheterize the ureters.

Dr. Colby: What part did the nephritis play in the etiology of the case?

Dr. Adams: It caused simply a general degeneration.

As Dr. Klopp was unable to be present, his paper on "Three Cases of Insanity with Apparent Toxic Etiology" was read by the chairman, Dr. Adams.

The three patients whose histories were given in this paper were admitted to the hospital about the same time, and were presented to show the auto-intoxication resulting from uræmic poisoning.

Dr. Moore: Is blood examination made in all cases that come to the hospital? If so, how long has this been the practice?

Dr. Adams: Yes, since last spring in every case.

Dr. Adams also said: We have people come to us who are unsound physically as well as mentally. The general death rate is a little less than two per cent, while the average death rate in insane hospitals all over the country is about six per cent, showing that deaths occur from other causes than insanity.

People are sent to the hospital because they are unsound mentally, but examination shows them to be unsound phys-

ically. Such persons should not be at once committed, making them a burden to the State.

Dr. Coffin: What proportion of the insane cases sent to the hospital are diseased as to the kidneys?

Dr. Adams: About eight tenths of all cases.

Dr. Frank C. Richardson next presented a paper on "Psychic Epilepsy," and presented the following subjects for discussion:—

1. Is the ground of psychic epilepsy tenable?
2. Should it be restricted?
3. The moral responsibility of the insane.

Dr. Colby in discussing the paper said in part: The subject is fraught with difficulty, for various reasons, but very few cases present themselves for study outside of insane hospitals. The fact that epileptic subjects do occasionally manifest psychic symptoms does not entitle their malady to isolation in special terminology. Again it becomes a difficult study because the whole subject of epilepsy is not well understood, and is just beginning to be studied. I agree with the author that the term is wide of the mark. When death occurs there are found not only the primary disease, but also secondary conditions resulting from general disturbance. The study of nerve cells, beginning with Bevan Lewis', is tending to the theory that a degenerative change is occurring in the cells themselves. Almost every epileptic may develop mental symptoms in the course of his disease. The mental sphere should control the motor. Impulses pass from the first to the second, becoming almost involuntary. Tracts transmit impulses not only in one direction, but also in the other, as is illustrated by transplanting the rat's tail. Occasionally it may so happen that these impulses may flow in a reverse direction, and we get motor impulses flowing backward to the mental sphere. We see this going on in hysteria, and they are not so wide apart as is thought. The time was when emotional insanity got us out of a tight box, but now it is psychic epilepsy, later it may be something else.

Dr. Richardson in answer to questions said: The theory of auto-intoxication is certainly a very pleasing one to con-

sider, but I cannot say that it is satisfactory, nor does the degeneration of the second cortical layer account well enough for the manifestations.

He thought the insane morally responsible for crime committed, and that they should be punished.

Dr. Adams : Insane patients recognize laws of responsibility, but I have modified my original ideas, and do not hold now that they are so responsible for crime. The insane can commit almost any crime and not be responsible. Disease of mind or brain exists and modifies responsibility. In the insane hospital we have ten per cent epileptics, and psychic symptoms are very few.

Dr. Sutherland : I do not wish by silence to give consent, and I must say that I do not agree with Dr. Richardson in the question of moral responsibility of the insane.

Following this discussion Dr. James Krauss presented an exceedingly interesting and scholarly paper on "Syphilis as Affecting the Nervous System."

Owing to the lateness of the hour, Dr. Krauss' paper was not discussed. Adjourned at 10.30 P.M.

FRANK ELLSWORTH ALLARD, *General Secretary.*

---

### LOWELL HAHNEMANN CLUB.

December 3 an open meeting of the Lowell Hahnemann Club was held at the offices of Dr. E. H. Packer, with an attendance of local and visiting members of both schools.

The meeting was called to order at 2 P.M. by the retiring president, Dr. G. F. Martin. The address of welcome was made by the president-elect, Dr. Packer. He introduced the first speaker, Dr. H. C. Clapp, of Boston, who read a paper upon the "Treatment of Hæmoptysis." The paper was discussed by Dr. H. C. Jewett, of Haverhill. Other papers and discussions which followed were: "The Practice of Medicine," Dr. H. M. Hunter, Lowell; "Practical Points in Diagnosis and Treatment of Cancer," Dr. G. R. Southwick, Boston, discussed by Dr. Kate Mudge, of Salem; "The Surgery of the Gall Bladder," Dr. Packard, of Boston,



discussion by Dr. Warren, of Worcester, and Dr. Irish, of Lowell; "Brain Injuries," by Dr. Martin, of Lowell; "Tuberculin (Koch) in Catarrhal Pneumonia," by Dr. J. Heber Smith; "The Place of Diet in the Treatment of Disease," Dr. Sutherland, discussion by Dr. E. H. Packer. Owing to the lateness of the hour the paper by Dr. B. S. Stephenson, "Synopsis of Cataract Operations, with Cases," was omitted.

At 5.30 adjournment was made to Mechanics Hall, where a substantial banquet was served. Rev. W. A. Bartlett invoked divine blessing, and Dr. F. H. Warner acted as toastmaster. Preliminary to the toasts Dr. Warner referred to the marvelous development in medicine and science during the past years, and said Hahnemann had stepped forward to a point 200 or 300 years ahead of his colleagues.

Dr. J. Heber Smith was the first speaker, the subject being "The Unseen Liberated Drug Force Cures." Other subjects were responded to as follows: "A Few Trials of the Physicians," Dr. H. C. Clapp; "B. U. S. of M.," by Dr. J. P. Sutherland; J. P. Rand, M.D., a trustee of Westboro Insane Hospital, spoke of that. Rev. A. St. John Chambie, D.D., spoke of "The Good Physician." Other brief remarks were made.

NELLIE W. STEPHENSON,  
*Secretary.*

---

### GLEANINGS AND TRANSLATIONS.

---

TOTAL ABLATION OF THE STOMACH. — The first and, so far, only total gastrectomy was performed about four months ago by Dr. Carl Schlatter, of Zürich. In Dr. Schlatter's patient it was possible to sufficiently pull down the stomach to sever the cardiac extremity in œsophageal tissue. Two conditions may have contributed to this, in a carcinomatous stomach, unusual condition. In the first place, the organ was readily movable; and, secondly, the weight of the carcinomatous stomach may have dragged down the œsophagus more than usual. According to Schlatter, the prosector

at the University of Zürich has determined in his investigations in the dissecting room that the lower subdiaphragmatic portion of the œsophagus can always be elongated by traction. According to these investigations it would appear that where a carcinomatous stomach is freely movable, as in Dr. Schlatter's patient, a total extirpation of the organ is usually feasible. In reporting the case, Dr. Schlatter stated that he made considerable traction in pulling the stomach downward before severing the œsophagus. His patient was in relatively good condition three months after the operation. Microscopic examination of the specimen showed the neoplasm to consist of a small-celled alveolar glandular carcinoma. As the case is the only known total ablation of stomach that has ever been performed upon the human subject, considerable interest is attached to it from a physiological standpoint, and scientific investigations with reference to physiological functions have been conducted at the chemical, physiological, and pathological laboratories of the University of Zürich. The conclusions based upon these investigations have been briefly summarized by Dr. E. C. Wendt, in a discussion of the case in the *Medical Record* of December 25, 1897, as follows : —

1. The human stomach is not a vital organ.
2. The digestive capacity of the human stomach has been considerably overrated.
3. The fluids and solids constituting an ordinary mixed diet are capable of complete digestion and assimilation without the aid of the human stomach.
4. A gain in the weight of the body may take place in spite of the total absence of gastric activity.
5. Typical vomiting may occur without a stomach.
6. The general health of a person need not immediately deteriorate on account of removal of the stomach.
7. The most important office of the human stomach is to act as a reservoir for the reception, preliminary preparation, and propulsion of food and fluids. It also fulfils a useful purpose in regulating the temperature of swallowed solids and liquids.

8. The chemical functions of the human stomach may be completely and satisfactorily performed by the other divisions of the alimentary canal.

9. Gastric juice is hostile to the development of many micro-organisms.

10. The free acid of normal gastric secretions has no power to arrest putrefactive changes in the intestinal tract. Its antiseptic and bactericidal potency has been over-estimated. — *Medical Review.*

FROG-SKIN GRAFTING. — In frog-skin grafting the best results are attained when the granulations are from four to six weeks old and firm. This skin does not take in the ordinary sense of the word, but on the contrary it invariably sloughs. The term "grafting," as applied in this connection, is therefore not strictly correct. Why the skin does not itself become identified with the granulating surface I cannot say. . . . It may be owing to the fact that the epidermis cannot be detached from the corium, as is possible in human skin, therefore making it obligatory to use both layers; or perhaps it is due to the difference in its vascular organization. However that may be, we are dealing with a condition and not a theory, and it is probably fortunate that the skin does not "take," for in that case it might assume more or less of its original appearance, whereas, as it is, it loses all of that, and assumes much the appearance of human epithelium.

The corium of the frog-skin is richly supplied with leucocytes and embryonal tissue-cells, and these latter, being deposited upon the granulating surface, and remaining after the grafts have sloughed, are probably the active agents in the formation of the new epithelium. During this process the granular surface is capable of nourishing these tiny formative cells until the development of the new and elastic covering; not indeed possessing all of the functions of the human skin, but so vastly superior to a contracting fibrous tissue as to commend the method in cases in which human skin is not available.

The time required for healing is much longer than in the Thiersch method of grafting, as the skin has to advance from the embryonal state ; but it is far shorter than it would be to allow the process of granulation to proceed uninterrupted. — *Dr. G. S. Smith, in the Cleveland Journal of Medicine.*

HYDRASTIS CANADENSIS AS A REMEDY FOR COUGH. — Sängér, of Magdeburg (*Revue internationale de médecine ; Revue médicale*, January 5, 1898), has recently observed good results from the use of the fluid extract of hydrastis, in doses of twenty or thirty drops four times a day, in tuberculous subjects. He thinks the drug is superior to all others for phthisical cough ; moreover, he says, the muco-purulent expectoration is rapidly modified for the better.

Verstræten is cited as testifying to the marvelous action of hydrastis. He has employed it in the form of pills, each containing from three quarters of a grain to a grain and a half of the solid extract, of which five may be taken daily, also in the form of the fluid extract, combined with an equal quantity of fluid extract of ergot, in doses of from thirty to forty drops, in a little water, five times a day. In cases of bronchorrhœa, no matter of what nature, he has found the action of hydrastis particularly favorable.

CORROSIVE SUBLIMATE IN CALOMEL. — Mr. Lyman F. Kebler made the startling statement, in a paper read at the last meeting of the Pennsylvania Pharmaceutical Association, that of the many samples of calomel, purchased in the open market, that he had examined, not one had been wholly free from corrosive sublimate (mercuric chloride). All had produced a greater or less coloration with lime water. The amount of the dangerous impurity usually present, however, was too insignificant to produce harm. But since the U. S. P. tests detected even these small amounts, he thought them too rigid, for scarcely any samples of calomel could be found which would accord with the official requirements. — *Bulletin of Pharmacy.*

A SUPERIOR TEST FOR ALBUMEN IN URINE. — A new and delicate test for albumen in urine is described in some

foreign scientific journals, says the *Medical Review of Reviews*. One part of resorcin is dissolved in three parts of water in a test tube. Urine is then allowed to flow gently along the tube wall until it strikes the resorcin solution, when a ring of albumen will be formed at the point of contact. Though other constituents of urine give the same ring, it is dispelled on boiling. The albuminous ring remains. The test is said to be sufficiently delicate to show albumen where the nitric acid test has failed. — *Bulletin of Pharmacy*.

SUN NEVER SETS ON UNCLE SAM'S DOMAINS. — "The Britons proudly boast that the sun never sets on the Queen's domains, as if they were special subjects of solar favoritism," writes William George Jordan on "The Greatest Nation on Earth," in the *Ladies' Home Journal*. "But it is equally true that there is always sunshine on some part of Uncle Sam's great possessions. When it is 6 P.M. on Attoo's Island, Alaska, it is 9.36 A.M. of the day following at Eastport, Maine. If we locate the centre of the United States, calculating it as midway between longitude sixty-seven of Eastport and longitude one hundred and ninety-three of Attoo's Island, it will be found on the one hundred and twenty-sixth degree of longitude, about two hundred and eighty miles west of San Francisco, in the Pacific Ocean."

SULPHURIC ACID. — Chronic alcoholism; morning vomiting; acidity of stomach; burning in œsophagus and stomach; sour, acrid, foul eructations. Guided by these symptoms it has been successfully used in subduing craving for liquor by taking for two or four weeks, three times daily, from ten to fifteen drops of a mixture of one part of sulphuric acid with three parts of alcohol. — *Hering*.

THE PLAGUE IN CHINA. — A Chinese paper estimates that the victims of the plague in Foochow this year will not fall far short of forty thousand. — *Exchange*.

A REMEDY FOR TAPEWORM. — In Russia the flowers of the mignonette are used as a remedy for tapeworm. A decoction of the flowers is made, and the liquid is drunk fast-

ing. The entire worm is ejected in a few hours. — *Exchange.*

A PRIZE FOR PHYSIOLOGICAL RESEARCH. — The University of Cambridge has just received, under the will of the late Dr. Joseph Gedge, who died at Khartoum in 1890, the sum of £1,000 for the establishment of biennial prize for original research in physiology. — *Exchange.*

THE HEALTH OF NEW YORK. — The president of the health board sent to the mayor a few days ago a statement of the death rate of the city for the completed eleven months of 1897. It was 19.62, the lowest on record. — *Medical Record.*

PHYSICIANS FEES IN MOSCOW. — In Moscow physicians are paid from three to five roubles for ordinary visits; this is equivalent to \$1.55 to \$2.60. All visiting as well as resident surgeons and physicians to hospitals are paid moderate salaries. — *New Orleans Medical Journal.*

MEDICAL MEN IN ENGLAND. — The English Medical Directory for 1898 shows that there are 6,081 practitioners of medicine in London, and 15,400 in England in addition to those in London.

MATRICULATION IN UNITED STATES MEDICAL COLLEGES. — The *Medical Standard* reckons that the total matriculation this year in the eighty medical colleges of the United States will not be less than 25,000.

A CHINESE REMEDY. — Pulverized tiger bones are used as medicine in China. It is believed that they impart to the invalid the strength of the tiger.

---

## REVIEWS AND NOTICES OF BOOKS.

---

A MANUAL OF MEDICAL JURISPRUDENCE. By Alfred S. Taylor, M.D., Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital, London. New American edition from the Twelfth English edition. Thoroughly revised by Clark Bell, Esq., of the New York Bar. Illustrated. Philadelphia and New York: Lea

Brothers & Co. 1897. pp. 831. Price, cloth, \$4.50; leather, \$5.50.

The object of the latest edition of this classical work on medical jurisprudence is to bring it entirely up to the present time. Especially has this been necessary as it is suggested in the preface by the constantly increasing suits for damage in various cases.

The first three chapters, commendable for their explicitness and attention to detail, are devoted to medical evidence and duties; evidences of death from syncope, asphyxia, or coma; examination of persons injured, dying, or dead; and the general conduct of the physician during both the examination of the victim and the examination before the court.

Chapters three to twenty-three treat of poisoning and corrosive and irritant poisons, metallic irritants, vegetable and other irritants, and neurotic poisons. These chapters are in themselves a small *materia medica*, and aside from the legal aspect will well repay exhaustive and careful study.

Chapters twenty-three to thirty-seven deal with wounds and personal injuries. In this section the chapter on the examination of the blood and blood stains is very thorough. Comparisons are made between blood of man and animals, and well illustrated by the results of microscopical examinations. The tables of measurements, by Dr. J. B. Treadwell, assisted by Prof. M. C. White, are complete and interesting. Throughout all this part of the work, as in the early chapters, the greatest attention is given to minute details and their importance from a legal standpoint.

The remaining chapters are on Asphyxia from Drowning and Hanging, Strangulation, Suffocation, Lightning, Cold, Heat, Starvation, Pregnancy, Delivery, Criminal Abortion, Infanticide, Birth, Inheritance, Legitimacy, Paternity, Impotence, Sterility, Rape, Insanity, Life Insurance and Medico-legal Surgery. Of these chapters those on Insanity and Medico-legal Surgery are of especial interest and importance to the physician. In the chapter devoted to Criminal Abortion it is somewhat surprising to find that the authorities quoted on the medical knowledge pertaining to that subject are of ancient rather than modern times.

It is difficult within the short space of a review to give an adequate idea of the amount of conscientious labor and of scientific and accurate knowledge which the preparation of such a work means. The authors are to be congratulated upon giving to the legal and medical professions a work so complete and so necessary to both.

LECTURES ON NERVOUS AND MENTAL DISEASES. By Charles Sinclair Elliott, M.D. New York: A. L. Chatterton & Co. 1897. pp. 912. Price, cloth, \$5.00; leather, \$6.00.

These lectures give one the impression of having been hurriedly written, and that, too, at some considerable time before their issue, thus missing some of the results of the latest investigations. Lack of space prevents our giving many examples of lack of clearness in statement, or antiquity of theory, but a few points are worthy of note. In the description of hysterical paralysis the following statement is made: "It is in fact a form of reflex spasm, due to irritation of the sympathetic nervous system, either in some organ, or part of the body (such as cystitis, nephritis, stricture of the urethra, diseases of the prostate gland, of the ovaries, or of the uterus), causing a constant loss of nerve force, or to a general irritation of the sympathetic nervous system from anæmic or impoverished condition of the blood."

Those who were in practice a quarter of a century ago will probably feel that their old and familiar friend, the sympathetic system, has taken on a new lease of life, and is again being used to explain the unknown. "Anæmic or impoverished condition of the blood" is quite too good. The pathology of tabes is very unsatisfactory, and not at all up to date. In speaking of zoster, the author absolutely ignores the fact that it can affect any other region than that supplied by the intercostal nerves, and thus diverts attention from its most dangerous varieties. The statement that "it is usual to classify all neuralgic affections of the lower limbs under the general heading of sciatica" will be strikingly novel to most of us, and it is to be hoped is an error of rare occurrence. There appears to be some confusion in what is said of primary lateral sclerosis, by which some secondary lesions may be mistaken for primary lesions. The statement that "polio-myelitis is an inflammation and destruction of gray matter in the anterior horns" is a good square description and accords with clinical experience. In speaking of migraine, the author says that "the interval between the attack (*attacks?*) lengthens and gradually passes away after the meridian of life has been passed." This is too bad, for if the interval passes away the migraine must at that period become continuous. The remarks upon the use of electricity in paralysis of central origin are good, and as a rule may be safely followed by practitioners.

All through the text there are to be discovered the "earmarks" of the officialist, but on reaching page 741 we find the following



forty-nine pages devoted to explaining and glorifying the "official philosophy." This is rather too much of a good thing, even if it were good; and to many this is certainly doubtful. Some of us have seen a few pitiful nervous wrecks, who had been offered up on the altar of this cult.

The drug indications are quite full and fairly minute, although several well-tried remedies do not receive notice. But this is a field in which the personal equation is so potent that it should make us charitable.

But little more than one hundred pages are devoted to insanity. When so large a subject is treated in this brief way, no pretension is made to thoroughness, and it is best accepted without analysis. Had the space allotted to the official story been devoted to insanity, the subject matter would have been bettered all around. In connection with other and standard works upon neurology this volume may be made of much use to the profession by its therapeutic notes. A thorough and patient revision would make it of still more value. C.

THE PRINCIPLES OF BACTERIOLOGY. A Practical Manual for Students and Physicians. By A. C. Abbott, M.D. Fourth Edition, enlarged and thoroughly revised. Illustrated. Philadelphia and New York: Lea Brothers & Co. 1897. pp. 532. Price, \$2.75.

This work in our opinion is appropriately named. In the introductory chapter the author dispenses with the tedious historical sketch characteristic of most works on this subject. His definitions and classifications of the various bacteria are clear and concise, and their morphology well illustrated by good cuts. Apropos to chemical sterilization, the author refers to the experiments of Geppert with the spores of anthrax bacillus and mercuric chloride. A chemical reaction was brought about, resulting in the destruction of the vitality of the spores, and the formation of a third body called "albuminate of mercury." When this combination of mercury with the protoplasm of the bacilli is broken up, the spores resume their pathogenic and cultural specialties. These experiments, together with others, he thinks, give a new phase to the study of disinfectants, and prove that many of the more commonly used disinfectants are of doubtful value; that, for example, disinfecting excreta, sputum, blood, etc., containing pathogenic germs by corrosive sublimate, is "a procedure of doubtful success."

The methods of isolation of bacteria, the preparation of nutrient media, are given in detail. Staining methods also are given fully, and the technique of laboratory work treated of at length.

His remarks on the bacillus of tuberculosis, the gonococcus of Neiser, typhoid bacillus, colon bacillus, spirillum of Asiatic cholera, and bacillus diphtheria are worthy of note.

In the chapter on Infection and Immunity the author reviews the theories concerning each, especially the latter. In the former, *mechanical presence* of living bacteria, *deposition* in the tissues of the products of these bodies, or *abstraction from* the tissues by the organisms growing on them, substances necessary for their vitality, are the questions he reviews, reaching the conclusion that "infection appears to be a chemical process," a contest between poisonous growth or toxins of the organisms and substances of the tissues antidotal to these, the "alexines." In a similar manner, as regards immunity, he treats of the "retention hypothesis" of Chauveau, or immunity after one attack of a disease because of the retention of bacterial products; the "exhaustion hypothesis" of Pasteur, or immunity due to abstraction from the tissues by the organisms in the primary attack of what was necessary to their growth; the "phagocytosis" theory of Metchinkoff, or the taking up by the leucocytes of bacteria, rendering them inert and digesting them; the "alexines" theory as advanced by Nuttal and Buchner, which is, that while the leucocytes play a most important part in immunity, it is not merely through their digesting invading bacteria, but more to their secreting antidotal chemical substances, the "alexines," which are thrown into the circulation, so that though phagocytosis may be seen, the bacteria had become partially inert at least before they were taken up by the leucocytes. Buchner, following out this same line, suggests that from the first attack a "reactive change" has been introduced in the integral cells that enables them to protect themselves from subsequent attacks.

In addition to the above-mentioned subject matter, methods for testing disinfectants are given, as also those for the bacteriological analysis of air and water.

The book on the whole is well written and practical; the typographical work good. S. C. F.

A PRACTICAL TREATISE ON SEXUAL DISORDERS OF THE MALE AND FEMALE. By Robert W. Taylor, A.M., M.D. Philadelphia and New York: Lea Brothers & Co. 1897.

The object of the author, as stated in the preface of this volume, is "to portray the various forms of sexual disorders in the male, on the basis of advanced knowledge of the anatomy, physiology, and pathol-

ogy of the various portions of the sexual sphere." This object the book admirably accomplishes.

The chapters on anatomy and physiology, without being exhaustive, are plain, accurate, and admirably illustrated. The author advances the opinion that the generally received idea, that the seminal vesicles are reservoirs for seminal fluid, is incorrect. The subjects treated are impotence in its various forms, sterility in the male and female, chronic inflammations of the various portions of the sexual organs in detail, varicocele, sexual hypochondriasis, neurasthenia, etc., conjugal onanism, sexual perversion, and various abnormalities of the vulva.

Among so much that is admirably and lucidly written, it is difficult to select any topic for especial commendation. Were we to do so we should especially mention the conservative line of treatment generally recommended for the chronic inflammations and the chapters on sexual hypochondriasis, neurasthenia, and conjugal onanism. The evil effects of what the author calls *coitus reservatus vel interruptus* are so well described that it would be well for the laity as well as the profession to become familiar with them, especially as there is a prevalent opinion that the habit is not injurious.

The type, illustrations, and make-up of the book are all that could be desired.

DISEASES OF THE EYE. By Edward Nettleship, F.R.C.S. Revised and Edited by W. T. Holmes Spicer, M.A., M.B., F.R.C.S. Fifth American from the Sixth English Edition. Philadelphia and New York: Lea Brothers & Co., 1897. pp. 528. Price, \$2.25.

The necessity of a fifth edition, in so comparatively short a time, is in itself a strong commendation of this work. The rapidity with which one edition has followed another has kept the book distinctly up to date, thus materially enhancing its value as a text-book for students of ophthalmology. This edition has been revised to make it keep pace, not only with the latest thought and practice in England, but where American practice differs from the English the difference is stated and explained in bracketed additions to the text. The chapters on Optics and the Examination of the Eye can be especially commended for the clear and precise definitions in the former, much facilitating the acquisition of an exceedingly difficult subject, and in the latter for the very complete instructions regarding the many points necessary in a thorough examination of the eye. The ophthalmoscope and its uses, both in theory and practice, are clearly explained. Part II, entitled the Clinical Division, relates

particularly to the diseases of the eye and its appendages. The chapters devoted to these topics take up successively the various diseases to which the eye may be subject, and in a concise manner touch on the important points of diagnosis and treatment. The style of writing is especially clear and precise, making the book exceedingly helpful as a reference book for the general practitioner. There is also in Part III an interesting discussion on the relation of the eye to general diseases. A supplement has been added giving complete instructions for the examination of railway employees. The publishers' work has been well done as regards type, paper, and binding. The illustrations, however, especially in the clinical division, are not as numerous, nor are the cuts as good as the general character of the work would lead us to expect. A. W. H.

NERVOUS DISEASES WITH HOMŒOPATHIC TREATMENT. By Joseph T. O'Connor, M.D., Ph.D. Illustrated. New York: Boericke, Runyon & Ernesty. 1898. pp. 416. Price, \$3.75 net.

A course of lectures on nervous diseases should include something more than a mere digest of accepted works on the subject. The advances made by investigators and clinicians the world over should be noted, and the results of personal observation and experience presented for the instruction and consideration of the learners.

This work on nervous diseases is based on such a course of lectures delivered to successive classes of students at the two homœopathic colleges in New York. The descriptive part of the lectures has been amplified, while the anatomical details introductory to them have been somewhat condensed.

The text is arranged under the following general headings: Introductory; the Examination; Electro-Diagnosis; Peripheral Nerves; Neuritis; Neuralgia; the Spinal Cord; the Reflexes; Diseases of the Spinal Cord; Non-Systemic Diseases of the Spinal Cord; Tumor of the Spinal Cord; Syringomyelia; Spinal Irritation; the Cranial Nerves; the Brain; the Cerebral Cortex — Cortical Areas; Anæmia of the Brain; Hyperæmia of the Brain; Cerebral Meningitis; Cerebro-Spinal Meningitis; Brain Tumor; Brain Syphilis; Cerebral Infantile Paralysis; Acromegaly; the Cerebellum; Cephalalgia — Headache; Tropho-Neuroses; Neuroses; Hysteria; Neurasthenia; Traumatic Neuroses.

Sub-headings still further indicate the care used in the classification of subjects. Morbid conditions both as to their ætiology and pathology are clearly and concisely set forth, and the difficulties of

diagnosis simplified. The treatment is essentially homœopathic. We regret that the author did not see fit to emphasize the distinctions to be observed in the choice of remedies, but his directions are suggestive if incomplete.

The book is well gotten up and typographically and mechanically is a credit to the publishers.

ELEMENTS OF LATIN FOR STUDENTS OF MEDICINE AND PHARMACY.

By George D. Crothers, A.M., M.D., and Hiram H. Bice, A.M. Philadelphia, New York, Chicago: The F. A. Davis Co. 1898. pp. 242. Price, \$1.25.

A text-book, however brief, which embodies such principles of Latin etymology and construction as are essential to an intelligent use of the terminology of pharmacy and medicine, and at the same time presents such principles in a form easy of comprehension and capable of immediate application, is and must be a welcome addition to aids to knowledge along professional lines.

The very brevity of the book will, perhaps, add to the favor it will find in the eyes of students, and certainly the multiplication of words has been skilfully avoided. Written by practical men thoroughly familiar with their subject, it shows a power of imparting knowledge indispensable to both teacher and taught.

Some special features of the work are: Exercises on special subjects, such as the eye, ear, obstetrics, surgery, etc. A chapter on prescription writing, and a chapter of descriptive notes on the exercises.

Doubtless a classical education is not within the reach of all, but certainly a very earnest and persevering effort should be made by every student and would-be student of medicine to obtain an acquaintance at least with the root languages. Among them Latin will prove of the greatest service, and "Elements of Latin" helpful in its acquirement.

NEW MEDICAL PUBLICATIONS. — The following valuable books are in press and will soon be issued by the publishers, Messrs. J. B. Flint & Co., of New York: —

FLINT'S ENCYCLOPEDIA OF MEDICINE AND SURGERY. Second (1898) edition, 1555 pages, revised with the assistance of fifty-six contributors and thoroughly in line with recent advances in medical science.

HARTLEY-AUVARD SYSTEM OF OBSTETRICS. Third (1898) edition, 436 pages, 543 illustrations. Revised by Dr. John D. Hartley.

POZZI SYSTEM OF GYNÆCOLOGY. Third edition. Revised by Dr. John D. Hartley.

---

REPRINTS RECEIVED.

---

The Urgent Need of Sanatoria for the Consumptive Poor of Our Large Cities. By S. A. Knopf, M.D. Reprinted from the *New York Medical Record*.

Examination of the Urine as a Means of Diagnosis. By Theodore W. Schaefer, M.D. Reprinted from the *Kansas City Medical Index*.

A Modern Pathological and Therapeutical Study of Rheumatism, Gout, Rheumatoid Arthritis and Allied Affections. By Edmund L. Gros, M.D. New York: Morrison Print. 1897.

Electric Treatment in Gout and the Uric-acid Diathesis. By Robert Newman, M.D. Reprinted from the *Medical Record*.

The Antitoxin Treatment of Tuberculosis. By Charles Denison, A.M., M.D. Reprinted from the *Journal of the American Medical Association*. Chicago: American Medical Association Press. 1898.

Therapeutics of Plague. Being Suggestions for the Prophylactic and Curative Treatment of the Disease. By Mahendra Lal Sircar, M.D., D.L., C.I.E. Reprinted with additions from the *Calcutta Journal of Medicine*. Calcutta: Anglo-Sanskrit Press. 1898. Price, 8 annas.

Debate on Equitable Protection between David Lubin, Esq., of Philadelphia, Pa., and Hon. John E. Russell, of Leicester, Mass. United States Hotel, Boston, November 6, 1897. Boston: New England Free Trade League.

Notes on the Non-surgical Treatment of Boils, Carbuncles, and Felons. By L. Duncan Bulkley, A.M., M.D. Reprinted from the *British Medical Journal*.

Transactions of the American Microscopical Society. Volume XIX. Buffalo, N. Y.: A. T. Brown Printing House. 1897.

---

PERSONAL AND NEWS ITEMS.

---

DR. WISWALL'S HOSPITAL. — A new hospital building for the reception of patients suffering from mental and nervous diseases has been secured by Dr. Wiswall on Waban Street,

in Wellesley. Dr. Wiswall formerly received patients at Newton. The new hospital is most attractively fitted up, and every arrangement has been made for the comfort of its inmates. Terms are reasonable and physicians are invited to correspond with the doctor, or to personally visit the hospital.

DR. BYRON D. SPENCER, formerly of Union, Me., has removed from Bangor to Rockland, Me., where he has taken the practice of the late Dr. Chas. R. Cole.

DR. WILLIAM H. BIGLER, of Philadelphia, has opened an office at 118 North 17th Street. Dr. Bigler's former address was 1524 Arch Street.

DR. S. H. BLODGETT, of 1131 Massachusetts Avenue, Cambridge, will spend the month of March traveling in the South. Upon his return he will make his home at Lincoln, Mass. Dr. Blodgett will retire from general practice and open an office in Boston for the treatment of urinary diseases.

ST. BOTOLPH HOSPITAL. — Drs. Joseph W. Hayward, Frederick W. Halsey, and Frederick A. Davis have recently opened a private hospital at 19 Garrison Street, corner St. Botolph Street, Boston.

PURE FOOD CONGRESS. — A National Pure Food and Drug Congress is to be convened at Washington, D. C., March 2. Its object is to aid in securing remedial legislation, whereby the evils of adulteration, sophistication, etc., of food stuffs, drugs, and liquors may be abated if not prevented. Delegates are expected from all over the country. They are to meet at the National Hotel, where special arrangements have been made for their accommodation.

AN IMPORTANT NOTICE. — Physicians going abroad this spring or in the early summer will undoubtedly be glad to avail themselves of the very desirable opportunity to which the announcement of the London Homœopathic Hospital calls attention in the *Gazette's* advertising pages.

PUBLISHERS' DEPARTMENT.

---

A FOOD AND A TONIC. — We have several times called attention to the remedial and curative virtues of Otis Clapp & Son's Malt and Cod-liver Oil. They can hardly be spoken of too frequently, for there seem to be certain morbid conditions where no preparation will quite take the place of cod-liver oil, where if oil is kindly borne it exerts a wonderfully beneficial influence, counterbalancing tissue waste and increasing nature's power to resist the encroachments of disease.

All physicians, however, know from their own experience that the taste and smell of the oil, even when it has been expressed with the greatest care from perfectly fresh livers, practically prohibit its use in a decidedly large number of cases. Fortunately it is not necessary, but on the contrary quite unnecessary, that the oil should be urged upon a patient in such an unpleasant form.

The preparation of Malt and Cod-liver Oil offered the profession by Otis Clapp & Son is a practically tasteless and odorless one as regards this important element, yet it contains the essential properties of twenty-five per cent of the oil, whose action is enhanced and extended by the addition of a pure liquid extract of malt and syrup of hypophosphites. Certain non-irritating aromatics are added to perfect the taste, while the whole is compounded on scientific principles in the firm's own laboratory. This therapeutic adjuvant is the result of the application of truths verified by observation and clinical experience. The testimony of professional men goes to show that this is a most reliable preparation, a combination of active remedial agents acceptable to and assimilated by the digestive organs.

The fat contained in milk, cream, butter, beef marrow, etc., is not so readily transmitted through animal membrane as that in cod-liver oil. This marked characteristic of ready diffusibility is preserved and even increased in Otis Clapp & Son's Malt and Cod-liver Oil, for it contains *no free fat*, yet approximately the same proportional amount chemically unchanged.

The organs of taste are, therefore, not offended by, nor the organs of digestion burdened with, crude fat globules. It should be added that the important alkaloidal constituents of the oil are preserved in their entirety.

This preparation is not an inert emulsion, nor a mixture liable to



separate on standing, or to undergo disintegration with the consequent formation of deleterious products. It will not become rancid.

Cod-liver oil is frequently prescribed in connection with some tonic. Otis Clapp & Son's Malt and Cod-liver Oil renders such a prescription unnecessary. Their compound is both *a food and a tonic*. Malt in itself is a representative reconstructive agent. It combines well with cod-liver oil, and the combination is infinitely superior to the ordinary crude mixture obtained by following one remedy with the other.

The conversion of starch into sugar is facilitated by the ingestion of a pure extract of malt replete with that important digestive ferment known as diastase. Farinaceous foods, by its use, therefore, become of greater nutritive value. Pure malt stimulates tissue metabolism and furnishes a certain amount of digestible building material for the body.

It is pertinent to the subject to suggest a class of affections which have been and will be greatly benefited by the use of Otis Clapp & Son's Malt and Cod-liver Oil. Such affections are those to a considerable extent dependent upon defective nutrition, — anæmia, chlorosis, marasmus, nervous exhaustion or debility, chronic indigestion, and brain fag.

Its use is recommended in chronic bronchitis, la grippe, pneumonia, and during convalescence from these diseases. Otis Clapp & Son's Malt and Cod-liver Oil should invariably be prescribed in cases of incipient phthisis. After surgical operations it is of great value in hastening convalescence. The fact that it is not repugnant to the patient by reason of its taste or smell will make it acceptable in a large variety of cases, and it will create no disturbance in the most sensitive stomach. This assurance is based on the reports of physicians who have used this preparation extensively in their practice.

Further information concerning results obtained will always be regarded as a personal favor. Such information will not be made use of without express permission.

Malt and Cod-liver Oil is prepared and put up by Otis Clapp & Son in twelve-ounce bottles. Price each, to physicians, sixty cents ; per dozen, to physicians, \$6.50.

CURED. — "Have you ever tried the faith cure?" asked a long-haired, sallow-faced stranger, addressing a gentleman who sat behind him in a street car. "I have," was the answer. "Were you bene-

fited?" "I was." "May I ask, then, of what you were cured?" "Certainly. I was cured of my faith." — *Exchange.*

ABDOMINAL SUPPORTERS. — A well-selected abdominal supporter is greatly appreciated by a patient afflicted with obesity or suffering from a relaxed condition of the abdominal walls. During pregnancy, also, much comfort is experienced by the application of this simple support.

There are of course other conditions to which such auxiliary treatment is applicable.

We desire to call attention to the fact that Otis Clapp & Son carry a full line of elastic and other abdominal supporters. Elastic supporters are made of silk or cotton interwoven with protected rubber thread, and can be washed without injury. They are carefully shaped and are light and durable. Simpler belts can be obtained in both linen and cotton. Prices are reasonable, varying from \$1.00 to \$11.00, according to the quality and finish of the goods selected.

ELASTIC STOCKINGS. — To insure efficacy an elastic stocking should be a perfect fit. To secure this, accurate measurements are essential.

Upon request Otis Clapp & Son will be pleased to send full instructions for the taking of measurements, or, if the patient can call at 10 Park Square, Boston, the services of competent attendants will perhaps be found even more satisfactory.

These stockings will prove of marked value in the treatment of varicose veins, strains, and sprains, and where a support of ligaments and muscles about the joints is deemed advisable.

Stockings can be had in any length desired in silk or cotton material. Orders from out-of-town physicians desiring elastic hose, anklets, knee caps, etc., or abdominal belts and umbilical bandages, will be carefully filled and instructions intelligently carried out.

HE KNEW BETTER. — *Willie*: Mamma, papa says, "Knowledge is power."

*Mamma*: And it is, my child.

*Willie*: No, it is n't. I know there is cake in the pantry, but I can't get it. — *Up to Date.*

FOR SALE. — An American typewriter in good order; new last spring. Will do all the work of an expensive machine. Price low. Address "A. T. L.," 10A Park Square, Boston.

# THE NEW ENGLAND MEDICAL GAZETTE

---

---

No. 4.

APRIL, 1898.

Vol. XXXIII.

---

---

## COMMUNICATIONS.

### PSYCHIC EPILEPSY.

BY FRANK C. RICHARDSON, M.D., BOSTON, MASS.

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

“Psychic Epilepsy” is a term which has been applied to certain mental phenomena that are supposed by some authors to be the equivalents of the convulsive or comatose symptoms ordinarily understood to constitute an epileptic seizure.

The object of this paper is to present for consideration the following views:—

*First.* That epileptics do occasionally present psychic nerve storms as well as motor nerve storms.

*Second.* That paroxysmal psychic manifestations may occur which have no connection with epilepsy, a classification of which with epilepsy is unscientific and misleading.

*Third.* That the present use of the term “Psychic Epilepsy” is too promiscuous, and that if used at all it should be restricted to a definite class of cases.

*Fourth.* That the increasing medico-legal use of this term should be discouraged because it affords an additional loophole by means of which the criminal may escape the consequences of his illegal acts.

*Fifth.* That the modern idea has departed too far from the ancient belief in the comparative indestructibility of the human capacity to know good from evil. Whatever theory one accepts in regard to the pathology of epilepsy, whether the old idea of vasomotor spasm, or Bevan Lewis’ theory

of a degeneration of the second cortical cell layer, or the latest theory of auto-intoxication of nerve cells, it is perfectly conceivable that the same causative influence that affects the motor area may also affect other cortical centres.

For example, accepting the toxic basis of epilepsy, the natural selection of this autogenous poison seems to be the motor area; but we know of no reason why the other centres should not also be affected by the same toxic influence, and that the excitation does occur in other parts of the brain that extend beyond the motor area is manifested by such symptoms as word deafness, hemianopsia, aphasia, or the forward movements of propulsive epilepsy.

The higher centres are also affected at times, and the result is a sudden seizure of unmotivated, irresistible, purposive movements accompanied by different degrees of semiconsciousness. During this seizure the convulsions are absent or reduced to a minimum, or the psychic state may be followed by a convulsion.

A man at present under my care illustrates a phase of this condition. He has been subject to epileptic seizures for five years. During the past year he has had at night attacks in which he gets out of bed, insists on dressing, and is only restrained by force from going out. These attacks last from twenty minutes to half an hour, during which time he will answer questions, and resort to various cunning expedients to accomplish his design. This mental state is almost always followed by a convulsion, and upon regaining consciousness the patient has no recollection of what has transpired.

Unless properly cared for, I have no doubt this man would do himself or others injury during one of these seizures, and this notwithstanding the fact that every day he attends to his business in a perfectly intelligent manner.

This case, if any, it seems to me, might properly be classed as one of epilepsy with psychic manifestations.

On the other hand, violent outbursts of frenzy, sudden storms of violent emotion, and the innumerable abrupt and transitory obscurities of mind, occurring in the course of chronic mental disease or without premonition when the

patient is supposed to be in perfect mental health, need have not the slightest relation to epilepsy ; the only excuse for so connecting them, namely, their paroxysmal character, being an utterly invalid one.

My suggestion, then, is that we should speak of those cases of paroxysmal intellectual disorders occurring in epileptics as epilepsy with psychic manifestations.

That all other paroxysmal psychic states shall be designated according to the character of the mental aberration rather than by the ambiguous term "Psychic Epilepsy."

But if this term "Psychic Epilepsy" must continue in use, the necessity will at once be seen of at least restricting its application to cases in which it can be shown that there is a primary existence of epilepsy.

Ever since the famous trial of Maria Barberi a short time since, mental irresponsibility because of psychic epilepsy has been a favorite plea used in the defence of criminals. So far has this fad progressed that the same plea is now used for the defence of civil as well as moral crimes, and at the present rate it will not be long before the interpretation of this condition will become so liberalized as to cover any case of wrongdoing, be it small or great, and justice be even more hopelessly fettered than at the present time.

And this brings me to the last subject of this somewhat desultory paper, namely, the moral responsibility of the insane and the treatment of the insane criminal.

While we would be unwilling to go so far as to say with Bucknill that, "in all lunatics and even in degraded idiots wherever manifestations of any mental action can be aduced, the feeling of right and wrong may be proved to exist," I do not hesitate to express the opinion that at the present time far too much leniency is shown in relieving the mentally deranged of the responsibility for their acts.

Is it wise or prudent to educate the public to believe that because an individual may be deprived of certain of his intellectual faculties he shall be considered exempt from punishment for crimes committed ?

We do not for a moment consider a child civilly responsible,

yet do we not expect, and recognize, and nurture, a moral sense that even at a very early age enables him to distinguish between right and wrong? and is it not believed to be our duty to the child and to society to teach him that transgression of the laws and rules set down to regulate his conduct must bring inevitable punishment?

The doctrine at one time set forth by continental jurists, that the conditions of criminal responsibility are inborn in man, and are consequently deeply rooted in the whole of his psychical organization, while other psychical processes are the result of education, of mental cultivation, etc., leads naturally to the belief that we may justly expect the greater permanency of such criminal responsibility. Do not understand me as claiming that there is no such thing as moral irresponsibility. My claim is that such irresponsibility is comparatively rare, and my plea is that the sane and the insane should be educated to the fact that crime shall be punished. The punishment may be modified according to the mental status of the subject if you will, but some form of punishment shall be meted out.

A noted alienist has said that any mind that is accessible to the influence of fear deserves punishment for transgression of law.

---

## DIAGNOSIS BY THE AID OF DRUGS.

BY CHAS. H. THOMAS, M.D., CAMBRIDGE, MASS.

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

Mrs. —, age 49 years, of full habit, sallow complexion, was taken sick May 14, 1897, with what was supposed to be follicular tonsilitis. After several weeks' treatment by an allopathic physician the case came to me. An examination revealed deep white depressions upon both tonsils with dysphagia, ptyalism, chills, fever, head and back ache, and inability to breathe freely through the nose.

On the upper external portion of this organ was a circumscribed red area the size of half a dollar, painful upon pressure. On the right anterior portion of the cartilaginous septum was

evidence of an ulcerative condition ; the turbinated bones, especially the inferior, were very much hypertrophied and congested. She reported that the nasal affection was of several months' duration.

Merc. bin. 3 x four times a day, and a spray of the same 1 to 5,000 night and morning, were prescribed.

There was slow but continuous improvement up to the middle of August, when she went to New Hampshire for quiet and rest, as her domestic duties were arduous and exacting. While there she consulted a physician as the disease began again to assume an active course. The diagnosis given her was cancer of the nose and throat, and a cure promised if she would remain under his treatment (as this was his specialty) for two or three months.

The treatment was commenced and continued for two weeks with an aggravation of all the symptoms. An operation was then advised and declined. Returning home she again presented herself for treatment, and was placed upon the same remedy as before.

An examination at this time showed complete destruction of the cartilaginous septum for three quarters of an inch posteriorly ; the condition of tonsils and throat was the same as previously stated. As after the expiration of a month there was no improvement, and there being a doubt as to its malignancy, she was sent to a specialist. His report was : Either sarcoma, tuberculosis, or syphilis, probably the latter ; and to decide the question he advised potassium iodide as follows : —

Grs. V	three times a day for a week.
„ V	four „ „ „ the next week.
„ VII	„ „ „ „ „ „
„ X	„ „ „ „ „ „

The third day after commencing this treatment there was a slight change of a favorable nature in both subjective and objective symptoms. Substantial progress was made, so that at the end of the fourth week she considered herself as en-

tirely recovered. In all 728 grains of kali iod. were administered.

The medicine was omitted, but resumed again at the expiration of three weeks, as there appeared to be a tendency to recurrence, to obviate which the remedy is to be continued for several months or perhaps a year.

Interesting and perhaps suggestive history has since been ascertained. Her husband, who died seventeen years ago, she reports as being quite a society man, somewhat addicted to liquor, but never to her knowledge intoxicated.

The patient has the care of several aged people, and she is of the opinion that her illness is due to her attendance upon them. Positive assurance is given that there has been no exposure to a specific disease since her husband's death. Accepting this as true, is there a remote possibility or probability that after this length of time an active infectious disease could make its appearance, or are her suspicions as to causation worthy of consideration?

---

## CAPILLARY BRONCHITIS AND CATARRHAL PNEUMONIA.

BY WILLIAM T. HOPKINS, M.D., LYNN, MASS.

These two affections, occurring, as they do, generally together, and being practically the same difficulty, seem to require consideration at the same time; Goodno<sup>1</sup> being the only modern writer whose work I have seen who insists upon a clinical separation of the two diseases. Capillary bronchitis is a catarrhal inflammation of the finer bronchi, and occurs at the same stage of life and from the same causes as catarrhal pneumonia, and is, in fact, usually the first stage of the latter disease; accepting the two combined as a single clinical entity, broncho-pneumonia seems a more comprehensive term, and the one least liable to cause confusion.

Broncho-pneumonia is "an inflammation of the terminal bronchus and the air vesicles which make up a pulmonary lobule."<sup>2</sup>

<sup>1</sup> Goodno's Practice, Vol. II, p. 246.    <sup>2</sup> Osler, 2d ed., p. 570.



It occurs almost always as a secondary affection, very often following one of the eruptive fevers constituting a complication of greater gravity, frequently, than the original disease.<sup>1</sup> It does not commonly follow these fevers in adults; typhoid fever, for example, is more commonly followed by croupous pneumonia except in protracted cases where the patient has become much exhausted.<sup>2</sup> It is very common in old people who become debilitated from any cause, particularly chronic Bright's.

It may be caused by inspired particles of food or other foreign matter, this accident being especially liable to occur in conditions where the sensibility of the larynx is lost, as in apoplexy or uræmia.

The most common cause is the irritation set up by the tubercle bacillus.

The predisposing causes are age, both extremes; in the aged, chronic debilitating diseases, and in children impaired nutrition and rickets.

Pathology, post-mortem, the lung is found firmer than normal and studded with nodular masses of varying size and near by, often, areas of collapse.

The lung is dark reddish on section and drips blood.<sup>3</sup> Lighter red or grayish patches project above the level, each patch having for its centre a bronchiole full of pus and mucus, which also fill the alveoli; around the bronchus is a firm grayish red consolidation of tissue in distinction from that in lobar pneumonia, which in the stage of red hepatization is a deep red, dry, granular, smooth, and easily broken, containing fibrinous plugs; if in stage of gray hepatization still more easily broken, gray in color, more moist, the fibrinous plugs replaced by masses of leucocytes.

Returning to broncho-pneumonia in the later stage, on section, pus exudes in fine points from the several air passages, the surrounding tissue being a reddish brown, whereas in lobar pneumonia when the stage is reached in which pus is found the surrounding tissue is gray.

<sup>1</sup> Graham Hare's Therp., Vol. II, p. 600. <sup>2</sup> Osler's Practice, 2d ed., p. 571.

<sup>3</sup> Manual of Pathology, Coats, p. 497.

Small hemorrhagic spots may be seen near the involved areas, and in the pleura. Emphysema generally occurs near the inflamed areas and at the apex and anterior borders of the lung.

Some make three grades, post-mortem, according to severity : the first, the most severe, resembling lobar pneumonia, but not having the uniform consolidation of the latter ; that form, caused by inspiration of foreign bodies, generally shows softening and suppuration from the greater infiltration of leucocytes ; the third grade shows little or no consolidation, but the walls of the air passages are filled with inflammatory products. Capillary bronchitis may terminate by resolution, by caseation or fibroid changes if tubercular, or by suppuration or gangrene if of that variety caused by inspired extraneous matter.

It is not usual for a chill to give warning of the attack, which comes on insidiously, preceded by a few days of malaise, followed by a rise in temperature, with rapid pulse and breathing, cough and fine râles at the bases or throughout the lungs, tubular breathing and consolidation often being impossible of identification. The fever is apt to run high, even as high as  $107^{\circ}$  in fatal cases.

The skin is hot like a stove, the cough hard, harassing, and frequently painful. Dyspnœa is marked and increasingly so. The respirations are rapid and uneven, expiration ending at times with a grunt. During the first forty-eight hours dulness on percussion cannot be found, the resonance, anteriorly, may be increased even. Fine sub-crepitant and sibilant râles may be heard, more plainly at the bases, but frequently all over the lungs.<sup>1</sup>

In fatal cases the face is first suffused and anxious, later cyanotic, the finger tips become bluish, great efforts at breathing are made which, however, subside as drowsiness comes on ; the cough becomes less troublesome, the skin assumes a bluish tint, the restlessness is extreme, the râles are more moist, and at this stage enlargement of the right ventricle may be made out. Cardiac paralysis is the final issue.

<sup>1</sup> F. Gordon Morrill, *Cyclop. dis. chil.*, Vol. II, p. 629.

At first the physical signs show only capillary bronchitis, as seen by the fine sub-crepitant râles and unimpaired resonance, but if death does not occur in this early stage the harsh breathing and, generally, dulness at the bases give evidence of the pneumonic condition.

After short acute diseases children endure broncho-pneumonia pretty well, but if a constitutional disease is present or a prolonged fever has preceded the attack the prognosis is indeed grave. The aspiration variety and the tubercular form are very fatal.

---

## NITRATE OF SILVER AS A LOCAL APPLICATION IN THE TREATMENT OF HERPES.

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

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

My early experience in the treatment of herpes was not satisfactory. True, my patients all recovered, but it seemed as if they never would. The eruption would disappear all right in a week or two, but following that would remain a most persistent neuralgia almost if not quite as severe as during the eruptive stage. It was not the exception but the rule for severe neuralgia to continue for weeks in these cases, and sometimes it would be so bad as to require the use of opiates for relief.

One day when I was in practice at Monson a young man came into the office with a slight herpetic eruption upon the external ear. He promptly informed me that it was "erysipelas," to which he was occasionally subject, and that his former attendant, an old-school physician, was wont to apply something to it which turned the skin all black and cured the eruption right up.

I did not propose to be outdone by my predecessor, and knowing the popular use of iodine in the old school for erysipelas, applied a generous coat of the tincture to the maturing vesicles.

The next day he appeared and informed me my application had done no good and hence could not have been the same

that Dr. S—— had applied. Though I still believed it was, my patient was not convinced, and so I looked about again for something in the "black art" which would serve as a placebo. The only thing I could think of was nitrate of silver, and this I applied simply to satisfy my patient.

The next day he reported at the office, when I found that every vesicle touched had begun to dry up and disappear. Three days later the man was well. I had never seen a case progress so satisfactorily before, and I resolved to give the remedy further trial. It is now over ten years since my attention was called to the use of the drug in this way, and since then I have applied it in all my cases. To be sure, I have varied the strength somewhat, sometimes using a solution of ten grains to the ounce, and at others applying the actual caustic, but in no case have I observed the persistent neuralgias which I had previously noted, and in only one patient to my knowledge has there been any necessity for subsequent treatment.

The patient was a delicate woman belonging to the family of another physician, which relation may have had some influence in the case.

My usual mode of application is to touch over each vesicle separately with the moistened point of a caustic pencil, taking especial care not to overlook the smaller vesicles just appearing in view. Sometimes I use a saturated solution of the drug and apply with a tiny swab made from a bit of absorbent cotton and a toothpick. At the expiration of ten days, if the vesicles have not begun to dry up, I repeat the application and every day I watch particularly for the appearance of any new ones. It is very seldom that a vesicle cauterized at the start will develop any further.

Of late I have abandoned the old-time remedy *ranunculus bulbosa*, from which I never saw any results, and administered in its stead the 3 x trituration of *argentum nitricum*.

For some years I supposed I had stumbled upon a unique if not an original method of treatment, but I found my mistake. In fact, the man who thinks he has originated something new in any department of knowledge had better shut

himself up with his delusion and never read if he wishes to keep it.

Erasmus Wilson in his work on cutaneous diseases, published in 1866, says :—

“Experiments have been made with ectrotic remedies, but their advantage has not been fully established. The best of these is a solution of nitrate of silver in nitric ether, which we have known to give considerable relief. It is a good application for all the local forms, particularly herpes præputialis. Another mode of using the nitrate of silver is to puncture the vesicles, and after absorbing the serum to touch the base with a point of the caustic. With the local forms this plan answers extremely well.”

No other writer, so far as I know, makes any mention of this use for the nitrate of silver.

Taylor even in his magnificent work on skin diseases does not speak of it at all, nor have I noticed it in any other text-book. My own experience with the drug has of course been very limited, for it is only occasionally that the ordinary physician will meet such cases in practice. A few personal friends are trying it by my suggestion, and I hope at some future time they will report their experience to the profession.

I regret that I have no exact record of cases treated, for I am sure the method is worthy of a more extended trial.

In closing let me report from memory the brief history of a single case :—

Patient, Mr. W——, age about twenty-two, occupation a baker, called at my office Friday, August 10, 1894. For several days he had been suffering from an herpetic eruption as large as a man's hand in the left groin extending on to the penis and corresponding half of the scrotum. In the centre of the patch the vesicles had fully matured, and some of them were already ruptured.

The eruption was so extended, and the application over the broken vesicles so painful, that I did not apply the caustic on the whole of it. As it was, the man became somewhat faint either from the procedure or excessive heat.

The next day the patient came again to my office, and the same evening I was called to see him at his house. Sunday, Monday, Tuesday, and the following Thursday he came to the office, after which time he received no further applications or medical treatment, and was able to return to his work on the following Monday. All told, he was under observation but seven days, and only lost ten days from his work.

The only internal remedies were *argentum nitricum* 3 x, with 3-grain tablets of acetanilid, to be taken as needed for the pain.

The case was as severe a one of the disease as I ever saw, and from my early experience I should have expected the neuralgic pains to have lasted for at least a month, but the patient assured me that they gave him no particular discomfort; at any rate he got along with only a week of medical attention.

---

### BREAD FOR DIABETICS.

BY E. H. PACKER, M.D., LOWELL, MASS.

The desirability of a special diet for diabetics has long been recognized. Together with other foods various substitutes for the commonly used breadstuffs have been proposed. Among them Soya bean meal and its products have found especial favor, as will be shown by reference to the following authorities:—

At the Berlin Medical Congress, held in 1890, Dr. Dujardin Beaumetz said: "The essential thing in the treatment of diabetic patients is the regulation of diet, and the entire replacement of carbohydrates by fatty food." He advocated the use of Soya bread and biscuits as the most desirable diabetic food.

Again, Dr. C. W. Purdy, in the *Guy's Hospital Gazette* of February 28, 1891, reviewing "Diabetes: The Causes, Symptoms, and Treatment," makes especial mention of the Soya bean, which, he says, has lately been tried with great success by Dr. Hale White, and urges the profession to endeavor to get rid of the sugar of diabetes by diet alone.

I quote from a report on Soya bean flour, by Prof. John Attfield, London, which gives an interesting statement of its constituents:—

“Nitrogenous or flesh-forming materials in 100 parts, 41.24; fatty or warmth-giving material, 13.70; other warmth-giving substances (cellulose, starch, or sugar), 30.36; phosphatic or bone-forming material, 4.81; other natural mineral matter, 0.52; moisture, 9.38.” From the *Lancet*: “Ordinary bread, sugar, 331; brown bread much toasted, 178; gluten bread, 101.”

The great drawback to the use of Soya bean and its products lies in the fact that it is generally unpalatable. This fact led me to an investigation of other sources from which to obtain a supply of bread which would be both palatable and nutritious and every way suited to the diabetic, with the satisfactory result of discovering that bread made from the common peanut (*arachis hypogæa*) may be used to replace that made from cereals. Bread made from peanut meal is possessed of highly nutritive qualities, and is moreover extremely palatable; contains little or no carbohydrate, and after a finished trial of its merits has proved itself to be a benefaction to the diabetic. It can be made into biscuits about the size of a Boston cracker by making use of the following simple rule: Take the white of one egg, a pinch of salt, and beat stiff; then mix a good-sized pinch of baking powder with two heaping teaspoonfuls of peanut meal, which should be beaten with the egg a little at a time until the two spoonfuls of meal have been added. This batter will make three cakes, which should be baked in a quick oven.

In the United States Department of Agriculture, Farmers' Bulletin, No. 25, we find the constituents of peanut meal (average of 2,785 analyses) to be: “Water, per cent, 10.74; ash, per cent, 5.48; protein, per cent, 52.40; fibre, per cent, 5.93; nitrogen free extract, per cent, 27.26; fat, per cent, 8.84; nitrogen, per cent, 8.40.”

From the above it is evident that the peanut is more nutritious than the Soya bean. In parenthesis it may be said that peanut meal can be obtained from the Joseph Burnett Co., No. 36 India Street, Boston, Mass.

Since writing this article I find the following in the very excellent work on Practical Dietetics, by W. Gilman Thompson, M.D. : "Peanuts are nutritious but indigestible when roasted whole. Peanut flour is made from the ground and bolted nuts, and is claimed that a pound of it contains as much nutritive material as three pounds of beef or two of peas. The peanut grits may be boiled like oatmeal or made into biscuits.

"Experiments have lately been made with the view of possible introduction of this food into the German army to be used like the '*erbswurst*' of fame in the Franco-Prussian war."

---

## A NEW METHOD OF CONTROLLING POST-PARTUM HEMORRHAGE.

BY D. MACDOUGALL, M.D., HAVERHILL, MASS.

The method consists essentially in controlling the blood supply to the uterus by pressure on the abdominal aorta, with the closed fist in the uterine cavity, aided by pressure of the other hand over the abdominal wall.

To control the abdominal aorta in this and other forms of hemorrhage, pressure of the artery against the spinal column, by the fists over the abdominal wall, has been advocated and practised by Macewen; but pressure applied in the manner indicated above is I think a new feature, and certainly potent for good in the management of the rapid cases of *post-partum* hemorrhage.

The other day I had such a case; the child was very large, the liquor amnii had been abundant, and the uterus well distended.

I was called to the case in time to reach the patient just twenty minutes before the birth; there was no time left to make the customary preparations for the possible accident of hemorrhage, as the perineum demanded my attention at once.

About three quarters of an hour after the baby was born, the secundines having been completely delivered, and the



uterus evidently well contracted and firm, I noticed that the woman had developed suddenly great pallor, at the same moment she complained of great distress in the præcordia and a burning sensation at the epigastrium. Rushing to the bedside I found the blood gushing from her. I immediately inserted my right hand through the vagina into the uterus, my left kneading the uterus through the abdominal wall; the uterus failed to contract and the blood still flowed very freely. Feeling the abdominal aorta heating rapidly beneath the posterior uterine wall, I closed my fist in the cavity, pressed the artery against the spinal column and with my left hand on the abdominal wall reinforced the pressure by making both fists meet and then throwing my weight partially through my left arm by leaning upon it while keeping it straight.

The result was immediate cessation of all hemorrhage, which took place many minutes before the uterus contracted. The pulse rate five minutes before the hemorrhage took place was sixty-five; twenty minutes after the hemorrhage was controlled it was one hundred and fifty.

On first kneading the uterus I found it so expanded that the fundus was two inches above the umbilicus, and the cavity filled with blood.

The woman made a good recovery after the first thirty-six hours; during the latter time she was very weak.

Regarding the method itself, I think it is applicable in the rapid, dangerous cases where the uterus is so relaxed and the bleeding so free that ordinary measures are too slow to avail anything.

In the case related I am convinced that ordinary measures, as ergot, vinegar, hot water, etc., would have availed nothing.

A year ago I tried this manœuvre in a case of like nature, but was uncertain then whether to ascribe the cessation of hemorrhage to my control of the abdominal aorta or to uterine contraction which occurred coincident with the cessation.

The manœuvre may be practised successfully in fat as

well as lean women, for the patient I speak of was exceedingly fat, yet the combined pressure internally and externally by the hands sufficed. Of course it goes without saying that the hand and arm introduced internally should be thoroughly clean.

The advantages claimed for this method are :—

(a) Rapidity of execution.

(b) Coincident stimulation of uterine contraction by the pressure.

(c) Internal hand acts also as a tampon.

(d) Ease of execution as compared with the method of external pressure.

(e) Exact knowledge of how well the artery is secured.

(f) Exact knowledge of amount of bleeding, whether progressively diminishing or not.

---

CATHARTICS IN INTESTINAL OBSTRUCTION. — It is a common custom to not only resort to cathartics and drastics in intestinal obstruction, but to continue their use until not only the entire mucous tract above the obstruction is intensely irritated, but the muscular and serous coats are congested and oftentimes they are found in an acute inflammatory condition with the presence of exudates and transudates in abundance.

Experience has led me to believe that the continued use of cathartics in any form of intestinal obstruction, not even excepting impaction, is injurious and unfits the patient for the most successful operation.

First, for the reason that as a rule they fail to relieve obstructions.

Second, for the reason that they produce unnecessary congestion and irritation of the intestinal tract and place the patient in greater peril.

Third, for the reason that it makes operative interference much more dangerous, because of the irritation produced by their use. — *Dr. R. H. Reed in Columbus Medical Journal.*

## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

---

**THE RESTRICTION OF MEDICAL PRACTICE.**

Again the bill for the better registration and regulation of those who shall be allowed under the law to practise medicine has been unfavorably reported on by the Committee of Public Health of the Legislature.

The present Board of Registration in medicine, finding from experience that the present statute was not sufficient to protect the public from charlatanry, recommended certain changes which in their best judgment were necessary.

Their recommendations were in the form of a draft of an amendatory act, the provisions of which considered the matter of examinations, the subject of such examinations and the manner in which they should be held, the registration of those found to be qualified, the enumeration of those qualified but who do not come under the provisions of the act, the penalty of violation of the act, the definition of what constituted practising medicine under the act, and provision for reëxamination of those who should not succeed at the first trial.

Altogether the provisions of this bill were the outcome of practical experience on the part of an existing Board of Registration and careful examination and consideration of the various laws pertaining to this matter in other States.

The portion of the act which aroused such successful opposition was Section 5, which is practically as follows :—

Any person shall be regarded as practising medicine within the meaning of this act who shall append to his name the letters M.D., or shall assume or advertise the title M.D., or physician, or any other title which shall show or tend to show that the person assuming or advertising the same is a practitioner of medicine or of any of the branches of medicine ; or who shall investigate or diagnose, or

offer to investigate or to diagnose, any physical or mental ailment or defect of any person with a view to affording relief, as commonly done by a physician or a surgeon ; or who shall prescribe for or treat a person for the purpose of curing any real or supposed disease, whether by the use of drugs or by the application of any other agency or alleged method of cure or alleviation or prevention of disease ; or to operate as a surgeon for the cure or relief of any wound, fracture, or bodily injury or deformity, after having received therefor or with the intent of receiving therefor, either directly or indirectly, any bonus, gift, or compensation.

The opposition was made up of representatives of the druggists and pharmaceutical associations, spiritualists, clairvoyants, Christian scientists, mental healers, metaphysicians, hydropathists, etc.

Among the many speakers in opposition were Rev. B. Fay Mills, William Lloyd Garrison, and Prof. William James, of Harvard College ; and their battle cry principally, "the infringement of personal liberty." Rev. Mr. Mills approved the efforts to suppress quackery, but evidently thought the Legislature had no business to define quackery. As well say the Legislature ought to pass laws punishing criminals, but has no business to say what constitutes a crime.

Mr. Garrison thought this was an attempt "to secure the monopoly of treating diseases to those who bear the credentials of a recognized school." Just herein we believe is the fallacy which appeals so strongly to the popular mind. The people seem imbued with the idea that the medical profession, by this or a similar law, will have the power to dictate by what particular method sick people shall be treated. Nothing is further, we believe, from the truth. The only contention on the part of the profession is that the person who claims to treat or cure diseases, real or imaginary, whether by existing methods, recognized as medical or by any other means, *shall know a reasonable amount about the human body, in health and in disease*, which they propose to care for and to cure.

Professor James says : "But I cannot look on passively, and I must urge my point. That point is this : that the Common

wealth of Massachusetts is not a medical body, has no right to a medical opinion, and should not dare to take sides in a medical controversy."

Why not? The Commonwealth is not a railroad corporation, yet no one questions its right to pass laws governing railroad management; the Commonwealth is not a sanitary commission, yet it has absolute right to pass laws insuring, as a matter of public safety, public sanitation. Let the profession educate the people in this matter was the burden of some of the speakers.

Verily, when the finished product of Harvard University and a professor within her walls promulgates such twaddle as the above, it would hardly be worth the while for the profession to turn schoolmaster.

---

#### EDITORIAL NOTES AND COMMENTS.

---

PROFESSOR SCHENCK'S PREDICAMENT. — When Professor Schenck, in the far-away city of Vienna, contemplates the world-wide commotion his even partially revealed theory of the determination of sex at the time of conception has occasioned, he doubtless experiences many regrets that his scientific researches should have led him in just that direction.

Besieged by men and women of all classes of society, the recipient of countless letters and communications, all bearing upon the one important subject, his nights must be but the counterpart of his days — disturbed by a host of interrogation points marching ceaselessly through his sleeping as through his waking hours.

Some plausible method he must undoubtedly soon reveal in detail to the scientific world, if he is to retain the prestige a general belief in his discoveries has brought him.

Generalities must give way to definite working formulæ, and it would seem as if the enunciation of the latter might be fraught with certain difficulties insurmountable even in the light of this end of the century wisdom.

At all events the professor is not one to be envied. Success, no less than failure, will be not without its drawbacks. While all the world desires to share in Dr. Schenck's supposed knowledge, that same world will be pretty well divided in opinion as to whether the power to interfere with nature's processes will be an advantage or the reverse. Blame as well as praise is sure to be the doctor's portion, and in addition there is the uncomfortable (to him) certainty that every theory he may advance will be subjected to the keenest and most searching scrutiny of the intelligent, while the ignorant will expect him to pose as a modern miracle monger. This part he has been invited already to play, if the report is true that in one letter which he recently received the request was preferred that he send advice how to turn two girls, aged respectively three and five years old, into boys.

Truly it would seem as if the worthy professor were in danger of being more hampered by the clamorous solicitations of the too credulous uninformed than by the severest criticism or most discouraging scepticism of men of his own ilk, who require good and sufficient reasons for the acceptance of any belief.

MONKEYS SPREAD THE PLAGUE. — An esteemed correspondent sends the following letter, which appeared in one of the Calcutta journals. It refers to the prevalence of the plague among the Hardwar monkeys in India and its extension by their means.

Even the suggestions for prevention wear a pleasing air of novelty in this connection, and the communication, as a whole will, we think, certainly obtain an appreciative reading: —

TO THE EDITOR OF THE PIONEER.

*Sir,* — I have waited to see if any further news was published on the subject of plague attacking the common brown monkey (*Macacus rhesus*) at Hardwar, and, in the absence of any, I think I should draw the attention of the authorities to the very serious nature of the position. There is a perfect and regular communication between the monkeys at the head of the canal at Hardwar and its tail at Cawn-

pore. Monkeys absolutely swarm along the fine forests on either bank of the canal, and are a serious pest to the agriculturist. When the crops are down in the hot weather they seem to migrate westward up the canal to forest tracts, and they return as soon as the crops have grown again. In their migration nothing seems to stop them, and one of the most experienced canal officers in the N. W. P. tells me that they swim fair-sized rivers. The fact of the plague having broken out among the monkeys may be attributed to their haunting deserted, plague-infested rooms in the town of Hardwar; in any case the conditions necessary to infect animals in numbers have been established; and taking into consideration the quite unusual susceptibility of all quadrumana to contagious diseases, it may with some confidence be predicted that it will be merely a question of time as to when the disease spreads from one end of the Doab to the other. It is difficult to isolate monkeys in a town, but it occurs to me that by shutting them off either bank of the canal for, say, five miles on either side of a big viaduct, it would be possible to prevent the spread of the disease, but an active man with a good practical knowledge of the habits of animals should be set to tackle them, as it is quite possible that they would cross the river at points some distance from the canal.

OUTFLANKED.

AN ALUMNI SCHOLARSHIP FUND. — An effort is now being made to secure the coöperation of the alumni of Boston University School of Medicine in the establishment of a permanent endowment for the school, to be known as the "Alumni Scholarship Fund," the income of which shall be sufficient to furnish three or four annual scholarships. Quite a sum has already been pledged by the alumni of Boston and vicinity, and it is earnestly hoped that the entire amount may be secured before the next annual meeting.

So good an object should receive a very practical response on the part of every graduate, and it may well be remembered that "he gives twice who gives quickly."

Contributions should be sent to the treasurer, A. H. Powers, M.D., 352 Massachusetts Avenue, Boston, not later than May 20, 1898, in order that the committee having the matter in charge may make a full report at the annual meeting of the association.

PHYSICIANS AND THE KLONDIKE. — A traveling man for one of the large drug concerns has given out the following information which, if accurate, is certainly of interest to those of the profession who would like to turn their steps Klondike-ward. He says in substance that physicians must pass examinations before the Board of Examiners of the Northwest Territory (not British Columbia) at Calgary. Dr. Britt Banff, N. W. T., is registrar, and the law is to be strictly enforced. Thus, besides the expense and hardships incident to such a pioneering expedition, further ordeals, and these mental ones, must be undergone.

---

## SOCIETIES.

### **BOSTON HOMŒOPATHIC MEDICAL SOCIETY.**

The March meeting of the Boston Homœopathic Medical Society was held in the College Building, East Concord Street, March 3, at 7.45 P.M., President John L. Coffin in the chair.

The business records of the last meeting were read and approved.

The following names were proposed for membership: Ida Dudley Clapp, M.D., Dorchester; Hovey L. Shepherd, M.D., Winchester; and Lottie E. Sampson, M.D., Malden.

Upon the recommendation of the Executive Committee two amendments to the Constitution were proposed, namely, that Article V be amended by the substitution of the word "Associate" Secretary for "Provisional" Secretary, so that the article as amended shall read: "The Officers of the Society shall be a President, two Vice-Presidents, General Secretary, Associate Secretary, Treasurer, Auditor, and three Censors."

Also Article VI shall be amended so as to read: "The Secretaries shall keep records of business," etc., to correspond to the change made in Article V.

Dr. Edward P. Colby presented the following petition and memorial:—



## PETITION.

We, the undersigned members of the Boston Homœopathic Medical Society, having learned that there is a bill introduced in the United States Senate which, while claiming to control, practically prohibits scientific investigation upon animals, such investigation leading to better physiological and remedial knowledge: and believing that existing laws are sufficient to prevent cruelty: and having confidence in those who conduct such investigations: We do, therefore, request the said Society to memorialize the senior senator from Massachusetts, advising against undesirable legislation affecting directly the District of Columbia, but indirectly the whole United States.

(Signed)	CONRAD WESSELHOEFT.	WINFIELD S. SMITH.
	FRANK C. RICHARDSON.	MARION COON.
	H. E. SPALDING.	HORACE PACKARD.
	NATHANIEL W. EMERSON.	JOHN L. COFFIN.
	J. K. CULVER.	E. P. COLBY.
	M. E. MANN.	J. P. SUTHERLAND.

TO THE HONORABLE GEORGE F. HOAR, SENATOR FROM MASSACHUSETTS :

The Boston Homœopathic Medical Society in regular meeting assembled desires to represent to you as follows : —

We have learned that there is now before the United States Senate a bill entitled Senate Bill No. 1063, "For the further prevention of cruelty to animals in the District of Columbia."

We would respectfully represent that in the opinion of this Society the substance of this bill if enacted would so restrict valuable investigation as to become practically prohibitory.

And further that it would cause such delay and complication as to seriously interfere with useful investigation in the laboratories of the Department of Agriculture and thus be a detriment to those engaged in raising animals throughout the country.

And further that it has been fully demonstrated that investigations on animals have furnished information in medicine and surgery, which information has been applied in the treatment of disease to the great relief of human suffering, and in many instances has saved human life.

And further that, in the opinion of this Society, existing laws are adequate to control investigations, and prevent cruelty to the animals.

And further that it is well known to investigators that great care of the animals and the minimum of pain are requisite to insure the best results, and that therefore pain is as far as possible guarded against.

And therefore it is the opinion of this Society that the enactment of this bill would most seriously interfere with scientific investigation, and to a great extent prevent adding to our means for the further relief of human suffering.

On motion of Dr. J. P. Sutherland it was voted that the petition and memorial be referred to a committee for revision and forwarded to Senator George F. Hoar. J. P. Sutherland, M.D., N. P. Perkins, M.D., and John A. Rockwell, M.D., were appointed by the chair to serve on this committee.

The following committee for nomination of sectional officers for the ensuing year was then chosen by the chair: Dr. Sarah S. Windsor, Dr. H. C. Clapp, and Dr. F. P. Batchelder.

#### PROGRAM.

1. Tubal Pregnancy, Horace Packard, M.D. Discussion opened by Walter Wesselhoeft, M.D.
2. A Satisfactory Method of Procedure in the Radical Treatment of Hernia. "An Improved Suture." Alonzo Boothby, M.D. Discussion opened by Nathaniel W. Emerson, M.D.
3. Is Venesection, with Saline Transfusion, ever justifiable in the Treatment of Eclampsia? - Geo. R. Southwick, M.D. Discussion opened by H. E. Spalding, M.D.

Dr. Packard exhibited, by means of the stereopticon, a tabulated view showing his experience with cases of tubal pregnancy during a period of ten years, and made the following statements: (1) Abdominal pregnancy never occurs; (2) ovarian pregnancy never occurs; (3) ciliated epithelium is essential to the nourishment of the embryo; (4) ectopic pregnancy does not occur in the lower animals.

## DISCUSSION.

Dr. Walter Wesselhoeft: Dr. Packard has given a clear and exhaustive paper on this subject. This matter has long been taken out of the hands of the obstetrician and put in the hands of the surgeon. Obstetrics, properly speaking, deals with the delivery of a child through the normal channel. Surgery steps in here as in Cæsarean section. There are certain points in the paper that I should be sorry to pass over involving embryological research.

It is true that in the lower animals ectopic pregnancy is unknown. It is also true that nourishment cannot take place elsewhere than on the columna epithelium, but it is far from being an established fact. The ovum, when impregnated, assumes an activity, which we may call vital. This vital activity, when once set up, extends beyond the ovum and induces in the structures along which it passes a certain vitality, and the whole nervous system is aroused. The ovum having once reached the uterine cavity, accidentally lodges in folds of the membrane, exciting this vital activity in the uterine lining, and in response to it we get excitement of the utricular glands and melting away of tissue to allow the introduction of villi of the chorion. The great question is whether this same activity can be set up elsewhere, as, for instance, in the tube or abdominal cavity. It traverses the tube, or it may also pass around to the other tube and enter here, or it may wander about. Can it fasten itself anywhere and thus establish a nidus of tissue and proceed to develop? This has been held, because there exists in the lower animals and in man, islands of epithelium, which are not ciliated, but are germinal epithelium, and here nourishment is derived and the ovum is developed. The placenta may form almost anywhere in the lower part of the abdominal cavity. One case exists of the placenta having formed high up above the line of the false pelvis, under the spleen. This placenta must have been created from its site or germinal epithelium. Tubal pregnancy is the more common on the left side. Cases have occurred where there has been extrusion of the foetus and placenta,

which has become attached to the abdominal cavity and there developed.

Dr. Sutherland: The subject is a very interesting one. The explanation is to be found in embryological and pathological studies. I would like to bring before you one or two points from comparative anatomy. What is the uterus and what the Fallopian tubes? The fitness of the uterus to nourish the embryo is due to the adenoid tissue under the epithelium. The epithelium, as far as we know, has nothing whatever to do with nourishment. The uterine membrane is of a peculiar structure, unlike anything else in the body. This adenoid tissue is deciduous, has a lymph fluid present, undergoes desquamation and dies. There is nothing like this in the tubes; here we have two or three layers of cells and no adenoid tissue. The uterus is developed from the Müllerian duct, and in the lower animals the upper end of the cornu is an ovary. In humanity the two horns coalesce and form one organ, and the Fallopian tubes are simply the changed upper ends of the Müllerian duct. (Specimens of uterus showing multiple pregnancy in the lower animals exhibited.) Why does gestation take place in the tube? The cilia help the motion of the ovum, which is almost a non-motile cell, due to the vitelline membrane. Pyosalpingitis does destroy the columna cells and cilia. The ovum gets down to the inflamed area, is stopped, undergoes growth and finally the tube ruptures.

Dr. Batchelder exhibited a specimen of tubal pregnancy, showing foetus in membrane. This was taken from a patient who had had three or four periods, the last of which was just as normal as any of the preceding. This last period occurred three or four days before rupture of the tube. There were no symptoms three hours previous to operation; temperature 99°, pulse 102°. Judging from the history, conception took place about two weeks after the close of one menstrual period. Following the rupture of the tube there was a large hemorrhage, which nearly proved fatal, and intravenous injections of normal saline solution were used in large quantities. The patient recovered, and I think we need no fur-

ther evidence than this, when we can compensate for such loss of fluid, to justify the Society in its memorial to Senator Hoar.

Dr. Moore : What is the relation between tubal pregnancy and salpingitis ?

Dr. Boothby : The treatment has not been discussed in detail. It has been stated that in a case of tubal pregnancy, if discovered before rupture, and it is possible to discover it, that electricity should be used and foetal life destroyed, but operation should not be attempted on account of hemorrhage. When foetal life has commenced in a tube, can that foetus be removed by surgical means with safety ? If it can, it should be. If we look at the source of blood supply here and remember that below it is a large venous plexus and that uterine hemorrhage stops when placenta has been removed, it seems to me that it may be done. I have not had a case of late to demonstrate it, but have had two or three in the past, in which I think now it should have been done.

Dr. Southwick : In relation to Dr. Moore's question, there is practically never a case in which the cilia are not destroyed in salpingitis. It is a very common disease. Tubal pregnancy is very rare in comparison with salpingitis. When the cilia are destroyed, the active agent is destroyed, but we have a stream of peritoneal fluid towards the uterus, which carries the ovum along. Another cause is the well-known fact that the mucous membrane in the tube is redundant. It is a canal lined with mucous membrane, in which blind pockets are formed, and it has been shown by cases that the ovum is lodged in one of the pockets of the Fallopian tubes. It is to be remembered that usually pelvic peritonitis accompanies salpingitis, and the tubes are bent and kinked. I think that abdominal pregnancy has occurred. The tube ruptures and the ovum, covered with chorionic villi, escapes and development goes on. If we did not have these chorionic villi, we should not have development. The villi disappear at the third month, at latest, and are primarily tubal, but become secondarily abdominal.

Dr. Boothby not being present at this time, Dr. Southwick next read his paper: "Is Venesection, with Saline Transfusion, ever justifiable in the Treatment of Eclampsia?"

Dr. Spalding, in discussing the paper, said in part: In the vast majority of cases we find either a pure nephritis due to pregnancy, or a preëxisting nephritis. In animals during pregnancy urea has been injected and convulsions produced. The foetus contains more urea, and the toxicity is decreased in the urine and increased in the blood. In chronic kidney disease pregnancy may go through all right. The amount of albumen bears no relation to the severity of the eclampsia. By post-mortem examination we find multiple thrombosis in brain, kidney, and lungs. If the foetus dies, there is little danger of eclampsia. By the action of remedies such as *veratrum viride* and action of heat in causing perspiration, the blood is relieved of toxines. Pilocarpine acts in a reflex manner on peripheral nerves. It has been a good friend to me, and I cannot give it up. In clinical experience Dr. Tannié states that for forty-nine years prior to 1887 he had a mortality of 87 per cent; 1887 to 1891 he used chloroform, chloral, and bleeding, with a loss of 38 per cent. From 1891 to 1896 he used bleeding, chloral, and chloroform, adding purgative and milk diet, reducing the death rate to 9 per cent. The milk diet is the best thing we have. Whether to resort to bleeding or not is quite a question to homœopaths. One thing that proves that bleeding is not so valuable is that it ought to stop convulsions, but it does not, as in case of severe uterine hemorrhage. I believe in the use of saline solution, and think that in case of emergency it should be injected into the abdominal cavity.

Dr. Harvey: I wish to thank the last speaker for his point in injecting a saline solution into the peritoneal cavity. Why not in case of emergency put it in with a trocar?

Dr. Hayward: Can add nothing to what has been said. Have had a large and unsuccessful experience with eclampsia. There seems to be a discrepancy in the statements of the last two speakers. One says urea will not produce convulsions, and the other says it will.

Dr. Southwick: We both state the truth. I am very familiar with the statement made by Dr. Spalding, and it is correct, but it is in a case where a strong solution is used. When we have cancer of pelvic organs, and the ureters do not allow the urine to pass, the patient does not die of eclampsia. Also in ligation of renal vessels in animals, convulsions are not produced for several days.

Dr. Spalding: The cause of eclampsia is complex. Urea is an important element in putting the nervous system into a condition to allow the other toxins to work.

The following sectional officers were elected by the Society for the ensuing year: Chairman, E. M. Phillips, M.D.; Secretary, C. P. Holden, M.D.; Treasurer, M. R. Lakeman, M.D.

The meeting adjourned at 10 P.M.

FRANK E. ALLARD, *General Secretary.*

### WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held at the Y. W. C. A. rooms, Worcester, February 9, 1898.

The meeting was called to order at 10.30 A.M. by the president, Dr. Geo. S. Adams. The records of the last meeting were read and approved.

Dr. DeEtte Brownell and Dr. Henry J. Klopp were elected members. The name of Dr. J. Emmons Briggs, of Boston, was proposed for membership and referred to the board of censors. The resignations of Drs. J. F. Bothwell and E. Lindon Mellus were read and accepted. Dr. Mellus was elected a corresponding member.

The business session being concluded, the meeting was taken in charge by the chairman of the bureau of Materia Medica and Practice, Dr. E. A. Fisher, and the following programme presented:—

1. Urinalysis in albuminuria.....Dr. F. T. Harvey.
2. Differential diagnosis of the various forms of  
Bright's disease.....Dr. A. J. Atwood.

3. Functional albuminuria .....Dr. E. D. Fitch.
4. Some aspects in the practical study of Bright's  
Disease .....Dr. W. T. Talbot, of Boston.
5. Diet in albuminuria .....Dr. F. P. Glazier.
6. Treatment of albuminuria by drugs.....Dr. W. H. Bennett
7. A discussion of the ocular symptoms of kidney  
disease .....Dr. E. A. Clarke.
8. A case of tuberculosis of the kidney .....Dr. G. F. Forbes.
9. A case .....Dr. E. R. Miller.
10. Diet in diabetes .....Dr. E. A. Jones.
11. Urinalysis in glycosuria.....Dr. E. A. Fisher.

In the free discussion which followed the reading of these papers many interesting and helpful points were emphasized. Dr. Cushing reported two cases illustrating the action of phaseolus in albuminuria; Dr. Searles, a case of severe albuminuria and dropsy in a child a year and a half old, cured after a few weeks by the use of apis 3 x. In albuminuria many drugs had found favor with the different members, among the more frequently used being cuprum arsen., potassium chloride, mercurius, apis, etc.

The meeting adjourned at 4 o'clock.

F. R. WARREN, *Secretary.*

---

## GLEANINGS AND TRANSLATIONS.

HOMŒOPATHY SCIENTIFIC. — A remarkable confirmation of the homœopathic principle of treatment has just been reported from Berlin. It was discovered several years ago by Binz that the number of white blood corpuscles could be increased four times by giving the individual tincture of myrrh. The normal number of white corpuscles in a healthy person is 7,500 to the cubic millimetre. When the number is temporarily above 9,000 the condition is abnormal, and the term "leucocytosis" is used to designate it. Now, surgical pathology teaches us that leucocytosis is confirmatory of the suspicion of pus in the system. For instance, if a deep abscess were conjectured in some part of the body, as in the appendix, the lung, the liver, or



brain, the condition of leucocytosis would absolutely confirm the opinion. On the contrary, the absence of leucocytosis is positive proof that there is no suppurative process in any part of the body, whatever the other symptoms may be.

The Berlin correspondent of the *Therapeutic Gazette* for January, 1898, says that the most remarkable fact in therapeutics in that city at the time of his writing was the treatment of the mixed infection of diphtheria with tincture of myrrh. Out of eighty cases thus treated only one died. Reports from three hundred cases showed remarkable results. The cases of mixed or secondary infection are those complicated with pus germs. In all pus cases we find leucocytosis. In these the remedy that has been so successful produces leucocytosis when given to a well person. The tincture of myrrh is given also in small doses; four drops are mixed with eight drops of glycerine and two hundred drops of water. To infants a coffee-spoonful is given every half hour; to children under fifteen one to two teaspoonfuls, and to adults proportionately larger doses.

It is evident that the principle is homœopathic, namely, to give to the sick that drug which, given to the well, produces symptoms similar to those possessed by the sick; the size of dose or strength is homœopathic, about 2 x, and the frequency of repetition is homœopathic. We predict that within another decade the homœopathic law will be fully demonstrated by means so scientific as to place its validity beyond dispute by any physician proficient in the science of medicine. — *L. D. Rogers, A.M., M.D.*

INSANITY IN THE COLORED RACE. — Insanity in the colored race presents a very interesting problem, and affords a most favorable opportunity to study the causes leading to this condition. That a race of people occupying the same territory as the white race should have been, up to thirty years ago, practically free from insanity; that this race under changed environments has become yearly more and more afflicted with the disease, until it now approaches the white race, must necessarily, when thoroughly investigated

and understood, shed a very great light on the causation of insanity.

To solve this problem many theories have been offered, and speculations indulged in ; these speculations have ranged from the practical to the metaphysical, from the absurd to the ridiculous. From the views of those in a position to be best informed, the alienist into whose treatment they are committed, and the intelligent country physician, who lives and practises amongst them, certain general conclusions have been crystallized.

These, briefly expressed, are, to wit : That the increase of insanity in the negro is due first to the fact that his freedom, with all that implies, was thrust upon him without previous preparations, carrying with it responsibilities for the care of himself and family without the means of support, or the habit of self-reliance ; then the reaction in itself from condition of servitude to that of freedom was a matter of such great social importance that it must have had a psychical influence upon the race. Add to all this the removal of restraint and the indulgence in every species of dissipation, especially alcoholism and promiscuous intercourse, and you have in brief adequate causes for this increase of insanity. — *Maryland Medical Journal.*

NATURE'S METHOD OF VAGINAL ANTISEPSIS. — Professor Lusk expresses himself as strongly opposed to the vaginal douche before and after parturition. While the vaginal canal abounds in micro-organisms, he considers that they only intensify the acid reaction of the vaginal secretions, and render the latter especially unfavorable to the multiplication of the streptococcus, which is the germ that produces puerperal septicæmia. The normal vaginal secretions furnish a soil hostile to all forms of cell growth. The cervical canal of the pregnant woman is protected from the invasion of micro-organisms by a mucous plug, and thus in natural labor the protection of the uterine cavity is complete. The entire parturient act, furthermore, serves to guard the woman against infection. With the rupture of the membranes the down-

ward current is produced by the escape of amniotic fluid. The descent of the child cleanses the vaginal canal, and the associated leucocytosis and increase of vaginal secretion are inimical to the action of the septic germs. Finally, the passage of the placenta completes the toilet of the vaginal.

The fact that nature provides this excellent means of self-defence clearly shows that the disturbing methods of disinfection employed before and after labor, under the plea of prophylaxis, are not commendable. The antiseptic douche dissolves the mucus, sets free the imprisoned germs, weakens the resistance of tissue, and contributes to the extension of the source of infection. — *Hom. Journal of Obstetrics.*

CANCER AND HIGH FEEDING. — From the last report of the registrar-general the mortality from cancer in England is proportionally four times greater than it was fifty years ago. It is also worthy of remark that the death rate from phthisis and tuberculous disease has correspondingly declined. It seems a well-established fact that poor sanitary conditions and a limited food supply contribute in a high degree to tuberculous conditions, while high feeding and a preponderating meat diet are important factors in a high cancer mortality. Statistics show that the meat consumption of England has reached the amazing total of 126 pounds per annum for each person. There is no doubt but that the ingestion of excessive quantities of highly stimulating food, especially when the metabolism of the tissues is defective, is attended with disorderly and excessive cell proliferation, which may reach the point of malignant growth. In the absence of abundant outdoor exercise these conditions are greatly aggravated. Should it be found as a result of future investigations that a germ is the active cause of cancerous growths, the custom of eating raw and partially cooked meat must be held responsible for the increased prevalence of malignant disease. — *Medical Arena.*

ALCOHOLISM IN THE YOUNG. — According to one of our French exchanges the population in France is being decimated rapidly by alcoholism. Alcohol has become a part of

the staple food of the home. Bread, coffee, and *eau de vie* form the basis of the dinner, and frequently even coffee is absent. The most distressing feature of the case is the lamentable effect this use of alcohol has on the young. The infantile mortality is enormous, such as is met with nowhere else. Of fifty children who had come to the free dispensary of Dr. Brunon two began to drink coffee and alcohol before they were a month old; four at three months, two at five months, five at eight months, one at ten months, five at eighteen months, fifteen at a year, and nineteen at three years. With these facts staring us in the face it can no longer be a matter for surprise that the population of France is diminishing year by year, that the rural population is degenerating, that crime and insanity are greatly on the increase, and that industry is on the decline. — *Charlotte Medical Journal*.

DURATION OF WHOOPING COUGH. — Dr. Weill expressed the opinion three years ago that whooping cough is contagious only during the catarrhal stage, and has since put his opinion to severe tests. On various occasions he permitted nearly one hundred young children, who had not previously suffered from whooping cough, to be associated in the same ward for twenty days or more with children suffering from the disease during the stage of whooping. In only one case was the disease contracted, and in this instance the patient from whom the infection was derived was in the very earliest period of the whooping stage. In three small epidemics Weill was able to satisfy himself that infection was contracted from children who had not yet begun to whoop. He concludes that infection ceases very soon after the characteristic whoops commence, and that therefore in a family it is not the patient who is already whooping, but his brothers and sisters who have not previously had whooping cough, that ought to be isolated. — *Lyon Médicale*.

PROFESSOR UFFELMANN ON FOODS. — Professor Uffelmann, of the University of Rostock, Germany, thinks milk a rather indigestible article of food. He approves of a combination of milk and Mellin's Food. The latter he considers of

genuine dietetic value. Whether the powder is used dry, or first dissolved in water and the solution added to the milk, he thinks the result is to render the milk more digestible; and therefore recommends this combination in his work on the "Domestic Hygiene of the Child."

FREE ANTI-TOXINE. — The London Metropolitan Asylums Board have resolved that a supply of anti-toxine shall be placed in the hands of the medical officer of health under their control for free distribution to any general practitioner who may be called upon to attend and treat patients unable to obtain admission into the board's hospitals. The board have made arrangements for a supply of anti-toxic serum from the laboratories of the Royal College of Physicians and Surgeons. — *American Practitioner and News.*

A RAILWAY HOSPITAL CAR. — One of the Belgian railway companies has instituted what is called "the hospital car," which is designed to serve a twofold purpose. The first of this kind of car went into commission in the latter part of April. In the event of a serious railroad accident the car may be run to the spot where the wounded may be picked up and carried to the nearest large city for treatment, instead of being left to pass long hours in some wayside station while awaiting surgical attendance. It also enables the railway companies, at certain seasons or upon special occasions, to transport large numbers of invalids to health resorts or places of pilgrimage. The interior is divided into a main compartment, a corridor on one side and two small rooms at the end. The largest compartment is the hospital proper; it contains twenty-four isolated beds on steel tubes hung on powerful springs. Each patient lies in front of two little windows, which may be closed or opened at will. Each bed is provided with a little movable table, and a cord serves to hold all the various small objects which the patient may need. The corridor on the outside of the hospital chamber leads to the linen closet and the doctor's apartment. In the latter is a large cupboard. The upper portion is used for drugs; the lower part is divided into two smaller compartments — one serving

as a case for surgical instruments, the other as a receptacle for the doctor's folding bed. The hospital compartment is carpeted with linoleum or other material to deaden the sound of walking. Various trapdoors in the floor, when opened, disclose to view an ice chest, a compartment for the disinfection of soiled linen, and a provision cellar. If necessary, a portion of the hospital chamber may be transformed into an operating room for urgent cases. — *Consular Reports.*

GROWTH OF THE BABY. — A child in good health should gain four ounces a week during the first five or six months. The original weight should be doubled at five months, and trebled at fifteen months.

The length of the newly born child is about sixteen inches. Growth is quickest in the first week of life. There is an increase in the first year of from 5 to  $6\frac{1}{2}$  inches; in the second from  $2\frac{2}{3}$  to  $3\frac{1}{3}$  inches; in the third from  $2\frac{1}{3}$  to  $2\frac{2}{3}$  inches; in the fourth about 2 inches; and from the fifth to the sixteenth year the annual growth amounts to  $1\frac{2}{3}$  to 2 inches. Of course these are the average figures, and deviations may exist and still the child retain good health.

DIPHTHERIA IN RUSSIA. — The epidemic of diphtheria, which affected St. Petersburg during 1897, was the most serious of recent years. There occurred 1,690 cases, which is six times as many as occurred during 1896, and three times as many as during 1895. In addition the disease was quite prevalent throughout Russia. The good results attendant upon the employment of anti-toxine were very evident. Of 36,099 cases thus treated the mortality was 14.6 per cent; in one small series of 113 cases it reached 20 per cent. In cases treated without the anti-toxine the death rate varied from 31.6 per cent to 56.8 per cent. — *Philadelphia Polyclinic.*

HEREDITARY SUICIDE. — A remarkable story of this kind comes from Paris (Professor Brouardel). A farmer suicided by hanging, leaving seven sons and four daughters. Ten of these eleven children, after they had each raised families, took their own lives, and their several offspring also suicided by various means and at various ages. The remaining sur-

vivor of the original eleven children is now a man of sixty-eight years, and is supposed to have passed the probable age of his family's suicidal tendencies. — *Pacific Medical Journal*.

A SANITARY RECORD OF HOUSES. — Paris is making a sanitary record of every building in the city. Since the beginning in March, 1894, 35,000 houses have been described, and it is expected that the register will be completed by 1900. It contains for each house a description of the drains, cesspools, and wells, and of the plumbing; a record of whatever deaths from contagious disease have occurred in it, and of all disinfections and analyses of water, diet, or air.

PREMATURE BURIAL. — It is reported that the medical section of the National Exposition, to be held at Turin, Italy, in 1898, will devote its attention largely to the subject of premature burial. Reports and exhibits already in preparation are to be presented. The aim of those directly interested in the sectional work seems to be to induce all governments to make laws requiring dead bodies to be kept a certain fixed period before burial. — *Medical Times*.

A SUBSTITUTE FOR AMPUTATION. — One of the latest things in surgery is the practice of embalming an injured limb as a substitute for amputation. It is claimed by Reclus, of France, that much more tissue is thereby saved, the process less fatal; and when the dead tissue has separated from the living, the surgeon has nothing to do except to divide the bone at a suitable spot.

CAUSES OF DEATH. — Professor Snellison says that only 900 persons in 1,000,000, according to medical authority, die from old age, while 1,200 succumb to gout, 18,400 to measles, 2,700 to apoplexy, 7,000 to erysipelas, 7,500 to consumption, 48,000 to scarlet fever, 25,000 to whooping cough, and 30,000 to typhoid and typhus. — *Practical Druggist*.

THE COLOR OF SCHOOLROOM WALLS. — The New York City Board of Education is to determine what color is best to be used for the walls of schoolrooms. A commission of oculists is to be selected for the purpose. The idea originated in France and not, as was to be expected, in Germany.

INCUBATORS TO BE LET.— Warmed and ventilated incubators for sickly babies can now be hired in Berlin, on a request signed by a medical man, at from \$8 to \$15 per month.

---

## REVIEWS AND NOTICES OF BOOKS.

---

THE PSYCHOLOGY OF SUGGESTION. A Research into the Sub-conscious Nature of Man and Society. By Boris Sidis, M.A., Ph.D., with an Introduction by Prof. William James, of Harvard University. New York: D. Appleton & Co. 1898. Price \$1.75. pp. 386.

This book is most interesting reading. It treats of the sub-conscious nature of man and of society, not alone by a consideration of existing authorities in psychology, but also from carefully planned and well executed original experiments by the author. The subject matter is divided into three general parts: I. Suggestibility; II. The Self; III. Society.

Under Part I suggestion and suggestibility are defined, and are considered in both normal and abnormal states, in regard to what constitutes each and the laws governing the same.

Part II, under the general title of "Self," treats mainly of the "secondary" or "sub-conscious" self, the evidences of its existence, the laws governing it, its relation to hallucinations, and its connection with and relation to the "higher" "waking" consciousness or personal individual self.

Part III, under the title "Society," treats of social suggestibility, mental epidemics, stampedes, and the various "crazes" which have convulsed society more or less for all time.

The whole book shows extensive study of the subject, much originality, accurate, logical reasoning, and must be of especial interest and value to those in the profession who are interested in the various forms and manifestations of nervous and mental disease.

A YEAR-BOOK OF TREATMENT FOR 1898. A Critical Review for Practitioners of Medicine and Surgery. Philadelphia and New York: Lea Brothers & Co. 1898. Price \$1.50. pp. 488.

It is to the advantage of the studious members of the profession that, with one or two exceptions, the same recognized authorities who in 1897 contributed to the Year-Book of Treatment should in 1898 also form the literary staff.

A clarity of style and a conciseness of expression are naturally



encouraged by that practice which is said to make perfect. Such characteristics are necessities in any work which endeavors to outline for a twelvemonth the advances of science in the wide field of medicine and surgery. This is especially true when the work, like the one in question, is a crown octavo of less than five hundred pages.

These requirements, however, have been well met, and in addition, continuity of thought has not been sacrificed in the process of condensing an almost too great abundance of material.

A book of this description needs neither justification nor explanation.

It is preëminently a digest of the progress made in the domain of therapeutics during the past year. This *résumé* is set forth in twenty-five chapters, with frequent paragraphing into appropriate subdivisions of topics, accompanied by detailed reference to the authorities quoted.

Critical statements of the comparative value and applicability of various drugs, formulæ, and methods of treatment, both old and new, form properly an important feature. Important practical points are emphasized and irrelevant matter discarded. Altogether this, the fourteenth consecutive annual issue, may be recommended as a convenient and reliable handbook, and one to which ready reference may be made because of its systematic arrangement and adequate indexing.

EYE-STRAIN IN HEALTH AND DISEASE, WITH SPECIAL REFERENCE TO THE AMELIORATION OR CURE OF CHRONIC NERVOUS DERANGEMENTS WITHOUT THE AID OF DRUGS. By Ambrose L. Ranney, A. M., M.D., late Professor of the Anatomy of the Nervous System in the New York Post-Graduate Medical School and Hospital; late Professor of Nervous Diseases in the Medical Department of the University of Vermont, etc. Illustrated with thirty-eight wood engravings. Philadelphia: The F. A. Davis Company. 1897.

In this book the author describes with nicety the numerous tests for measuring abnormal muscular conditions, paying special attention to minor details, and fortifying his conclusions by various confirmatory tests; by exclusion, the phonometer, the madder rod, the red glass, and the tropometer, concluding with measuring the power of adduction, abduction, etc.

While this book, written from an extremist's standpoint, has received much adverse criticism, especially in relation to the method of relaxing or making manifest latent heterophoria, there is much

within its covers of value, worthy of careful perusal even by its critics, and those who follow the rules laid down in Chapter II for measuring heterophoria cannot go far astray.

While the author cautions against hasty conclusions and emphasizes the importance of wearing lenses correcting the error of refraction, either alone or in combination with prisms, for a period sufficiently long to make sure of the muscular condition before even suggesting an operation to the patient, and especially cautions against using prisms in excess of the manifest heterophoria, a careful study of the cases reported under the various heads shows that he disregards these important instructions in many cases.

In addition it may be said that only occasional mention is made of the muscle balance in accommodation in the cases reported, and in the tables it is ignored entirely. Certainly the reports would be of more value if the muscle states at the near point were given, and the examinations cannot be called complete unless these tests are taken. Despite certain errors and omissions, however, the volume contains much of value and interest to oculists who desire to do special work in this line, and a careful perusal of its contents might even tend to open the eyes of those who ignore the ocular muscles. G. A. S.

ALASKA: ITS NEGLECTED PAST, ITS BRILLIANT FUTURE. By Bushrod Washington James, A.M., M.D. Philadelphia: Sunshine Publishing Co. 1898. Price, \$1.50. pp. 450.

The announcement of a work on Alaska naturally suggests, at the present time, a book of facts (and sometimes fancies) set forth to attract the eye of the would-be gold seeker or adventurer. Dr. James' "Alaska" is not of this stamp. While it gives valuable information about necessary outfits, routes to the gold fields, the character of the country, the mines, mining methods and laws, it also includes the history of Alaska, its present condition, its needs, its resources, its future possibilities under wise development and legislative fostering.

Dr. James interestingly describes his own travels in our possessions in the great Northwest, and gives the results of his personal observations of the natives; their characteristics and pursuits, the missions and schools in and the climate of Alaska. He deals at length with the sealing and boundary questions, and with legislation both Canadian and Alaskan. A chapter is devoted to international law as affecting Alaska.

The work contains what every book of the kind should have —

numerous and excellent maps. There are many illustrations of interest, a complete bibliography of Alaska, and a sufficiently full index. The binding is decidedly artistic. The proofreading and mechanical work are not first class, but the book is certainly worth the publisher's price.

OUTLINES OF RURAL HYGIENE. By Harvey B. Bashore, M.D. Illustrated. Philadelphia: The F. A. Davis Company. 1898. Price \$1.00. pp. 84.

This little book of eighty-four pages treats of the management of sanitary matters in the country or suburban districts which are without city advantages in that respect.

It considers: Water Supply; Waste Disposal; The Soil; Habitations; Disposal of the Dead, and the Normal Distribution of Chlorine. For so brief a consideration of the subject the book is an excellent one. The various topics are treated in an exceedingly practical and clear manner, and the illustrations are explicit. (They *illustrate*, which cannot be said of all the pictures in our modern scientific books.) We should not entirely agree with the author's idea of the cesspool or the surface drain, and the system of subsoil drainage is altogether too expensive to be practical for a great many country places. However, the ideas in the book are all good and worth knowing.

THE AMERICAN YEAR BOOK OF MEDICINE AND SURGERY. Under editorial charge of George M. Gould, M.D. Philadelphia: W. B. Saunders. 1898. Price, cloth, \$6.50. Half morocco, \$7.50. pp. 1200.

This annual contribution to the science of medicine and surgery under the able management of Dr. Gould, aided by a long list of men among the most eminent in the profession, comes to us in a volume of great excellence both in its subject matter and in its general make-up and wealth of illustrations.

It brings in a concise and easily attainable manner the principal points of advance in medicine and surgery which have been made during the past year.

The work is treated under eighteen general divisions, including all departments of this science, each one under the special editorship of a recognized authority in such department. The subject matter of each division is carefully selected and arranged with ample footnotes, giving references to the source in current medical literature from

which the knowledge is drawn, so that the original articles can easily be consulted if one so wishes.

It is impossible within the limits of a book notice to give an adequate idea of the ground covered in detail of the various sections. Suffice it to say that there is no book published of more practical use to the busy physician who wishes to know the latest developments in any branch of his profession and to arrive at that knowledge quickly.

BRITISH, COLONIAL, AND CONTINENTAL HOMŒOPATHIC MEDICAL DIRECTORY, 1898. Edited by a Member of the British Homœopathic Society and Dr. Alexander Villers. London: Homœopathic Publishing Company. 1898. Price, United States and Canada, 50 cents. pp. 116.

The United States is about the only country not covered by this register of names and addresses of homœopathic physicians. Although this exclusion renders the book of comparatively little value to the generality of practitioners this side of the Atlantic, it is always of interest to know the number and whereabouts of the brethren in other lands.

For the purpose for which it is intended it is a sufficiently compact little volume brimming over with information, varied, concise, and well arranged. This is the fourth year of its issue, and constantly increasing sales attest its accuracy and usefulness.

SAW PALMETTO: ITS HISTORY, BOTANY, CHEMISTRY, PHARMACOLOGY, PROVINGS, CLINICAL EXPERIENCE, AND THERAPEUTIC APPLICATIONS. By Edwin M. Hale, M.D. Philadelphia: Boericke & Tafel. 1898. pp. 96. Price 50 cents.

The above long title to this little book tells the whole story. The name of Dr. Hale is in itself a guarantee of the thoroughness of the work done. A study of this brochure shows that in the *sabal serrulata* we have a remedy of a much wider sphere of action than is generally supposed.

---

#### REPRINTS RECEIVED.

---

Reflex Disturbances of Visual Defects Compared with Normal Sight. By David W. Wells, M.D., Boston, Mass. Reprinted from the *Dental Cosmos*.

The Operative Treatment of Hæmorrhoids. By Parker Syms, M.D. Reprinted from the *New York Medical Journal*.

Typhoid Fever. By John Eliot Woodbridge, M.D. Norwalk, Ohio: The Laning Printing Co. 1897.

---

### PERSONAL AND NEWS ITEMS.

---

DR. E. R. UTLEY, who has acted as physician at the Middlesex House of Correction, East Cambridge, for the past six or seven years, has been appointed city physician of Newton.

DR. LOUGEE'S BEQUEST. — The will of the late Dr. William H. Lougee, of Lawrence, Mass., gives to the college on East Concord Street, Boston, his library, instruments, and medicines; to the Homœopathic Hospital he gives \$1,000 to furnish a ward.

HAHNEMANN HOSPITAL REMEMBERED. — By the will of Thomas W. Evans, among other charities, \$5,000 is bequeathed to the Hahnemann Hospital, Philadelphia.

APPOINTMENTS TO BE MADE. — An examination for two resident physicians for the Children's Homœopathic Hospital of Philadelphia, 926 N. Broad Street, will be held at the institution during the first week in May.

Applications should be sent to the hospital in care of the Medical and Surgical Staff.

A large experience is afforded a physician who desires to post himself in general work.

Beside the medical and surgical practice of the hospital wards, there is a dispensary of 40,000 applicants annually, where clinics for adults and children are held daily.

Surgery and outside practice in medicine and obstetrics are also available to the residents.

REUNION OF HAHNEMANN GRADUATES. — The annual reunion and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 12, 1898.

Class reunions will be held at 10 A.M. in Horticultural Hall, Broad Street, above Spruce. The business meeting

will convene at 4.30 P.M., and the banquet will be held at 7 P.M. at Horticultural Hall.

The trustees and faculty of the college extend a cordial invitation to all the members of the alumni and their friends to attend the Fiftieth Annual Commencement, to be held on the same day, at 2 o'clock, at the Academy of Music, S. W. corner Broad and Locust Streets, Philadelphia.

Banquet cards can be secured up to May 11, 1898, by notifying the secretary, Dr. W. D. Carter, 1533 South 15th Street, Philadelphia.

---

### OBITUARY.

DR. AMOS F. WORTHINGTON died at his home in Philadelphia, Pa., March 10, 1898. He was born in Cleves, O., August 27, 1832; graduated from the Homœopathic Medical College at Cleveland, O., in 1870, and was for many years a member of the Cincinnati Board of Pharmacy. Removing to Philadelphia, he there conducted a homœopathic pharmacy for some thirty years, eventually disposing of it to Messrs. Boericke & Tafel.

Dr. Worthington was chosen by the American Institute of Homœopathy as one of the committee of ten to publish the American Pharmacopeia.

He was a thirty-second degree Mason and the funeral services were held under the direction of the Masons in the Scottish Rite Cathedral.

He leaves a wife and two daughters and a large number of personal and professional friends.

---

### PUBLISHERS' DEPARTMENT.

PHYTOLACCA DECANDRA. — In the early autumn the tall, smooth stalks of the poke berry, many branched and laden with ripening clusters of purple berries, are familiar objects along the country roads.

For years *phytolacca decandra* has been a well-known remedy in hamlets and villages where native talent in "doctoring" often usurps

the place of the accredited physician. Here the housewife, skilled in the virtues of many and varied herbs, brewed decoctions from the leaves and roots of the poke berry for the benefit of some member of her own family, or for some neighbor suffering from rheumatic pains of long standing. Not infrequently relief was experienced, and to-day more scientific clinical experience and observation endorse the use of the old-time remedy. But *phytolacca decandra* has a larger sphere of action than that already mentioned.

The juice of its berries, expressed from clusters well ripened and even frost touched, has been found to be most beneficial in a certain rather large proportion of cases of obesity. Not in all, for not every person possessed of too much adipose tissue is susceptible to the action of this remedy.

It has proved potent in so very many cases, however, that it would seem advisable to invariably test its applicability to patients burdened with rapidly increasing deposits of fat, fatty degeneration of vital organs, consequent interference with important functions, difficulty in breathing after the slightest exertion, and more particularly after walking or upon going upstairs.

Distress in respiration is a prominent symptom, and one causing genuine suffering as well as annoyance to the corpulent person thus affected.

Recognizing the value of *phytolacca decandra* in the treatment of this class of cases where the indications for its exhibition are sufficiently marked, Otis Clapp & Son, of Boston, several years since had prepared in their own laboratory tablets containing those elements obtained from the berries which have proved most effective. These extractives were compounded with pure sugar of milk, and offered to the profession as a perfectly reliable preparation of poke berry for the treatment of obesity.

The tablets have been widely used, and apparently with very satisfactory results. The explanation of their virtue is most simple; they promote the absorption and assimilation of fat; thus the excessive storage of adipose in the body is discouraged and prevented, and this without resorting to extreme measures, such as violent exercise, Turkish baths, and a low diet. A restricted diet, the usual daily bath with friction, and moderate exercise in the open air will naturally be advised, but radical changes are unnecessary and undesirable.

The customary dose of Otis Clapp & Son's *Phytolacca Berry Tablets* is four or five, before meals, three times a day. Occasionally

after the first few days some slight rawness of the throat may be noticed, but a lessening of the number of tablets taken, or their omission temporarily, will cause this symptom to pass away. With this exception the use of the tablets will prove unattended with any personal discomfort, and no pathological conditions will be occasioned by this method of treatment. Phytolacca Berry Tablets may be obtained direct from Otis Clapp & Son, 10 Park Square, Boston.

Price, 1,000 in glass stoppered bottle, \$1.00; by mail, \$1.15; in neat box, by mail, \$1.00.

PREFERRED PIE. — Two little tots of Hudson were kneeling at their mother's knee saying the Lord's Prayer. The oldest one was repeating it after his mother, and when he reached the passage that reads, "Give us this day our daily bread," what was the mother's astonishment when the little tot exclaimed, "Hit him for a pie, Johnny; hit him for a pie!" — *Sturgis (Mich.) Democrat.*

TRUSSES. — A truss should approximate a realization of the support which can be given by the fingers, both as regards the direction of its application and the degree of pressure transmitted. An ideal truss would possess that maximum of touch faculty which the trained hand exhibits.

Though this may be impossible of attainment with the best of trusses, it may well be remembered that trusses must and can be adapted to individuals just as the human hand, in gauging the amount of support desirable, takes cognizance of the needs of each separate case. A truss wrongly selected and applied, though from the manufactory of the best makers, is worse than useless. It is, therefore, evident that trusses should be fitted to patients by competent persons only, and that every order for a truss should receive as much attention as if it were the only order.

Such skilful attention to individual needs physicians are assured will be given at Otis Clapp & Son's, 10 Park Square, Boston. Patients will receive the personal attention of those who are duly qualified to fill orders, or to exercise intelligent judgment when no specific instructions are given. Trusses representing the best workmanship and most scientific principles are kept constantly in stock, and special orders can always be filled within a short time.

When it is remembered that a well-adjusted truss exerts a palliative influence that may result in a radical cure, it would seem that advantage should always be taken of such an appliance except in those extreme cases demanding immediate operative interference.



Children, no less than adults, should share the benefits of this method of treatment. Dr. Samuel Lloyd, writing on the Radical Cure of Hernia in Children, says, in effect, that the use of the truss should always precede other treatment unless strangulation is actually present. But he also says that the truss, to be successful, must be fitted carefully, so that it will not cause irritation of the skin or strangulation of the spermatic vessels, and that it should be applied as soon as the hernia is discovered.

These and other truths pertinent to the subject are familiar to the profession, and the majority in appropriate instances do not hesitate to recommend suitable mechanical appliances. We trust that physicians, as such cases come under their observation, will kindly bear in mind the facilities (including a room for the reception of patients) which are offered by Otis Clapp & Son at 10 Park Square, Boston. It is certainly fitting that homœopathic physicians in particular should patronize, other things being equal, such pharmacies as assist in materially increasing the number of those who prefer to place themselves under the care of homœopathic practitioners, and it is perhaps unnecessary to call attention to the fact that among such pharmacies Otis Clapp & Son's is one of the oldest and most reliable.

ALWAYS DID. — "Always speak well of your neighbor."

"I always do, although I can assure you in confidence she is the meanest woman in creation." — *Tid-Bits*.

NASAL DOUCHING. — Speaking of nasal douching, Dr. Litchwitz in *The Medical Week* says: "Liquids charged with carbolic acid, alum, zinc salts, etc., even in weak solutions, are highly injurious. Pure water is badly borne."

To be sure, this is but the expressed opinion of one expert, yet the experience of many will doubtless confirm the truth of this statement.

As a substitute for preparations containing injurious ingredients which excite rather than allay inflammation of the mucous membranes of the nasal passages, we recommend Otis Clapp & Son's Glyco-Antisepto.

This bland, non-alcoholic solution contains the active principles of thymol, menthol, benzoic acid, oil gaultheria (true), pinus pumilio, oil cinnamon (true), glyco-boron, and solvents so scientifically combined as to present an alkaline, antiseptic wash of considerable osmotic power, soothing to inflamed surfaces, germicidal in action, a solvent of scabs and crusts, and an efficient means of local medication.

For the purpose of making direct application of this superior solu-

tion, Otis Clapp & Son's Glyco-Antisepto Nasal Douche is peculiarly well adapted.

The habit of sniffing fluid into the nostrils is uncleanly and unsatisfactory. In any event but a fraction of the affected membrane is reached.

On the other hand, local treatment by means of douching or spraying, where force is used to throw the fluid into the passages and cavities, is to be deprecated strongly as frequently productive of greater evils than those already existing.

The very simplicity of the construction and use of Otis Clapp & Son's Glyco-Antisepto Nasal Douche commends it to the profession. Its employment is attended by none of the drawbacks just mentioned. By the law of gravity the medicated fluid irrigates the affected passages gently and thoroughly. The flow can be easily regulated by the patient.

This simple little apparatus costs but twenty cents, and will be mailed at that price to any address.

It is especially intended for use with Otis Clapp & Son's Glyco-Antisepto (sold in 4, 8, and 16 ounce bottles. Price, 35, 50, and 75 cents), but is equally available with any solution the physician may wish to prescribe.

In inflammation and catarrh of the mucous membrane of the nose, pharynx or larynx, however, in tonsilitis or any condition calling for a wash or gargle, we think nothing will prove a more healing antiseptic and deodorizer than Glyco-Antisepto.

ASSISTANT WANTED. — An established physician, in an active practice in a town of about six thousand inhabitants, within twenty miles of Boston, desires as an assistant a competent young man; one unmarried and a low potentist preferred. Address "Park," care Otis Clapp & Son, 10 Park Square, Boston.

WOULD SUBSTITUTE. — A young man, class of '98, Boston University School of Medicine, wishes to substitute for a physician during the summer months. Address X. Y. Z., care Otis Clapp & Son, 10 Park Square, Boston.

FOR SALE. — Two Fergusson specula; one Graves speculum; one graduated silver sound; one German silver probe; one one-ounce hard rubber syringe; one urinometer with six test tubes. The above in good condition. Price low, especially so if all sold to one purchaser. Address T. L. A., care Otis Clapp & Son, 10 Park Square, Boston.

# THE NEW ENGLAND MEDICAL GAZETTE

---

No. 5.

MAY, 1898.

Vol. XXXIII.

---

## COMMUNICATIONS.

### THE SURGICAL CLINICS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF NATHANIEL W. EMERSON, M.D., FOR QUARTER ENDING  
MARCH 31, 1898.

In some ways the service this year was unusual; for example, in the large number of abdominal cases, more than one third of all the cases being of this class. Five deaths occurred, only two of which, however, were among the operated cases. One was caused by a fracture of the base of the skull, the patient never recovering consciousness after the accident. The second was that of a lady aged eighty-seven, who was brought to the hospital with a fracture of the hip and a Colles' fracture. The former could not be treated because of a beginning gangrene of the foot, preventing application of any fixation dressings; the gangrene progressed to its logical conclusion. The third was a case of a baby, two years old, with a harelip. In the early part of the service she came to the hospital to have the defect remedied. Because of very high temperature, — over  $104^{\circ}$ , — without adequate explanation on the morning appointed for operation the case was once deferred. A few days later the lip was operated upon, but healing was not satisfactory and convalescence was irregular, with temperature fluctuations unaccounted for by what had been undertaken. When discharged, the mother was asked to return with the child in a month, a second operation having been advised. After readmission and while waiting operation, a very high temperature was

again developed with characteristics of basilar meningitis, and she died, no operation having been performed.

Of the two operated cases, one was due to suppurative appendicitis; a fatal delay occurred in sending the case to the hospital after application had been made. A complete cessation of pain gave false reassurance, and a consequent delay of twenty-four hours followed. On admission the operation was at once undertaken. A perforated appendix was found, which accounted for the cessation of pain on the preceding day, while an extensive septic peritonitis was already present. The patient died on the fifth day.

The fifth death occurred in the case of a vaginal hysterectomy. Nothing unusual happened during the operation, but the next morning a supra-pubic incision was necessary because of hemorrhage into the abdomen. The patient was in a critical condition, with an almost imperceptible pulse and all the signs of a severe hemorrhage; the opening discovered the abdomen partly filled with fresh blood. In Trendelenberg's position the whole field of manipulation was most carefully inspected and no single unsecured vessel was found, but a general oozing from all intra-pelvic cut surfaces. These were secured by continuous sutures as painstakingly applied as possible, which apparently controlled the hemorrhage, and an intravenous salt solution of three quarts given, under which the patient markedly improved and seemed safe. The next morning, however, a condition similar to that of the preceding day was found, and the abdomen was opened to undergo a repetition of the former experience. A general oozing from all denuded surfaces had taken place, so that the abdomen was again partially filled with fresh blood. Most careful efforts to control this were again made, the intravenous injection repeated, and the patient again rallied, only to decline, dying about ninety hours after the first operation. The patient was one of the class of hemophilia.

#### A STUDY IN ASEPSIS.

From the impersonal standpoint the chiefest interest attaching to the service was in the formal effort to obtain a

more complete aseptic technique. Regardless of the general value of laboratory experiments and their teachings, they are useless to us if they do not give us simple, practical methods which, at the same time, are efficacious. For a long time chemical antiseptics have fallen more and more into disuse, since it has been generally recognized that by themselves alone they are practically useless, especially as aids, in the effort to obtain an ultimate aseptic condition. Either they must be used in solutions so strong as to be dangerous, or else in the weaker solutions their use is not sufficiently long continued to obtain the desired results, or else they give a false security by reason of the result in practice that when used other steps of the accompanying processes may be neglected. Again and again have I noticed that where dependence has been placed upon solutions of mercury the preliminary cleansing has been most negligently performed, and the belief has been quite general that immersion of the hands in a mercurial solution for a brief time rendered them safe for any form of manipulation. This is not so, since the use of mercurial solutions should only be part of an elaborate process of cleansing. Believing that mercurial solutions above the strength of 1 to 2,500 are perfectly useless for antiseptic purposes under any practical conditions, they are thus restricted to external use. When this has been done some other chemicals are superior to mercury. Hence it required no effort to definitely determine to exclude mercury in every form from the present service.

It was recognized that formality lends much to the aid of any process which must become familiar by constant, daily use, and that while the operator and his principal assistant could and would develop a routine sufficient for themselves, that this routine could be better made useful by all the various assistants upon whom one is dependent if it were formalized into a system from which no individual departure would be allowed. Hence the following rules were drawn up. These were divided into separate processes to cover the special conditions of our hospital, and consist of rules for the guidance of the nurses in the preliminary preparations

of the patient, to which were added directions for catheterization, as follows :—

PREPARATION OF THE PATIENT.

For all capital operations the patient should be in the hospital the second day preceding the operation.

1. On the evening of that day give full enema and note result.
2. Give a complete bath.
3. Give a hot vaginal douche of not less than two quarts of water.
4. Shave the field of operation.
5. Scrub the same and adjacent parts in hot water and soap with horsehair pad or nail brush until the skin is red.
6. Rinse off with hot water.
7. The next day repeat the enema and again note the result.
8. Repeat the full bath and vaginal douche.
9. Again scrub the field of operation in hot water and soap.
10. Rinse off with hot water.
11. Apply a moist soap poultice to be left overnight, and until the patient is on the operating table.

On the morning of the operation give for breakfast only meat tea or broth, from which all solids have been strained. No solid food, including milk, is to be given for at least six hours preceding an operation.

The urine is to be examined in all cases, and a report made to the operator or his first assistant before an anæsthetic is given.

In the post-operative dressing of cases the same care is to be observed as in the original operation.

CATHETERIZATION.

When, at the direction of the physician, a nurse is required to use the catheter, she must first sterilize her hands and then wash off the vulva and urethral orifice thoroughly with soap and water, to be followed by sterile water. The catheter must be boiled and passed without having come in contact with any non-sterile substance. If this latter accident occurs, the catheter must be re-sterilized before using. Under no circumstances is a catheter to be used without immediate previous sterilization.

There remained, then, preparation of the hands and arms and preparations of the patient after reaching the operating room, all of which conditions were met by the following directions :—

## PREPARATION OF THE HANDS AND ARMS.

During the present service every one taking part in an operation is required to prepare the hands in the following manner: —

1. Scrub thoroughly in hot water and soap with a horsehair pad and nail brush.
  2. Carefully cleanse and give special attention to the nails.
  3. Rinse off with hot water.
  4. Again wash and rinse as before, 1 and 3.
  5. Immerse in absolute alcohol.
  6. Scrub again in hot water and soap with a nail brush.
- The foregoing process should occupy from eight to ten minutes.
7. Immerse in absolute alcohol.
  8. Immerse in sterile water.

From this time forth the hands should come in contact with nothing which is not sterilized. If by chance or with intent, the hands are in touch with anything non-sterilized, the later stages, 6, 7, and 8, of the foregoing preparation must be repeated.

This preparation is obligatory upon everybody taking part in an operation, no matter in what capacity engaged.

9. After the hands have been in contact with septic material the preparation as above outlined is to be preceded by thoroughly washing them with chloride of lime and soda.

## PREPARATION OF THE PATIENT.

1. After anæsthesia, the field of operation is to be exposed, scrubbed in hot sterile water and soap by an assistant whose hands have previously been made sterile. The scrubbing must be thorough and continued until the skin is red.
2. Next rinse off with sterile water and dry with sterile gauze.
3. Scrub with gauze soaked in absolute alcohol.
4. Rinse off with sterile water and dry with sterile gauze.
5. Surround the field of operation with sterile towels.

No hands other than those of the operator and his principal assistant are to approach the field of operation except as requested.

## PREPARATION OF THE VAGINA.

After anæsthesia, in cases requiring it, the external parts are to be shaved, and the vagina is to be thoroughly washed out with hot sterile water and soap. It is then to be copiously doused with hot sterile water, and finally wiped out with hot sterile water and gauze. Afterwards the field of operation is to be surrounded with sterile towels.

These were printed on two sheets of paper, one of which was posted over the sinks used for the purpose indicated and a copy of the other handed to each of the head nurses.

Whatever value attached to this derived its benefit from the fact that we definitely determined in advance to make the results a comparative study with those derived from former methods. For the first five weeks or more there was not a case of sepsis of any character, not even a stitch-hole abscess, in any case which was and should be aseptic from the beginning. Then happened a startling experience; all the cases in a given day presented sepsis in some form, fortunately in each case of a minor character. The incident seemed then of more importance than it really was, because of the previous entire absence of anything of this character. Careful analysis of the proceedings of the day failed to detect the cause of the lapse; a most unfortunate circumstance as we believe, since it was the only factor lacking to a complete and satisfactory demonstration of the proposition we are attempting to prove. However, the matter was frankly and thoroughly talked out with those immediately interested, with the determination that a repetition should not occur. The result was that the cases of the following day were as they should be; and a number of days elapsed before another septic case was found. From this date on to the end of the service an occasional case of sepsis in a minor degree, such as a stitch abscess, for instance, appeared, but no cases in sequence. To my mind the first experience, all the cases of one day being infected, and all the cases of the next day being aseptic, demonstrated to a limited degree the proposition we are studying.

That sepsis occurred in the minor degrees with which we are all familiar was due to a failure in the carrying out of the technique, not in the principles themselves. Any system, the success of which is more dependent upon individual faithfulness than any other factor, will show failures, because as human beings we are not infallible. Could we select our assistants because of qualities which make them superior for our special work, instead of those offered to us and fre-



quently changed, I believe that this present method could be elaborated to perfection. Some individuals never can grasp the requirements of work of this character; they do not possess the order of mind which makes their understanding of it comprehensive, neither have they that quality which ignores personal fatigue and discomfort, rigidly and unrelentingly on all occasions pursuing the faithful minutiae necessary to the perfection of results under any system. Consequently in a clinic conducted as is ours, making use of students for assistants, and of nurses who are in process of training, both of whom are frequently changed, individual lapses are unavoidable. This objection applies to whatever method is used. On the other hand we have obtained results by this method far in excess of those won by any other, and we believe that had not the character of the work under this special experiment been so particularly absorbing that insufficient attention was given to upholding the *esprit* of the little group interested, the results, so far as sepsis is concerned, would have been even better. It speaks well for the method that after three months of such a test nothing can be added to it except the plea for the utmost faithfulness in every step of the process.

Individual instances of what has been done are, perhaps, of interest as showing the latitude and elasticity of the method. For example, a case of septic appendicitis, of the foulest and most virulent character, has been operated late in the afternoon, and the next morning the abdomen of a thoroughly aseptic and innocent case opened and manipulated without the suggestion of the introduction of infection. We have operated the cases in the following list as they have presented themselves, the only classification attempted being to take the most serious and aseptic cases first on any given day. We have operated day after day, as the necessities required, and can only commend the method employed as being more satisfactory than any in our previous experience. The system must have been elastic to have covered such a list of cases, and in no single instance has a death from sepsis threatened because of a failure in technique.

SUMMARY.

DIAGNOSIS.	OPERATION.	No. of cases.	No. of operations.	Cured.	Improved.	Not improved.	Died.	Remaining.
ABDOMINAL SECTIONS.								
Appendicitis, acute	Appendicectomy	7	7	6			1	1
" , suppurative	" , drainage	4	5	3			1	1
" , ventral hernia; fecal fistula	" , primary closure	1	1	1				5
" , intercurrent	"	1	1	1				1
" , " ; endometritis	" ; curetting	1	2					1
Carcinoma uteri	Vaginal hysterectomy	1	1	1				1
Cholelithiasis	Cholecystotomy	1	1					1
Cystomata, hydro-salpingitis	Tubo-ovariotomy; ventral fixation	1	1					1
" , " ; appendicitis	Tubo-ovariotomy ; appendicectomy	2	4					2
" , ovarian, single	"	1	1	1				1
" , double	" resection of ovary	3	3	1				2
" , dermoid	"	1	1	1				1
" , metritis	"	2	2	1				1
" , proclitidia	Vaginal hysterectomy	1	1					1
" , retroversio uteri	Tubo-ovariotomy; ventral fixation	1	1					1
" , " "	Resection of ovary; ventral fixation	1	1					1
" , ruptured; metritis	Tubo-ovariotomy; "	2	2					2
" , salpingitis; endometritis	Vagino-abdominal hysterectomy	1	1					1
" , sarcoma	Tubo-ovariotomy; ventral fixation; curetting	1	2	1				1
" , par-ovarian	"	1	1	1				1
Dilatation of stomach	Extirpation	1	1		1			
Extra-uterine pregnancy	Exploratory incision	1	1	1				
" , " ; endometritis	Extirpation	1	1					1
Fecal fistula	" ; curetting	1	2	1				1
Fibroid uteri	Abdominal hysterectomy	5	5	3				2

Fibroid uteri	4	4	3			1
" "	2	2	1			1
Fistula vesicæ	1	1		1		
Hernia, indirect inguinal	4	4	2			2
" "	2	4	2			
" "	1	2				1
" "	1	2				1
" "	1	2				1
" "	1	1	1			
Metritis, chronic	2	2	2			
Prolapsus uteri	1	1	1			
" "	1	1	1			
" "	1	1	1			
" "	1	1	1			
Pyo-salpingitis	1	1	1			
Retroversio-uteri	1	1	1			
" "	1	1	1			
Salpingitis	1	1	1			
" "	1	1	1			
" "	1	1	1			
Sarcoma of mesenteric glands	1	3		1		
Septic peritonitis	1	1				1
Tubercular peritonitis	1	1				1
GENERAL CASES.						
Abortion, septic	4	4	4			
Abscess of axilla	1	1	1			
" "	1	2	1			
" "	1	3				
" "	1	1	1			1
" "	1	1				
Adenitis	1	1	1			
" "	1	1	1			
" "	1	1	1			
" "	1	2	1			
" "	3	3	2			
Angioma of thigh	1	1	1			

DIAGNOSIS.	OPERATION.	No. of cases.	No. of operations.	Cured.	Improved.	Not Improved.	Died.	Remaining.
Appendicitis, intercurrent.....	No operation .....	1						
Bow legs.....	Cheiloplasty .....	1	2			1		1
Carcinoma uteri.....	Curetting .....	2	2		2			
" "	No operation .....	1				1		
Carious teeth .....	Extraction.....	1	1	1				
Cleft palate.....	Uranoplasty .....	1	1	1				
Cystocele .....	Anterior colporrhaphy .....	1	1	1				
Cystoma, vulvo-vaginal.....	Extirpation.....	1	1	1				
Dislocation of coccyx .....	Coccygectomy .....	1	1	1				
Dysmenorrhœa .....	Curetting .....	1	1	1				
Endometritis .....	" .....	7	7	5		1		2
" ; cystocele; rectocele.....	" ; ant. and post. colporrhaphy .....	1	3	1				
" " ; lac. cervix ..	" " " ; trachelorrhaphy .....	1	4	1				
" " lac. cervix .....	trachelorrhaphy .....	3	6	3				
" " ; rupt. perineum.....	" " ; perineorrhaphy .....	13	39	10				3
Endometritis; lac. cervix; rupt. perineum; ad-	Curetting; trachelorrhaphy; .....							
herent clitoris .....	freed .....	1	4	1				
Endometritis; lac. cervix; rupt. perineum; cys-	Curetting; trachelorrhaphy; perineorrhaphy; ant. col-							
tocele .....	porrhaphy .....	1	4	1				
Endometritis; lac. cervix; rupt. perineum; sinus	Curetting; trachelorrhaphy; perineorrhaphy; opened							
of abdominal wall.....	and curetted.....	1	4					1
Endometritis; lac. cervix; rupt. perineum; ure-	Curetting; trachelorrhaphy; perineorrhaphy; extirpa-							
thral caruncle.....	tion .....	1	4	1				
Endometritis; lac. cervix; rupt. perineum; wart	Curetting; trachelorrhaphy; perineorrhaphy; extirpa-							
on thigh .....	tion .....	1	4	1				
Endometritis; rupt. perineum .....	Curetting; perineorrhaphy.....	4	8	4				
" " ; adherent clitoris.	" " ; adhesions ruptured.....	1	3	1				
" " stenosis os uteri.....	" " dilatation.....	9	18	8				1

Fistula in ano	2				2
" " "	2				2
" " perineo	1				1
" recto-vaginal; hemorrhoids	1				1
Floating kidney	1				1
Fracture of hip; Colles' fracture; gangrene of foot	1				1
" " radius, Colles'	1				1
" " 2d phalanx of thumb	3				3
" " tibia, comminuted	1				1
Gangrene of foot, diabetic	1				1
Gunshot wound of hand	1				1
Harelip	1				1
" "	2				2
Hemorrhoids	1				1
Hydrocele	3				3
" "	1				1
Hydrothorax	3				3
Inflammation of antrum	1				1
Lacerated cervix	1				1
" " ; rupt. perineum	1				1
" " ; " " ; polypus uteri	1				1
Nævus of face	1				1
Necrosis of femur	1				1
No diagnosis	2				2
Osteitis	3				3
Phimosis	1				1
" "	5				5
Polypus uteri	1				1
" " ; endometritis	1				1
Pregnancy	1				1
Prolapsus recti	1				1
" " ; rupt. perineum, complete	1				1
Retroversio uteri	1				1
Rupt. perineum, complete	1				1
Primary closure	3				3
Opened and curetted	2				2
" " "	1				1
Primary closure; extirpation	1				1
Nephrorrhaphy	1				1
Reduction and fixation	1				1
" " "	3				3
Fixation by suture	1				1
Reduction and fixation	1				1
Opened and drained; amputation, thigh	1				1
" " curetted	1				1
Cheiloplasty	2				2
No operation	1				1
Extirpation	3				3
Aspiration	1				1
Extirpation of sac	2				2
Aspiration	1				1
Trephining	1				1
Trachelorrhaphy	1				1
" " ; perineorrhaphy	1				1
" " ; " " ; extirpation	2				2
Extirpation	1				1
Trephining; curetting and drainage	1				1
No operation	2				2
" "	3				3
Circumcision	1				1
Dilatation	5				5
Extirpation	1				1
" " ; curetting	1				1
No operation	1				1
Cauterization	1				1
Excision; perineorrhaphy	1				1
No operation	2				2
Perineorrhaphy	1				1

DIAGNOSIS.	OPERATION.	No. of cases.	No. of operations.	Cured.	Improved.	Not improved.	Died.	Remaining.
Septic wound of hand	Opened and curetted.	2	2	1				1
Sinus of abdominal wall.	" "	1	1	1				
" " back	" "	1	1					1
Stricture recti.	Dilatation	1	1		1			
" urethre	"	3	8	2				
Subinvolution uteri	Curetting	1	1		1			
Talipes equino vavus, double.	P Phelps' operation.	1	2					1
" "	Tenotomy	1	2		1			
Tongue-tied	Division of frænum.	1	1	1				
Traumatism of arm	Tenotomy, open, of all flexors.	1	1		1			
" "	Skin grafting	1	1	1				
" " finger	Amputation	1	1	1				
" " hand	Sutured	1	1	1				
" " penis	Excision of cicatrix.	1	2		1			
" " supra orbital nerve	Resection of nerve	1	1	1				
Tuberculosis of knee	Amputation, thigh.	1	1	1				
TUMORS.								
Carcinoma mammae	Extirpation with axillary glands.	5	5	4				1
" " ; exostosis of metacarpus.	" " ; extirpation	1	2	1				
Cylindroma, cervical	"	1	1		1			
Fibroid mammae, double.	"	1	2					1
Lipoma of thigh	"	1	1	1				
Sarcoma mammae	"	1	1	1				
" recti	"	1	1					1
Varicocele	" of veins.	1	1					1
TOTALS.		235	325	146	12	9	4	65

One other death occurred, a case of fracture of the base of the skull, which was in the hospital at the beginning of the service, making the total number of deaths 5.

Number of deaths in operated cases, 2.

Total number of deaths, 5.

Percentage of deaths in operated cases to number of cases, .85 of 1 per cent.

Percentage of deaths in operated cases to number of operations, .62 of 1 per cent.

Percentage of total deaths to number of cases, 2.13 per cent.

Percentage of total deaths to number of operations, 1.5 per cent.

---

## A CLINICAL LECTURE.

BY WALTER SANDS MILL, M.D., NEW YORK CITY.

[Delivered at the Metropolitan Hospital, February 16, 1898.]

*Ladies and Gentlemen,* — To-day I will once more show you the patient who has been ill of *Schönlein's disease*, the rheumatic form of purpura. This patient was the subject of my first clinic, and was shown to the class again at my second lecture.

For the benefit of those of you who were not present on either of the other days I will state that this man entered the hospital January 6. At that time he told us he had been ill for about a week. He first noticed an itching and a burning of the skin of the legs; on looking for the cause he found the eruption of purpura.

As you are aware, the peculiar eruption of purpura is a spontaneous extravasation of blood into the skin, sometimes into the mucous membranes; rarely, it also appears in the serous membranes. These extravasations form ecchymosed spots which may vary in size from pin points to patches as large as the hand or larger. In this patient the spots averaged from a quarter to a half inch in diameter with many much larger. The larger spots appeared principally on the buttocks and on the back at the shoulders, the parts that supported the greater weight of the body in bed. In this patient the spots when they first appeared were of a bright red color; in twenty-four hours they looked old and faded; in from forty-eight to seventy-two hours they were gone. In the three other cases that I have seen the ecchymoses at first had more of a bluish color; they appeared more like ordinary black and blue spots.

Since this patient was shown to you we have had one other case of purpura in the ward, a case of *purpura simplex*. The second patient was a man who presented the characteristic purpuric eruption only on the legs. I examined his body very carefully, but was able to find the spots on no other part of his person. This second man gave a venereal history, possibly syphilitic, and had years ago been dosed with mercury. He was treated with arsenicum while here and left the hospital, in about two weeks, cured.

As I told you before, purpura in any form is not common, the records of this hospital showing but three cases in over fifty-seven thousand patients treated during the ten years ending January 1, 1898.

But to return to the patient now before you. Besides the extravasations into the skin he has had ecchymoses into the mucous membranes of the mouth, of the genitals, and possibly of the intestines, because on two days he complained of pain in the abdomen. He at first had several hemorrhages from the nose, and one analysis disclosed blood in the urine.

Purpura may exist without any subjective symptoms. This man, however, has presented a number. With the eruption he has at times had some itching and burning of the skin. He has also complained a good deal of sore throat. When his throat has felt the worst the objective symptoms were most pronounced; that is, the ecchymoses were more numerous in the buccal cavity, especially about the soft palate and pharynx.

This man has also had more or less fever throughout his illness. Exacerbation of the eruption and of the throat symptoms was always accompanied with a distinct rise in temperature. The temperature line is very irregular but runs along more or less near the 100° mark. During the exacerbations it rose as high as 102°.

The symptoms which have distinguished this case and have caused me to class it as one of *peliosis rheumatica*, or *Schönlein's disease*, have been the shifting rheumatic pains and the edema and puffiness that have accompanied them. This puffiness has also attacked the head and face as well as



the joints, so much so that on the two previous occasions when he was shown to the class the eyes were closed with the swelling. This complete closure of the eyes has occurred but twice, each time on my clinic day.

Throughout his illness the patient has made little complaint about feeling badly. Excepting when his joints or throat were sore he has slept well. At no time have the rheumatic pains approached true rheumatism in severity. His appetite has been good and he has eaten well, excepting on the several days when his throat was so painful as to prevent comfortable swallowing.

At my first clinic I told you that I believed arnica to be the nearest approach to a specific in purpura, and that I had prescribed it for this patient. He received the tincture, a dose every two hours, from January 7-11, but so far as I could determine without effect.

On January 11 I changed the remedy to arsenicum album 3 x. I gave it because of the edema, which was marked at that time, and because of the pallor of the skin.

On January 14 this remedy was stopped. The edema was less, but the eruption was more profuse than ever. Arnica tincture was again given.

January 21, the patient was in pretty fair condition and I thought was going to get well. The spots were all gone, but there was still some swelling and stiffness in various joints, for which I prescribed bryonia 6 x. This drug I found to be highly recommended by Jahr; the potency was my own selection.

Each day after this the patient was a little worse, until, on the twenty-fifth, he was as bad as at any time. The face was all swollen out of shape again and the eruption was profuse. I prescribed apis mellifica 3 x symptomatically. And, by the way, apis is not mentioned as a possible remedy for purpura in any of the authorities at my disposal. Since the twenty-fifth the patient has constantly improved. For nearly a week now no new spots have appeared and the man has been up and dressed.

He looks very anemic after his illness, and on that account

I have put him on pulsatilla 6 x, one one-grain tablet four times a day.

The next two cases that I will show you are very much alike. This first one is a man about forty years of age. His most distressing symptom, and the one he complains about the most, is dyspnœa. This shortness of breath is due to a combination of causes. In the first place he has chronic parenchymatous nephritis, and just at present is passing but ten ounces of urine in the twenty-four hours. He also has a double mitral lesion, and a slight aortic regurgitation. Whether the heart or the kidney lesion appeared first I am unable to say. As the man has been a porter, and has had much heavy lifting to do, possibly the heart lesion preceded that of the kidneys.

You know that either one of these conditions may produce dropsy, and you can see that this patient is in a condition of general dropsy or anasarca. The pressure from this fluid got so great that the day before yesterday his abdomen was tapped and relieved of forty-nine ounces of it. The relief was instantaneous and he has felt much better since.

The right pleural cavity is also filled with an effusion and should be tapped. Preparations to remove this fluid were made once, but the patient refused to have it done.

When I came on duty, January 1, this man was able to be up and about the ward. He was short of breath, worse on lying down. The edema was not marked. He complained much of sleeplessness as well as of dyspnœa. In getting his history I found that he had been in the hospital before, about a year ago, when he was almost as badly off as he is now. Under treatment he improved so much that in the summer of 1897 he was discharged from the hospital and returned to his work. In a very few weeks he had to quit and again entered the hospital in October, four months ago. Several times between then and the first of January he has been just as sick as he is now. The record shows that infusion of digitalis has been the remedy that has been given him most often. That seems now to have lost its power for good.

For a while strophanthus tincture was given. It seemed to have no effect.

Caffeine 6x has been given for several days. Alone it seemed to have little effect, so apocynum tincture is now being given in alternation with it. Apocynum, by the way, is one of my favorite remedies for conditions of this kind. Going back over the notes of this case I found that whenever apocynum has been the remedy the quantity of urine was greatly increased. As the amount of urine has been ten ounces or less for several days I believe the indicated remedy is one that will cause a greater excretion.

The case in this next bed is very similar to the one just considered. The man is too ill to permit of an examination by so many, so I will say a few words about him outside his room.

The man you have just seen is very ill and probably will live but a day or two longer. He also has general dropsy causing dyspnoea. As with the preceding patient, this one is suffering from chronic parenchymatous nephritis, and probably from a heart lesion as well, although I have been unable to satisfy myself in that respect either one way or the other. There is a great deal of fluid in the abdomen more than in the other case, but none in the pleural cavities. The action of the heart is very irregular, the apex is displaced up and to the left as in the other case. If this man has a heart lesion, as he probably has, the position of the apex may be due partly to that. It is also undoubtedly displaced to some extent by the fluid in the abdomen.

This man's abdomen has been tapped a number of times, each time affording him great relief. The fluid returns in a very few days however.

When I came on duty I placed this man on Fowler's solution, drop doses. It was continued for some time and with apparent benefit until at last physiological effects began to show themselves, when it had to be stopped.

Cactus grandiflorus was given for a while, but without success. This remedy has never been very successful in my hands.

Apocynum was tried for a while, but the result was doubtful.

Finally caffeine 6 x was given. Under this remedy the patient has felt more comfortable than at any time since I have been in charge of him.

Yesterday when I was making my customary visit this man seemed to go into a state of collapse. He was revived with whiskey and water, one part in three, in teaspoonful doses at five-minute intervals. Had I had it at hand I would have preferred to have given spirits of camphor in drop doses.

As you could see when in his room, this patient is in a very weak condition. The pulse is weak, the skin is excessively dry, and the quantity of urine is scanty. I think I will put him on camphor as a regular remedy.

I am very glad to have been able to show you these two cases, because they are like some that you will meet with in private practice. I have had quite a number. I question if men as sick as either of these ever get well, but all the symptoms may be mitigated and it is frequently possible to get them up and about for a little while from time to time. These periods of amelioration have been spoken of in the first of these two cases. After a longer or shorter time, however, the first man will go to bed to stay until the end. I think we shall be able to put him on his feet once more though.

In the first place dyspnoea is the symptom that causes these patients the greatest amount of distress. As this is due principally to the fluid in the cavities and tissues, the indication for treatment is to remove it. For such a condition I have found apis mellifica and apocynum to be the most efficacious. I give them in the first centesimal and tincture respectively. Apis has had little effect on either of these cases. This leads me to say that apis seems to be of more value in localized effusions, whereas apocynum is the better of the two for a general dropsical condition. As mentioned before, apocynum has worked well with the first of these two men.

Digitalis is a remedy that is often used for cases like these. It is said to strengthen the heart's action and to act as a diuretic. My experience with digitalis has been unsatisfactory.

Arsenicum I have prescribed as a heart tonic with generally good results. As already stated, the second of these men was on Fowler's solution for a time. It acted well as long as we gave it. Usually I give the third to the sixth centesimal. I have frequently alternated it with apocynum, and I think with advantage.

Cactus grandiflorus I have already spoken of.

Caffeine has had a good effect on the second case. He has been much more comfortable since we began using it. I have occasionally used the drug with success.

Strophanthus is a remedy that I have had very little experience with and so cannot say much about.

Another distressing symptom in cases of this kind that we often meet with is sleeplessness. Each of the patients shown to you has had several remedies given by the members of the house staff. Trional in fifteen-grain doses, its usual form of administration, has been given but without success.

Morphine was also administered one night.

Personally, I rarely find it necessary to give an hypnotic. When I do I prefer codeine in eight-grain doses, repeated every hour if necessary. It is weaker in its action than morphine, is therefore safer and seems to me to be more satisfactory.

Trional is a safe hypnotic for sleeplessness from nervous conditions, from worry, or when there is little pain or physical suffering. Given in divided doses of seven and a half grains I have found it at such times beneficial. Where there is actual physical suffering it is not powerful enough. Besides using trional for these two patients my house physician has given it in acute articular rheumatism, also without success.

The next patient that I show you is able to be up and about. He came in first some weeks ago suffering from

acute articular rheumatism. After getting nearly well he, against our wishes, insisted on going home. A week ago, after having been out for three days, he was obliged to come back. At that time he was suffering a relapse and was just as sick as he had been at any time. The patient was placed on the water treatment in conjunction with the indicated remedy and to-day you see he is apparently well. There is still a little stiffness in the knees but no pain.

In this bed is a patient whom some of you saw three weeks ago to-day at my last lecture. His is, or was, also a case of acute articular rheumatism, the most refractory that we have had during this service. This patient has been treated by medicines alone. That is, the so-called water treatment has not been used. He has been very sick most of the time, getting better very slowly. Two weeks ago he suddenly got decidedly worse, his temperature went up, his joints became more swollen and painful. As there was a profuse perspiration he was put on hot baths, first every day, then every other day, now he is getting well.

Before closing I wish to say just a word about the water treatment in articular rheumatism. The water treatment consists in giving the patient plenty of water to drink. Here we give eight ounces every hour from 8 A.M. to 7 P.M. Rectal injections of a pint each are also given twice a day. My house physician, Dr. Wallin, has watched the water treatment very carefully. He tells me that in cases with a high temperature, severe pain, and a more or less dry skin, the above treatment is of most benefit. Where the skin is wet and the perspiration profuse he finds the hot baths to be the best.

Either form of water treatment undoubtedly pulls the temperature down and relieves the other symptoms very promptly. Patients thus treated, however, seem to be specially liable to relapse. Where the internal administration of water is used the digestion has to be watched, and at the first sign of trouble the water must be stopped. As a palliative the water treatment seems to be a success. As a cure I am not prepared to recommend it. The homœopathic remedy should always be given with it.

## POSTSCRIPT.

Since this lecture was given the purpura patient was discharged cured.

The first case of nephritis improved enough to be up and about his room.

The second case of nephritis died within forty-eight hours.

The two cases of rheumatism made an uneventful recovery.

---

**CLINICAL VERIFICATIONS OF THE MICROSCOPE.**

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

[*Read before the Homœopathic Medical Society of Western Massachusetts, March 16, 1898.*]

*Ladies and Gentlemen,* — It is ten years ago the present winter that I obtained my first practical instruction in the examination of sputa.

The subject then was comparatively new, for it was not until April 10, 1882, that Professor Koch first made known his discovery to the profession.

It may be well to bear this exact date in mind, for the discovery of the cause of tuberculosis marks a distinct epoch in medical history. I count it my good fortune to have been put in touch with this most important event at an early date through the correspondence of my "big brother," who was studying in Vienna during the winter of '84. Before the medical press in this country had hardly noticed the subject at all he had furnished me with minute directions for the examination of sputa which are in use to-day. Upon his return we provided ourselves with the necessary equipments, though I do not recall that we made any successful examinations of sputa at that time.

I speak of these things to show that in the dawning of a new era in pathology and diagnosis my brother, at least, was an early convert. We were kindly allowed an opinion at the time. Our credulity was smiled at, as an inoffensive fad, while the prophecy was freely made that in ten years the subject would be unheard of. I stand here to-day to assert that in many respects the claims of bacteriology are as well

established as any facts in medicine. Now I know that some of you will not agree with me in this, and perhaps will even deny the etiological factor of bacteria in disease, but I earnestly advise you to read the literature of the subject before you do it in public. So far I have only attempted those forms of microscopic work that come within the scope of the general practitioner and can be carried on without the aid of a biological laboratory, namely, the examination of urine, sputa, and suspected pus. The first has been a great aid to me in the diagnosis of renal disease, and I should really feel "at sea" without it. The last has occasionally demonstrated the origin of a purulent discharge from the urethra or vagina and verified my suspicions in regard to the chastity of a patient. But it is really in the examination of sputa that I have had most experience, and it is of that only I shall speak to-day.

The subject of tuberculosis is perhaps the most important that confronts us as a people and profession, though the number of cases is decreasing. A recent writer in the *Journal of the American Medical Association* has compared the vital statistics of the twenty principal cities in this country for the years of 1888 and 1897 with the following most gratifying results. He finds that although there had been an actual increase in population of 2,492,835, the number of deaths from consumption in 1897 was 4,647 less than in 1888, making a decrease in the death rate of 38.8 per cent in the brief space of nine years.

This surely could not have been due to improved methods of medication, for in spite of our heralded specifics the profession is still groping for a remedy. It must have resulted in some way from improved sanitary conditions and the better education of the people in preventing it.

Some of the most recent utterances of the profession on this subject may be of interest.

Dr. Charles E. Simon, of Johns Hopkins University, in his admirable work on clinical diagnosis, published only a few months since, speaking of the tubercle bacillus, says:—

"The study of bacteriology has given no other discovery



of equal importance from a clinical point of view. How primitive and wholly inadequate the means formerly employed in making the diagnosis! From a *macroscopic* examination it is impossible to decide whether or not a particular sputum is of tubercular origin. At times a certain sputum may have a suspicious appearance, but it is impossible to speak with certainty from simple inspection, as a mucoid sputum may contain tubercle bacilli in large numbers, while a muco purulent sputum may be entirely free from them. Reliance hence should be based only upon a careful *microscopic* examination."

My own observations would corroborate this statement. I have found numerous bacilli in sputum too thin to be opaque, and where the only way to procure a satisfactory slide was to set the specimen aside and wait for it to decompose and settle. On the other hand, sputum too thick to flow from a vial sometimes does not contain a single rod.

The presence or absence of hemorrhage is never diagnostic even from a clinical standpoint, while for microscopic examination a bloody sputum is always unsatisfactory, as the discoloration prevents the selection of the most suitable particles for that purpose.

The finding of elastic tissue fibres, which in earlier days was considered as the acme of diagnostic refinement, is absolutely unreliable in the differentiation of pulmonary diseases. Their presence, it is true, proves the breaking down of lung tissue, but gives no evidence regarding the cause.

All consumption is not tubercular. Many times the lungs develop abscess as a result of pneumonia, pleurisy, or *la grippe* when the microscope will show no bacilli present.

When I find a profuse purulent and very offensive expectoration I have learned to believe that the condition with which we have to deal is not tubercular.

From the foregoing you can readily see that I do not regard the grass appearance of the sputum as a reliable guide in making a diagnosis. Is it any better with the patient himself? I know we talk very knowingly of this and that form of respiration, and divide the various râles that

come to the ear in the most exact way ; but I believe there is as great diversity of respiratory sounds both in health and disease as there are peculiarities of the human voice. How differently the voice is transmitted in different patients ! I have seen cases, perfectly healthy, where the voice produced almost no resonance and the condition known as pectoriloquy seemed everywhere present. What is true of auscultation is true of percussion as well. There is no fixed sound which can be taken as a standard for every case. Each chest must furnish its own unit of comparison if we expect to get even an approximate idea of the condition present.

The very different diagnoses rendered by competent physicians, in the more obscure forms of pulmonary disease, show there is no absolute certainty in the physical signs as interpreted by different observers. I doubt seriously if the man lives who can tell surely whether a crippled lung is tubercular or not by a physical examination.

I have had some experience in these matters and know something of the objective signs said to indicate the various forms and stages of pulmonary disease, and I confess that, so far as prognosis is concerned, the microscope has furnished me more *reliable* information than I could obtain in any other way. My experience in some instances has been so striking and the verifications of the microscope so complete that I am prone to question any calculations not based upon it.

Let me give you a brief outline of two consecutive cases as they appear upon my records of last summer.

Patient I. R. C., male, age fifteen, well nourished, with rosy cheeks, apparently the picture of health. Never had a serious illness. Parents both in fair health, though not robust ; maternal grandmother a victim of so-called "old-fashioned consumption" ; a maternal aunt died of tuberculosis.

For a few weeks patient had had a hacking cough with slight expectoration in the morning ; complained of weakness and lassitude. His regular physician had prescribed for him a

few times without benefit, had examined the boy's lungs and pronounced them perfectly sound. July 7 the boy came to my office. I examined him with unusual care and could find only a little spot in the upper lobe of the left lung that showed any signs of disease; no other abnormal sound in his thorax. His pulse, however, was 104 and his temperature 100.4°, both of which were suspicious.

It took two days to collect the sputa for examination, and apparently it was only a little transparent froth. I found, however, several bacilli present in each slide and accordingly gave a dubious prognosis. During July and August the boy steadily improved. The fever entirely left him, and had it not been for the microscopic examination I should have considered him well. When school opened in the fall he began to attend, but seemed to take cold easily, and his cough and fever returning I advised him to give up school and spend his time out of doors. From this he grew steadily worse. Nothing I gave him seemed to do any good, and in December he got too weak to come to my office. He then passed into the hands of his former attendant, from whom I learn he is steadily growing worse and will probably not last until summer.

Patient II. C. T., male, age sixteen, bad boy, without home training, who had run the streets. Was a little short in "gray matter" as well.

As there was no one to really care for him, he had been placed in a reform school. For years he had been subject to a catarrhal cough, but at the time of his going to the reform school, the year before, was in usual health. During his stay at the school his cough increased and he gradually began to run down. Finally, a diarrhoea set in, which was held in check by laudanum, and he became too weak to sit up or go to his meals. The superintendent sent for the boy's father. The boy wanted to be taken to his aunt's, and the father, to gratify him, brought him out on a stretcher. When I saw him July 26, he had all the appearance of a person in the last days of consumption. He was coughing and raising a good deal of offensive sputa which he was too

weak at times to expectorate. The bowels were moving seven or eight times a day. His temperature was  $102^{\circ}$ , and his pulse ranged from 120 to 150 per minute. I thought he could not live two weeks and should not have been surprised if he had not lived two days.

After being under my care a day or two he complained of pain in the right leg, especially at the knee. It made him cry bitterly. A superficial examination failed to reveal anything wrong in its appearance, and I concluded that perhaps the hip joint was becoming affected. A little later in examining the leg, though it seemed apparently emaciated, I found it to be a good deal swollen, being nearly an inch larger in circumference than its mate. His lungs showed evidence of consolidation and cavities. I did not examine them from the back, as he was too weak to sit up and I did not wish to disturb him.

As a matter of routine I took home an indifferent sample of sputa for examination. I did not expect to learn anything by it and said to a friend as I prepared it, "There is no use in my doing this, but it will make one more case to put on my book." I examined my usual number of slides twice without result. The next day I left a clean vial with the nurse and told her I wanted a very thick specimen such as he expectorated in the morning. After five days I got it and tried again. Still no bacilli were present.

In the mean time the boy had begun to improve. His stools were not so frequent, and he began to take his liquid peptonoids with relish. Later white of fresh eggs and milk were added to his diet. His improvement was almost without interruption, and on the eighth of October I made him my last visit. After that he came to my office a few times for medicine, and later for an indolent ulcer which developed upon his leg, but has had no treatment since December 21. I see him down town in all kinds of weather, hanging around the cheap theatres, and gradually getting ready for a post-graduate course at the reform school.

In my own practice I have never seen so remarkable a recovery.

I wish you to notice how strangely the results of microscopic examinations were verified in the histories of these two cases. In the first a positive diagnosis was made possible before the lungs showed hardly any evidence of disease. In the second we find a recovery when nothing but the microscope gave the least encouragement. I know of other similar instances.

It would be interesting if the physicians for whom I have examined sputa could meet together and compare notes. In a few cases I know the results have not been satisfactory. Some patients have died of tuberculosis where sputum did not show bacilli. But it must be remembered that there has seldom been opportunity to make a second search for them. Even if there had, the sample selected is not always the best, and the particle examined may be sterile. It is simply impossible to examine all the expectorations of any patient, and to my mind the occasional absence of bacilli is not nearly so remarkable as their almost uniform presence.

CLINICAL VERIFICATIONS OF THE MICROSCOPE IN THE DIAGNOSIS OF TUBERCULAR DISEASE.

	Bacilli.		Total.
	Present.	Absent.	
Whole number of observations . . . . .	206	125	. 331
Cases not heard from . . . . .	29	29	. 58
<hr/>			
Cases reported . . . . .	177	96	. 273
Recovered . . . . .	2	43	
Improved . . . . .	14	20	
Unchanged or not improved . . . . .	9	4	
Failing . . . . .	7	1	
Died from tuberculosis . . . . .	144	3	
Died from other causes . . . . .	*1	26	
Per cent of recoveries . . . . .	01+	44+	
Per cent of deaths from tuberculosis . . . . .	81+	03+	
Ratio of recoveries . . . . .	1	21+	
Ratio of deaths from tuberculosis . . . . .	48	1	
Number of physicians reporting . . . . .	68.		

\* Suicide.

The paper I bring you to-day is my fourth attempt to tabulate the results of my microscopic work. My first was in 1891, when in a summary of fifty cases the mortality of infected patients was 60 per cent; my second in 1892, with a summary of one hundred cases, where the mortality had arisen to 66 per cent; and my third in 1895, with a summary of two hundred cases, where the mortality shown was 80 per cent.

To-day I am unable to give as complete records of my cases as heretofore. I have lost sight of many patients, and some physicians who formerly assisted me have passed away. I, however, now present to you in as concise manner as possible the result. (See table at bottom of preceding page.)

I beg to submit the foregoing summary as pertinent illustrations of my subject. Whenever a patient dies of tuberculosis whose sputum has been shown to contain bacilli, the diagnosis may be fairly claimed as verified. I will not say it is not verified when the patient recovers. Many most competent observers have seen such a result, and I have upon my records two such that I report to-day.

Let us do away, so far as we can, with the old superstition that "consumption is incurable," and when we have a case recover, instead of doubting our diagnosis as we used to do, before the discovery of Professor Koch, congratulate ourselves that both diagnosis and treatment were correct.

On the other hand, let us never base an opinion upon a microscopic examination with a negative result. A patient may have bacilli in his lungs that are never expectorated, and bacilli in his sputa that are never found. It is only by repeated trials, under the most favorable circumstances, that the absence of bacilli can be even presumptively assumed, though in my own practice I have never had a patient die of tuberculosis who did not at some stage of the disease show them. Give me but an opportunity to select my sputum and I should place great confidence in the result.

In closing, I beg leave to submit a few propositions to which I assent as a reasonable

## "CONFESSION OF FAITH."

1st. Tuberculosis is due to a specific germ which may be often demonstrated by the microscope.

2d. The finding of this germ is the only positive evidence of tubercular disease, when a grave but not necessarily hopeless prognosis should be given.

3d. The absence of this germ in carefully selected specimens is a favorable indication but never a positive guarantee against present or future infection.

4th. In every case of suspected tubercular disease the microscope will furnish important if not positive information.

---

**REPORT OF AN UNUSUAL CASE.**

BY D. W. VAN DER BURGH, M.D., FALL RIVER, MASS.

Mrs. A——, aged seventy-four to seventy-five, large and fleshy, full appetite, arthritic tendency, dropsy of the lower limbs, shortness of breath, asthmatic and necessarily very little exercise, sleepiness in daytime, forgetfulness and dullness of intellect, was taken at about 8 P.M. on February 10, 1898, with sharp pains in right side of abdomen, radiating from the umbilical region, intermittent in character, vomiting, pulse full, 78, which had been before feeble and slow, 66, temperature 99.2°. Prescribed coloc. 6 x and diosc. 1 x at frequent intervals.

February 11, 8 A.M. Temperature 98.6°, pulse 100, tenderness and hardness of bowels, pains sharp and shooting, whitish coating on broad, thick tongue, vomiting, thirst, impossible to bear pressure on abdomen, urine,  $\bar{3}$  v sp. gr. 1000. Prescribed bry. 6 x, high enema, hot poultices to abdomen. Night temperature 98°, pulse 100, respiration 32, urine  $\bar{3}$  vj, sp. gr. 1020, breathing heavy and labored, abdomen distended, vomiting.

February 12. Morning temperature 98°, pulse 100, respiration 30, two hard stools following enema, some gas passed before enema.

February 12, night. Consultation. Breathing labored, pa-

tient not so restless but very thirsty, abdomen still very tender and distention on right side marked, feeling as of a tumor, Diagnosis, obstruction of bowels, probably intussusception. Better, night, temperature  $98^{\circ}$ , pulse 96, respiration 30. Prescribed opium 4 x, nux vom. 3 x.

February 13. Temperature  $99^{\circ}$ , pulse 100, respiration 34. Resting more quietly, three stools, one large and fecal, two yellow and watery. Night very restless, little sleep, three quarters hour, excessive thirst.

February 14. Temperature  $99^{\circ}$ , pulse 100, respiration 34. Fair day, slept some, breathing oppressed, two liquid stools, light colored. Night temperature 100, pulse 100, respiration 36, complains of being "so very tired"; four very watery light-colored stools. Rested some first part of night, no sleep latter part, thirst not so severe.

February 15. Temperature  $99.2^{\circ}$ , pulse 100, respiration 36. Coughs considerable, dry, hard, and spasmodic, tongue not quite so coated, thick and flabby, aggravation of all symptoms at night, one liquid stool. Prescribed merc. sol. 6x. Night temperature  $101.8^{\circ}$ , pulse 112, respiration 30. Later temperature  $101.2^{\circ}$ , pulse 102.

February 16. Temperature  $99.8^{\circ}$ , pulse 100, respiration 30, 7 A.M. Temperature  $101^{\circ}$ , 4 P.M. Temperature  $101^{\circ}$ , pulse 112, respiration 30, 6 P.M. Night temperature  $99.5^{\circ}$ , pulse 99; four stools, small and loose.

February 17. Temperature  $98.6^{\circ}$ , pulse 90, respiration 27; four stools.

February 18. Temperature  $99.4^{\circ}$ , pulse 84, respiration 30; some improvement. Night temperature  $100^{\circ}$ , pulse 94; five small loose stools.

February 19. Temperature  $99^{\circ}$ , pulse 82; four small yellow loose stools; tongue red.

February 20. Temperature  $99^{\circ}$ , pulse 80, respiration 30; five loose stools; tenesmus.

February 21. Temperature  $99^{\circ}$ , pulse 74, respiration 30; one stool quite formed, patient restless. Night temperature  $99^{\circ}$ , pulse 82, respiration 32.

February 22. Temperature  $99^{\circ}$ , pulse 74, respiration 32. Night temperature  $100^{\circ}$ , pulse  $82^{\circ}$ . Sat up fifteen minutes.



February 23. Temperature 98.6°, pulse 72. Night temperature 100.6°, pulse 90; some improvement.

February 24. Temperature 98°, pulse 72. Night temperature 100.6°, pulse 90; four stools.

February 25. Temperature 98.6°, pulse 72. Night temperature 100°, pulse 82; two stools.

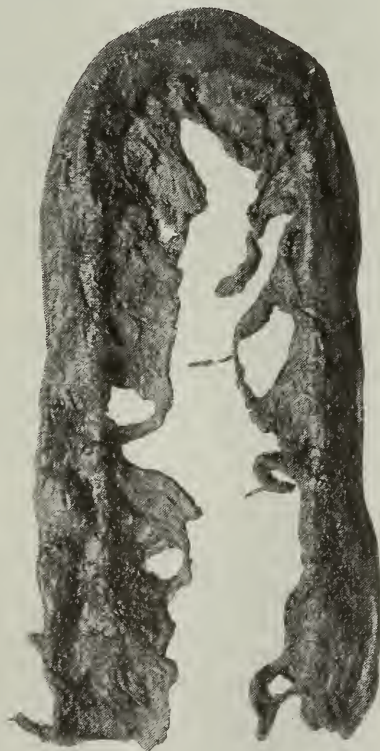
February 26. Temperature 98.6°, pulse 66. Night temperature 100°; pulse 80; two stools very loose.

February 27. Temperature 99.4°, pulse 80. Night temperature 100°, pulse 82; vomited some curd; two stools formed.

February 28. Temperature 98.6°, pulse 72. Night temperature 98.8°, pulse 72; sleeping very little, constantly changing positions; frequent desire to urinate without ability; one small loose stool.

February 29. Temperature 98°, pulse 72; passed in P.M. fourteen inches of small intestine, extremely weak afterward.

The case has continued to improve since. The nourishment throughout has been malted milk, beef peptonoids, junket and such light liquid food.



SMALL INTESTINE PASSED IN STOOL. SLIGHTLY SHRUNKEN BY IMMERSION IN ALCOHOL. (Illustration reduced one half.)

## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

---

**THE ANNUAL MEETING OF THE STATE SOCIETY.**

The Annual Meeting of the State Homœopathic Society, held at Steinert Hall on the thirteenth inst., was exceptionally well attended.

The bureaus reported were those of Diseases of Children, Clinical Medicine, Obstetrics, and Insanity and Nervous Diseases.

The papers presented were both interesting and instructive, especially so were those which considered the gymnastic treatment of curvature of the spine, the estimation and value of phosphoric acid in the urine, the maternity work of the dispensary, and the paper showing what investigations were being made of the blood of morphine *habitués*. And yet, as we look over the program before us, the query arises in our mind, Wherefore does the word *Homœopathic* appear longer in the title of our society? Nothing appears on the face of the program nor, as we remember those papers to which we had the pleasure of listening, did anything appear in the subject matter which would in the least indicate the significance of this distinctive title.

Before us lies a program of an annual meeting of this society held twenty-four years ago. Two bureaus reported, that of Materia Medica and Clinical Medicine. The titles of the papers presented were as follows: "Veratrum Viride," "Accidental Proving of Carbolic Acid," "Ivy Poisoning," "Parturient Effects of Apocynum," "A Case of Cerebrospinal Meningitis," "Terebinthina in Cystitis," "Ulceration of the Nose and Throat Cured by Iodoform and Ferri," "A Case of Infantile Leucorrhœa cured by Sepia." Now although the word "homœopathic" does not appear in the title of any of these articles, from the fact that many of them

have to do with remedies essentially homœopathic, we may fairly conclude that homœopathy touched them at many if not most points. Wherefore this change in the work of this society, and to what is it due? Are we no longer homœopaths, or have we learned all there is to be learned about it, and therefore turn to other aspects of the science of medicine? Or, again, is homœopathy so firmly established and so generally recognized that its distinctiveness as a method need no longer be exploited in our deliberations? Perhaps in each of these queries may be found an element of truth entering into its own answer. The reasons back of this present condition are no doubt many and complex, and an absolute explanation would be difficult if not impossible.

The fact remains, however, that in the deliberations of many of our societies homœopathy is conspicuous by its absence. Two facts to our mind tend somewhat to account for this condition. One is the exceptionally rapid development of surgery and its collateral branches, whereby many diseased conditions formerly vainly but hopefully assailed by the "appropriate remedy" are now quickly removed, thus drawing the attention of students in and of medicine to this department to the neglect of others; secondly, because the study of the homœopathic materia medica, which is in itself the only thing which distinguishes us from other medical practitioners, has not kept pace in development along *scientific lines* with other branches of medical lore. The knowledge of disease has been developed by the study, almost fanatic in its character, of bacteria and micro-organisms, by the chemical estimation of the various normal and abnormal secretions and excretions of the body, and by all the modern methods of research which are continually set forth in our periodicals and our meetings.

As to what changes in the physiology or chemistry or bacteriology of the human body may be caused by the injection of drugs — by provings — we hear nothing. We know nothing or next to nothing as to the effect upon pathogenic bacteria of medicine given continuously for a long time, or whether or not it is possible for drugs to produce

any effect upon them. Our materia medica is in the same chaos of symptoms, reliable and unreliable, real and imaginary, that it was twenty-five years ago. New schemes of arrangement and expurgation do not much improve matters. A symptom to meet modern requirements must have something more tangible to stand on than the simple, unsupported *subjectiveness* of the patient.

That our materia medica has not been developed along the same lines and in the same manner as investigations of the symptoms and causes of disease is not due to the fact that its necessity has not been recognized. For the last twenty years the most representative students of our school have recognized this necessity, but the best method for its accomplishment has not yet come to light.

Yet on this account we are not discouraged, nor are we in the least fearful for the truth of our principle of prescribing. The investigation of drugs in their applications to diseased conditions along these scientific lines must necessarily be among the later matters to be investigated. Many things concerning the rôle of the microbe in disease are as yet undecided; the deductions upon which modern pathology stands are by no means final, and the study of drug effects, to be of value to the prescriber, should if possible rest upon a firm foundation.

The reproofing of our materia medica along the line indicated must proceed slowly; it necessitates well-equipped laboratories, and workers with brains trained to the work and with worldly means sufficient to enable them to devote their lives to it. The necessity is already present. The means for its proper accomplishment will come in good time. Meanwhile homœopathy is a fact. It is established. We at present have something more important to do than to shout "*Similia*"! We are slowly but surely doing it; we are getting ready to study our materia medica in the right way, and when we are ready it will be done.

## EDITORIAL NOTES AND COMMENTS.

AN OPEN LETTER. — To each and every homœopathic member of the profession Dr. A. R. Wright, president of the American Institute of Homœopathy, addresses the following letter, which we reprint by request, with the hope that not one who can possibly arrange to do so will fail to be present at the meeting at Omaha in June: —

BUFFALO, February 10, 1898.

*My dear Doctor,* — The Executive Committee, in whose care the Institute has placed its affairs for the year 1898, sends you this hearty greeting.

With one exception this is the first time the Institute has ventured farther west than the great Mississippi. The recent rapid growth of homœopathy in the West and the interest in the Western societies promise much for the Omaha attendance. Indeed, the whole present membership and a large prospective one west of the median line are already so thoroughly aroused and interested for the coming meeting that their attendance in large numbers is fully assured. If any extra attraction were needed to induce our Eastern men to make the slightly extended railroad trip, they can find it in the circular of the Trans-Mississippi Exposition with its beautiful illustrations showing a second edition of the "White City." The buildings for the various industrial purposes, for the United States government, and for eight different States, are planned on an elaborate scale of architecture.

Dr. Wood, as chairman, and his large local committee of all the homœopathic physicians of Nebraska and Western Iowa have shown great activity and enterprise in already perfecting arrangements that we hope will induce you to place yourself and your family under their hospitable care for at least one week. They have secured for headquarters The Millard Hotel, and assure us of abundant hotel room at prices to suit every one. They have planned for attractive excursions to the Rocky Mountains, Yellowstone Park, etc. Indeed, it would appear that this excellent committee with the push of the West is going beyond all precedent. Moreover, the transportation committee will quite likely secure one half fare on all railroads leading to Omaha.

The general interest manifested by our medical journals along the whole line so early in the year is decidedly encouraging. The dis-

cussion and criticism on Institute work will inevitably produce good results. The faithful critic is one's best friend.

You, doctor, should attend the Omaha meeting in June: first, because the American Institute of Homœopathy, standing as it does for the best in scientific and practical medicine, is eminently worthy of being sustained by every one of its members; second, because it needs your support in maintaining a high standing in the medical profession. You can contribute to such a desirable result by assisting in its deliberations and discussions. Hence we earnestly urge you to come prepared to discuss at least one of the subjects named in the program which you will receive before the time of meeting. Scientific research is constantly making discoveries, some of which we find on investigation affect the practice of both the physician and surgeon. In the corridor and in the sessions of the Institute you can have face to face discussions on the adaptability of these adjuvants to your practices. But, more than all, we want the grasp of fellowship in the common cause of humanity and a noble profession.

Fraternally yours,

A. R. WRIGHT, M.D., *President.*

E. H. PORTER, M.D., *Secretary.*

A TOUR THROUGH THE ROCKIES.—The staff of *The Critique*, published in Denver, Col., has perfected arrangements for a personally conducted excursion for physicians from Omaha to Salt Lake City and return, immediately after the adjournment of the meeting of the American Institute next June.

Leaving Omaha in the evening, Denver will be reached early the next morning, and an opportunity given to see the city. From Denver the route will be to Colorado Springs, Manitou, Garden of the Gods, etc., where time will be given to see all points of interest. Thence into the "Heart of the Rockies" and on to the celebrated Glenwood Springs, where the party will stay twenty-four hours. Then to Salt Lake City, Salt Air, and the great inland Salt Sea. Plenty of time will here be given to view the wonders of this wonderful land.

Returning, the party will stop at Ogden and an opportunity be afforded to view the greatest water power electric plant in the world, except Niagara Falls. Thence over the Union Pacific Railway to Omaha.

The trip will consume six or seven days and will furnish an opportunity to view some of the grandest scenery on the American Continent.

A special train will be made use of and the cost of the tour, \$60, will include all expenses. Physicians desiring to take this trip should communicate at once with Dr. J. W. Anderson, 16 Steele Block, Denver, Col. A deposit of \$10 in advance is required from each passenger.

HAHNEMANN'S TOMB. — The appeal here given is that sent out by the International Commission for the Restoration of Hahnemann's Tomb. Dr. B. W. James, member of the Commission for the United States, will be very glad to hear from all physicians who may be interested in the matter.

INTERNATIONAL COMMISSION FOR THE RESTORATION OF HAHNEMANN'S  
TOMB.

Very few of the followers of homœopathy are aware of the sad fact that the grave of Samuel Hahnemann, the founder of the homœopathic method of treatment, in the cemetery of Montmartre in Paris, is in a very greatly neglected condition, the body having lain there for fully fifty years, and the surroundings having gradually and almost completely decayed.

The Quinquennial International Congress of 1896, held in London, which coincided with the year of the celebration of the centenary of homœopathy, resolved to signalize this event by the restoration of Hahnemann's tomb; and in order to carry this resolution into effect, elected an International Executive Commission, composed of the members whose names are signed below.

It was the duty of the Commission, first of all, to secure the consent of the owners of the grave to the carrying out of the necessary works and to the legal transfer of it in perpetuity to the French Homœopathic Society, to be maintained by that body.

This task has been fulfilled.

The Commission will now have to occupy itself with the financial side of the matter; and with this object it has opened an international subscription and now appeals to all homœopathic societies, to all homœopathic physicians, and to all followers of homœopathy throughout the whole world with an earnest request for assistance.

It is impossible to longer suffer that the grave which preserves the

mortal remains of one of the greatest physicians and benefactors of mankind should remain in such lamentable neglect; and the Commission hopes that every one enjoying the inestimable benefits of homœopathic treatment will consider it a matter of honor to contribute his mite towards the erection of a monument worthy of the undying fame of Samuel Hahnemann.

Subscriptions are received by the members of the Commission or are sent straight to the Secretary of the Commission in Paris. The list of subscriptions will be printed in the *Revue Homœopathique Française* and other journals of the countries represented on the Commission.

LEON BRASOL, M.D., *Chairman*, Russia.

St. Petersburg, Nikolaievskaja, 8.

FRANCOIS CARTIER, M.D., *Secretary*, France.

Paris, 18 Rue Vignon.

RICHARD HUGHES, M.D., England.

Brighton, 36 Sillwood Road.

BUSHROD W. JAMES, M.D., U. S. America.

Philadelphia, Pa., N. E. cor 18th and Green Sts.

ALEXANDER VILLERS, M.D., Germany.

Dresden, Luttichaustrasse, 7.

A PATRIOTIC OCCASION. — The staff of that newsy little college publication, *The Medical Student*, the New England Hahnemann Association, representatives of Boston University School of Medicine, graduates and undergraduates, united in the celebration of "Flag Day," Monday, April 11, on the college grounds, East Concord Street, and later at an informal reception held in the laboratories of the school.

The ceremonies attendant upon the presentation of the flag by *The Medical Student* to the School of Medicine are set forth in the appended program.

The officers of the day were John P. Sutherland, chairman, and Mr. Francis X. Corr, marshal.

Much interest was manifested in the occasion, and the whole affair passed off most successfully.

#### PROGRAM.

1. MUSIC.

2. INVOCATION. Wm. F. Warren, LL.D., Pres. Boston University.

3. SELECTION. Boston University Girls' Glee Club.



4. PRESENTATION OF FLAG. W. T. Lee, Editor-in-chief *Medical Student*.
5. ACCEPTANCE OF FLAG. I. T. Talbot, M.D., Dean B. U. S. M.
6. SELECTION. Glee Club.
7. ADDRESS. Hon. Josiah Quincy, Mayor of Boston.
8. SELECTION. Glee Club.
9. ADDRESS. Col. Henry A. Thomas, Postmaster of Boston.
10. CHORUS. "Doctor's Hymn."

---

## SOCIETIES.

---

### HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The annual meeting of the Homœopathic Medical Society of Western Massachusetts was held at Cooley's Hotel, March 16, 1898, the president, Dr. E. H. Copeland, of Northampton, in the chair.

During the past year four regular meetings of the society have been held, and two new members elected. The treasurer's report showed a balance of twenty-nine dollars and thirty cents in the treasury.

The annual election of officers resulted as follows: President, Dr. W. P. Wentworth, of Lee; 1st Vice-President, Dr. E. D. Fitch, of Worcester; 2d Vice-President, Dr. H. R. Sackett, of Holyoke; Secretary and Treasurer, Dr. Alice E. Rowe, of Springfield. Censors: Dr. Clarice Parsons, of Springfield; Dr. F. A. Woods, of Holyoke; Dr. George Rhoades, of Springfield. Delegate to the American Institute of Homœopathy, Dr. Edward B. Hooker, of Hartford, Conn.; alternate delegate, Dr. A. M. Cushing, of Springfield.

Dr. Plumb Brown, of Springfield, was elected a member of the society. Dr. G. L. Nichols, of Stafford Springs, Conn., was proposed for membership and his name referred to the Board of Censors.

The scientific session was opened by Dr. F. P. Batchelder, of Boston, Chairman of the Bureau of Bacteriology and Microscopical Examination.

The first paper, "Clinical Verifications of the Microscope,"

was by Dr. J. P. Rand, of Worcester. This was of especial interest.

The next paper on the program was a "Case of Jaundice with Autopsy," by Dr. E. H. Copeland, of Northampton. This was a case of jaundice in a man sixty-one years of age, in which it was impossible to make a positive diagnosis. The case apparently began as one of simple jaundice, preceded by a skin eruption with intense itching over the whole body. The patient gradually lost strength, and in a week hemorrhage occurred from the lesions on the skin and also from the stomach and bowels. Two days after he died.

An autopsy showed liver normal, slightly congested; bile duct occluded by a nodule size of a pea. Another nodule was found at the head of the pancreas.

Microscopical examination of the nodules and a portion of the liver, by Dr. F. P. Batchelder, gave a diagnosis of carcinoma of the pancreas with secondary deposit of the cancerous material into the bile duct.

The discussion was opened by Dr. Samuel Fletcher, of Chicopee, who gave the history of a similar case in his own practice.

Other papers read were "Clinical Aspects of Renal Tuberculosis," by Dr. N. W. Rand, of Monson, and "Clinical Experiences with the Microscope," by Dr. F. P. Batchelder, of Boston, both illustrated by several diagrams, showing a tuberculous condition of the kidney in its different stages. Dr. Batchelder also had a number of interesting microscopical specimens which were exhibited. After a most interesting session the meeting adjourned at 4 P.M.

ALICE E. ROWE, *Secretary.*

---

## REVIEWS AND NOTICES OF BOOKS.

---

A MANUAL OF CLINICAL DIAGNOSIS, BY MEANS OF MICROSCOPIC AND CHEMICAL METHODS, for Students, Hospital Physicians, and Practitioners. By Charles E. Simon, M.D., late Assistant Resident Physician, Johns Hopkins Hospital, etc. Second Edition, revised and enlarged. Illustrated. Philadelphia and New York: Lea Brothers & Co. 1897. pp. 530. Price, cloth, \$3.50.

This, the second edition, appears only one year after the first edition. This fact in itself is indicative of the value of the work. The idea of the author, as stated in the Preface to the first edition, is that "Diagnosis is the password in medical science," and that correct diagnosis to-day is impossible without the practical aid of the microscope and chemistry, as well as the stethoscope. The object of this book is to enable the student and the practitioner to perfect himself in this important branch of medical science.

The subject matter is treated in thirteen chapters as follows: The Blood, The Secretions of the Mouth, The Gastric Juice and Gastric Contents, The Fæces, The Nasal Secretion, The Sputum, The Urine, Transudates and Exudates, The Examination of Cystic Contents, The Examination of Cerebro-spinal Fluid, The Semen, The Vaginal Discharge, The Secretions of the Mammary Glands.

The work portrays clearly, minutely, and thoroughly all the modern methods of chemical and microscopical examinations of the above subject matter and the deductions to be legitimately drawn therefrom. Throughout the book is abundantly and instructively illustrated. For the student in medicine of to-day this book is invaluable. For the general practitioner who has been fortunate enough in his youth to have had good chemical training it is also of great value; but to one who has not had previous practical advantages in this direction, we fear the purely technical part of it would be difficult of comprehension. The knowledge contained, outside of its technical instruction, is so valuable, however, that even to such a one this volume may be of great assistance.

A TEXT-BOOK OF GYNECOLOGY. By James C. Wood, A.M., M.D., Professor of Gynecology in the Cleveland Homœopathic Medical College; Fellow of the British Gynecological Society, etc. Second Edition, revised and enlarged. Illustrated. Philadelphia: Boericke & Tafel. 1898. pp. 964. Price, cloth, \$7; leather, \$8.

In the Preface to the first edition of this work, published in 1894, the author has described the ideal text-book as "one which should not only embody in concise form for the specialist the most advanced teachings of the American and European schools of gynecology, but which should also present these teachings in such a way as to enable the student of medicine and non-specialist to obtain at least an intelligent knowledge of the subject without exhaustive research." That Professor Wood had very nearly approached this standard of excellence in the edition referred to must have been acknowledged

by its more critical readers, and by the rewriting of the chapters on Electricity, Antisepsis and Asepsis, Pelvic Abscess, Malignant Diseases of the Uterus, and Injuries resulting from Childbirth, as well as the introduction of a chapter on certain obstetric operations, there is left little of any moment to be desired. There has been also an increase in the number of illustrative cases (of which, by the way, a number instruct through failure), and one hundred and twenty-three illustrations have been added, bringing the whole number to two hundred and ninety-five.

The eminent characteristic of this work is practicality. Not only is the specialist informed in a concise manner of the latest theories and procedures in gynecological science, but the general practitioner also is not forgotten, and the various methods of diagnosis, the palliative treatment of non-surgical cases, and the after-treatment of those which have been operated upon are reduced to the plainest terms of simplicity and directness consistent with a properly technical treatment of the subject under consideration. Notable examples of this might be given.

In the chapter treating of the anatomy of the pelvic organs, very little space is devoted to their embryology, the author considering that subject to belong rather to obstetrics than to gynecology; but the description of the pelvic structures is clear and concise, that especially of the pelvic floor being a thoroughly good preparation for the later instruction in its repair.

It is hardly necessary to make the statement that theory as to the origin of disease is not always essential to its intelligent treatment. None knows that fact better than the conscientious homœopathic prescriber, yet whenever Professor Wood needs to defend an opinion as a logical basis of treatment he does so with boldness. In other cases he shows equally well his wide view of the theoretical field by laying impartially before the reader the various theories and allowing him to choose for himself. For instance, he gives, without committing himself to either, both the ovarian and the Fallopian theories of menstruation, and the various views regarding the origin and nature of cancer.

Scarcely any up-to-date knowledge has failed to find its way either by reference or by detailed account into this text-book.

In treatment in general, the author stands for conservatism wherever radical measures are not positively demanded for the welfare of the patient, but when the latter is the case he proceeds directly and without delay. It will of course be a recommendation to the

homœopathic members of the profession that the internal medication given is in accordance with the law of Hahnemann. While the author is not so sanguine as some regarding the cure of growths by internal remedies, he reports illustrative cases in which such cures are claimed.

The general appearance of the volume is good and many of the plates and illustrations are excellent, though one could wish that some of the latter were more distinct in the detail. On the whole, one can only say that Professor Wood has carried out to an admirable degree the plan which he has himself outlined in the Preface to the first edition. That it has been adopted as the leading textbook on the subject in nearly every homœopathic college in the country should be in itself a sufficient guarantee of excellence.

G. E. C.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX.

A Work of Reference for Medical Practitioners. By eminent contributors. Sixteenth year. New York and Chicago: E. B. Treat & Co. 1898. pp. 740. Price, \$3.

The fifteenth issue of the *Medical Annual* eclipsed in the extent of its circulation all previous editions, and the sixteenth bids fair to rival it. The actual sale of a book must be upon its merits, therefore the above facts are very gratifying naturally to both publishers and contributors.

While reviewing the progress of medical science as presented by current medical literature, the *International Medical Annual* in addition abounds in original articles which present in a composite whole all phases of the subjects treated. These original articles are by writers of repute, and at the same time professional men in active practice.

While all appropriate subjects are briefly considered, an effort is made to vary the amount of prominence given from year to year, so that no one topic in successive years may claim an undue amount of space. This schema makes a set of annuals of especial interest, value, and completeness.

In the current issue diseases of the ear receive attention in detail. Many excellent plates appear under all headings. In fact the book is liberally illustrated.

A list of the principal medical works published during the past year is appended for the convenience of readers. Among these

publications we are pleased to note the appearance of that standard work on homœopathic pharmacy, the *Pharmacopeia of the American Institute of Homœopathy*.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. For the year 1897. Vol. XXXII. Edited by the Secretary, John L. Moffat, B.S., M.D. Brooklyn. 1898. pp. 323.

The minutes of this society, together with a large number of papers, by its members, of scientific value and interest, show what has been accomplished by the most important body of homœopaths in New York State during 1897.

Among the leading contributions may be mentioned: Hospital Construction, and the Care and Cure of the Acute Insane, by Dr. S. H. Talcott, of Middletown, N. Y.; Diphtheria, by Dr. John Arschagouni, of New York City; Cancer of the Uterus, by Dr. J. M. Lee, of Rochester, N. Y.; and an interesting paper showing infinite painstaking, That Case of Acromegaly, by Dr. Clara Barrus, of Middletown, N. Y. The Transactions are prefaced by a fine portrait of Dr. E. H. Porter, president of the society.

---

#### PERSONAL AND NEWS ITEMS.

---

DR. WALTER B. WHITING has removed his office and residence from 109 Summer Street to 84 Pleasant Street, Malden, Mass., where he will receive patients from 2 to 4 and from 7 to 8 P.M.

IN ESSEX COUNTY. — At the meeting of the Essex County Homœopathic Medical Society held at the Essex House, Salem, Mass., March 30, 1898, the following papers were presented: "Lachesis," Dr. A. B. Ferguson, Salem; "Hypnotism and Humbug," Dr. G. B. Carr, Lynn; "Medical Ethics," Dr. M. R. Lakeman, Salem; "A Case," Dr. S. M. Perkins, Lynn; "A Chapter from Personal Experience," Dr. A. L. Kennedy, Boston.

SPECIAL COURSE AT THE POLYCLINIC. — The Philadelphia Polyclinic and College for Graduates in Medicine offers a special course in internal medicine and clinical diagnosis for the week of May 9 to 14, 1898, at the college building, 1818 Lombard Street. The fee for the course is \$15.

THE INSTITUTE AT OMAHA. — The meetings of the Institute at Omaha in June will be held in the new Creighton Medical College, which affords ample room for exhibits, sectional meetings, etc. A bright idea of the reception committee is that of having a staff of assistants, in gray cadet uniforms and Institute badges, at the railway stations to meet and assist members upon their arrival.

HOMŒOPATHIC CONGRESS AT LONDON. — The annual Homœopathic Congress, to be convened in London within the next few weeks, opens June 3.

---

### PUBLISHERS' DEPARTMENT.

---

IRON AS A THERAPEUTIC AGENT. — The value of iron as a therapeutic agent has doubtless in the past been often overestimated. It now seems, however, as if in avoiding this extreme there might be danger of altogether underestimating its worth, and perhaps of neglecting it for newer if less reliable remedies. It is an advantage that iron should have been for so long a time before the profession, for physicians now know when its use is contraindicated, and in what forms it must necessarily act as a foreign substance rather than as a physiological adjuvant, a reinforcement to the vital forces.

The Elixir of Peptonate of Iron with Manganese, prepared only by Otis Clapp & Son, of Boston, and Providence, R. I., has been scientifically combined with a view to overcome and avoid the objections to the use of iron which have arisen from experience only with crude, astringent, irritating, inorganic preparations which have caused or aggravated indigestion, constipation, and other abnormal conditions.

Otis Clapp & Son's preparation is an organic solution of iron and manganese which promotes the formation of hæmoglobin by supplying in an assimilable form those constituents essential to its production. These constituents are readily taken up by the absorbents, and do not occasion gastric disturbances nor pass unchanged from the body with other rejected substances.

Blood which has become impoverished because of an insufficient supply of its normal elements, through malnutrition, soon shows a change for the better and a rapidly increasing number of red corpuscles.

The indications for the use of this remedy will at once suggest themselves. A writer in the *Charlotte Medical Journal* gives some excellent hints for its exhibition. He says: "In amenorrhœa iron is given with decided benefit, and in cases of this trouble due to anæmia the action of the remedy can be well understood. . . . In the treatment of enlarged spleen, due primarily to the action of malaria, the effect of iron is generally most beneficial, probably because it overcomes the anæmia usually associated. In the treatment of neuralgia iron will come in for employment in a great many cases, since that affection very often results from anæmia. In persons subject to attacks of articular rheumatism and muscular, we often find great improvement after a course of iron. In syphilis it is often given with much benefit, especially when anæmia is a marked feature. In gonorrhœal rheumatism it is claimed by some writers to be the best remedy at our command. It may be said in a general way that iron is indicated in pure anæmia and in all other affections in which that condition is a factor, and it is therefore not worth the while to continue a catalogue of affections in which this agent from its therapeutic action is manifestly indicated."

Because of the well-known action of iron it is undoubtedly true that it is unnecessary to enumerate in detail the maladies requiring its exhibition. They all depend to a greater or less degree upon an abnormal blood composition, an impoverished condition of the vital fluid. But we would emphasize the fact that in the diseases mentioned, and in specific cases, where the use of iron seems to be indicated, Otis Clapp & Son's Elixir of Peptonate of Iron with Manganese may be confidently prescribed as offering those elements in a form therapeutically suitable to the needs of the body, acceptable to the absorbents, as proved by practice, independent of theory.

Price, in 12-oz. bottles, 75 cents; price to physicians, 60 cents. Prepared only by Otis Clapp & Son, 10 Park Square, Boston.

STEPPED ON HER TONGUE. — Little Bess was eating an apple. Suddenly she cried out as if in pain. "What is the matter, darling?" asked mamma.

"Hurt me," sobbed the little one.

"How, dear?"

"Stepped on my tongue wiv my toofs." — *New York World*.

"ALL ABOUT THE BABY." — How frequently physicians wish that they could tell prospective mothers everything necessary or desirable



that they should know about the baby. Oftentimes the opportunity to do this is lacking, and sometimes, we fear, a thorough knowledge of all the details apparently so insignificant but really so important. At all events, few doctors can command sufficient leisure to teach the expectant mother the things she ought to know about the coming child; how to make the customary preparations, and, more than all else, how to care for her own health of body and mind during the months of waiting so that the little one may be in every sense of the word well born.

And as for all that should be known about diet, sleep, and exercise, about bathing and clothing the child, fostering its growth and development, leaving undone the things that ought not to be done, and doing the things that ought to be done, the physician cannot hope, except in rare instances, to give all the information necessary.

This being the case, and in addition it being quite true that the knowledge mentioned is not only of great value to the patient, but also of corresponding advantage to her attending physician because of the beneficial effect to be derived through it by both mother and child, and the consequent lessening of the doctor's anxieties, the profession will, doubtless, be glad to know of a satisfactory substitute in book form for this personal instruction so rarely attainable. The book referred to is entitled "All About the Baby." It is written by Dr. Robert N. Tooker, of Chicago, a family physician of thirty years' experience, and the professor of diseases of children in the Chicago Homœopathic Medical College.

The arrangement of the text is somewhat novel, but very practical. It consists chiefly of a series of questions such as the prospective mother would be likely to ask, and the reply to each that the family doctor would naturally make, in simple, practical, direct fashion. Common sense is the keynote, and the intelligent application of its teachings the theme. While the "reason why" for the instructions on every page is not ignored, no attempt is made to transform the young mother into an expert on pediatrics.

The scope of the book includes, first, instructions as to preliminary preparation, describes an ideal nursery, enumerates the qualifications of a suitable nursemaid. The second part is devoted to food and feeding, natural and artificial. Then comes a section about the baby himself, the signs of health, proper development, etc., a consideration of sleep, the care of the bowels, bathing, exercise, and lastly the piloting of the little one through the annoyances of teething. The fourth and last part, still in the form of questions and answers,

instructs the young mother about the ailments of babyhood, their avoidance, or when established the proper kind of care to be given to the child under the direct supervision of the family physician. Thus the book completely covers the period of infancy and its normal or abnormal manifestations, and gives the most uninformed mother as clear an appreciation of the baby's needs under all conditions as the most intelligent could have.

Many physicians to whom the book has heretofore been unknown will, we think, be interested to look it over, and will after doing so unhesitatingly and gladly call the attention of young mothers to such a helpful little volume. Orders for "All About the Baby" may be sent to Otis Clapp & Son, 10 Park Square, Boston. Price to physicians, net, \$2. By mail, \$2.22.

FOR SALE. — One American Galvano Caustic Battery in fine working condition, together with complete set of heavy platinum electrodes. The battery consists of four large zinc carbon cells, using ten quarts of bichromate battery fluid, and is suitable for the heaviest class of work. It cost \$125, but the owner is willing to sell it very cheap. For further particulars address Otis Clapp & Son, Boston.

FOR SALE. — \$3,500 cash homœopathic practice for sale in Jamaica Plain, three miles from Boston. A rare opportunity; owner is to give up general practice for that of a specialist, and is to leave the State. Purchaser thoroughly introduced. Price, \$600 cash. Address "S.," care *New England Medical Gazette*, 10 Park Square, Boston, Mass.

DOCTOR'S OFFICES. — On October 1, 1898, there will be ready for occupancy four choice doctor's offices, at 661 Boylston Street, Boston, where Dr. Conrad Wesselhoeft will retain his present office. For terms, etc., apply to George B. Glidden, 661 Boylston Street, Boston, Mass.

WANTED. — By a physician of experience and standing, the practice of a retiring physician in city of 8,000 to 20,000, or would accept desirable partnership. Southern Michigan, Ohio, or Massachusetts preferred. Address "Mass.," care of *The New England Medical Gazette*, 10 Park Square, Boston, Mass.

# THE NEW ENGLAND MEDICAL GAZETTE

---

---

No. 6.

JUNE, 1898.

Vol. XXXIII.

---

---

## COMMUNICATIONS.

### PRESIDENTIAL ADDRESS.

BY HOWARD P. BELLOWS, M.D., BOSTON, MASS.

[*Delivered before the Massachusetts Homœopathic Medical Society, April 13, 1898.*]

*Ladies and Gentlemen,* — Once before I have had the honor of standing before you and formally addressing you. It was eleven and a half years ago, at the semi-annual meeting of our society, and upon that occasion you asked me to be your orator. I was then one of the younger men among you, and the position which I assumed was that of one looking backwards. With a heart full of gratitude to those sturdy pioneers, our earnest, struggling, self-sacrificing fathers in homœopathy, who bequeathed to us of a younger generation the fruits of their labors and smoothed for us the pathway of a medical career, I turned my glance from the present to the past and, with the desire to render grateful acknowledgment, chose for my subject, "Our Heritage." To-day, with silver threads beginning to show upon my temples, I reverse the view and take the position of one looking straight forwards. My thoughts are full of the obligation which has devolved upon us to extend from our position of vantage and security that present help and future incentive to medical progress which may justly be expected of us by those who are already following in our footsteps. That which we have received we must give in turn, and, unless we are unjust stewards, it must be given with increase. Nor are we to regard this in the light of a mere obligation: it is rather

our highest privilege; and with this paramount idea I turn my view to-day from the present to the future, and choose for the subject of my address, "Our Opportunity."

The view of men who continuously labor in any field of usefulness is naturally limited more and more by their immediate surroundings. To secure a truly realizing sense of the relation of our work to that of others, or of how the position which we hold touches that held by others, it is necessary to view the situation from a distance. Then the trend which we are following becomes apparent. We can see whence we have come and whither the path which we may be following is conducting us. If we are not progressing, that, too, is evident; and, more than all, if we are in possession of a position stronger than we perhaps suspected, we will better know how to make use of this position to direct and speed our progress to future successes and to larger fields of usefulness.

It has been my recent privilege, during a period of rest from professional labor, to secure such a distant view. In point of material space my position was as far removed as the shores of Asia, where, surrounded by a strange civilization, I have felt myself cut off and wholly isolated from our country and all its institutions and from all its modes of thought. But chiefly of advantage was the change in the mental point of view, with all the little incidents of daily practice for the time forgotten, with all the pressing obligations and the depressing responsibilities for the time removed, so that, with rested mind, the mental vision became daily more clear and the general oversight both more extensive and more comprehensive. From surroundings which on every hand proclaim a majestic past—from the temple aisles of Karnac and the ruined temples and tombs of Thebes, where an intricate medical lore emerges from an all but prehistoric past; from Palestine where centuries ago a Jewish ritual enforced a system of hygiene which to-day is hardly equaled, and where the greatest Healer of all the ages walked the fields of Galilee and the streets of Jerusalem; from the land where the evidences of Turkish bigotry and

misrule are upon every hand ; from the land of Æsculapius where Hippocrates taught his disciples ; from the classic soil where Galen ministered to the mighty of the earth — the vision wonderfully clears. Little things recede and petty points of difference seem insignificant. There stand out strongly in mental view the great schools and the more distinctive medical systems of the past, together with the blurring outlines of centuries of vagaries and whimsicalities in medical belief and practice. The good can be better discriminated and approved and the weak and the bad can be better recognized and condemned when one thinks in the midst of such surroundings.

To this line of thought there follows, as its inevitable end, a keen desire, a fervid hope, that the medicine of the future may be wholly different from the medicine of the past. Where in all these receding centuries, so glorious in art and in heroic achievement, appear any medical attainments to which we can point with equal pride or satisfaction ? Where in all the remote past appears even the foundation upon which can rest a science of medicine worthy to rank among the sciences of our own day and of the days to come ? It is only within the past century that medicine has really begun the march of true progress. With the aid of other collateral sciences the foundation has at last been laid upon which we can build with some hope of its future endurance, even though the superstructure may crumble time and again, in part or in whole. Truly scientific methods of observation and the means of accurately recording, comparing, and classifying observations, have given us results which stand the test of time and repeated experience when applied to the study of anatomy and physiology and pathology. Modern chemistry and microscopy and refined methods of physical analysis have perfected our drug preparations and given us a modern and scientific pharmacopœia. Wonderful ingenuity and technical skill have been exhibited in the invention and construction of our surgical *armamentarium*, and, with a knowledge of the principles of asepsis and antisepsis, the surgery of the present day has become one of the marvels of

the century. Matters of public health and sanitation, individual hygiene and the prevention of disease, are well understood and wisely practised. Our beloved profession is not to halt or to fail when other professions, so much less worthy, are feeling the impetus of modern thought and discovery. But there is one department in which weakness is still apparent; one department which lags behind all others in the general progress; in which seems to gather and perpetuate itself all the uncertainty and darkness of past ages; in which the practice of medicine still remains essentially an art, and is only beginning to become a science, and that is the department which transcends all others in practical importance for the welfare of the human race—the department of therapeutics. Here it is that doctors differ where most they should agree. Here it is that honest difference in belief or practice, or in methods of investigation, gives rise to feelings of bigotry and intolerance, to animosity and professional ostracism. Yet here it is that the profession as a whole should most cordially unite in a systematic search for knowledge which will place the cure of disease upon a scientific basis and leave it no longer, for the most part, a matter of empiricism.

Our knowledge of the action of disease and our power of diagnosis and of prognosis is already quite sufficient for the most exact scientific investigation along these lines. Our knowledge of the nature and preparation of drugs is likewise quite sufficient for the purpose in hand. The action of these drugs upon the organism of the lower animals, in health particularly but also in disease, is being studied in many laboratories, both here and abroad, and the results are being faithfully recorded and compared and put to the test upon the sick. These investigations are all along the line of the old empirical use of drug action, the employment of the secondary effect of the drug, in more or less massive doses, to counteract or offset the action of disease on the principle of an opposing or contrary power. That such a power and such a mode of drug action exist, and that drugs may thus be beneficently used, few among us will be willing to deny.

But that this is the only way in which to employ drug action, or that in this way the *best* therapeutic results are to be obtained, none among us, I believe, will be willing to admit. The effort to make more scientific the old therapeutical uses of drugs by the study of physiological drug action in laboratories is hardly likely to satisfy the demands of a modern science of therapeutics, and many of its investigators are already turning away to experiment, instead, in the direction of serum-therapy. It is right that both these lines of research, and all others which promise equally, be followed faithfully to their last logical deductions in the search for truth and the best attainable therapeutical method, and all men should await the results in a spirit of fair-mindedness. This we concede to others and this, in return, we demand from others in relation to still different lines of research, whether these be our own investigations as individuals or as members of a school.

Ladies and gentlemen, we meet here as members of a distinct therapeutical school. The sole reason for the existence of this society, of which we are members, is our belief in a therapeutical method which differs from that of the dominant school and which has proved an offence to it. We believe that the best therapeutical effects are obtained from drugs when their primary action is employed rather than their secondary action; that they are best administered in minute and attenuated doses rather than in those more crude and massive; that the best indications for drug exhibition are obtained by experimentation upon the healthy human organism rather than upon the sick or upon the lower animals, although all information in regard to the pathogenetic power of drugs obtained through animals is welcomed and utilized in a broad way; and finally, we believe that among the effects of drug action in the cure of disease the most beneficent are obtained, not from their power of direct opposing or contrary action to the disease, but in accordance with a more definite and scientific principle (or rule of choice, if you will) which is embodied in the words *similia similibus curanter*.

It is this last position which has given chief offence to our colleagues of other schools, and which has forced us to band ourselves into separate medical societies and to found separate medical colleges and hospitals for the purpose of mutual support and advancement. It seems to be considered an unwarrantable assumption that we possess a definite rule for the choice of drug action in the treatment and cure of disease. And yet just such a guiding principle in therapeutics is the one thing which is chiefly desired by all who have the future of medical science most at heart. It is the object and the aim of therapeutical investigation everywhere among those of all schools. May the fault not lie somewhere at our own feet, in some measure at least, if we have not succeeded in convincing the fair-minded among our colleagues that we are in actual possession of a definite guiding principle in therapeutics such as has long been sought; a principle which we apply constantly, day by day and year by year, in our practice, with practical results which will stand and justify the world's closest and most exact scrutiny? We do not claim perfection in the application of this principle. Some of us do not yet claim *perfection* even for the principle itself, (for who knows but that in following this, some time in the future of science, we may be brought to the knowledge of one still higher and more exact and nearer to the eternal truth?) but that this is the path in therapeutics which is better worthy of being followed and studiously and laboriously developed than any other which is open for investigation we heartily and unreservedly believe. Perfect sight is given at once to no man or to no body of men. There are first glimmerings of light, a few guiding rays by the aid of which and in following which we are conscious of a firmer tread, of a rising path, of increasing strength and ability to climb. Such light and more we have already received. We know from our own results, from our practical successes, that we are following a guiding principle in the choice of our remedies which seldom fails us and which we believe will fail us still less, or never, when our knowledge of drug pathogenesis is more exact and is freed from error. Our patients



know what results are obtained by their relief from suffering and their recovery from disease, as increasing thousands of the most intelligent of our citizens attest by their gratitude and adherence. The reading public know by the reports of our dispensaries and our hospitals that we are making a proud record in medical statistics and literature. But with all the progress made thus far in the demonstration of our ability to accomplish in practice what we profess in theory, and despite our recent rapid gains, we are not yet the leading school of therapeutics in point of numbers and influence, and among our professional colleagues of other schools there is yet no general recognition of the scientific value of our claims. We are every one of us specialists in therapeutics. We know and we feel our power to advance the science of therapeutics to the benefit of the whole profession of medicine. Can we, then, be satisfied or rest for a moment content until we have presented these claims, again and again, in a manner so scientific and so convincing that their acceptance will be forced even upon our opponents?

Upon whom devolves the responsibility of this effort? The homœopathists of England, of Germany, of France, of Belgium, of Europe in general, are fighting a good fight, but they are handicapped in their efforts by the lack of state recognition and university support. The great public clinics and institutions, the military and civil appointments are all in other hands than theirs, and their strength has never been equal to the creation of fitting opportunities for public demonstration or instruction by means of private endowment, or to any adequate enlightenment or control of public opinion. In the various colonial settlements of England, notably in India and Australia, somewhat greater liberty in medical matters is accorded than in the mother country, but it is yet too early for anything beyond a vigorous local growth to be expected. In other parts of the world, in the Spanish American republics, for instance, there is here and there a sporadic homœopathic growth, but nothing in the way of propagation is at present to be looked for in any of these countries. Under the republican liberties and institutions of

our own United States, however, the case is wholly different. Here the power of the people is paramount, and public recognition has been secured by means of myriad successful cures wrought for years among the people themselves in every State of our Union. Thus has arisen a public opinion favorable to our cause, and following upon this comes friendly and helpful legislation. Public trusts and private bequests place us year by year in positions more independent of our adversaries, and more powerful for the extension of our influence. Here centres the hope of homœopathy for the future. Upon us rest the eyes of homœopaths the world over. To us, here in the United States of America, they look for the highest development and the most searching revision and the widest propagation of our beneficent system. Look at the position of strength which we have attained and realize that this is the measure of our responsibility to the generation which follows us, the measure of our opportunity to better the whole future of medical science.

Are we improving this opportunity? Are we so upholding and upbuilding the principles and practice of homœopathy that the influence of our work will reach and carry enthusiasm to the next generation? Or are we resting content with the therapeutic laurels which we have already plucked and with those which have been handed down to us from the generation past? We are cultivating all manner of medical and surgical specialties. We are following all branches of collateral science. In the midst of our successes in the many varied directions of professional activity let us never be beguiled from our own distinctive work. Let us never fail to recognize as homœopaths the foundation rock upon which we build. Let us never cease or forget, for the sake of the great future, to forward the interests of a pure, scientific, and progressive homœopathy.

---

HOMŒOPATHISTS IN THE UNITED STATES. — In 1834 there were four Homœopathic physicians in the United States; to-day there are fourteen thousand.

## OUR NEW PHARMACOPEIA.

BY JAMES WILKINSON CLAPP, M.D., BOSTON, MASS.

The "Pharmacopeia of the American Institute of Homœopathy" was issued in June, 1897, and unreservedly accepted and commended by the Institute that same month, while the work of the Committee on Pharmacopeia was most appreciatively recognized.<sup>1</sup> The medical press has since expressed a most gratifying approval, and most of the homœopathic medical schools have adopted the new Pharmacopeia as the text-book on pharmacy. In addition, not one of the eleven leading old school pharmaceutical journals which have reviewed the work has commented upon it adversely. Yet several of these reviews were written by professors and instructors in colleges of pharmacy. Naturally such commendation has been very gratifying to the Pharmacopeia Committee, nor has the pointing out of several errors in the text by these representatives of the old school been less welcome, especially since with judicial impartiality they have admitted that it is but reasonable to expect to find many such in the first edition of a work of this character. The above truths lend additional significance to the fact that the only journal which has vehemently opposed the Pharmacopeia of the Institute is the *Homœopathic Recorder*, issued by the publishers of the "American Homœopathic Pharmacopœia."

Two articles of an adverse nature have been published in other journals, one of them from such a source and of such a character as to carry no weight and to require no comment. The other, however, from the pen of Dr. W. A. Dewey,<sup>2</sup> of Ann Arbor, is deserving of attention. Dr.

<sup>1</sup> Resolution adopted by the American Institute of Homœopathy, June 30, 1897: "Resolved, That the plans and work of the Committee on Pharmacopeia of the American Institute of Homœopathy, as indicated and illustrated in the magnificent volume recently issued from the press, be and are hereby fully approved and heartily commended.

"Resolved, That the heartfelt thanks of this body are hereby tendered to the Committee on Pharmacopeia for their long-continued, faithful, and eminently wise and intelligent work in preparing and editing the 'Pharmacopeia of the American Institute of Homœopathy.'"

<sup>2</sup> "The New Pharmacopeia." A letter published in the *Medical Century*, March 1, 1898, pages 86, 87.

Dewey's criticisms on the new Pharmacopeia are practically the same as those which appeared in the *Recorder*, and are, in fact, the only objections yet presented which are worthy of consideration. Briefly stated they are as follows:—

First, that the new Pharmacopeia varies from Hahnemann's methods in the preparation of tinctures, or, to use Dr. Dewey's words, "The remedies of the new Pharmacopeia do not correspond with those on which the pathogenic foundation of homœopathy was built. In other words, our materia medica was built on provings of drugs prepared in the old way, and we cannot consistently use the new drugs on the old lines."

Dr. Dewey does not inform us in what respect the "remedies" vary nor the result of such variation, but the *Recorder* cites Aconite as an illustration of this point.

It will not be difficult to demonstrate that the new Pharmacopeia does not make any radical changes either in the selection of parts of drugs used or in their preparation. Dr. Dewey as a student of materia medica should be familiar with its sources. Certainly, he cannot for an instant claim that our pathogenesis of aconite is made up exclusively of symptoms derived from the use of Hahnemann's tincture. A glance at the records will show that some of the earlier provings were made from "chewing the root," others from extracts, and certain others from unknown preparations. It is possible that he has not yet learned that Hahnemann's original provings of this drug were made from different varieties of the plant, including *A. cammarum* and *A. Stoerkianum*. If he doubt this statement we can refer him to no less an authority than Hartlaub. Has he forgotten that the pathogenesis of belladonna is derived from two hundred and eighty sources, which include tincture from plant, tincture from root, extracts, decoctions, crude root, leaves, and plasters? With a knowledge of these facts, how can he demand that pharmacists shall continue to use the juice of the plant exclusively in the preparation of such tinctures? But the doctor may contend that he did not refer to any such insignificant change as that of using the

plant in place of the juice only. If so, we must question as to whether he has really attentively examined the new Pharmacopeia; if he had, he would have found that in a few instances only has it varied from the selections made by Hahnemann.

If Dr. Dewey's criticism be a just one, the medical profession will doubtless be interested to learn from him or the publishers of the *Recorder* where they can obtain a pharmacopeia which conforms to Hahnemann's rules for the preparation of tinctures. Certainly neither Schwabe's "Pharmacopœa homœopathica polyglottica" nor the so-called "American Homœopathic Pharmacopœia" meets this requirement. In fact, their rules vary essentially from Hahnemann's. These two works are associated in this connection because that portion of the text upon pharmacy in the latter is practically a reprint of Schwabe. Let us scrutinize the facts. The "American Homœopathic Pharmacopœia" gives rules for preparation of tinctures under four distinct heads or classes. The "fundamental rule" for each class is claimed to be taken from Hahnemann's "Materia Medica Pura."

Class I provides for "tinctures prepared with equal parts by weight of juice and alcohol. See Hahnemann's 'Materia Medica Pura,'" under belladonna. Under these rules tinctures are prepared from succulent plants which include about one twelfth of the full list. In this class of tinctures the "American Homœopathic Pharmacopœia" varies in six instances from Hahnemann's indications as to part of the drug to be used, namely, cannabis sat., chelidonium, pulsatilla, rhus tox., sabina, and stramonium. In four of these it directs the making of tinctures by macerating the whole or parts of the plant, where Hahnemann directed the use of the juice only. In one instance it substitutes the seeds for the juice of the plant, and in another the plant in place of the juice of the root. It is interesting to note here that the identical changes from Hahnemann's method which the publishers of the *Recorder* most strongly condemn in the new Pharmacopeia, as illustrated under Aconite, have been made by them in their own publication, the "American Homœopathic Pharmacopœia."

We have but to continue the examination to find that more than three fourths of all liquid preparations made under the rules of this pharmacopeia vary essentially from those of Hahnemann. Most of the tinctures are included under Classes III and IV, and the rules for preparation are claimed to be taken from Hahnemann's "Materia Medica Pura."

Class III includes "tinctures prepared with two parts by weight of alcohol to one part of plant, or part thereof. See Hahnemann's 'Materia Medica Pura,' " under scilla.

Class IV, which embraces most of the tinctures prepared from dried substances, includes "tinctures prepared with five parts by weight of alcohol. See Hahnemann's 'Materia Medica Pura,' " under spigelia and staphisagria.

Let us now examine, through the media of the following translations from the original German editions published in 1819 and 1826, the sections of R. A. M. L. (Hahnemann's "Materia Medica Pura"), to which reference has been made. The rules in both editions are essentially the same, while the difference in terms observable is of special value as showing that the term *drop* is to be regarded here as equivalent to our *minim*.

"In order to make a solution of Squilla-power in alcohol, the method is simpler and preferable to cut from a fresh squill root a piece weighing 100 grains, and to pound it in a mortar to a fine even pap, gradually adding 100 drops of alcohol, and then mixing it and diluting it well with 500 drops of alcohol, then to let it stand quietly for several days; then pour off the brownish tincture, and make the first dilution by adding 6 drops of this tincture to 94 drops of alcohol and shake it ten times." — *Reine Arzneimittlelehre, Vol. III, 1825.*

"Spigelia: The tincture is made by adding ten parts of alcohol to the powder of the entire herb, and letting it stand a week without warmth." — *Reine Arzneimittlelehre, Vol. V, 1819.*

"The tincture is made by adding 500 drops of alcohol to fifty grains of the powder of the entire herb, allowing it to stand a week and shaking it every day." — *Reine Arzneimittlelehre, Vol. V, 1826.*

“Staphisagria: Mix the powdered seed with an equal part by weight of chalk (to absorb the oil) and make the tincture by adding 10 parts of alcohol, without warmth.” — *Reine Arzneimittlelehre, Vol. V, 1819.*

“A drachm of this seed is powdered together with an equal part by weight of chalk (to absorb the oil), and then the tincture is made by adding, without warmth, 600 drops of alcohol, and by shaking it every day for a week.” — *Reine Arzneimittlelehre, Vol. V, 1826.*

In recapitulation attention is called to the following facts: Under the rules of the “American Homœopathic Pharmacopœia” tinctures in Class III are prepared in the proportion of one part plant and *two* parts alcohol. Hahnemann’s directions call for one part plant and *six* parts alcohol.

In Class IV tinctures made from dried drugs equal one part drug and *five* parts alcohol. Hahnemann used one part drug and *ten* parts alcohol.

A close analysis of these facts and the results obtained will show that the strength of most of the tinctures made according to the rules of the “Pharmacopeia of the American Institute of Homœopathy” and the “British Homœopathic Pharmacopœia” are much nearer to the original preparations of Hahnemann than are those made according to the “American Homœopathic Pharmacopœia.” In fact, the rules of Hahnemann and of the new Pharmacopeia for the preparation of tinctures from dried drugs are essentially the same. Such changes as appears in the Pharmacopeia of the Institute have been made simply to secure uniformity in strength of preparations, a result certainly much to be desired, but one either ignored or referred to with condemnation by Dr. Dewey and the *Recorder*.

On the other hand, what advantages have been obtained by the changes made in the German and so-called “American Homœopathic Pharmacopœia”? Has anything been gained? Certainly, any claim that a corresponding increase in the strength of tinctures has been effected is an illusion.

Hahnemann evidently knew that it would take more than

two parts of alcohol to exhaust the soluble constituents of many of our fresh plants, and that more than five parts of alcohol are necessary to exhaust a dried drug. This fact is well illustrated in the cases of opium, cantharis, and capicum, none of which can be exhausted by the tincture-making process even in the proportion of 1 to 10.

It may be of interest to note here that the new "Pharmacopée Homœopathique Française," recently published (Paris, 1898), provides for making tinctures from dried vegetable substances in the proportion of 1 to 20, this large proportion of menstruum being used to effect a more complete solution of the active principles of the plant and "because in this way the physician always knows the quantity of substance which corresponds to the quantity of tincture prescribed by him." This pharmacopeia also provides for maceration in addition to expression in the preparation of tinctures from succulent plants.

It would seem that Dr. Dewey and the *Recorder* are somewhat late in raising this objection, which in effect opposes the use of the English method of preparing tinctures. This method the Institute had already endorsed when the Pharmacopeia Committee appointed in 1888 undertook the work assigned it, acting upon instructions<sup>1</sup> received, which in the records read, "to use as a basis the 'British Homœopathic Pharmacopœia.'" Furthermore, the two previous committees on the Pharmacopeia appointed by the Institute in 1886 and 1887, respectively, concurred in reporting favorably upon taking "the British Homœopathic Pharmacopœia as a basis," and it was this particular feature of that work which led them to take such action.<sup>2</sup>

The second objection offered by Dr. Dewey and the *Recorder* to the Pharmacopeia of the Institute is that it fails to recognize as official preparations, dilutions made from triturations of insoluble substances.

Without discussing the merits of this class of preparations, we would ask if this can be seriously considered as a

<sup>1</sup> See "Transactions American Institute of Homœopathy," 1888, page 103.

<sup>2</sup> See Transactions, 1887, page 132; 1888, page 102.



valid objection? Can every form of preparation used in the old school be found in the United States Pharmacopeia? By no means, yet can any one reasonably take exception to that work because of such omissions, or consider them cause sufficient for a general condemnation? Have our friends not misinterpreted the scope of a pharmacopeia?

It is not perhaps surprising that those whose financial interest is affected by the universal acceptance of a new and standard work on homœopathic pharmacy should endeavor to lessen its influence and hinder, though futilely, its speedy recognition, nor that a certain few pharmacists and physicians long wedded to methods both faulty and inadequate should be loath to make the slight effort necessary to familiarize themselves with a newer one, approved only after long and impartial consideration which never lost sight of the main objects to be attained, — greater accuracy and uniformity. Financial interests and individual prejudices are ever active factors in opposition to changes which affect them. But it is certainly cause for surprise that any student of our materia medica should not rather welcome the earnest effort of the Institute to place homœopathic pharmacy upon an assured foundation, than seek for flaws or take exception to fundamental principles which were discussed with the greatest freedom, and which were open to the closest and most searching scrutiny before their final endorsement and adoption.

---

### ADENOIDS.

BY T. M. STRONG, A.M., M.D., BOSTON.

Encircling the naso-pharynx is a remarkable and important system of lymphatic tissues. This system includes the lingual, faucial, and pharyngeal tonsils, while across the posterior pharynx at the junction of the naso- and oro-pharynx runs an additional chain of the same tissue. All of these tissues have important functions to perform in the human economy, and have not been placed in this mutual relationship in any haphazard manner. While the immediate subject

of the paper is "Adenoids," what we may say will apply very largely to hypertrophied tonsillar tissue, which is allied in structure and equally affected by diseased conditions.

In 1860 Czermak noticed some small growths in the upper part of the naso-pharynx, which from their fancied resemblance he referred to by the term "cock's comb." A few years later, Voltolini, making a rhinoscopic examination, saw some projecting growths in the naso-pharyngeal cavity, to which he gave only slight heed. At about the same time Loewenberg noticed growths in this region which he considered to be of like character to the diseased glandular tissue seen in granular pharyngitis. In 1868 Wilhelm Meyer, of Copenhagen, gave a complete history of these growths from an extended series of observations, to which he gave the name of "adenoid vegetations," supposing them to be true glandular tissue. So complete had been his investigation that the paper remains a classic to-day, and very little has been added to the subject since, although in recent years a favorite one for writers in medical societies.

The condition is a true hypertrophy of the normal lymphoid tissue of this region, and in degree varies from a slight thickening to the formation of masses which almost occlude the breathing space, and gives rise to more serious conditions than any other in childhood, the acute middle ear invasion of scarlatina and gonorrhœal ophthalmia perhaps equaling but certainly not exceeding it.

The pharyngeal tonsil is composed of simple and compound follicular glands, and is a folding in of mucous membrane, a reduplication of normal mucous membrane; on the surface there are small prominences and numerous depressions and crypts. Microscopically the diseased mass of adenoids is composed of lymph cells and a delicate ill-defined reticulum of connective tissue, covered with columnar and ciliated epithelium. There is an absence of any fibrous element, hence its friability.

The function is not definitely known, nor is there any appreciable loss of function on its removal. Many theories have been advanced in relation to the function of the tonsil,

which is identical in structure with the pharyngeal tonsil, but has been more thoroughly studied than the latter. The "Journal of Anatomy and Physiology" says: "The general opinion is, that the tonsil belongs to the digestive tract, and that it is an absorbent rather than a secreting gland. If this is so then there is reason to believe that the tonsils absorb morbid poisons directly from the saliva. It has been shown that the absorbent processes in the digestive tract are largely carried on through the agency of leucocytes, and it is not unreasonable to suppose that white cells should pass between the cells of a fairly thick layer of stratified epithelium in the moist, living condition. Adenoid tissue, of which the tonsils are composed, is regarded as the birthplace of leucocytes, and may not the absorbent function minister to the growth of these white cells? Again, these glands are most active in very young life — atrophying in later life — when not only nutrition but growth has to be provided for."

In connection with this we would quote from the "Annapolis University Medical Science," for 1895, in which Dr. Buschke, writing on Tonsils and Remote Disorders, calls attention to diseased tonsils and suppurating processes in the general system. Bacteriological examinations showed the presence of streptococci and staphylococci in the crypts of the tonsils and in the blood, as well as in the suppurating focus. The author concludes: —

"1. That the tonsils may be the points of entrance for pyogenic micro-organisms; it is not necessary that ulceration or diphtheria should prepare the way for lodgment and multiplication of germs. 2. On the basis of experimental investigation it is probable that the tonsils play an important rôle as a means of entrance for pus-producing micro-organisms, and certainly a more important one than the respiratory and alimentary tracts. Very probably the bacteria do not pass the tonsils without causing slight trouble, which in the majority of cases is unnoticed. The care of the mouth and throat is then not only one of local hygienic importance, but of value in the prevention of general disease."

As to etiology we find quite an array of causes having

more or less influence. Adenoids are found so early in infancy that we may suppose them to be in some cases prenatal, and we often find these enlargements in several members of a family, with the frequent statement, on the part of one or both parents, of trouble with the throat in their early life, so that heredity seems to be a possible factor in some cases. Exanthematous diseases and diphtheria have been followed by adenoids. Cold and dampness, with sudden changes of temperature, giving rise to frequent catarrhal colds, are factors to be considered. Bosworth speaks of this trouble as being a general disease with local manifestations, and not a local disorder of the throat, adding that over sixty per cent of nasal catarrh in children was due to this condition. Ingals considers that strumous and rheumatic diatheses may be predisposing causes. While it is not strictly described by the terms "strumous" or "scrofulous," yet these conditions show a certain constitutional tendency difficult to describe, and there is certainly in these cases a tendency to hypertrophy of adenoid tissue. Hence the necessity of after treatment on constitutional lines.

The symptoms in the beginning are usually hard breathing or snoring during sleep, sometimes going on to dyspnoea so severe as to resemble spasmodic croup. Later we have the result of this obstruction as seen in the mouth-breathing, the thick flattened nose with drawn alæ, the stupid expression, apparent mental dulness, the muffled or "dead" voice.

Now from this obstruction to respiration comes a whole series of troubles, functional and organic. The infant cannot nurse, hence malnutrition, affecting the growth of every part of the system. The proper function of the naso-pharynx in taking care of the inspired air, as to moisture and warmth, is interfered with, and the enforced mouth-breathing leaves the throat and nose dry, and we have frequent "catching of colds," with sore throats and bronchial catarrhs and coughs, and in extreme cases the so-called pigeon-breast deformity of the chest. We were taught in our student days to consider all cases of marked persistent "snuffles" in infancy as evidence of hereditary syphilis, but to-day I am convinced

that we shall find adenoid vegetations to be almost the only cause.

A recent writer has well said that the action of distorted muscles upon the soft and pliable bones of the face of the child, together with the absence of a free admission of air to the accessory sinuses,—frontal, sphenoidal, ethmoidal, and maxillaries,—causes a deficient development of these sinuses, giving a flat appearance to the cheek bones, and producing a characteristic physiognomy.

Some authorities claim that these children not only look stupid, but are stupid, as showing an impairment of cerebral function, which a recent German writer has described as "*aprosexia nasales*." These writers hold it not unreasonable to believe that in extreme cases of long duration, associated, perhaps, with deafness, there might be such an alteration of cerebral function as, in extreme cases, to result in idiocy. Another writer in the "Archives of Otology," referring to the "*adenoid habitus*" of a typical case, says it is due to a mechanical impediment to the communication of the lymph channels of the naso-pharynx with those of the brain, the result of pressure from these vegetations. There are some patients not relieved of this by removal, and for them psychical treatment and training in suitable and well-conducted institutions are necessary.

As a rule enlarged tonsils accompany adenoid vegetations, and we may put it as a working rule that while we may have adenoids without enlarged tonsils, it is the exception not to have the former when the latter are present in any marked degree. So that failure to relieve often results from removal of the tonsils, because the adenoids have been overlooked, and, conversely, the removal of the latter often aids in reducing the enlarged tonsils by assisting the action of the appropriately selected remedy.

The muco-purulent secretion in the naso-pharynx, so frequently present in these cases, may cause a cough, aggravated at night, or the secretion being swallowed deranges the stomach and adds to the cough-producing irritation.

The singing voice may be seriously interfered with, as

upon the naso-pharynx depends the quality or resonance of sound. Asthma, stammering or other defects of speech, incontinence of urine, and torticollis or wryneck have all been relieved by thorough operations upon these hypertrophied masses.

Probably the most serious evil arising from these growths and their allied hypertrophies is the result upon the ear and its functions. Whether these results are due to pressure upon the Eustachian tube; or by rarefaction of the air in the pharyngeal vault, thus permitting of unequal pressure upon the membrana tympani; or by interfering with the free circulation of arteries, veins, or lymphatics, deafness, at times total, is the result. Late investigations have shown that a large percentage of deaf-mutes still show evidences of adenoids as a factor in early life, one writer finding such evidence in over fifty per cent in 160 cases examined. Suppose this condition is only partially the primary cause of deaf-mutism, think what its early removal may mean to many of the coming generation.

In many cases of adenoids we have also frequent and recurring attacks of otitis media and persistent otorrhœa. Coming now more especially to the effects upon the parts closely related to your daily practice, we again quote from the "Journal of Anatomy and Physiology," which says: "One fact stated by embryologists is, that the fauces is the site of what may be termed the developmental junction; that at this spot the inflected layer of epiblast, which forms the lining membrane of the mouth, meets the layer of hypoblast, which forms the major part of the alimentary canal. Whether this be true or not, it is an interesting fact, long pointed out, that new growths are apt to arise at such junctions, where tissues of different affinities meet."

In the *Dental Digest* for November, 1897, a writer says that inflammation of the tonsils and surrounding tissue will cause tension of palatal, pharyngeal, and palato-glossus muscles, which would naturally pull the lateral portion of the arch downwards and inward, and this especially in children when the bones are soft and yielding. It is not unreasonable

to suppose, as suggested by the writer, in the light of the present knowledge of these growths, that they are a frequent cause for this deformity, which is a condition well known to all present, and one the general practitioner should detect and prevent by the removal of such causes as may be remediable, for as a rule when seen by you it is too late.

Following along the line of malnutrition, already referred to, we have the influence upon the development of the teeth both as to physical conditions and alignment upon the alveoli. In nearly all the cases coming under my observation the teeth have been badly decayed; and while I cannot say positively as to those most seriously affected, I am inclined to think the molars suffered the most, although I may have seen them at an age when diseased conditions would naturally appear here. One thing I have noticed with regret, and that is the lamentable ignorance or carelessness manifested by parents in the care and oversight of the teeth in their children. On calling attention to the condition, oftentimes in condemnatory terms, they would seem greatly surprised that there was anything that could be or ought to be done. Here is where the family physician certainly fails in his duty to caution and warn parents to give most careful attention to any and every detail in the development of the teeth in their children.

We know, of course, that there are other conditions which will interfere with the free breathing in children, but they are not likely to be present in infancy or early childhood, whereas adenoids are very frequently present at these periods, and are, we believe, in very many cases, the exciting cause of the hypertrophic rhinitis, deviated septum or polypoid degeneration, so frequently found at an older age.

Now presenting a child with some of the above symptoms more or less marked, an examination with the post-nasal mirror will show the naso-pharyngeal space occluded, according to the extent of the invasion, instead of the free space the exit for five important openings. The mass may present a cushion appearance, with a smooth or partially lobulated surface, with more or less congestion, the so-called hypertrophy

of Luschka's or the "third" tonsil. Or there may be a number of pale or reddish-pink rounded masses hanging down into the pharyngeal space, an hypertrophy of the follicles, the "adenoid vegetations," which vary in size, and may be isolated or in clusters. It is exceptional that the post-nasal mirror can be used in children under six years of age, and in such cases the only way to examine is to gently pass the index finger up behind the palate, when the trouble can be detected without any doubt.

Now having satisfied ourselves of the presence of adenoids, either with or without hypertrophied tonsils, what is to be done? In many cases absorption occurs so that even in early youth the condition disappears, but we may still find traces much later in life, and in some recorded cases as late as middle life. But the reverse of the picture is, that the disappearance of the growth in the majority of the cases does not take with it the dire consequences it has entailed upon the adjacent tissues and organs. I do not believe medicine will relieve except under the most favorable circumstances, which cannot be foretold or determined by any indications seen at a given examination. The results of any prolonged delay may be so serious, while on the other hand the benefit from prompt treatment is so marked, that it will be much better policy to insist at once on surgical measures, or refuse to treat the case. The removal is the first and important step, but not the last, for now internal or constitutional treatment will show prompt results, and the child who was "stupid" or "a fool" or "an idiot," according to the strength of expression used, may astonish parents and teachers by rapidly advancing to the head of the class. The facial and physical changes which occur within a few weeks after removal in many of these cases must be seen to be fully realized. It is hard to find extenuating circumstances which will relieve the physician of severe censure who tells the parents "that the child will grow out of the trouble," or who does not urgently insist that a running ear must have the best and closest attention, and we can add, with equal justice, the teeth also.



In infants or very young children the masses can be safely broken down with the end of the finger, and thus by giving free respiratory space add comfort to the child, and remove an ever-present danger, while aiding the process of nutrition. For older patients there has been the making of instruments without end in the forms of forceps and curettes, according to the preference of the individual operator. In children I usually insist upon the use of an anæsthetic, to which parents readily assent as a rule. Even in older patients, if tonsils and adenoids are to be removed, it is more satisfactory than operating with the aid of cocaine, or preferably eucaine. For a few minutes the hemorrhage is very free, especially in the double operation, but as a rule soon ceases, secondary hemorrhage being very rare. As a cleanser and hemostatic I am in the habit of sponging out the parts with hydrogen dioxide, and I believe with good results. Later an alkaline spray or gargle is all that is needed locally.

The operation is not difficult and should not be done in a hurry. Very often quite extensive adhesions have to be loosened before the removal can be properly performed. Some operators prefer to have the head of the child hanging over the end of the table, or the child lying on its side, while others prefer the semi-prone position. Either of these plans can be followed according to the needs of the case, changing from one to the other as circumstances demand. The theoretical surgical objection as to the danger of drawing the blood into the larynx and trachea, if the head is not pendent, is not warranted by experience, at least I have never heard of such a result. The final after or constitutional treatment will be along the line of therapeutics to which the physician or surgeon has given his individual preference.

## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

---

## THE NURSES' HOME.

Upon a roomy lot on Stoughton Street, near one of the large State armories, stands a fine recently completed building,—the new home for the nurses of the Massachusetts Homœopathic Hospital. This building, at once a recognized need and an impossibility for many years, is the result of the beneficent liberality of a woman, the late Anne White Vose, who left a large sum for charitable purposes to be bestowed at the discretion of her trustees.

Most wisely, most conscientiously, and most successfully have the intentions of the donor been carried out. No nurses' home which we have seen—and we have been privileged to visit several—compares with the one in question as regards its perfect adaptability to the uses intended, and the constant indications in the veriest minutiae of a thorough comprehension of the needs and desires of those for whom it has been built, the present and future members of the Training School.

We believe most thoroughly that properly qualified women (and no others should be accepted by our training schools), who give themselves to the arduous duties and unceasing demands of the study of nursing, should be most liberally dealt with, not necessarily financially, for a first-class hospital training is large compensation in itself, but in the provision made for their physical welfare and general well-being, in the refining influences of a properly appointed home affording adequate accommodations for each individual member.

The new Nurses' Home of the Massachusetts Homœopathic Hospital most admirably represents the thoughtful

and intelligent recognition by the trustees of such truths and others we cannot here dwell upon.

A brief description of the building will, we are sure, be of great interest to the profession.

The Nurses' Home is entered from Stoughton Street through a gateway into the front yard and by granite steps to the front piazza which protects the principal entrance.

Upon entering the building through the oak vestibule the visitor finds himself in the front hall, with a reception room and double parlors on the Stoughton Street side. These rooms can all be thrown together by rolling shutters and sliding doors, for use for lectures and receptions.

On the other side of the hall is a suite of rooms, comprising parlor, bedroom and bathroom for the superintendent of nurses, and just beyond is located the main stairway to the stories above.

At right angles with this hall is the main corridor which runs through to the northerly side of the building with another flight of stairs to the several stories above, and to a rear entrance on the passage as well as to the basement below. This corridor is also continued along the northerly wing and is connected by locked doors, which can be used in case of fire or other emergency, with the corridor in the servants' dormitory.

The same arrangement of corridors obtains in each of the four stories, and all of them run through to the outside walls, with windows at the ends of the corridors, thus giving ample light and air.

Upon the entrance floor may be seen the reception room and two parlors as mentioned, with the suite of rooms for the superintendent of nurses; also nine separate sleeping rooms, a bathroom and general lavatory for nurses; a diet kitchen, two linen closets, place for refrigerator, and a room with private lockers for the use of individual nurses. A suite of five rooms, parlor, dining room, two sleeping rooms, and bathroom, also china closet with its sink for washing dishes, and dumb-waiter connecting it with the kitchen in the basement, are provided for the superintendent of the hospital.

In each of the second, third, and fourth stories there are nineteen sleeping rooms for nurses, two bathrooms with three tubs, and general lavatories; room with lockers as in the first story, linen room, broom closet, and two sitting rooms with their open fireplaces for the social uses of the nurses when not on duty.

The servants' dormitory, which is built as an extension of the east wing of the Nurses' Home, is arranged to accommodate male and female servants, the latter having an entrance at the east end of the building, with a staircase to the general sitting room in the basement and to the first, second, and third stories, each of which is occupied by the female servants, there being nine bedrooms, a general bathroom and lavatory on each floor, and a linen closet on the first story.

The entrance for the men servants is from the passage in the rear of the building, with an independent stairway leading to the men's sitting room in the basement, and to the fourth story, in which there are ten bedrooms and a bathroom and lavatory.

It will thus be seen that accommodations are provided for sixty-six nurses, thirty-seven servants, and for the superintendent of the hospital and Training School respectively.

The building is of brick, with granite and Bedford limestone trimmings, and is entirely fireproof, with nothing combustible except the floors, window frames, doors and door frames, and the furniture.

The entrance front of the building which faces the lawn on the east side of the building is adorned with a piazza, the first story of which is of brick with three arches on the front and one on each end, surmounted by a colonnade (of Corinthian columns and entablature) extending through two stories and finished above the roof with a wrought iron balustrade. The first and second story floors of the front porch are of granolith, the roof is covered with canvas, and all are available for use to sit upon in the summer months. The occupants from the third floor are provided for by a wrought iron floored balcony on a level with that floor, and

intermediate between the floor at the base of the columns and the roof.

The rooms for the nurses are unusually large where, as is the case here, but one occupant is to be placed in each room, — a truly wise and excellent arrangement.

They are finished in ash, with ash doors and top light, and floors of grainway hard pine, and each room is furnished with an iron bedstead and oak furniture, — wardrobe, bureau, commode, table, rocking chair, etc., this businesslike enumeration in no way doing justice to the excellent taste shown in the carrying out of details, the selection of tasteful and appropriate furniture, pretty bedside rugs, and dainty muslin draperies for the windows. These rooms, while of uniform size, admit of a certain variety in the arrangement of their belongings, preventing that extreme and painful regularity so common in institutions and misnamed "homes."

The main outlook from the building is upon a sheltered lawn as large as the limits of the lot permit, and within view of a large proportion of the nurses; a great economy of space and advantageous use of the same having been obtained by the plans adopted, and a maximum amount of light, air, and sunshine.

From the preceding description a good general idea of the new building may perhaps be obtained. The knowledge of such an important addition — in the sense of improvement — to the hospital must give pleasure to the medical fraternity. Such a true home for the valuable and valued assistants of the physician in his work for the relief of humanity and the advancement of his profession certainly should be regarded with unqualified approval and appreciation. And not only the generosity of the hospital's benefactor received through the liberality of her trustees, but also the untiring and exacting labors of the Committee on Building, Col. Charles R. Codman, Messrs. John C. Haines and Erastus T. Colburn, Mrs. Anna S. Foster and Dr. J. Wilkinson Clapp; the Committee on Furnishing, Dr. J. Wilkinson Clapp, Mrs. Anna S. Foster, and Mr. William L. Morse, and the skill and intelligent supervision of the architects, Messrs. Stone,

Carpenter, and Willson, of Providence, R. I., — fitly chosen for their experience in hospital construction and their especially successful work, the Nurses' Home of the Providence Hospital, — should meet with the fullest recognition and the most grateful acknowledgment.

---

### EDITORIAL NOTES AND COMMENTS.

---

THE RESTRICTION OF MEDICAL PRACTICE. — It gives us great pleasure to present to our readers the following remarks apropos of the recent attempt to secure medical legislation, and our editorial comments thereon: —

TO THE EDITOR OF THE GAZETTE.

*Sir,* — At the risk of being misunderstood, and, indeed, of standing alone among your readers in opposition to the views you put forth in relation to the bill for the restriction of medical practice, I venture to offer some mild comments on the editorial remarks in your April number. But at the outset let me say, without mental reservation, that I am wholly with you in your detestation of all quackery and delusion, and that my comments are directed solely against the methods proposed to suppress these evils. The bill, to be sure, is now set at rest, but we cannot suppose that the problems which called it forth are solved by the action of the Legislature.

The intention of the bill is to make the people safe by law, not only against the ignorant and base who prey upon them, but against their own folly and perverseness. Do you still believe in the light of history and of a knowledge of human nature that people can be made either good or wise by legislative enactment? It is the futility of this which calls for our most careful consideration. Despite our science and experience, error still must be allowed to have rights and privileges which we in Massachusetts are bound to respect, let other States take what course they will.

Nothing, you believe, is further from the truth than that this bill would have had the power to dictate by what method people should be treated, and you take it for granted that the public would be safe under any method or means of treatment if the person, titled or otherwise, claiming to treat or cure, be possessed of a reasonable knowledge of the human body in health and disease.

At first sight the proposed law seems sufficiently inclusive to allay

the fears of the most timid in regard to personal rights and liberties. But is it so in reality, since it excludes all empirical methods, and the cures daily wrought, as we must confess, by persons having no knowledge of the human body, or only the most unreasonable conceptions of it? You may, if you choose, wink these cures out of sight, call them delusions, recoveries from fancied ailments, — anything you like, — but to the sufferers they are realities and remain now, as they have been at all times, the cross and stumbling block of the profession.

Hysteria, neuroses in many forms, mild psychical derangements, all attended with a certain satisfaction in being ill and in refusing to comply with physicians' directions, chronic invalidism in a word, and a sense of despair at all professional efforts to help, meet us at every hand, and too often baffle our best efforts. It is here that miracles come in, for nothing short of mysticism can meet the weakness of mind, credulity, and petulant resistance to reason, so characteristic of these afflictions. Reasonable knowledge, in point of fact, is too often powerless to cope with minds so warped, while healers, mediums, scientists, and pathists of one kind or another, inspired either with a religious fervor or, what answers the same purpose, a firm belief in a plausible theory, carry all before them. It is evident that in their ignorance lies their power. We are denied, and justly, the use of such aids to our *armamentarium*; but no legislation ever can take from the people the liberty of resorting to them for relief where we fail, or appear to fail.

Witness, for instance, the cures by faith in all times, and, as well, those by suggestion, of which we know the power, in hands other than those of the profession. Let us not forget, too, that we are indebted to other empirical methods for many admirable remedial agencies now incorporated into regular therapeutics, such as hydrotherapeutics and the knowledge of innumerable medicinal substances. These blessings did not originate in reasonable knowledge of the human body, but in something wholly different, with which we are still bound to reckon, neither is it out of place to mention in this connection that Cæsarean section, certain plastic operations, the reduction of fractures and dislocations, have been successfully performed by untutored hands, and that countless minor ills have been and are constantly being removed by those having no reasonable knowledge of the human body in health and disease.

What constitutes such knowledge? How will you enforce it?

Where will you draw the line? With the least show of consistency you must push it forward to the end of a regular course of medical instruction. And this you will find to be a wholly impracticable attempt, rendered so by the ever-present fact that the art of healing is not science, and not wholly dependent upon it. School knowledge, admirable and indispensable as it is, is not under all circumstances sufficient to meet the needs of the sick, and who shall deny that even in the ablest hands it is too often of doubtful value, or even injurious and destructive?

We, as homœopaths, are in the best position to see that Christian Science, faith cure, and quackery in many harmless forms are not altogether the outgrowth of ignorance, superstition, and folly, though indissolubly bound up with them. If considered objectively they will be seen to constitute, in no small degree, a distinct reaction against the powerlessness, the harsh and dangerous procedures and agencies of science so called, and of a consequent distrust of the profession, a reaction and distrust which adverse legislation cannot fail greatly to increase. The best illustration of this is in the history of homœopathy itself. We hear constantly that our school celebrated its greatest triumphs during its early days, when the followers of Hahnemann practised strictly as he taught. In more than one sense this is true. One undeniable reason for this success lies in the fact that homœopathy was then, as these other pathies and cures are to-day, a powerful reaction against old-school abuses. Do we not know and freely admit that it was practised with signal success by enthusiasts having no reasonable knowledge of the human body, but an enviable familiarity with the *materia medica*? Jahr and Boenninghausen, Nausen, Jenicken and many others were not physicians and had no reasonable knowledge in the professional sense. This we must bear in mind, and pause before we attempt to brush aside the claims of the thirty odd thousand converts to Christian Science in Boston alone. No small number of these people have been converted to their present faith by bitter experience with the profession; and if we are just, we must admit that they are no more ignorant, superstitious, or perverse than our own followers, no more so, indeed, than those who rest securely on the bosom of regular practice. All claim the right to choose, based upon such experience and such theories as they possess. There is absolutely no difference between these claims, and all legislation framed with the purpose of establishing such difference must prove futile. If harm comes to those



who choose ill, as I have seen in many most painful instances, it must rest upon their own heads. In countries with patriarchal governments, where the rights and the authority of the profession and the safety of the people are most jealously guarded, the same psychological phenomena, the same opposition to or secession from established medicine, are daily witnessed. To Lourdes and countless other miracle-working shrines the people flock by thousands. No law, no reason, no science, and no adverse experience can restrain them. They are misguided as our Christian Scientists are misguided, as the homœopathic people are constantly misguided, and as all those who, despite the miseries they suffer from allopathic medication, are even more blindly misguided.

Until the Commonwealth of Massachusetts shall establish by law a standard of common sense ; a distinct understanding of what constitutes a reasonable knowledge of the human body in health and disease ; a power in the average doctor and patient to distinguish between what is safe and harmless in omission and commission in therapeutics, nothing but harm can come of restrictions like those you favor. Until then regulations of medical practice must of necessity meet with the same failure, the same contempt for law, the same evasion and disregard of it as characterize the wretched temperance legislation of several States of the Union. This is already sufficiently plain in all those States in which but recently the good doctors boasted that they had driven out the quacks. The Commonwealth may pass such laws as its representatives decree. When these control matters of which our legislators can readily judge, like railroad management, public safety in the widest sense, sanitation, and so forth, which are matters of business, these laws are constitutional and of abiding value. When they come, however, to venture into fields where all is a matter of faith and individual opinion, where error itself has positive rights by virtue of the grain of truth it may contain, where by favoring an expediency a fundamental principle is endangered, then it is for us to stand firmly by the latter.

That infinite harm is done by ignorant healers and religious zealots I am the last to deny, as I am the last to undervalue the beneficence of scientific knowledge skilfully and honestly applied. But while I see physicians of both good and doubtful standing daily using methods untried by any scientific or even reasonable tests, drugs and other measures of which the efficacy is unconfirmed by any valid experience or observation applied on indications vague, purely

theoretical, or wholly fanciful, while side by side with our most trusted physicians and surgeons, and often holding prominent positions in the medical societies of all schools, I see those who apply their reasonable knowledge, their surgical skill, and their professional standing to the basest ends, I shall be forced to hold that the harm arising from unlicensed ignorance, delusion, and villany is no greater than that inflicted on a trusting public by these same human frailties when licensed.

Obediently yours,

CAMBRIDGE.

WALTER WESSELHOEFT.

“ON TO OMAHA” should now be the watchword of every homœopathic physician who can possibly leave home for the pleasant and profitable trip westward. We need hardly say that the chief, though by no means the only, attraction is the meeting of the American Institute of Homœopathy, June 23. Other attractions there are well worth considering: the great Trans-Mississippi and International Exposition, the excursion to Salt Lake City through the heart of the Rockies, and the no less interesting trip to Yellowstone Park, the additional knowledge to be gained of our wonderful country and the favorable conditions under which it may be seen.

As for the Institute meeting, it promises to be a great success. Every arrangement has been made for the reception and comfort of guests; the various committees have worked with energy and method; the railroads will make a rate of about half fare, and the hotel bills will be very moderate.

As regards the opening exercises of the Institute, they will take place in the evening of the twenty-third, while the *Materia Medica* conference will hold its session in the afternoon.

PHYSICIANS IN THE ARMY. — We have lately been in receipt of numerous communication from our Western brethren urging that immediate and concerted action should be taken to prevent unjust discrimination against homœopaths in the appointment of army surgeons.

The following cutting, taken from a recent New York daily, would, if correct, seem to show that no very radical steps are necessary in order to obtain recognition by the government of competent, all-around, qualified medical men of whatever school of practice: —

“Governor Voorhees has announced the appointment of surgeons for the three New Jersey regiments. Dr. Charles F. Adams, the leading homœopathic physician in Hackensack, will serve as regimental surgeon of the Second Regiment.

“The medical fraternity are considerably interested in the case of Dr. Charles F. Adams, who was selected as surgeon of the Second New Jersey Regiment, and, after passing the physical and mental examination with a rating of 100 per cent, was rejected because he was of the homœopathic school, but was promptly appointed by Governor Voorhees. One newspaper statement has been that ‘the rules of the War Department allow only old-school physicians.’ The rules of the War Department do nothing of the sort. They make absolutely no distinctions between old and new schools. Dr. Adams, whose appointment by Governor Voorhees was perfectly regular and will pass muster with the Surgeon-General’s office, will find ahead of him in the army physicians of the homœopathic and the eclectic schools. The examiners who attempted to throw him out had no authority to do so, and if their conduct came up for review before the authorities in Washington it would be rebuked as unwise.

“All that the rules of the department require is that a candidate shall be a citizen of the United States, of sound health and good character, and ‘a graduate of some regular medical college’; he must have had a certain amount of hospital practice, and must come within certain limits as to age and stature, and be able to answer a number of questions designed to test his general intelligence and information, as well as his strictly professional acquirements. The board that examines him is composed of two local civilian physicians and one member of the army medical corps. If the civilians are stupid enough not to understand the reasonable meaning of the phrase, ‘some regular medical college,’ it is their business to inform themselves by application to Washington or otherwise. From Washington they would be instructed that the uniform interpretation by the department makes any medical college ‘regular’ which is legally authorized by the State where it is situated to confer doctors’ degrees in medicine.

“The inquiry is never made by the Surgeon-General’s office whether a candidate belongs to one school of medicine or another. As a rule, the reports of the local boards furnish a basis for the government’s acceptance or rejection of a candidate. But in the present instance, as Dr. Adams presented himself for admission to the volunteer branch of the army, while it is still under State control, the governor is presumptively omnipotent. In other words, if the governor makes an appointment which carries the surgeon to the point where he is mustered into the United States service, and his papers show him to be competent in all respects, there does not appear to be any way in which the War Department could take upon itself the responsibility of rejecting him, and it certainly would not reject him merely because of the school of medical practice to which he belonged.

“It is true that the medical corps of the army is largely made up of old-school physicians, but this from accident rather than intent.”

---

## SOCIETIES.

---

### **BOSTON HOMŒOPATHIC MEDICAL SOCIETY.**

The April meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, April 7, at 7.45 o’clock, Vice-President Sarah S. Windsor, M.D., in the chair.

By vote of the society the reading of the records of the last meeting was omitted.

Lyman G. Haskell, M.D., of Jamaica Plain, and Harriet E. Reeves, M.D., of Malden, were proposed for membership.

P. Harold Foss, M.D., Cambridge, Ida W. Clapp, M.D., Dorchester, and Hovey L. Shepherd, M.D., Winchester, being duly recommended by the Board of Censors, were elected to membership.

The committee, appointed at the last meeting to memorialize Senator Hoar in relation to a bill before the United States Senate “for the further prevention of cruelty to animals in the District of Columbia,” reported that the memorial had been forwarded to Washington. The report was accepted by the society and the committee discharged.

The following committee for nomination of sectional officers for the ensuing year were chosen by the Chair:—

Alonzo G. Howard, M.D., F. L. Emerson, M.D., and Augustine C. Haub, M.D.

### *Scientific Session.*

Mr. G. E. Hoffses, of the senior class of the B. U. S. M., exhibited a twin monstrosity which had been delivered by him from a dispensary case that morning.

There was but one placenta and one set of membranes, with attachments for only one cord. The cord of the smaller foetus was probably attached to the larger.

### *Section of Surgery.*

H. E. SPALDING, M.D., Chairman; GEO. E. MAY, M.D., Secretary;  
C. Y. WENTWORTH, M.D., Treasurer.

Election of sectional officers for the ensuing year.

1. Neurectomy for Facial Neuralgia. Carl Crisand, M.D. Discussion opened by James B. Bell, M.D.

2. Fractures of the Jaw. P. W. Moriarty, D.M.D., Instructor in the Mechanical Treatment of Cleft Palates and Fractured Jaws, Dental School of Harvard University. Discussion opened by Geo. H. Earl, M.D.

3. Fracture of the Skull (with a report of four cases). Geo. E. May, M.D. Discussion opened by Horace Packard, M.D.

4. Reduction of an Old Dislocation of the Elbow. George A. Tower, M.D. Discussion opened by Alonzo Boothby, M.D.

The first paper of the evening was read by P. W. Moriarty, D.M.D., who gave a very interesting account of the methods used in the treatment of fractured jaws at the Dental School of Harvard University.

He exhibited the splints used, and explained fully their application in articulating the various fractures. The speaker was of the opinion that these cases belonged to the field of dentistry rather than to surgery, and that every dentist should be able to handle the most difficult cases.

In discussing the paper Dr. Packard asked how long it took

to make an aluminum plate. Dr. Moriarty replied that it could be done in three hours, but it was usually made one morning and applied the next.

Dr. Chase: How frequent in your experience are fractures of the superior maxillary?

Dr. Moriarty: Very rare; have seen but very few cases.

Dr. George E. May next read an interesting paper on "Fracture of the Skull."

Dr. Packard, in discussing Dr. May's paper, said in part: From the moderate experience that I have had, some points have been impressed upon my mind. Fractures are fairly accurately classified according as the force is applied, as, for instance, whether the body is struck, or whether the body itself falls and strikes something. In the first instance, when a blow is struck upon the head by some instrument, a depressed fracture and depression are the result. If the body falls or strikes some object, we get a fracture usually of the base, and why? because it is a direct blow and the full weight of the body, perhaps 150 pounds or more, is quite likely to cause a fracture at the base of the skull. Is there any infallible guide in the diagnosis to a fractured base? The essayist has told us some of the symptoms to look for. The base is divided into three fossæ, anterior, middle, and posterior. After a fall of the body, if we get nosebleed with ecchymosis of the conjunctiva, etc., we probably have a fracture of the anterior fossa, the ethmoidal plate is fractured, the orbit is involved and ecchymosis. If there be hemorrhage in the pharynx, we conclude that the small fossa is involved. If there is bleeding from the ear and discharge of serous fluid, especially if it is continuous and copious, with facial paralysis, we conclude that the petrous portion of the temple bone and facial canal are injured. Ecchymosis back of the ear extending to the neck indicates injury to the posterior fossa and lateral sinus. We cannot do much here; most of these cases die. Dr. Packard then related some cases illustrating the above points.

Dr. Sutherland: I would like to make a suggestion. The medical treatment of these cases has not been referred to.

Suppose we are called to a case where convulsions are present with other symptoms of meningeal inflammation, what matters it to what the convulsions are due? If bell. is indicated, why not use it? If the patient is in a state of coma and presents other symptoms of opium, why not give it? likewise arnica.

Dr. Colby: I do not feel competent to speak on this subject. In the early stages we can do much good, and a little surgical interference will do but slight harm and may terminate in happy results. We may get symptoms very late after an injury. It is surprising how late they will appear sometimes. A case in point I saw fifteen years after the injury that was suffering from epilepsy attributed directly to a fall. There had been no symptoms at all except at this time. Surgical aid, when the fall occurred, might have prevented much after-consequences. If the degenerate changes have set in, surgery is of no avail.

Dr. Tower's paper on the "Reduction of an Old Dislocation of the Elbow" was listened to with great interest. The case cited well illustrated the practical use of the X-ray in the reduction of dislocations and fractures. The doctor exhibited skiographs showing the dislocation before and after reduction.

Dr. May, in discussing this paper, said in part: I have not had much experience with these cases. Dr. Gerster, of New York, makes a good suggestion, that in injuries to the elbow the application of an Esmarch bandage may be used to reduce the swelling and diagnosis can then be readily made.

Dr. Powers: My experience with old dislocations has not been great. I had a case about a year ago where the head of the radius had been dislocated back of the condyle of the humerus and had remained there weeks and possibly months. I could not reduce it under ether and was finally obliged to cut down and sever the false ligament. This case had been treated very much like Dr. Tower's.

I think his method of reducing a dislocation is a good one, and the case shows the utility of the X-ray in diagnosis.

I would like to ask Dr. Tower if the second picture was

made immediately after the reduction of the dislocation or later.

Dr. Tower: It was made immediately after the reduction. In getting X-ray pictures look out for shadows. Several pictures must be taken in different planes to get good results.

Dr. Briggs: I think the whole practice of fractures and dislocations has changed since the introduction of the X-ray. Formerly we were careful about diagnosis and reduced our fractures or dislocations by practical means. Now we use the X-ray for a guide and are sure of what we are doing. The pictures will show just what conditions are present when we have finished.

As Dr. Crisand was unable to be present, his paper on "Neurectomy for Facial Neuralgia" was read by the secretary.

Dr. Colby: I should like to ask Dr. Crisand, if he were present, why he did not go at the track of the nerve in the infraorbital canal. A short incision over the infraorbital foramen and a dissecting of the structures of the lower margin of the orbit would allow a knife to be passed along the floor of the orbit, and the nerve severed in the canal.

The following sectional officers were elected by the society for the ensuing year: Chairman, J. W. Hayward, M.D.; Secretary, W. T. Hopkins, M.D.; Treasurer, A. Chipman-Palmer, M.D.

The meeting adjourned at 10 P.M.

FRANK ELLSWORTH ALLARD,  
*General Secretary.*

---

## MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The twentieth annual meeting of the Massachusetts Surgical and Gynæcological Society<sup>1</sup> was held at the Castle Square Hotel, Boston, December 8, 1897. President J. W. Hayward, M.D., in the chair.

The records of the last meeting were read and approved.

<sup>1</sup>We regret that the report of this meeting was received too late for publication in full. — EDITOR.



The report of the Treasurer, Grace E. Cross, M.D., showed a balance on hand of \$54.32. The report also made mention of the third and last payment to the Hahnemann Monument Fund of \$33.33.

The following physicians were elected to active membership :—

Edward P. Colby, M.D., Boston ; Helen G. F. Mack, M.D., Boston ; Lucy Barney-Hall, M.D., Hyde Park ; Amelia Burroughs, M.D., Boston ; Frederick A. Bardwell, M.D., Roxbury.

The election of officers resulted as follows :—

President, Horace Packard, M.D. ; Vice-Presidents, J. K. Warren, M.D., Jennie O. Arnold, M.D. ; Secretary, N. H. Houghton, M.D. ; Treasurer, Grace E. Cross, M.D. ; Censors, George E. May, M.D., Winfield Smith, M.D., J. W. Hayward, M.D.

#### *Scientific Session.*

I. President's Address. J. W. Hayward, M.D.

II. Report of Progress in Surgery. Horace Packard, M.D. Discussion by W. H. Stone, M.D., and J. K. Warren, M.D.

III. Report on Progress in Gynæcology. G. R. Southwick, M.D. Discussion by Kate G. Mudge, M.D., and Emily M. Thurber, M.D.

IV. Albuminuria of Pregnancy ; when to interfere. G. Forrest Martin, M.D. Discussion by H. M. Hunter, M.D., and George H. Earl, M.D.

V. The Use of the Vaginal Douche in Diseases of the Uterus. Emma J. Peasley, M.D. Discussion by Martha E. Mann, M.D., and Helen S. Childs, M.D.

VI. Suggestions concerning Colotomy. Henry E. Spalding, M.D. Discussion by F. W. Halsey, M.D.

VII. Report of a Case. Willard A. Paul, M.D. Discussion by Alonzo Boothby, M.D.

N. H. HOUGHTON, *Secretary.*

## REVIEWS AND NOTICES OF BOOKS.

THE SURGICAL COMPLICATIONS AND SEQUELS OF TYPHOID FEVER. By William Keen, M.D., LL.D. Based upon Tables of 1,700 cases compiled by the author and by Thompson S. Westcott, M.D. With a chapter on the Ocular Complications of Typhoid Fever, by George E. de Schweinitz, A.M., M.D. And as an Appendix the Toner Lecture, No. V. Philadelphia: W. B. Saunders. 1898. pp. 386. Price, \$3.

Although the fifth Toner Lecture "On the Surgical Complications and Sequels of the Continued Fevers," which was published by the Smithsonian Institution in 1877, appears at the close of this interesting volume, it forms in reality the corner stone of the present work. The Toner Lecture met the requirements of the Toner Fund in that it contained a "new truth fully established by experiment and observation," in this case the verification of the then little recognized fact that certain cases of continued fever demanded surgical interference.

This lecture considers such complications as diseases of the joints, bones, larynx, gangrene, hæmatomata, and parotitis, giving pathology, symptomatology, and treatment. Over half of the cases from which deductions were drawn were cases of typhoid fever. Now, twenty years after, in the light of more accurate scientific knowledge and larger clinical experience, Dr. Keen gives to the profession a well-rounded presentation of the surgical side of typhoid fever, of typhoid — because in nearly all cases to this disease were due the surgical results noted.

In addition to the complications and sequels considered in the Toner Lecture, chapters are given to the pathology of such manifestations in typhoid, to typhoid abscesses, to the cerebral complications of typhoid, otitis media in typhoid fever, typhoid affections of the thyroid gland, of the pleura, lungs, and heart, of the esophagus and stomach, of the liver and the gall-bladder, of the spleen, of the sexual organs, to specific mixed affections in typhoid fever. There is of course a chapter on intestinal perforation in typhoid, and Dr. Schweinitz's short but practical review of ocular complications.

A few of Dr. Keen's conclusions from the surgical side of a study of typhoid fever are that the cause of all surgical results in this dis-

ease is the typhoid bacillus ; that multiple regions of the body may be affected in a given case by the same complication or sequel, or that one patient may be attacked by two or more surgical complications ; that the period of development is not the initial period of the fever, but, first, from its height to its close ; that as to sex the male is rather more subject to febrile surgical troubles than the female, and that treatment in cases of biliary and intestinal perforation should be operative within the first twenty-four hours with a probability of saving one third.

An immense amount of work has been put into the tabulation of cases, while the cases themselves are the very best illustrations the text could have had, standing for practice, not theory, and following up statements with proofs.

There are several good plates and a few minor cuts. Most painstaking references have been made to authorities quoted, and the book throughout bears the stamp of earnest work by workmen of no mean ability.

ORTHOPEDIC SURGERY. By James E. Moore, M.D., Professor of Orthopedia and Clinical Surgery, College of Medicine of the University of Minnesota. Illustrated. Philadelphia : W. B. Saunders. 1898. pp. 360. Price, \$2.50 net.

The book is written by a general surgeon, and while it presents a good general view of the subject, and clearly sets forth some branches and their treatment, it is noticeably deficient in others. Orthopedic surgery to-day is too important and comprehensive a subject to be compassed by one engaged in active general practice, even though that practice is limited to surgery. In the treatment of lateral curvature, for instance, the application of jackets in a recumbent posture is dismissed with a single sentence, and the method by suspension given as the only one. The directions for treatment of lateral curvature by exercises are particularly good.

The illustrations are for the most part old, except those which show results in cases treated by the author.

Nothing new is shown in the way of apparatus, and the book as a whole is far from being a complete "text-book" of orthopedic surgery as it exists to-day.

G. H. E.

APPLETON'S POPULAR SCIENCE MONTHLY. New York : D. Appleton & Co. Yearly subscription, \$5.00.

The June number of this excellent monthly contains the first of a

series of important educational articles on Manual Training, by Prof. C. H. Henderson ; an illustrated description of the Indians of Southern Alaska, by Prof. George A. Dorsey, of the Field Columbian Museum ; an essay on Veracity, by Prof. William H. Hudson, of Stanford University ; and a short study of Atavism, by Felix L. Oswald, the naturalist.

BRIEF ESSAYS ON ORTHOPÆDIC SURGERY. By Newton M. Shaffer, M.D., Surgeon-in-Chief to the New York Orthopædic Dispensary and Hospital, etc. New York : D. Appleton & Company. 1898. pp. 81. Price, \$1.00.

Orthopedic surgery is defined as "that department of surgery which includes the prevention, the mechanical treatment, and the operative treatment of chronic or progressive deformities, for the proper treatment of which special forms of apparatus or special mechanical dressings are necessary." Dr. Shaffer's aim is to call attention more especially to the importance of this branch of surgery ; to the need of specialists who are medical men in every sense of the word ; to the present status, needs, and future demands of orthopedic surgery, and to the satisfactory results obtainable by the thorough comprehension and persevering and intelligent application of its principles.

These essays have appeared from time to time during the past fourteen years. They show the author's interest in and knowledge of the subject, and are excellent introductory reading to further preparatory work and study.

---

#### REPRINTS AND MONOGRAPHS RECEIVED.

---

Report of the Health Department of the City and County of San Francisco for the Fiscal Year ending June 30, 1897. San Francisco : The Hinton Printing Co. 1897.

How to Avoid Catching Consumption and how to Avoid Giving it to Others. Published for gratuitous distribution by authority of the Washington State Medical Society.

Arzenization Methods of Treating Cholera. By R. B. Leach, M.D. Minneapolis, Minn.

Some of the Inefficiencies of the Methods Ordinarily Employed by Railway Surgeons for the Detection of Subnormal Color-perception (Color-blindness). By Charles A. Oliver, A.M., M.D. Re-

printed from *Annals of Ophthalmology and Otolaryngology*. Vol. V, No. 4.

Artificial Light in its Effect on the Eyes. By F. Park Lewis, M.D. Reprinted from *The Homœopathic Eye, Ear, and Throat Journal*.

A Perfected Series of Test-Type. By Charles A. Oliver, A.M., M.D. Reprinted from the *International Medical Magazine*.

A Case of Phlegmonous Gastritis following Ulcus Carcinomatosum of the Pylorus — Dilatation, Perforation, and Peritonitis — A Clinical History of Fourteen Months with Chemical, Bacteriological, and Histopathological Study. By John C. Hemmeter, M.B., Ph.D., M.D., and Delano Ames, A.B., M.D. Reprinted from the *Medical Record*.

Some Conclusions Drawn from Experiences in Pelvic Surgery. By A. V. L. Brokaw, M.D., St. Louis, Mo.

An Exhibition of Radiographs with Remarks. By A. V. L. Brokaw, M.D., St. Louis, Mo. Reprinted from the Transactions of the Southern Surgical and Gynecological Association. 1897.

The Inguinal Operation for Femoral Hernia. By George M. Edebohls, A.M., M.D. Reprinted from *The Post Graduate*. 1897.

The Other Kidney in Contemplated Nephrectomy. By George M. Edebohls, A.M., M.D. Reprinted from the *Annals of Surgery*. 1897.

Solution of the Proprietary Medicine Question. By C. C. Fite, M.D., New York City. Reprinted from the *Philadelphia Medical Journal*. 1898.

The Truth about Cigarettes. Papers read and discussed by the Medico-Legal Society of New York. Reprinted from the *Medico-Legal Journal*. Price, 10 cents.

The Surgery of Tuberculosis of the Peritoneum. By Parker Syms, M.D. Reprinted from the *Medical Record*.

Some Remarks and Reports upon Specimens in Abdominal Surgery. By H. O. Walker, M.D. Reprinted from *The Physician and Surgeon*.

A Clinical Study of Kryofine. By Sidney V. Haas, M.D., and J. Bennett Morrison, M.D. Reprinted from *The New York Medical Journal*.

A Preliminary Report on a Method of Overcoming High Resistance in Crookes' Tubes; A Possible Step toward Maximum Radiance. By William W. Graves, M.D. Reprinted from *The American X-Ray Journal*.

The Production and Sale of Anti-toxine by the New York Board of Health. By A. M. Phelps, M.D.

---

### NEW MEDICAL PUBLICATIONS.

---

Messrs. Lea Brothers & Co. announce for early publication the following books by eminent authorities:—

A MANUAL OF OTOTOLOGY. By Gorham Bacon, A.M., M.D., Professor of Otology in Universal Medical College, New York. With an Introductory Chapter by Clarence J. Blake, M.D., Professor of Otology in the Harvard Medical School, Boston, Mass. In one handsome 12mo volume, with numerous illustrations.

THE TREATMENT OF SURGICAL PATIENTS BEFORE AND AFTER OPERATION. By Samuel M. Brickner, M.D., Visiting Surgeon at the Mt. Sinai Hospital, New York. In one handsome volume of about 400 pages, with illustrations.

THE PRINCIPLES OF TREATMENT. By J. Mitchell Bruce, M.D., F.R.C.P., Physician and Lecturer on Materia Medica and Therapeutics at Charing-Cross Hospital, London. In one octavo volume.

DISEASES OF THE NOSE, THROAT, NASO-PHARYNX, AND TRACHEA. A manual for students and practitioners. By Cornelius G. Coakley, M.D., Professor of Laryngology in University Medical College, New York. In one volume, 12mo, of about 400 pages, with numerous illustrations, many of which are in colors.

DISEASES OF WOMEN. A Manual of Non-surgical Gynecology, designed especially for the use of students and general practitioners. By Francis H. Davenport, M.D., Instructor in Gynecology in the Medical Department of Harvard University, Boston. Third edition, thoroughly revised and enlarged, with many additional illustrations.

A TREATISE ON GYNECOLOGY. By E. C. Dudley, A.M., M.D., Professor of Gynecology in the Chicago Medical College, Chicago.

In one octavo volume of about 600 pages, with 425 illustrations, many of which are in colors.

A TEXT-BOOK OF ANATOMY. By American Authors. Edited by Frederic Henry Gerrish, M.D., Professor of Anatomy in the Medical School of Maine. In one handsome imperial octavo volume, copiously illustrated in colors.

MANUAL OF SKIN DISEASES. With special reference to diagnosis and treatment. For the use of students and general practitioners. By W. A. Hardaway, M.D., Professor of Skin Diseases in the Missouri Medical College. Second edition, entirely rewritten and much enlarged. In one handsome 12mo volume with illustrations.

THE PRINCIPLES AND PRACTICE OF OBSTETRICS. By American Authors. Edited by Charles Jewett, M.D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, N. Y. In one handsome octavo volume, with many illustrations in black and in colors.

---

#### PERSONAL AND NEWS ITEMS.

---

DR. R. W. SOUTHGATE, of No. 2 Commonwealth Avenue, goes June 20 to the Sunset Hill House, Sugar Hill, N. H., where he will act as resident physician until October 1.

DR. HORACE PACKARD has removed to 470 Commonwealth Avenue, Charlesgate West, Boston. Office hours from 2 to 4 P.M., Saturday excepted.

DR. JENNIE S. DUNN CARY, class of '87, B. U. S. M., has removed from Wollaston to 3 Rosemont Street, Dorchester.

SOCIETY MEETING. — The Vermont Homœopathic Medical Society held its forty-eighth annual meeting at Montpelier, Vt., May 18 and 19. The meeting was well attended, and an unusually large number of interesting and valuable papers were read.

ORIFICIAL SURGERY. — Dr. E. H. Pratt, of Chicago, assisted by Prof. E. Z. Cole, of Baltimore, and Drs. E. H. and L. H. Muncie, of Brooklyn, will hold a special course for instruction in orificial surgery on Muncie Island during the week beginning with the fourth of July. The course is

clinical and didactic, and doctors are requested to bring cases.

For particulars address Drs. E. H. and L. H. Muncie, 117 Macon Street, Brooklyn, N. Y., or Dr. E. H. Pratt, 100 State Street, Chicago, Ill.

---

### PUBLISHERS' DEPARTMENT.

---

ON SOAP, ITS SELECTION AND APPLICATION. — Dr. Roberto Binaghi, a writer of some distinction, in contributing to certain medical journals published in France, says: "The skin of the human being, as well in a normal as in a pathological condition, presents a bacterial flora composed of schizomycetes, hyphomycetes, and blastomycetes. In the animals experimented on a large majority of the schizomycetes and some of the hyphomycetes were found to be pathogenic, but not the blastomycetes.

"Repeated general bathing followed by friction with sterilized cloth of a rough texture constitutes the most practical means of disinfecting the cutaneous surface. In surgery the most energetic antiseptics in use for partial disinfection of the skin are corrosive sublimate, carbolic acid, and potassium permanganate.

"Preparation should be made beforehand for the chemical action of these agents by the mechanical disinfection and softening of the superficial horny layers before the removal of the oily matter with ether and alcohol." He also says that "the skin of the human being exercises an attenuating and microbicidal action on various pathogenic micro-organisms."

This mechanical disinfection and softening of the superficial horny layers, which Dr. Binaghi advocates, can best be accomplished by the free use of Otis Clapp & Son's Tinctura Saponis Viridis (Improved). All surgeons are familiar with the tincture of green soap, U. S. P. It is a most admirable preparation, its one objectionable characteristic being, perhaps, a certain odor which lingers about the skin for some time after its use. This odor does not obtain after the application of Otis Clapp & Son's Improved Tincture of Green Soap.

Good soap is in itself an antiseptic, but as Dr. G. M. Christine truly remarks in the *Hahnemannian Monthly*, "The soap found in some houses is not fit for the hands, and may not be aseptic." Therefore ordinary soap should not be relied upon by the physician



or surgeon. This is a matter of importance no less in the lying-in chamber than in the operating theatre.

It is in connection with the former that Dr. Christine, already quoted, adds: "The tincture of green soap is very satisfactory. With this the hands and forearms are to be scrubbed, using the hand brush; and with the nail-cleaner the nails are to be cleansed." After these preliminaries, and not until after them, he advocates the use of various commonly applied antiseptics. Among the half dozen or more articles he mentions as essentials for the obstetrician's bag is a two-ounce vial of tincture of green soap. We suggest that this useful item of the accoucheur's outfit be obtained at Otis Clapp & Son's.

While speaking of the tincture of green soap it may be apropos to refer briefly to a perfectly pure solid form of soap peculiarly adapted to ordinary toilet purposes, namely, "Zante" Soap (Otis Clapp & Son's), a saponaceous product positively free from all injurious acids or alkalis. This soap is made from pure olive oil; is non-irritating to the skin; is inexpensive to buy and economical to use, and may confidently be recommended to patients whose skin becomes roughened, chapped, or irritated by ordinary toilet soaps.

It is not enough that a soap be advertised and bought as olive oil soap, and that it have the characteristic hue of the genuine article. Too often this color is counterfeited by the use of chemicals. Zante Soap is exactly what it is claimed to be and improves rather than deteriorates with age, while the chemically colored product after a time presents a more or less streaked appearance, and is first, last, and always a harmful substance to apply to the skin with its millions of open pores.

To preserve and secure a proper condition and appearance of the skin good soap only should be bought, and Zante Soap, which is especially recommended by specialists in diseases of the skin, can be obtained at 10 Park Square, Boston, or when a liquid soap is preferred, the Improved Tincture of Green Soap (Otis Clapp & Son's) may be had at the same place, the firm's principal pharmacy.

It may be of interest to the profession as well as to the laity to know that the Improved Tincture of Green Soap is an excellent adjuvant in the care of the hair, leaving it soft and glossy after a shampoo, while by its use the scalp may be thoroughly cleansed and gently stimulated. The price of Otis Clapp & Son's Tinctura Saponis Viridis (Improved) in eight-ounce bottles is 45 cents to physicians. Zante Soap may be purchased in single cakes or by the pound as desired.

## THE MICROBE.

The microbe is so very small  
 You cannot make him out at all,  
 But many sanguine people hope  
 To see him through a microscope.

His pointed tongue that lies beneath  
 A hundred curious rows of teeth,  
 His seven tufted tails with lots  
 Of lovely pink and purple spots,

On each of which a pattern stands,  
 Composed of forty separate bands;  
 His eyebrows of a tender green:  
 All these have never yet been seen.

But scientists who ought to know  
 Assure us that they must be so.  
 Oh! let us never, never doubt  
 What nobody is sure about!

— *From "More Beasts for Worse Children."*

FLESH BRUSHES.— The use of brushes for the skin is not so general as it would be if people knew of a kind not as rough and harsh as the majority seem to be. An enjoyable friction of the skin is one thing, a painful irritation is another.

The Quilted Hair Bath and Flesh Brushes sold by Otis Clapp & Son are among the most desirable appliances of the kind.

Made of the best of curled hair with strong flexible interlining firmly quilted together, these brushes are most serviceable.

The nature of the materials favors a rapid stimulation of the circulation and opening of the pores of the skin whenever one of these brushes is used, while by the simple expedient of allowing it to remain in hot water for a few minutes the hair becomes softer and even more agreeable to the skin. No irritation results, but only a pleasant glow and feeling of exhilaration. These brushes come in three sizes, and cost 25, 35, and 50 cents, respectively. The physician will find the smallest size very convenient in cleansing his hands, while the No. 2 brush, with strap across it, is especially suited to general bathing purposes. Possessed of a Quilted Hair Bath and Flesh Brush and a supply of Otis Clapp & Son's pure olive oil Zante Soap the skin may be kept in perfect condition and the general health greatly improved. Why not order a set, or a sample brush sent with directions for use?

# THE NEW ENGLAND MEDICAL GAZETTE

---

---

No. 7.

JULY, 1898.

Vol. XXXIII.

---

---

## COMMUNICATIONS.

### THE HOMŒOPATHIC TREATMENT OF HÆMOPTYSIS.

BY HERBERT C. CLAPP, M.D., BOSTON, MASS.

When called in consultation in cases of phthisis, I have several times heard the attending physician make a statement something like this: "When the hemorrhage began, I gave the appropriate homœopathic remedy, but as the bleeding did not soon stop, I lost confidence in that remedy and then gave a teaspoonful of the fluid extract of ergot, especially as the patient and his friends were excited and very much alarmed, and demanded that something should be done at once." Instead of ergot, sometimes it would be tannic acid, perchloride of iron, a styptic inhalation, or something else recommended in old school works; the evident idea being that desperate conditions call for desperate remedies. If the patient should die, public sentiment must be satisfied that the most approved treatment had been used; as is now often argued with diphtheria, a case which dies without anti-toxine implies mismanagement. Homœopathic treatment is all right with slight bloody expectoration, but when a cupful comes or more we need something powerful. The argument is analogous to that often used by that portion of the public which claims that homœopathic treatment is potent for children, but not for grown people.

Now I believe, as the result of considerable experience derived from the treatment of many cases by different methods and a variety of drugs, that the homœopathic treat-

ment is really the best for all cases of hæmoptysis, and that the exceptions to this rule, if any exist, must be few. I know that the experience of many other homœopathic physicians, extending over a number of years, coincides with my own. Some of these physicians have been converts from the old school, and have been able to compare with each other their cases treated in different ways. Others, having been brought up in the homœopathic faith, but having lost one or more patients by bleeding, grow more or less distrustful of their remedies, and afterwards try some of the much-vaunted specifics which they hear talked about. This is not unnatural, as a burned child dreads the fire. (It is becoming in all of us, after a failure, to resort to careful retrospection, and to try to ascertain if something better could have been done to save or benefit the patient.) A larger experience, however, satisfies them that their wanderings in this respect at least are not profitable, and they return to the fold, convinced that there is no system of treatment which can save all patients of this class, and that homœopathy has no superior in its curable cases.

A copious hemorrhage from the lungs is apt to be a very exciting event, and there is perhaps no disease where a young physician (to say nothing of older ones) is more apt to lose his head, and yet where there is more need of firmness and self-poise than in this. Whatever school he belongs to and whatever method he adopts, he is strongly tempted, in cases where the hemorrhage does not soon stop, to wish that he had tried something else. The object of this paper is to urge our young physicians not to lose their faith in homœopathy. If homœopathic medication always or generally failed to control hemorrhage, and allopathic measures always or generally succeeded, no one would be louder in his recommendation of the latter than I, since I consider that our business and interest and policy are simply to heal the sick. This is paramount to all considerations of creed; and no theoretical allegiance to the homœopathic law would for a moment prevent my using anything in the world which should be proved to be really best for the patient.

But what are the facts in the case? What *are* these patent drugs of the old school which, on account of their taste or smell or volume or reputation, attract some of our *confrères*? They are ergot, opium, tannic acid, gallic acid, acetate of lead, persulphate or perchloride of iron, hydrastic, krameria, nauseants such as ipecac, digitalis, turpentine, calomel, epsom salts and other purges, etc., to say nothing of treatment by venesection (which still has its advocates, although, on account of the present popular prejudice against it, they say it is just now impolitic to press its claims); Dr. Cayley's method of inducing artificial pneumothorax by puncturing the pleura, or that of injecting the lung or vomica with a strong solution of tannin, and other methods, all of which are referred to in the latest books.

Lest the assertions of a homœopathic physician as to the inferiority or comparative inefficacy of those drugs might be considered to be tinctured by prejudice, I will undertake to prove out of the mouths of some of the most eminent allopathic authorities of the present day — not obscure physicians, but the very leaders of their profession — that these drugs are not worthy of much confidence for the arrest of hæmoptysis. For this purpose I have lately spent considerable time in consulting many of the most recent books, quotations from a few of which will be given, the italics being mine.

In taking these books, obscure places were not ransacked in order to select those only which might the most easily prove a proposition which it had been determined to prove at all hazards, in one way or another, but they are all in my private library, and were purchased for entirely different reasons, no thought being then had as to the present investigation. To make the case more fair, no periodical or magazine literature has been included, since that is always the great field for immature conclusions, for rash and hasty reports of experiences, and for ventilating all sorts of fads and crazy notions in all schools of practice. A scholarly author, on the other hand, in writing a book, especially a monograph which he hopes may become a classic, is very careful to give

only what he considers the best and most reliable thought. In this collective examination I have been surprised at finding such general dissatisfaction, in spite of the recollection of occasional expressions to the same effect met with in my past desultory reading. Some of them, you will notice, are exceedingly frank in their disavowal of omnipotence. Some authors, to be sure, continue in the old-fashioned way of recommending certain things as routine measures, but few of these even press their claims with the confidence of the books of my student days of thirty years ago.

The two sheet anchors in allopathic practice for many years have been *ergot* and *morphine*. No article on hæmoptysis has omitted mention of them, no matter what differences in opinion may have existed in other respects. Undoubtedly the most widely circulated book of its kind in this country to-day is Hare's "Text-book of Practical Therapeutics," the sixth edition of which has just been issued, six large editions having been called for in the last seven years, in addition to an extensive sale of the same author's voluminous "System of Therapeutics." Dr. Hare is professor of therapeutics and materia medica in the famous Jefferson Medical College of Philadelphia, etc., and is acknowledged to be *facile princeps* in those branches.

On page 191 he says: "In hemorrhage from the lungs or kidneys or other unapproachable parts, ergot is thought by some to be very useful when given by the mouth, but it is probable that it rarely achieves any real good. Particularly is this the case in pulmonary hemorrhage, since the vasomotor system practically does not exist in the pulmonary vessels, and the increased pressure caused by the ergot in the general systemic circulation may increase the pulmonary leakage. *The truth is that in pulmonary hemorrhage very little real good can be obtained by internal medication.*"

On page 558 he says: "To allay nervous excitement many writers advise that a hypodermic injection of morphine should be used. The author is convinced that this treatment is irrational, for morphine is a circulatory stimulant, and by increasing the power of the heart *increases* the hemorrhage."

On page 557 he says : “ Hæmoptysis is nearly always due to tubercular ulceration of a small or large blood vessel, and *the life of the patient depends in reality more upon the rapidity with which a clot naturally forms than upon the skill of the physician.* . . . Though text-books order atomized solutions to be inhaled, and other remedies to be taken by way of the lung, in most cases these measures will be found impracticable, simply because the nervousness of the patient and the constant cough will not permit of inhalations to any extent ; and even if a full breath is taken, it generally increases the bleeding and coughing.”

Dr. Arthur Ransome, consulting physician to the Manchester (England) Hospital for Consumption, in his very interesting book on the “Treatment of Phthisis,” London, 1896, page 204, says : “ In the treatment of this formidable symptom [hæmoptysis], common as it is, there is the usual difficulty in forming an opinion upon the efficacy of the measures used to arrest it, owing to the natural tendency to coagulation of the blood, and the consequent stopping of the effusion without medication.”

On page 206 : “ There are, in fact, few cases of fatal hæmoptysis, except those from the rupture of an aneurysm ; and in these cases all our remedies will sometimes be tried in vain.”

Speaking of styptics, on page 205 : “ All these have been tried in turn ; but the last to be given often gets the credit when the hemorrhage ceases.”

In Pepper’s “American Text-book of the Theory and Practice of Medicine,” 1894, in the article on Hæmoptysis, by Prof. Francis Delafield, of the College of Physicians and Surgeons of New York, on page 593 of Vol. II, we find : “ I doubt if it be wise to be too anxious and energetic in the treatment of bleeding from the mucous membrane of the bronchi. The bleeding as a rule will stop, no matter what is done. The frequent use of astringents disorders the stomach,” etc.

In Professor Lockwood’s admirable “Practice of Medicine,” Philadelphia, 1896, page 322, we find : “ For the large

hemorrhage arising from erosion of an artery or from rupture of an aneurism, treatment is unavailing. . . . In less serious hemorrhages . . . *theoretically*, measures to reduce the frequency of the heart beats and reduce the blood pressure in the pulmonary circulation are indicated, but our knowledge as to how this latter indication can be fulfilled is very meagre. . . . Ergot, gallic acid, acetate of lead, hydrastis, and krameria are used as routine measures, *but are of doubtful utility.*"

In a book entitled "Pulmonary Hemorrhage," by Dr. Reginald E. Thompson, one of the physicians and pathologists to the Brompton (London) Hospital for Consumption, page 117, we find: "If it results from simple congestion, the unloading of the distended vessels gives relief in many cases; if rupture of a vessel be the cause, and the blood pours from a minute arteriole into the air cells, the distention of these elastic sacs with blood serves to plug the vessel, and even large cavities are sometimes seen so full of blood that bleeding has been stopped.

"In a number of cases then no remedy is necessary, the bleeding is soon over and no harm results; and inasmuch as it is impossible to predict with certainty the amount of blood that will be lost, and whether the bleeding will be of long or short duration, there are probably few points in therapeutics more difficult to determine with satisfaction than the actual and relative value of styptics. Hence it frequently happens whatever remedies are exhibited in the course of an obstinate attack of bleeding, the last remedy tried has the best chance, and the physician who is last called in is likely to have the greatest success; so that something or somebody is praised for labors not their own. This fact is indelibly imprinted on one's mind from the frequency with which patients over and over again detail the satisfactory results of a dose of medicine as a styptic, which was given for some other purpose, and enjoyed no reputation for its astringent properties. Indeed, if styptics are used on every occasion when blood makes its appearance in the sputa, a very exalted notion of their value is likely to be acquired, which will



suffer a grievous fall when a prolonged and obstinate attack of bleeding is encountered. . . . The copious bleedings which occur from delicacy of structure, the result of inheritance, will not stand any rough treatment, and I do not consider styptics of much avail. Good air, a bracing and rather cold climate, with the frequent administration of ferruginous tonics and cod-liver oil, are far the best treatment for these cases. . . .

“With regard to the actual and comparative value of drugs (styptics) in the arrest of bleeding, I can fully endorse the wise expressions of Flint on this subject, and must say, with him, that I find it very difficult to form any positive opinion as to their value severally and relatively. Students of medicine are always more confident of success than their teachers, and those who have little experience may be able to give a more decided opinion. . . . *Ergot.* . . . Any good result that may be expected to follow the use of this remedy must be looked for in cases of capillary hemorrhage, but no drug can be expected to heal an open rupture in a large vessel or stop a rent sometimes a quarter of an inch long. . . . Ipecacuanha has been recommended as of special value, but I believe with Hertz that new bleedings may be produced by the jarring of the body during the act of vomiting; and although it may be given with good effect as long as it only nauseates, not only would the act of vomiting cause a dangerous amount of pressure on the vessels of the lungs, but the faintness which would result from the emetic action of the drug might lead to serious results.”

The famous Dr. Pidoux, of Paris, in his classic work, *Études Générales et Pratiques sur La Phthisie*, for which some years ago he received from the Faculty of Medicine of Paris the prize of ten thousand francs, says on page 429, as an introduction to the treatment of hæmoptysis:—

“This accident is the despair and confusion of therapeutics. The very large number of remedies which have been praised as effective in checking it proves conclusively that no one of them all amounts to much. There are not more than two or three reliable and common remedies for cough,

but those for hæmoptysis are of an incalculable number. There are first all the hæmostatics, then all the antiphlogistics, then venesection and emetics to reduce the force of the circulation, and ice and revulsives. But the measure on which it would seem that your experience in past cases would authorize you to rely is the very one which is going to disappoint you on the next occasion; and the reason that we have to doubt its efficiency when it has seemed to succeed is this, that nothing is more irregular in its duration and nothing is so sure to stop of itself after a given time as hæmoptysis, provided we only protect the patient from all injurious influences."

Prof. I. Burney Yeo, of London, in his "Manual of Treatment," Vol. II, page 67, 1893, makes these practical remarks: "But in every case it is of the greatest importance to give the patient and his friends confidence as to the result being favorable. Remember that there is rarely any immediate danger, and that when there is, our art is often of little avail. *Always, however, do something!* There is nothing that calms and allays anxiety in the minds of patients and their friends so much, in these alarming circumstances, as being given *something to do*. We should remember how much the capillary circulation is under the influence of the emotions in some subjects, and therefore that a suitable mental impression may have a distinct physical effect on the peripheral vessels and so aid in suppressing hemorrhage."

Almost all old school works recommend ipecac. This, carried to the point of violent vomiting, was the favorite remedy of the great therapist, Professor Trousseau, of Paris. He could not say too much for it, and pointed with pride to the poor victims who had escaped death in spite of — I mean, on account of — its use. He had many followers, but some, even in his own school, could not fail to see the glaring inconsistencies in this treatment. They said: "Here we are insisting in bad cases on absolute quiet. The patient must be in bed on his back, must not move an inch, must not talk nor even whisper, must use the urinal and bedpan. Ipecac in stiff doses turns the patient inside out, and twisting him

in convulsive throes only increases the bleeding.” “But,” says the other side, “there is danger of inflammation from the retained blood in the bronchi, and the ipecac forces it out.”

Even on some of the auxiliary hygienic measures, outside of drugs, there seems to be no universal agreement. Take the external application of *ice* or cold to the chest, for instance. Almost all recommend it, but in a recent book on the treatment of pulmonary consumption by Drs. Harris and Beale, physicians to the City of London Hospital for Diseases of the Chest, Victoria Park, 1895, page 311, they say: “Ice may be sucked, possibly more for its moral than for its actual effect, but no pounded ice or other cold application should be applied to the chest. The only effect of such application is to cause contraction of the superficial vessels, and hence a reduction in the amount of blood which they contain and necessarily a hyperæmia of the deeper vessels. This is the very thing, which should, under the circumstances, be avoided. There is no evidence to prove that the external application of cold to the skin over the chest has any reflex action whatever in causing constriction of the pulmonary blood vessels, as was formerly supposed, or in diminishing the general or local blood pressure.”

Others oppose ice, not for the above physiological reasons, but because, they say, there is great danger of the patient's being chilled and taking cold, especially if in a low condition. Others favor moderation in its use and oppose excess; and others, Professor Hare tells us in his “Practical Therapeutics,” page 558, recommend ice or ice-cold compresses, not to the chest, but to the scrotum or vulva, probably expecting good from reflex influences.

More, of similar import, might be quoted from other standard allopathic books in my library, but we already have enough in their own words to convince us, I think, that there is no absolute standard of orthodoxy among our allopathic neighbors, and that patients do sometimes live in spite of their treatment, and that patients do sometimes die notwithstanding their treatment. Can any less be said of the

homœopathic treatment? We are now such a large and such a strong school that we can afford to stand on our record. We can say, without blushing, even if the patient has died, that we treated him according to its dictates. We do not need to claim that we did all that could be done in the way of exhausting the best resources of the allopathic materia medica. We do need to do something, and to make that something prominent, partly for its moral effect, as has been said; but let us take good care not to do anything injurious to the patient.

The following are the homœopathic remedies most frequently called for, with a few of their leading indications:—

*Millefolium*: florid, frothy blood without much cough.

*Aconite*: active congestion, fever, pulse bounding, red face, incessant cough, anxiety, restlessness, palpitation, feeling of fulness.

*Ipecac*: with cough, tickling behind sternum, bubbling in the chest, frequent hacking, nausea and debility.

*Ferrum acet.*: bleeding out of proportion to physical signs, tickling in larynx, sallow complexion, poor sleep.

*Hamamelis*: pure venous blood coming up without much effort, mind calm, difficulty in lying down, not much cough.

*Digitalis*: from mechanical embarrassment of the circulation, dark blood.

*Ledum*: hemorrhage very profuse, violent cough in paroxysms, tickling in larynx and trachea, burning pain in chest.

*Phosphorus*: frequent bleedings of small amount, hemorrhagic diathesis, inflammatory symptoms supervening.

*China*: alternate shiverings and flushes of heat, great debility, frequent sweats, trembling, patient pale and cold, fainting turns.

The great majority of cases of pulmonary hemorrhage come from tubercular disease. When the hemorrhage comes purely from organic disease of the heart, especially initial disease and dilatation, without lung complication, the bleeding being mechanical, I often use the tincture of *digitalis* in two or three drop doses, to strengthen the heart.

As to hygienic directions, if the amount raised is only a few drops or up to a teaspoonful, generally it is not necessary to make any special change; but if the amount is much larger, it is wise to put the patient to bed in a large, cool room, if possible, to cheer him up, to keep him quiet in proportion to the amount of bleeding, not even allowing him to talk to any extent, and to keep him abed for several days after the last fresh blood has been raised. Care, however, should be taken not to prolong this rest too much, on account of its unfavorable effect on the tubercular process. If extra fever follows and accompanies the hæmoptysis, the patient should be kept in bed for several days after its subsidence. The food should be simple, liquid, cold, mostly milk, broths, gruels, etc., and a return to a hearty diet should be made just as soon as practicable. All authorities agree that stimulants are injudicious, as they are liable to increase the hemorrhage by increasing the pumping power of the heart.

In very bad cases, transfusion of sterilized saline solution has been recommended. I have never seen it tried. I have, however, injected it into the rectum with apparent benefit.

An old mechanical expedient which has sometimes been effective in exceedingly profuse hemorrhage is ligation of the limbs, so as to detain blood in the veins, and thus diminish the amount in the lungs. The ligatures with compresses over the large veins of the legs and arms can be applied loosely and tightened whenever the hemorrhage returns. The ligation should not last more than twenty minutes or so, and its effect on the pulse should be carefully watched. It should never be tried if the pulse is small and weak, as fatal syncope might be induced, nor should it be applied except by a physician. I very rarely use ice externally.

---

CAUSES OF DEATH. — Taking 1,000,000 deaths as the basis, Professor Snellison says that 900 die of old age, 1,200 of gout, 18,400 of measles, 2,700 of apoplexy, 7,000 of erysipelas, 7,500 of consumption, 48,000 of scarlet fever, 25,000 of whooping cough, and 30,000 typhoid and typhus fevers.

## THE DESIRABILITY OF EARLY CHANGE OF SURROUNDINGS FOR NERVOUS CASES.

BY ELLEN L. KEITH, M.D., FRAMINGHAM, MASS.

Doubtless opinions differ widely as to the wisdom, or the kindness even, of sending from home a nervous patient in the early stage of the disease. Why deprive such a case of the comfort to be derived from near relatives and from the home surroundings? Surely it is trying enough to suffer from troubles, real and imaginary, without the added one of being sent among strangers! This is the belief of many, and, consequently, the patient is kept at home, tenderly, anxiously nursed, watched constantly with all the solicitude of which fond parents or loving brothers or sisters are capable, prescribed for wisely by some skilful physician, and yet remains a nervous invalid.

Surely nothing was left undone that could have been done to make the patient comfortable or to effect a cure. What, then, was the cause of the failure? Sometimes it lies in just the fact that so much was done rather than not enough.

I recently asked a city physician with a large practice his opinion on this subject, and his reply was substantially as follows: "Removal from the anxious and sympathetic care of home friends is of the utmost importance in nervous cases of a hypochondriacal nature, and all nervous women take on an introspective habit which becomes hypochondriacal."

The home of the patient may be very beautiful, perfectly hygienic, and more attractive in every way than the place to which he or she goes; but it was within this home and in this town or city where the nervous condition began, and it is to these surroundings, added to the person's inherent constitution, that we must look for the cause. The very elegance of the house, with the care such elegance often brings, the social life that it implies, the business life of the owner with his struggles to hold his own amidst the many reverses that so tax the nervous system, the demands that an active public life makes on both men and women of to-day, the personal

giving of one's self in charitable and mission work of many kinds, all these things press hardest in one's home and town. I remember being amused in my early hospital days at one statement in not a few of the commitment papers that I received. The cause would be given as "overwork," occupation "none." I laughed at first, and thought that it was a mistake, but as I learned the history of my patients I saw it was only too true, and that while having no occupation that the statistician recognizes as such, many women are literally overworked. Their whole time is given up to a continuous round of church, charitable, and social work that overtaxes them as truly as the recognized labor of the business man or woman. Occupation, whether its reward be looked for in money, social success, or in the consciousness of good deeds well done, cannot be carried to excess without injury.

There is another class who become nervously ill or exhausted from quite another cause, but still while in their own homes ; I mean those who have no motive and really no occupation worthy the name, genuine idlers who live only to kill time. When illness of a nervous or mental nature comes to either of these classes, we may safely look for its cause, so far as a cause ever rests outside a person's own inherent make-up, in the environment.

Doubtless a person may recover amidst these same surroundings, many do, but I believe that it takes longer and the result is less sure.

If it be conceded that treatment outside the home should be tried, the question arises as to where the patient shall be sent. Shall he travel or go to a hospital ?

Under some circumstances the former is the more desirable. If the patient is not so depressed as to be suicidal, is physically strong enough, and if a suitable companion can be secured (much is included in the term "suitable"), and if he has sufficient means, it may be the right thing to do. But in many nervous cases, bordering on a mental state, the danger of suicide counter-indicates this mode of treatment. The risk is too great to be assumed. Sufficient care cannot be exercised in travel either by land or by water.

If then the time has passed when a long journey is impracticable, or if the state of the patient's finances renders this pleasant means of diversion impossible, what shall be done?

The family physician, ever patient and faithful, has, half acknowledged even to himself, become a little discouraged at the slow gain; the family are all getting wearied and worn by the long-continued drain on their time, strength, and sympathy; oftentimes some one member who has been specially devoted to the invalid is becoming almost equally nervous; and last, though not least, the patient begins to wish something different might be done.

It is at this stage that the question of hospital treatment is usually first considered. Seldom is it even thought of and very rarely suggested in the early days when the case looks hopeful, is interesting, and promises soon to recover. It is the case of long standing that oftenest is sent to a hospital, and it is to the glory of hospitals that there are many recoveries of such cases in them. I believe many more of these cases would recover and be spared years of suffering if they could have had a change of environment much earlier in the disease.

Few physicians hesitate to suggest hospital treatment for a surgical case, and claim that the patient will have better and more intelligent care than in his own home, unless indeed there is sufficient money to make a temporary hospital of the home.

I believe they are right, and I believe the same to be true of hospitals specially prepared for the treatment of nervous and mental diseases.

Why, then, is there such reluctance on the part of many people to send their friends or to go themselves to such places?

Much of it may be due to the old impression, still strong in the minds of some, that insanity is a disease quite apart from all other diseases, something to be kept secret, never acknowledged as "being in the family," and not responsive to treatment as are other diseases. If it develops gradually, as do many forms of mental illness, then the patient is called "nervous," "a little peculiar," "very trying," and sometimes even the terms "ugly" and "obstinate" are considered



applicable ; but it must never be even whispered that the mind is affected. Finally, when the poor, sick, and misunderstood patient becomes either too troublesome or too dangerous to remain in the family, he or she is sent to an insane hospital, and the family feels disgraced.

Perhaps I am stating the case too strongly, but I think not. So long as the word "nervous" can be used in connection with the case, so long it is spoken of openly, but the moment the brain is considered affected, then a silence begins. Even members of the same family are kept in ignorance if possible, the person's name is never mentioned, and if he or she is sent away the place is kept secret.

Why this strange severing of nerve fibre and nerve cell ? Anatomically they are united. Each is dependent on the other for the fulfilment of its functions. Why not treat each with equal respect when diseased ?

Possibly the cause of this sentiment in regard to insanity may be looked for in the lack of knowledge on the part of early physicians as to how to treat the disease. We have to go back but a little over fifty years to reach the period when it was not treated at all or only in a few places with any degree of skill or intelligence. Many less years will take us to the time when the institution to which the mentally diseased were sent was called a "lunatic asylum," two words unpleasantly suggestive ; certainly the latter gives but little hope. New York has done much for its people in renaming its State hospitals. Other States are following its example, but not rapidly enough.

The modern hospital for mental diseases is far better than most people know, and I believe that much good would come from making it better known. If it and the people could be made well acquainted, the benefit would be mutual.

This can be done only in proportion as the feeling of secrecy in regard to individual cases is abandoned ; for if the public is to be invited to hospital entertainments as I would suggest, then some visitor is going to see Mr. A or Mrs. B in the audience, and thus learn for the first time that he or she is in Blank State Hospital.

Nurses are trained to, and hospital physicians practise extreme caution in mentioning names of their patients, — an excellent thing perhaps, but due to and a part of the spirit of secrecy that in the end hinders proper treatment.

Another way of bringing hospitals before the public is to make all days but Sunday visiting days. Let the friends realize that there is nothing to hide from them, that the wards are clean, bright, and cheery all the time as well as on the one day when they are now admitted. Let them come unexpectedly, only to find their sick friend is out walking, driving, bicycling, or playing tennis. There may be momentary disappointment or vexation at delay in seeing the patient, but afterthought at home will show that the patient was well cared for and made as happy as possible.

It is not often that mental hospital reports are circulated as freely as those of general hospitals. They would be interesting to the public.

It is difficult to realize what mistaken ideas many people have in regard to hospitals for the insane until one comes in direct contact with them.

While I consider the State hospitals of to-day far better than they are thought to be, I believe there is room for improvement. The better the hospital and the better it is known by the public, the earlier will patients be brought to it, and consequently the chances of recovery will be increased.

While it is desirable that the nervous or mental invalid be early removed from the "harassing and perplexing cares of the life at home, the responsibilities and the duties accumulated during a lifetime, the constant friction, the sudden jar, the everlasting worry, the variability of temper, the steady strain, the recurring anxiety, the necessary push and the abominable hurry, in which, if successful, we are bound to live at home" (I quote from Dr. Helmuth), there is no reason why the place to which the patient goes should be un-homelike in all the essentials that make a refined home. It may and should be pleasantly located, tastefully built and furnished, and its *cuisine* should be as perfect as possible.

There should be a minimum of the institution element

manifest, and the friction incident to running a large establishment should always be kept in the background.

Immense buildings, though very imposing, are not home-like and tend to create an atmosphere of excitement and undue stimulation. Small separate houses, not uniform in style, each self-sustaining so far as its own domestic department is concerned, with a competent matron for each, and all under the supervision of a large medical staff, seem to me to be the ideal hospital for nervous or mental cases. This enables perfect classification of patients, insures food adapted to the individual taste and free from the monotony of institution cooking, and permits more individual mental treatment than where hundreds are under one roof and some times even in one ward.

I believe that patients aid one another to recovery many times, and that almost always they are of great comfort to each other; but it is not *en masse*, but by twos or by threes. Little groups form with similar tastes, possibly with similar delusions, and make life happier each for the other. Often another patient is a more acceptable companion than a nurse because of the greater similarity of tastes. The difference in social standing and mental culture is also often much less marked. Another way in which one patient helps another is in the giving of genuine sympathy such as cannot be given by a sane mind to an insane one. The patience to listen sympathetically to the delusions of a disordered mind is sometimes a great comfort, and is by no means a hindrance to recovery. A convalescent or slightly demented chronic patient often aids much in the care of a more acute case.

It is not in Gheel alone where we find the practical application of this fact. Every hospital can show many instances of it. My plea for smaller houses for patients, or at least for smaller wards, would be for the sake of permitting freer intercourse between suitable cases, and a shutting apart of unsuitable ones.

Abundant means of entertainment and occupation add both to the happiness of patients and to their well-being.

There is now a strong demand for separate buildings in which acute cases may be treated.

Many of them require treatment that can best be given in a hospital especially prepared for them. Acute cases, however, differ so widely in their manifestations, ranging from the depression and self-accusation of the gentle melancholic to the wild screams of the delirious maniac, that it seems hardly wise to bring even all these together simply because they are of recent origin.

Much of the success in treating nervous or mental cases is due to the character of those in charge of them. Every one knows of the sensitiveness of the nervous case to outside impressions, but few realize that many mental cases are quite as sensitive. I have never been so conscious of being under close observation as during the seven years that I made daily rounds in the wards of a hospital for the insane. No variation of expression, no manifestation of fatigue or ill health, no article of dress, escaped their notice. No one is more susceptible to gentleness and politeness.

The dependence of mental patients on their nurses is a subject worth considering. The higher the standard for the nurses, the greater the comfort of the patients. It is no small matter to be left for hours at a time in charge of a nurse. If the nurse be refined, intelligent, kind, patient, faithful, strictly honest and well trained, she can not only care for the physical wants of her patient, but also promote her mental well-being. On the contrary, if she be dishonest and untruthful there is no place where she has power to do so much harm and be undiscovered. The very fact that an insane person's word cannot always be believed gives the nurse great opportunity for evil. I know of no place where strict honesty and faithfulness are so needed as in the care of the insane. From the State Commission in Lunacy down to the youngest nurse in the wards the same governing principle is demanded.

I have said nothing about private hospitals for nervous or mental cases. They accommodate so few of the great mass of sufferers that little needs to be said. The same rules that apply to State hospitals should apply to them, so far as they are required.

No one should undertake the work simply as a means of making money. If there is not a genuine interest in the welfare of the patients, and an intelligent knowledge of their needs, the best care cannot be given nor the best results obtained.

They offer a quieter, more secluded, and more homelike place for treatment to such cases as are suitable for them, and, until public sentiment changes, will be the first choice of many.

Whether the patient travels, goes to a State hospital or to a private one, is a subject that each must decide for himself, or have decided for him by his friends or his physician, but that a change of surroundings of some kind, and that in an early stage of the disease, is necessary, I think long experience has shown.

---

## HYDROTHERAPY IN THE TREATMENT OF THE PNEUMONIAS OF INFANCY AND CHILDHOOD.

BY FREDERICK W. ELLIOTT, M.D., BOSTON, MASS.

*(Read before the Massachusetts Homœopathic Medical Society.)*

What causes death in pneumonia? Is it pyrexia, the vitality being consumed by the fierce heat of a raging fever?

Is it heart failure, a cardiac paralysis from the obstruction to the circulation of the blood through a lung partially or entirely hepatized, the right heart struggling in vain to keep the current of blood in motion to relieve its engorged condition, and overwhelmed, finally ceasing to beat?

Is it suffocation, the oxygenation of the blood being no longer effected because of the occlusion of the air vesicles in the solidified lung?

Or is it toxæmia, the higher nervous centres presiding over the cardio-respiratory apparatus being profoundly depressed by certain poisonous products arising from the growth and development of the pneumococcus? Whatever answer be given, the pathological theory held in any case will largely determine the treatment to be adopted, both medicinal and auxiliary.

Disregarding at this time the very interesting field of pathology, it is sufficient for the present purpose to say that in the modern view pneumonia is essentially a contagious disease of microbic origin. The causative agent is a micro-organism, the pneumococcus, whose toxines constitute the most dangerous element in the disease.

“In some cases,” says Pepper, “death seems to come from the overwhelming of the system with a poison which acts primarily and principally on the nervous system.” Osler holds that the fever and the toxines rather than the solid exudate are the essential agents in causing fatal cardio-respiratory symptoms, and that to toxæmia is due the excessive mortality of pneumonia. If therefore this toxæmia can be successfully combated, a large number of cases now resulting fatally can be saved. Recent writers have held with apparent reason that in a certain not inconsiderable proportion of cases terminating favorably the cure is effected by the production within the system of an anti-pneumococcus agent, which neutralizes the toxines and thus subjugates the disease. If on further investigation it shall appear that the production of this anti-pneumococcic toxine may be favored by the use of medicinal or other measures, it may not be unreasonable to anticipate as signal a decrease in the death rate of pneumonia as is now “by the brute force of figures” happily evident in diphtheria. An anti-pneumococcus serum is already in evidence and much may be hoped for in that direction. To the follower of Hahnemann this modern view of the toxic character of pneumonia is at once suggestive and inspiring. Our great master held that disease was due to a morbidly disturbed vital force, and that these morbid disturbances could be removed by “remedies acting upon this vital force, which perceived this remedial power through the omnipresent susceptibility of the nerves of the organism.”

It is not difficult to reconcile the germ theory of disease with this fundamental principle of the philosophy of Hahnemann, which finds in the results of the pathological researches of to-day a remarkable confirmation. The disturbed vital force of Hahnemann and the toxine of the modern

pathologist are conceptions, if not identical, at least not inharmonious; the one the outcome of clinical, the other of laboratory investigation. In the light of recent discoveries, the homœopathic physician may have confidence that the remedy selected to cover the totality of symptoms owes its curative effect in pneumonia in large part to the fact that it favors the production in the system of an anti-toxine which jugulates the disease.

Viewed clinically, no auxiliary treatment of the pneumonias of infancy and childhood has been so successful in the hands of the writer as hydrotherapy. It has repeatedly proven itself a safe reliance in cases critical and otherwise apparently hopeless. Its employment to supplement, not to supplant, appropriate medication cannot be too strongly urged. It is thought to meet the following indications:—

1. It lowers the temperature, quickly, certainly, safely.
2. It diminishes the frequency and increases the force of the cardiac pulsation.
3. It favors the elimination of noxious material by diaphoresis and diuresis.
4. It promotes resolution in the lung and relieves dyspnoea.
5. It is a cerebral sedative.
6. It has a tonic and stimulating effect upon the central nervous centres, arousing the dormant nerve energies, favoring tissue metamorphosis, and the production of an anti-toxine which antagonizes the toxins of the pneumococcus.

Three forms of application have been employed:—

First. High rectal enemata of the normal salt solution at a temperature of 55° to 60° F. very slowly introduced through a soft rubber catheter, as an antipyretic measure where from exhaustion or weakness more radical methods were contra-indicated.

Second. The partial cold wet pack. Several thicknesses of linen wrung out in water at a temperature of 50° snugly applied to the chest, and covered with flannel or oiled silk, to retard evaporation, and frequently renewed. Both the foregoing forms of application, though frequently useful, have given less satisfactory results than

Third. The graduated full wet pack, the technique as follows: A blanket is placed upon the bed; a sheet is wrung out in water at a temperature of  $100^{\circ}$ ; the child is stripped and placed in the centre of the sheet, the arms held extended above the head, very rapidly the sheet is tucked about the body so that no two uncovered surfaces shall be in approximation, the arms are then brought to the side and the other half of the sheet is made to envelop the body, swathed mummy fashion. The blanket is then tucked in and a cold compress placed upon the head. This pack is allowed to remain for about ten minutes and is then replaced by one wrung out in water at a temperature of  $90^{\circ}$ , which in turn is replaced by a pack  $10^{\circ}$  lower than the preceding, until the rectal temperature is reduced to  $101^{\circ}$ , when the pack is removed and the patient placed warmly in bed. This treatment is renewed whenever the temperature reaches  $103^{\circ}$ . A single case may serve as an illustration.

Frederic Y., age eleven months, well nourished, chubby infant, when first seen, had an incipient attack of bronchitis which was followed by a severe broncho-pneumonia of a catarrhal type; for several days increasing fever and dyspnoea. The cough, at first loose, became hard and racking. On the fourth day rectal temperature  $104.6^{\circ}$ , respiration 58, shallow, labored; pulse 150, weak, thready; dull, apathetic expression, did not notice anything, countenance cyanotic, very restless, sleepless, tossing about constantly and moaning, dilatation of the alæ nasi and depression of the inframammary region, skin dry, tongue dry and furred, urine scanty and high colored. Physical examination showed partial consolidation in both lungs, which was apparently increasing in extent, and hypostatic congestion. Dr. J. H. Sherman was called in consultation. The case was regarded as very grave and a guarded prognosis given. The suggestion of a graduated wet pack met with less opposition from the parents, as they had been somewhat acquainted with its use in their former home, Sweden. The pack was renewed, until on the fourth application, a sheet wrung out in water at the temperature of  $70^{\circ}$ , the rectal temperature showed



101°. This last sheet was allowed to remain for two hours as the little patient fell into a quiet sleep, the first for several anxious days. The temperature at the end of twenty-four hours was again 104°, and was again reduced by the full wet pack applied as before. At the end of forty-eight hours a decided change for the better was apparent, and at the end of four days convalescence was assured.

It may be objected that this form of treatment is radical, savoring of harshness, and that in the event of a fatal issue the medical attendant may be criticised. This objection has force, but no physician who has seen the marvelous soothing effects of the graduated wet pack in the pneumonias of infancy and childhood — a natural and quiet slumber succeeding days of restless moaning and tossing about, and a general improvement in many cases such as rarely follows when reliance is placed upon medication alone — can conscientiously deny the little sufferer this chance for life.

It is justly claimed by the advocates of this treatment that hydrotherapy thus employed, while not perfect, yet presents one of the most favorable methods in the management of pneumonia which modern therapeutics offers.

---

## AN INTERESTING CASE; OR, A CHAPTER OF ACCIDENTS.

BY SARA MERRICK, M.D., BOSTON, MASS.

Mrs. S. P——, aged twenty-two, white, born in Canada. First called at my office September 7, 1897. She had a child seven months old in her arms, and said the object of her visit was to ascertain if she was again pregnant. She had been married a year and eight months. Her first confinement was a prolonged and painful one, the child coming suddenly at last when it was not expected. This had caused two lacerations, an internal and an external one, both of which had been repaired at the time, and she had spent six weeks in bed. She had been troubled much with varicose veins in both legs, and had been obliged to have the legs bandaged nearly the whole time of pregnancy. No menstruation

ation since the birth of the child. There was plenty of milk in the breasts, but the baby was so cross lately and was getting so thin she wished to know if it was not advisable to put it on the bottle. The breasts had also grown larger and firmer during the past month, and "motion" she thought had been felt, causing her to think she must be now between four and five months advanced, also the abdomen had been gradually increasing in size. Examination showed the varicoses to be severe, and corroborated otherwise her fears of a second pregnancy. During the four following months the one thing worthy of note was that secale reduced the swelling and painfulness of the varicoses.

At the beginning of the eighth month examination showed fetal heart sounds good and position L. O. A., a much varicose vulva; mammary secretion in abundance. General health good, but patient nervous and restless. This was doubtless caused by her inability to get outdoor exercise.

Nothing of interest except a bilious attack occurred till January 12, 1898, at 2 P.M., when word arrived that Mrs. P—— was in labor. Had been sick since the evening previous, and the pains were now coming regularly every five minutes. The messenger urged haste. On arrival found pulse 90 and wiry, temperature 99°. Contraction of abdominal muscles could be plainly seen through the bedclothes. Pains every five to seven minutes, accompanied by expulsive efforts on the part of the patient. Digital examination showed the os posterior and high; could only be reached with difficulty, dilated to size of quarter dollar. The head not engaged. Position was found to be changed from L. O. A. to R. O. A. Fetal heart strong 144. The patient was persuaded to get up and move about the room, and time and character of pains carefully watched for one hour, when digital examination was again made and no progress found. Cim. was administered and pains continued another hour, still no progress. The patient was told that this was probably false labor, as the most important sign of true labor, dilatation of os, was absent. She refused to believe it and begged the doctor to stay, because the first child came so unexpectedly.

Warm dry applications were then made to the abdomen and hot drinks given, with the result that the pains gradually ceased; the patient turned over and slept, and the doctor left.

Four days later, January 16, at the same hour in the day, came a second call. Both patient and attendants were perfectly certain it was true labor this time. Upon arrival the whole appearance of the patient exhibited a high state of nervous tension. Examination showed all conditions the same as before, and the doctor was about to leave again, but the patient seemed in great distress at the thought of being left and asserted again and again that that was the way the other doctor did, and the baby came all at once when there was no one there. The pains now came faster and were long and of great severity. Vomiting took place. Bladder and rectum were emptied. Pains reached the rapidity of one every two minutes and were coming with regularity. There was every evidence of true labor, except that that obstinate os refused to dilate. The bearing-down efforts were most intense, and several times the uterus was forced within an inch of the vulva, only to return above the brim again when the pains intermitted. Hot cloths and hot drinks had no effect. Still there was no further dilatation, the os remained the same. After three hours the pains died away and the exhausted woman slept.

This false labor had come on exactly like a true labor, the woman being sick all the night previous with aggravating pains, looseness of the bowels, and frequent urination.

Nothing more was heard from the patient till ten days later at 10 A.M., when word came that the baby was born. The mother had been taken exactly as before, thought it was another false alarm and had not called the doctor. She had not thought of the old proverb about the third time being a success. There were no lacerations. The infant was a girl and weighed eight pounds.

But the end of her troubles was not yet. She was a hemophilia to a certain extent. A number of large clots were found in the amniotic sac and several more issued from the

vagina after the placenta was expressed. The uterus was manually aided in its contractions, only cold drinks allowed a sip at a time for the thirst; but the hemorrhage continued till the application of ice checked it. All went well after that till half past eleven the following night, when the doctor was summoned in haste. The husband's cigar had set the parlor couch on fire. The flames had spread with great rapidity and the excitement kept pace with the flames. The sick-chamber was in the back part of the suite and the parlor in front. Every one was in the front, and the mother was left alone in the back. The room was thick with smoke. She snatched a baby under each arm and was about to jump from the window, when her attendant came. Not much damage was done except to the hands and feet of the careless man and the nervous system of the sick woman. She was prostrated, had fainted twice, and seemed in a state of severe shock. Hot applications externally and acon. internally relieved her of all except a severe pain in the left inguinal region, this pain shooting down into the thigh. At one o'clock puls. was exhibited, and with directions to keep up the hot applications all night, the doctor left. Four hours and a half later, at 5.30 A.M., another call came. The patient had not slept a moment, the messenger said, and the pain was intolerable. Upon arrival it was found no milk had formed since the fright. (Of course nursing the baby had been interdicted.) Pulse 100, wiry, temperature 101° (oral), countenance pale, with expression of intense pain. Examination showed the fundus well contracted, but extreme tenderness in the left inguinal region, with a puffiness over Scarpa's triangle and coldness of the entire left leg.

Treatment: The leg in question was encased in flannel and bandaged from foot to hip and then elevated on pillows. Four hot-water bags were considered sufficient to keep up the warmth. Cim. was given internally and a nourishing diet and plenty of it was insisted upon, though the patient had so many antipathies in the food line that it was difficult to find anything that did not disagree with either her stomach or her taste. As the milk did not return to the breasts in

normal quantity, it was thought best to use artificial food for the babe. The same treatment was kept up for the mother for four days with slowly returning normal conditions both in mammary glands and in the sick leg; and the patient sat up on the fifteenth day with good result. In the mean time the infant developed icterus, of which it was in due time relieved by acon. and careful feeding.

Nothing of interest has happened to child or mother since.

---

MARRIAGE AS A PRESCRIPTION. — It has happened, and it happens to-day, that physicians have advised marriage as a cure for self-indulgence. This involves a double injury: a cheat to the wife, who expected to get a man and received a wreck; and injustice to offspring who have for a parent a being whose nervous energy has been dissipated, whose self-control and will power are lost, and whose miserable existence cannot fail to be reproduced in his child, who, handicapped from the start, will often succumb immediately before or after birth. Shame, deep shame, to any physician who gives such advice! Let him apply the "golden rule" and try to come to a realizing sense of the results of such a prescription. — *Dr. O. Edward Janney, in North American Journal of Homœopathy.*

RUTA IN RHEUMATISM. — Rheumatic lameness of the wrist and tarsal joints; pains as from a blow, fall, or as if crushed, aggravated by touch, bending the body or the affected joints, and relieved by continual motion; sense of want of power or partial paralysis. — *Hahnemann Monthly.*

SULPHURIC ACID IN HICCOUGH. — Dr. Schneider writes to the *Homœopathic Record* that in an experience of over fifty years he has never known sulphuric acid, 1 x or 2 x, to fail in controlling persistent hiccough.

M. FELIX FAURE, president of the French Republic, has consented to preside at the first session of the International Medical Congress to be held in Paris in 1900.

## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

---

**PROFESSIONAL OPPORTUNITY AND RESPONSIBILITY.**

Another Commencement day has passed; another large class have gone forth from our medical school to begin their life work. What the results of that work will be, whether of profit to themselves or to their fellow-men or both, no one can foretell, but to them all the GAZETTE extends a cordial greeting and the hope of success. What constitutes success, considering the varying and various standards by which that is estimated to-day, would be difficult of accurate definition. To one it means wealth, to another fame, to all it should mean the perfect development of the power for good in themselves, and thereby the uplifting of the whole body of society. To no body of men and women is the possibility of this development so great as to those constituting our profession. Their constant intimacy with the absolute realities of life (for the sufferings of our fellow-man, whether the outcome of physical disease, moral obliquity, a too exuberant imagination, or a diseased mind, are *realities*) especially enables the physician to estimate people more nearly at their true worth, and if they are conscientiously honest, to judge themselves by a rigorous and relentless standard. The very knowledge of the weaknesses of people, either physical, mental, or moral, which necessarily comes to the trustworthy physician from the intimacy, the absolute privacy oftentimes, which must exist between the patient and himself, puts into his hands more, far more than in any other profession the opportunity of influencing, encouraging, and uplifting his fellows. This opportunity is always present to all of us. The responsibility for its best improvement is too great to be estimated; the power to properly assume and bear this respon-

sibility can only come by the constant highest social, intellectual, and moral self-development. The basis of this development, that which makes it most possible, is unselfishness ; such unselfishness as is shown in that noble character of "Weelum McClure," the type of the highest success in medicine.

---

#### EDITORIAL NOTES AND COMMENTS.

---

REGULATION OF MEDICAL CHARITY. — The Philadelphia *Medical Journal* of May 14, 1898, publishes a letter from Dr. Charles H. Burnett on the abuse of medical charity which will, we feel assured, commend itself to all of our readers interested in this subject. We append a portion of the letter, which gives the author's idea of a remedy : —

As free dispensaries are run at present they are far from being pure charities. Every time they give for nothing to him who could pay something, they first of all fail to do what they profess to do, which lowers the donor in the ethical scale ; and secondly, they injure their brother practitioners, outside of the dispensary, who lose the fee the patient could pay to a doctor who knows he is not too poor to pay for medical service. This becomes medical fratricide, and besides having a bad reflex moral effect on the giver of the free medical service, is a grave injury to the physician who fails to get this possible fee — small though it may be. If the institution is run in part by money from the State, the taxes of the physician outside of the dispensary are thus used against him by the dispensary physician, to the disadvantage of the former. In other words, public money is handed over to the private corporation to be used against at least some of the taxpayers, viz., the doctors deprived of fees. Last of all, though not least, the improper bestowal of medical charity pauperizes the recipients, the number of whom is now so large as to practically pauperize a large percentage of the community. This, of course, is a menace to the welfare of the whole.

The suggested cure is first, to confine the poor in need of free medical service to their own wards. It is the ambulatory patient going from one ward to another that promotes abuse of medical charity. Second, let the physicians in each ward, who are willing to give gratuitous services to the poor in their ward, organize for that purpose, and the dispensary abuse will soon greatly diminish. The

physicians in any ward can and will quickly discover who in their ward are worthy of free medical treatment and who are not.

If the physicians in any particular ward find there is more medical charity needed there than they can bestow, let them call for volunteers from a neighboring ward or one containing less poor. If the charitable practitioners have no specialist for a given case, let them send such a case to a special clinic that is conducted for the poor, with a card of introduction stating that the bearer is in need of medical charity. Or, if the case is bedridden, let them call for a volunteer specialist from some other ward, or from a charitable institution, to come into their ward and examine the poor and worthy patient. If the charitable medical corps in each ward will act in this way, and if the free dispensaries will not treat any patient without a voucher from the charitable medical organization of the ward in which the applicant lives, we arrive at the third element in the case, and patients cannot abuse medical charities as exercised in free dispensaries. But if ward organizations and charitable institutions do not thus work together in good faith, there will be no protection of medical charity by the only powers that can protect it, and abuses will continue unchecked and increasing.

MR. HENNIG'S REVIEWS OF THE PHARMACOPEIA. — Attention is again called to the admirable judicial and scholarly articles by Mr. George R. Hennig, upon the Pharmacopeia of the American Institute, which have recently appeared in the *Medical Visitor*. In the June number Mr. Hennig meets most fully the criticisms which have been made in the *Homœopathic Recorder*, and disposes, one would think once for all, of the distortions of truth and the errors of statement which have appeared on its pages.

It has been the purpose of the *Medical Visitor* to give a full, true, and intelligent presentation of the plan and scope of the Pharmacopeia of the American Institute, and this without fear or favor. We think that every physician who takes any interest at all — and who does not? — in the establishment of a uniform standard for the preparation of homœopathic medicines should attentively read all that Mr. Hennig has written, and with such a mental attitude as Lord Bacon advocates when he says: "Read not to contradict and confute, nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider."



A CIRCULAR FROM DR. ADAMS. — We are in receipt of a circular from Dr. George S. Adams, superintendent of the Westboro Hospital, giving information for the guidance of physicians in the commitment of the insane. The circular tells "Who are admitted to an insane hospital," "How to commit to an insane hospital," "How the expenses of patients at an insane hospital are paid," "Discharges," and "Extracts from Public Statutes Relating to Commitments." These circulars have been sent extensively to the members of the profession, and cannot fail to be of great help. The thanks of the profession are due Dr. Adams for his thoughtfulness.

QUARTER CENTENNIAL CELEBRATION. — The quarter centennial celebration of Boston University, in recognition of the completion of twenty-five years as a completely organized institution, took place Monday, Tuesday, and Wednesday, May 30, 31, and June 1, and was a great and encouraging success. The business meetings and banquets of the University alumni were held on Thursday and Monday evenings, May 26 and 30, and were largely attended.

The first public service of the quarter centennial was held at Tremont Temple, Tuesday evening, May 31, Hon. William T. Harris, LL.D., United States Commissioner of Education, making the convocation address. The exercises the afternoon of the following day included: Invocation, by Rev. Timothy Dwight, S.T.D., LL.D., president of Yale University. Address by the governor, his Excellency Roger Wolcott, LL.D. Address by the mayor, his Honor Josiah Quincy. Historical address by President William F. Warren. Promotion of candidates for degrees.

The speakers in the evening were: The Hon. John D. Long, LL.D., Secretary of the Navy, as representative of President McKinley, and in behalf of the American people. The Rev. George A. Gordon, S.T.D., pastor of the Old South Church, in behalf of the clergy. The Hon. Walbridge A. Field, LL.D., chief justice of Massachusetts, in behalf of the legal profession. The Rev. James M. Buckley, S.T.D., LL.D., editor of the *Christian Advocate*, in behalf of the press, secular and religious. The Rev. Edward

E. Hale, S.T.D., senior pastor in Boston, in behalf of Boston authors. The Rev. Bishop John F. Hurst, S.T.D., LL.D., chancellor of the American University, in behalf of the Church universal. President Charles W. Eliot, LL.D., of Harvard University, in behalf of universities and colleges.

In addition to the large and attentive gathering of alumni, students, and friends, many prominent educators and other noted guests were present, and the greatest interest and enthusiasm were manifested by all.

THE POWER OF THE IMAGINATION. — Dr. Preston Steele, of Titusville, Pa., tells the following story in the *New York Medical Journal*, a story not merely highly entertaining, but also thoroughly illustrative of the power of mind over matter. He says: —

“On Monday, November 15, 1897, I was called to see a primipara, aged twenty years, in labor. The labor was a rather quick and easy one. The child weighed seven pounds and a half. The next day both mother and child were doing well. At twelve o'clock that night, or twenty-four hours after the delivery, I received a telephone call to come at once. Upon my arrival I was told that blood poisoning had set in and was shown a large, irregular-shaped spot upon the abdomen. The spot was of a dark bluish color, very sensitive to the touch, and measuring perhaps seven inches in diameter. The patient complained of terrible pain over the region of discoloration. The pulse and temperature were normal.

“Upon a close examination I discovered that she had used a flannel bandage with the maker's stamp on one end. The use of warm water and soap was followed by instantaneous and complete recovery.”

NEWS FROM KANSAS. — A daily paper published in Topeka, Kansas, and kindly sent us by Dr. Messinger, gives a very interesting account of a union meeting of the Homœopathic, Allopathic, and Eclectic societies of Kansas. This is a somewhat unusual event, but one we should like often to hear of in the future in other besides Western States.

## SOCIETIES.

---

### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, May 5, at 7.45 o'clock. The President, John L. Coffin, in the chair.

The records of the last meeting were read and approved.

Elizabeth D. Miller, M.D., Charlestown, and Sara N. Merrick, M.D., of Boston, were proposed for membership.

Harriet E. Reeves, M.D., of Malden, and Lyman G. Haskell, M.D., Jamaica Plain, having been recommended by the Board of Censors, were elected to membership.

On motion of Dr. F. P. Batchelder, it was voted that hereafter the society elect only its own delegate to the annual meeting of the American Institute of Homœopathy, and Dr. N. Emmons Paine was chosen to represent the society.

As the June meeting of the society would occur during Commencement week, it was voted that the rules be suspended and the next regular meeting be held June 9 instead of June 2.

On motion of Dr. T. M. Strong, it was voted that an obituary committee be appointed to draw up resolutions on the death of Irving S. Hall, M.D., of Waltham. W. N. Emery, M.D., and Eloise A. Sears, M.D., of that city, were chosen by the Chair to serve on this committee.

#### SECTION OF PATHOLOGY AND THERAPEUTICS.

F. A. GARDNER, M.D., Chairman; PERCY G. BROWNE, M.D., Secretary;  
A. C. HAUB, M.D., Treasurer.

The Chair appointed Drs. H. C. Clapp, C. C. Burpee, and Maurice W. Turner as a committee to nominate sectional officers for the ensuing year.

#### PROGRAM.

1. The Pathology of Anæmia. Winthrop T. Talbot, M.D.
2. Diagnosis and Treatment of Anæmia. Frank A. Gardner, M.D.

Discussion opened by H. C. Clapp, M.D.

3. A Few Experiences with and without Anti-toxine in Diphtheria. George H. Talbot, M.D.

Discussion opened by F. B. Percy, M.D.

4. Some Unrecognized Cases of Uræmia. John P. Sutherland, M.D.

Discussion opened by Conrad Wesselhoeft, M.D.

#### DISCUSSION.

1. Dr. Winthrop T. Talbot first gave an interesting paper on "The Pathology of Anæmia," and supplemented his remarks by stereopticon slides showing the pathological conditions of the blood corpuscles in different forms of anæmia.

2. Frank A. Gardner, M.D., next read a concise and carefully written paper on "The Diagnosis and Treatment of Anæmia."

Dr. H. C. Clapp, in discussing this paper, said, in part, that the treatment of anæmia was a very interesting subject, but it would be impossible for him to go into it in full in the short time at his disposal, therefore he would speak only of the treatment of simple, progressive, and pernicious anæmia. Until the discovery of the use of arsenic in pernicious anæmia all cases died, but undoubtedly at the present time a few cases are cured. Arsenic is the only remedy used in the old and new schools. The clinical picture is a very striking one as compared with anæmia. The doctor further said: "In chlorosis and simple anæmia iron is the most important remedy. I use it very often. Some think that it acts as a food, others as a stimulant. Some think there is a tendency to the production of a sulphide, which prevents the action of digestive processes. I use Blaud's pills, or dialized iron in five to ten drop doses three times a day. This is very important treatment in chlorosis and simple anæmia, as well as in bad cases of pernicious anæmia. I give iron as a food."

3. George H. Talbot, M.D., then read his paper on "A Few Experiences with and without Anti-toxine in Diphtheria."

This paper was listened to with marked attention, as it brought out clearly the personal experiences of the author in the treatment of diphtheria with and without anti-toxine.

He stated that when anti-toxine was first introduced in the treatment of diphtheria he was enthusiastic, and had confidence in its superiority over any other treatment, but at present, after having tried it in a large number of cases with apparently bad results, he was inclined to discontinue its use altogether.

Dr. Percy said, in discussing this paper: There is no subject of greater interest, and nothing can be surer than the statistical results. Statistics show 5,000 cases, including the moribund, with a mortality of twelve per cent. If we exclude the latter, the mortality is eight per cent. The essential feature of the disease is not the membrane, but the degenerative changes in the system due to tox albumen. If this be true, we must have an agent to overcome the poison in the blood. Of the remedies, merc. cyanide and merc. corr. are the two that have been the most helpful; also kali. permang. I remember an experiment of some importance in the West made by a physician who discredited anti-toxine. He treated a series of cases with anti-toxine and another series with one eighth per cent of carbolic acid, the latter showing the better results. The mixed infection is the most potent cause of death, and anti-toxine is of no use here. I have not seen any bad effects from anti-toxine. The bad results that have been reported are probably due to poor horse serum. I will just mention one case, which was one presenting severe laryngeal symptoms, and everything was used. It came at last to the question of an operation. The child was breathing very badly, and as a last resort I gave 15 cc. of anti-toxine, with the result that in twelve hours the child was better, and in forty-eight hours was relieved.

I have had one case where apis was of great use in relieving urticara following the injection of anti-toxine.

Dr. Spaulding: I had a case that was very sick and they wanted to use anti-toxine. The child was taken to the hospital, anti-toxine was used, and the patient died in forty-eight hours of pneumonia. I question statistics.

Dr. Tower: I lost two cases; in one anti-toxine was used, in the other it was not. The one which had anti-toxine had 2,000 units, and the case ran just like the other. I also had two cases of diphtheritic croup and used anti-toxine in both cases, and both recovered. Anti-toxine gets a great deal of credit from bad statistics, when a large per cent of cases get well any way. How far is the presence of Klebs-Loeffler bacillus to be depended upon as a positive diagnosis? A case of diphtheria breaks out in a hospital, all the inmates are examined, and many of them show the presence of the bacillus, yet they have normal throats.

Dr. Rice: We must suspend judgment as to anti-toxine. We may not know just how to use it at the present time. The public believe it to be a great remedy, and the mental effect must add to its success. Epidemics vary greatly; they may be mild or they may be fairly severe. If they be mild, the ordinary treatment is all that is necessary.

Dr. Coffin: I have used merc. corr. 2 x, and seen good results from it.

Dr. Hunt: I used anti-toxine in three cases, and they all died. Merc. cyanide is the best remedy.

Dr. Wesselhoeft: At what stage did you use the anti-toxine?

Dr. Hunt: From twenty-four to forty-eight hours after the onset.

Dr. Gardner: My experience with anti-toxine has been very satisfactory, and I have been called several times as a last resort. Have seen one fatal result. The case was four or five days old when I was called, and was very severe.

The following sectional officers were elected for the ensuing year: H. C. Hallowell, M.D., Chairman; S. Manning Perkins, Secretary; F. C. Walker, M.D., Treasurer.

The meeting adjourned at 10.15 o'clock.

FRANK ELLSWORTH ALLARD,  
*General Secretary.*

## GLEANINGS AND TRANSLATIONS.

TO LESSEN CASES OF PHTHISIS. — The Washington State Medical Society sends out the following excellent rules for the avoidance of contagion in tuberculous disease of the lungs under the heading, "How to Avoid Catching Consumption and How to Avoid Giving it to Others":—

The most fertile source of infection is from the sputum, which, when dried, finds an entrance into the body. *Therefore all patients must destroy the sputum before it passes from their control.* The following suggestions will be helpful:—

1. *At home expectorate into a cup kept for that purpose.* This cup should be half or three quarters filled with a solution consisting of one part of carbolic acid to twenty of water. A solution can be made up and kept on hand. The commercial carbolic acid is as good as the refined and is much cheaper. Burn contents and boil cup.

2. *Never expectorate into a pocket handkerchief or cloth which will be allowed to dry.* Keep sputum wet, and best with the above solution. Soak handkerchiefs in the same, and immerse them in boiling water before storing them with the soiled linen.

3. *For use upon streets or when away from home, let patient be provided with thin Japanese napkins.* After using, fold up with sputum inside and burn at the first opportunity. A special pocket lined with waterproof material should be provided for these used napkins, and these pockets should be frequently sponged with the above-mentioned solution. Napkins can be had at a low price, about one dollar per thousand.

4. *Do not spit where domestic animals can have access to this matter.* Cattle and fowls are very susceptible and become in turn sources of infection. *In fact, do not spit at all where sputum is not destroyed before it can dry.*

5. *Do not spit on streets, and never swallow the sputum.*

6. *No tuberculous person should kiss any one on the mouth.*

7. *Tuberculous patients should be smooth shaven.* It is impossible to keep a beard clean and from being infected.

8. *The tuberculous must always sleep alone.*

9. *All bedclothing should be changed often* (every day when the

case is far advanced), and should be at once immersed in boiling water for five minutes.

10. *Have separate table utensils and cause them to be scalded as soon as used, and washed separately.*

11. *Do not permit others to use patient's personal property.*

12. *A tuberculous mother must not nurse her baby, nor kiss it on the mouth, and in preparing its food must observe special care.*

13. *Tuberculous persons should not engage in occupations where they are compelled to handle food supplies. If this is unavoidable, use every precaution to prevent infection.*

14. *Be careful not to infect the sleeping berths when traveling.*

There is no need of isolating patients nor of depriving them of a single home comfort.

Next, a few directions to those who would avoid contracting the disease.

REMEMBER THE SOURCES OF INFECTION ; SPUTUM, BOWEL DISCHARGES, AND PUS FROM ABSCESSSES OR TUBERCULOUS SURFACES.

1. *Avoid resorts devoted to the treatment of the tuberculous.*

2. *Summer and winter, women must wear skirts that clear the walks by not less than four inches, and five or six would be better.*

Avoid all kinds of fur or other soft trimmings around the lower border of dresses. Americans are expectorating animals, and all the laws in the world and all the good advice that may be offered will serve only to diminish but not eradicate this nuisance. Note the filth, especially the sputum on the sidewalks. Skirts dragged through this are taken home, dried, brushed, and cleaned, and thus infection is introduced into the household.

3. *Do not move into a house where your predecessor was tuberculous, without an efficient disinfection of the premises.* To secure such disinfection, have the walls cleaned of old paper and washed with a solution of mercuric chloride (bichloride of mercury), one to one thousand. The woodwork should be painted after cleaning with this solution, and all floors thoroughly saturated with the same. The solution is a poison.

4. *Do not share a consumptive's bed, nor use the personal property, including dishes, belonging to one.*

5. *Avoid tuberculous food.* Fowls and cattle are found to be especially susceptible of tuberculous infections. However, when food is THOROUGHLY cooked infection is destroyed. Milk, especially that for children, must be from cattle free from infection. By



heating it to 180 degrees F. for half an hour, it becomes non-infectious.

6. *Never put coins or other money into the mouth.*

7. *Never use a pipe or wind instrument belonging to a consumptive.*

8. *Probably most important of all; see that the digestive functions are kept in perfect order.* Dyspepsia is more often a forerunner of tuberculosis than any other disease. The secretions of a healthy stomach will dispose of a large amount of infected material, but when diseased, the stomach is the principal avenue of infection.

9. *Spend as much time in the sunlight and open air as possible. Keep sleeping and living rooms well aired and filled with sunlight.* The sunlight acts as a powerful destroyer of the germ.

10. *If possible to choose the site of your home, locate it on porous soil. If not, see that the drainings are perfect.*

11. *Protect all raw or wounded surfaces from any possible tuberculous infection.*

12. DO NOT FORGET THAT EVERY NEW CASE OF CONSUMPTION COMES FROM A PRECEDING ONE.

WHEN TO CALL A SURGEON IN APPENDICITIS. — By way of summary, then, it may be said that cases of probable appendicitis showing acute and rapidly increasing symptoms demand surgical consideration at once; that cases of moderate severity, which do not change for the better in two or three days, had best be seen by a surgeon; that relapsing cases call for surgical attention after the second or third exacerbation, according to the severity of the symptoms; and that recurring cases may very properly be operated upon after the second attack is well out of the way. The frequency of the attacks, their duration, and the gravity of the symptoms would have much influence in determining the necessity and proper time for operation. The opinion is gaining ground among some of our best surgeons that one severe attack of this disease amply justifies an operation for the removal of the appendix after recovery. The writer believes this to be good practice in children and young adults, and as time goes on and experience increases we may all be brought to that conclusion as a rule of everyday practice. The frequency of recurrence must decide that point. So far too many people have remained well after

their first attack of appendicitis to lead any considerable proportion of the profession to this conclusion. Not a few patients, realizing the risks and the gravity of the disease, ask for an operation of their own accord upon recovery from the first attack. The writer has no hesitation in recommending the radical treatment under these circumstances, and personally would eagerly accept an operation rather than trust his health and life to the caprices of a cranky appendix. — *Dr. George W. Gay, in Medicine.*

INSANITY AND CRIME. — The facts collected by Lombroso place beyond all doubt the intimate connection between crime and mental derangements which has so long been suspected to exist. Madmen and criminals belong to the same family; not in the sense of the vulgar and unthinking expression that all criminals are mad, though everyday experience in the police courts puts it beyond doubt that many are actually deranged, but in the sense that both classes are in a similar pathological state, which manifests itself on the one hand in lunacy, on the other in crime. This position is rendered still stronger by the revelations of genealogical statistics, which reveal the heredity through long generations of criminal tendencies, as they do of insanity, and alternations of criminals and madmen, in the same or successive generations.

Lombroso divides criminals into two great classes, the original or born delinquent, and the fortuitous offender, a man who becomes criminal through outward influences. — *From Criminal Anthropology in Italy, by Helen Zimmern, in Appletons' Popular Science Monthly for April.*

INFANTILE MORTALITY. — How many children do we see die every year whose death can be traced to the neglect, ignorance, or thoughtlessness of some one! We can number them by the score. Exposure, too much or too little clothing, improper diet, neglect or too much questionable care and kindness, each year secure its victims from among our babies, and we have grown too accustomed to the little coffin and white crape upon the door; we have grown to feel that

this is one of the sad scenes of life which we must endure without hope of redress. The minister speaks of the mysterious workings of an all-wise Providence, when perhaps the trouble was catnip tea, Alderney milk, candy, bananas, peanuts, potatoes, short stockings, low-neck dress, an habitually too hot nursery, or a hundred and one other preventable causes. There is no necessity for the present high rate of infantile mortality, except that which is found in pride, ignorance, or neglect. — *Dr. A. W. Baily, in the Hahnemann Monthly.*

AVOID ROUTINE TREATMENT. — After you have put a man through your routine treatment and he fails to get well, do not tell him medical science has done all it could for him, and he would better try another climate, some health springs, etc. Such a course is mere shrinking. Conclude, rather, that your routine is not suited to all, and individualize your cases. Study up each on its merits. Doubtless there are many excellent drugs which have served other physicians well, but which you have never tried because you had your regular routine. A routine has its advantages, it saves time and thought, but it is sometimes an obstruction in the path of progress. — *Medical Fortnightly.*

---

## REVIEWS AND NOTICES OF BOOKS.

---

A SYSTEM OF PRACTICAL MEDICINE. By American Authors. Edited by Alfred Lee Loomis, M.D., LL.D., late Professor of Pathology and Practical Medicine in the New York University, and William Gilmore Thompson, M.D., Professor of Medicine in the New York University, Physician to the Presbyterian and Bellevue Hospitals, New York. Vol. III. Illustrated. New York and Philadelphia : Lee Brothers & Co. 1898.

This volume treats of diseases of the digestive and glandular systems, chronic metal poisonings, and infectious diseases common to man and animals, together with purpura, beriberi, hæmophilia, diabetes, filariasis, and insolation, classed as miscellaneous subjects.

Some exception may well be taken to the classification of subjects

in this volume, especially in regard to the infectious diseases, which for reference, if for no other reason, should be placed in volume one.

The diseases of the liver and gall-bladder are two excellent and exhaustive articles by J. E. Graham, M.D. Here we get a good description of phosphorus poisoning and its marked action on the liver, and the analogy of this condition in its symptomatic and pathological aspects with that produced by acute yellow atrophy. Striking as is the action of phosphorus on the liver, no hint is given of the possible value of phosphorus as a remedial agent in diseases of this organ.

The subject of appendicitis is treated at great length by W. F. McNuff, M.D. All the possible causes of this pathological condition are enumerated and commented upon, but among these we are sorry to note the stress laid upon "fruit seeds" as a "very probable" cause.

As to treatment, the writer advises the use of laxative "to thoroughly unload the bowels," hot applications to the abdomen, aconite and whiskey by injection to relieve the pain. The use of opium is condemned as "the narcotic state increases the difficulty of interpreting the pathological progress of the disease as expressed by the symptoms." As to operation, the author says always to operate when there is serious doubt as to the necessity for an operation.

Diseases of the thyroid gland are treated by F. P. Kinnecluff, M.D., and M. Allen Starr, M.D., the latter taking the subject of cretinism and myxœdema. These are among the best written and most interesting articles in this volume. The illustrations are particularly good, and consideration is given to the bibliography of the subject.

The article on rabies, by James Law, should be carefully read by every physician.

This volume, as a whole, is carefully edited, and is well up to the standard set in volume one, and we await with pleasure the remaining volume of this highly valuable system of medicine. I. S. K.

ACCIDENT AND INJURY. THEIR RELATION TO DISEASES OF THE NERVOUS SYSTEM. By Pierce Bailey, A.M., M.D. Illustrated. New York: D. Appleton & Co. 1898. pp. 430.

The profession has for several years felt the need of some comprehensive and impartial work upon this subject, so comprehensive that it would convey information either directly or indirectly upon all probable cases, so impartial that it could be followed by either

the physician of the patient or of the defendant, and withal fairly up to date in its deductions. The works by Page and by Clevenger are recent, and a vast advance from the theories of Ericksen, but they bear strong internal evidence of being written by authors who have acquired the habit of looking at all cases from the point of view of the party against whom suit is brought. They give the impression that many results are impossible which the majority of practitioners fully believe to exist. In this volume the author has evidently made the effort to view, as far as possible, cases with a legal aspect and those with no such complication upon equal terms. This does not prevent his giving instructive chapters upon malingering and magnification of symptoms. The illustrative cases are abundant, and as a general thing do really illustrate. The remarks upon hysteria would seem to somewhat limit the range of symptoms as compared with articles by other writers upon this subject. The line of demarcation between hysteria is rather more sharply drawn than most of us have found it in reality to be. Probably the most helpful part of the descriptions will be found under the heading of unclassified cases. Probably none of the text will be more carefully studied than this. Taken as a whole the work will be of no small value as a book of reference, both by the specialist and by the unfortunate family doctor who has an accident case with nervous manifestations under his care. The effort is a timely one and certainly has more than ordinary to recommend it. C.

AN EPITOME OF THE HISTORY OF MEDICINE. By Roswell Park, A.M., M.D. Illustrated. Philadelphia: The F. A. Davis Company. 1897. pp. xiv, 348. Price \$2 net.

This work consists of the revision and publication of a series of lectures delivered before the University of Buffalo. The aim of the writer is to present in compact form the principal events and personalities in the past of medicine, touching upon the influences of religion and science both as aids and hindrances to medical advancement, and to do this in a manner that shall make it acceptable to both student and layman.

Suffice it to say that the object has been fulfilled in a very happy manner. The book is well written, most instructive, and at the same time interesting. The subject matter is divided in fourteen chapters, beginning with medicine among the Hebrews, Egyptians, etc., and

ending with the history of antisepsis, the fourteenth and last chapter being devoted to the history of dentistry.

Throughout, the book is quite profusely illustrated with cuts of ancient instruments and surgical procedures, and with excellent portraits of notable men in medicine, among which it is interesting to us to find that of Hahnemann.

We have no doubt this excellent book will find a place in the curriculum of our best medical schools.

A COMPENDIUM OF INSANITY. By John B. Chapin, M.D., LL.D. Illustrated. Philadelphia: W. B. Saunders. 1898.

The object of the author to present to the profession a digest of his knowledge and treatment of insanities seems in this work to be fully accomplished. The student and practitioner will find that it not only contains some of the best thoughts of the present day on the treatment of mental diseases, but also that it furnishes easy, attractive reading.

The first five chapters deal mainly with symptoms, their differentiation and significance. Whenever a definition is given it is made concise but none the less comprehensive.

Chapter VI, consisting of six pages, is devoted to nomenclature.

Chapters VII and VIII consist of the diagnosis, varieties, and treatment of melancholia. Especial reference is made to special feeding in these cases and the necessity of careful observation of patients' weights. The following is a noteworthy clause in Chapter VIII: "As might be inferred, the tendencies of hospital practice are to place less dependence upon drugs and the greatest reliance upon nutritious food to remove known causes of ill health and to promote the normal performance of bodily function."

Chapters IX and X are short studies of the symptoms and treatment of mania.

Chapter XI treats of dementia.

Chapter XII is a concise discourse on paresis.

Chapter XIII deals briefly with epilepsy. Feigned insanities and abnormal psychical states also receive brief notice in the two following chapters.

The author is especially well fitted from his practical acquaintance with the subject to interest and instruct, and this he does in a manner equally interesting to professional and non-professional readers.

The selection and application of drugs are according to the regular school of medicine. The coöperative measures suggested are equally useful in both the old and new school practice. The several topics are presented in the most concise and clear manner, and the illustrations showing some of the various facial expressions in diseased mental states are exceptionally well selected. We think that this little work will prove very useful to the medical student as well as a welcome addition to any library.

D. E. B.

A MANUAL OF HYGIENE AND SANITATION. By Seneca Egbert, A.M., M.D., Professor of Hygiene and Dean of the Medico-Chirurgical College of Philadelphia, etc. Illustrated. Philadelphia and New York: Lea Brothers & Co. 1898. pp. 368. Price \$2.25 net.

The conservation of health and the prevention of disease are of as much, if not of more importance than the cure of human ills. Furthermore, no system of medicine can attain a maximum of efficiency without a practical knowledge by its exponents of the fundamental principles of hygiene and sanitation, and a constant application of such principles for the benefit of the individual and the community. To the end that a knowledge of these kindred sciences may be greatly extended among practitioners, students, and all thinking men and women, Dr. Egbert has written "A Manual of Hygiene and Sanitation," giving the gist of much matter contained in larger works in a clear and compact form, and summarizing the latest authoritative information on these subjects.

The text is divided into thirteen chapters under the following headings: —

Introduction, Bacteriology, The Atmosphere — Air, Ventilation and Heating, Water, Food, Stimulants and Beverages, Personal Hygiene, School Hygiene, Disinfection and Quarantine, The Removal and Disposal of Sewerage, Vital Statistics, The Examination of Air, Water, and Food.

These headings indicate clearly the scope of the book, with the exception, perhaps, of the first chapter, which gives a brief outline of the science of hygiene, and defines the words "hygiene," "sanitation," "health," "disease," and "prophylaxis." The illustrations which appear have special reference to the text, are well selected, well executed, and up to date. The book is intended for and is well calculated to serve as a standard text-book in academic institutions and medical colleges. It will be useful to undergraduates and post-graduates alike, and is not too technical for the laity.

### REPRINTS AND MONOGRAPHS RECEIVED.

---

Faulty Metabolism, Nutrition, and Growth. By W. A. Walker, M.D. Reprinted from *Journal of Practical Medicine*.

Diet for Consumptives. By Reynold W. Wilcox, M.D. Reprinted from *The Medical News*.

Neurotic Eczema. By L. Duncan Bulkley, A.M., M.D. Reprinted from the *Journal of the American Medical Association*.

The Surgery of the Gall-Bladder and Its Ducts. By H. O. Walker, M.D. Reprinted from *The Medical Age*.

The Pharmacology and Therapeutics of Kryofine. By G. F. Butler, Ph.G., M.D. Reprinted from the *The Chicago Clinic*.

Kryofine. By Eugenie Back. Reprinted from the *New England Medical Monthly*.

---

### PERSONAL AND NEWS ITEMS.

---

DR. EDGAR S. HAWKES, formerly of South China, Me., has removed to Yarmouthville, Me., where he has taken the office of the late Dr. J. C. Gannett.

DR. F. X. CORR, B. U. S. M., '98, has opened an office at 1452 Washington Street, Boston.

DR. H. A. WATTS has removed from Brown Street to 311 Cumberland Street, Portland, Me.

DR. EVERETT JONES, B. U. S. M., '98, has located at 1618 Beacon Street, Brookline. The doctor's office hours will be until 9.30 A.M.; from 1 to 3 and from 6 to 7.30 P.M. We hope he will find them very busy ones.

DR. WILLIAM L. JACKSON sailed for Europe on June 7 to visit Nauheim for the second time. He was accompanied by a patient who will take the treatment for heart disease known as the Schott Method. Dr. Jackson will resume his office hours on his return in the fall.

DR. JAMES R. COCKE, during June, July, and August, will receive cases for consultation in physical diagnosis and dis-



eases of the nervous system at his summer residence, 30 Farragut Road, Swampscott, Mass., on Tuesdays, Thursdays, and Saturdays, from 10 A.M. to 1 P.M., and on Mondays, Wednesdays, and Fridays, at his Boston office, 224 Marlborough Street, from 12 M. to 3 P.M.

DR. WILLIAM G. C. CLARK, B. U. S. of M., '95, of Winchester, has accepted an appointment as surgeon to the Melbourne Homœopathic Hospital, Melbourne, Australia, and sailed the 30th of June from Vancouver.

---

#### PUBLISHERS' DEPARTMENT.

---

RUBBER COTS.—Many physicians make no use of rubber cots other than that they have long subserved the protection of injured fingers from the introduction of foreign matter.

Their sphere of usefulness, however, is infinitely larger than this. Menge (*Munch. Med. Woch.*) points out that the protection of the hands of the surgeon is necessitated by the fact that even after thorough sterilization the bringing of the hands in contact with the fluids of the body softens the skin and occasions the shedding of epithelium. This, he says, enables spores or other resistant forms of life to escape into the wound. He advocates the use of gloves. Many surgeons, however, deprecate the use of gloves as appreciably lessening tactile sensibility.

Other reasons also have been advanced.

Fritsch has raised the objection that by the rough surface the gloves more or less injure the living cells,—an objection which has also been raised to sponging. This can be obviated by the use of rubber gloves, the main objection to which lies in the fact that they are extremely hot and are readily torn or cut in tying down ligatures, inserting sutures, or operating with a knife.

By substituting rubber cots for rubber gloves the chief advantages of the former are retained, while the disadvantages are avoided. The rubber cots which we have in mind, and which are for sale by Otis Clapp & Son, 10 Park Square, Boston, are remarkably well adapted for the use suggested. They are so extremely thin and flexible that the sense of touch can be in no way lessened. They permit absolute freedom of movement, and the most delicate manipulations can be performed while wearing them. Made of fine

Para rubber, four ply and without seams, they are of uniform strength and elasticity. These rubber cots can be rendered absolutely sterile by boiling in water one minute, and are not injured thereby. With reasonable care, following the directions which accompany them, they should last a long time.

Gynæcologists and specialists in rectal work will do well to adopt so simple, yet effective, protective coverings for the fingers in making local examinations.

In the conduct of post mortems they will admirably take the place of cumbersome gloves, and conditions and circumstances other than those mentioned are always liable to arise when absorption of septic matter may be avoided by the use of finger condoms. It is but indicative, therefore, of a wise forethought to obtain these rubber cots, which may be kept on hand without deterioration, and ready for constant or occasional service. Price to physicians, 60 cents a dozen. Directions for the use and care of these cots will accompany every order.

A FACT WORTH KNOWING. — I will risk the assertion that some physicians do not yet know that after use, if the syringe is placed under water with the piston withdrawn and the piston is then forced down again, a sufficient quantity of water will be pumped in above the piston to keep the instrument in working order for many days at least. — *Parcells.*

HYPODERMIC SYRINGES. — If in need of a hypodermic syringe, will you not inspect those for sale at Otis Clapp & Son's, 10 Park Square, Boston? These syringes are neatly put up in morocco and aluminum cases, and are complete in every respect. They vary in price from \$1.75 to \$2.50. We particularly recommend the syringe at \$2.25 in a separable aluminum case, which permits of perfect sterilization of instrument, needles, etc., without removal from case.

This syringe has a hard rubber piston. The aluminum case is protected by a removable neat outer one of fawn-colored chamois, the whole being very compact and light. Orders by mail receive prompt attention.

OFFICE TO LET. — A physician having a city office on Copley Square, and using it but a short time each day, will rent it to another physician for part of the day at very moderate rate. The office is on the first floor, with waiting room adjoining, telephone, door service, and all conveniences. Apply to janitor, 553 Boylston Street, preferably between 12 and 1.

# THE NEW ENGLAND MEDICAL GAZETTE

---

No. 8.

AUGUST, 1898.

Vol. XXXIII.

---

## COMMUNICATIONS.

### REMARKS UPON OUR SYMPTOMATOLOGY.

BY E. P. COLBY, M.D.

[*Read before the Hughes Medical Club.*]

*Mr. Chairman and Members,* — It is well that I should preface my remarks by the statement that nothing really new or original is offered. After what has been written and spoken by Drs. Sutherland, C. Wesselhoeft, and many others, not much which is novel remains to be said. But it is a subject which will well bear repetition. Our materia medica is distinctive in its character, and our peculiar methods of study underlie the therapeutic application. From our method of obtaining our most reliable symptoms from experiments or provings upon the healthy, arises the necessity that all our investigations shall be close and truthful. We must be scrupulously careful that all accepted symptoms are caused by the drug being tested. To constitute a valuable proving it is requisite that the symptoms should be developed in provers who are to all intents and purposes in a state of physiological good health at the beginning of the trial. This applies equally to body and mind. We are therefore bound by all the ties of honesty and professional responsibility to scrutinize the record most critically, but impartially, that nothing untrue or imaginative be accepted, and that nothing of value be rejected. In exercising this care we must not forget to pay due regard to the personality of the individual in whom the various feelings and emotions have been developed.

It is our misfortune that in many of the older provings we must rest satisfied with something far below the ideal. The lapse of time and lack of descriptive detail do, to a degree, impose a handicap, and it becomes necessary that we cross-question the witnesses from some other standpoint. There has presented thus far no better ground than that of physiological possibilities, or the more critical test of probabilities. To appreciate the difficulties, we must recognize that our symptomatology is resultant from a multitude of mental and physical capacities and idiosyncrasies. The record does not minutely note personal peculiarities, and as the whole has become ancient history we can no longer interrogate the actors, and there is left us but the above-mentioned test of probability. We must then ask, are the symptoms orderly, and are they in accord with the physiological workings of this system, when so disturbed as to constitute disease? If there are two or more symptoms, do they belong together, or are they only the trivial accidents of life such as most of us feel even while in good health but do not notice? Would the prover have noticed them if no drug action were being watched for? The taking of a drug in itself sometimes awakens a nervous anxiety to originate new feelings, or at least to magnify the incipient ones ere they be lost.

It is of no small moment that the prover shall be mentally sound, one whose mind and body do not abnormally respond to suggestion, producing symptoms not in accord with probable or even possible response of the organic body. Such symptoms may be potent with the prover, but not being genuine they cannot be entertained by the student. While minute accidents constantly attendant upon the higher civilized life are unworthy of record, yet it by no means follows that the true value is only to be measured by the magnitude of the sensation or motion. Small symptoms well related may be of more value than more striking ones which stand isolated. Peculiar symptoms demand others as vouchers. There should be a natural relation to locality and physiological sequence in time and a due correspondence to other symptoms to stamp them with the mark of reliability.

There is a drug pathology as true and unerring as that of disease, and to cover the demand of the totality of symptoms the two should correspond. This is not likely to be possible where the original symptoms are the result of an "inspired" cerebral cortex. I will not go so far as to say the feelings are not real, but they are not reliable and consequently not valuable. It may not always be necessary to throw out these mimetic symptoms altogether, but we should demand sufficient permanence and considerable identity in the different provers to convince us that they are not imaginative. Having been thus established, they may be accepted as being really mental symptoms.

In order to read the proving intelligently, we should have the original record, that we may know the order of the various sensations, and also that they occurred in the natural manner chronologically. Allowance must occasionally be made in some one proving for a missed symptom, for the drug-disease does not run equally high in all persons, and in a portion of the provers it may not be fully developed. But there should be some one or more provers who have the concomitant and the missing symptoms. This is far different from the ordinary anatomical arrangement, by which it may be that the orderly records of twenty provers are dissected, and rearranged upon an anatomical basis, thus giving not the history of the provers, but an assembled history of each organ of the whole company of provers. Thus we get a patchwork report of the condition, for instance, of the abdominal region of twenty persons, with no means of knowing that there was in most of them another symptom existing.

This method of building up from torn-down material furnishes a convenient and admirable repertory, which is simply an index of symptoms referred to their appropriate drugs. But who can honestly use an index as a substitute for the *materia medica*?

There may be made one exception to what has heretofore been said as to symptoms being founded upon symptoms in the provings. In making this exception I am aware that we

are upon delicate ground, and where all may not agree. I have admitted the argument that through idiosyncrasy in the person or partial inactivity of the drug some provers may miss symptoms. We very frequently find a remedy curing symptoms in disease which belong with recorded drug symptoms, that is, are in accord with them, but have never been reported by the prover. In point of fact they have been missed by all who proved the drug, and yet as concordant clinical symptoms I doubt if they should be entirely ignored. In nearly all other branches of medicine we require more evidence than would be afforded by the limited number who have proved any drug. This I believe is actually the stand taken by even the most critical of our members.

Having gone thus far I will venture to trespass upon your time by a few illustrative examples taken somewhat at random. Aggravation is considered quite generally as a symptom of first value. It may or may not be worthy of credence according to its true relation to time and location, the time being actual or modified by circumstances. Let us first consider it in point of relation to circumstances, as directly after eating. This aggravation is often found in diseases of the digestive organs, and indicates that the organ first engaged in digestion is at fault; it is irritable and its function is disordered, and this whether the pain is directly at the stomach or reflexly in the lower canal. If the distress appears much later it indicates one of two conditions, either a fault in the motor power of the stomach and the retention of the food as an irritating body, or that the error is in the intestinal tract lower down, where the food acts as an irritant after it has left the stomach. Each has its related group of symptoms. Such combinations of trouble are legitimate occurrences both in provings and disease. "Worse at night" occurs in many provings, and is worthy of record as it corresponds to the daily rhythm of bodily resistance. On the other hand, morning aggravation agrees with the usual loss of control on the part of the vasomotor system, and is an occasional symptom in many acute diseases and is noticed in the early stage of neurasthenia.

As to aggravation from wet and cold it is not necessary to make an extended reference, the explanation being so entirely physical. Many headaches, however, which are worse in dry cold weather, would upon closer examination be found to have other less prominent symptoms directly related to the nasal membrane, showing that the cephalic pain is reflex. Some symptoms appear at first thought simply ludicrous. I well remember that when quite young in the profession I was overwhelmed with confusion and chagrin from my attention being called to a condition in the symptomatology of *merc. sol.*, namely, loss of the natural relation of tonicity between the vesical and the anal sphincters. Without serious doubt such a symptom seems not only trivial but ridiculous, but a little thoughtfulness convinces one that it is something which never happens in perfect health, and that it does occur in some pathological conditions. The lumbar centre which inhibits the action of the vesical sphincter appears to reflexly excite the rectal centre to contraction. When, therefore, these organs do not thus act in unison, there is something wrong either in the spinal centres or in the organs themselves. If such a condition is noticed in a proving, it is either the result of drug action or from some coincident disease. At any rate such phenomena are exceptionally free from the charge of being imaginary. As regards aggravation from position much depends upon the nature of the position. It must be plain that anything which will impede local circulation would furnish aggravation in all cases where there is vascular disturbance, and this is to a great extent controlled by position.

Another class includes relief in certain positions or motions, as in pains relieved by bending toward or bending away from the site of the trouble. In disease, we have just this relief, in bending away from the painful muscle in myalgia. The relief is afforded by putting the fibres of the affected muscle gently upon the stretch. This is entirely through the action of the opposing healthy muscles. If there is true myositis the relief comes from a passive bending toward the painful muscle from relaxation of its opponents.

These symptoms when they occur correspond to natural laws, and are valid when they appear in a proving. Right and left sided symptoms should be rated by their relation to uni- or bi-lateral organs, or by the variation in the blood vessels on the two sides. This is very evidently wide apart from direct orientation. In the proving of *menyanthes* and of some other drugs we find that the headaches are relieved by firm pressure. If such cases are examined it will be found that there is a stasis from lack of tone in the vessels of the scalp, irritating the terminal distribution of the fifth and occipital nerves; this may be mechanical from pressure, or it may be toxic from impure blood. The pressure from outside provides a certain amount of support and affords temporary relief. The same explanation applies to the relief sometimes offered by hot or cold applications. Among the eye symptoms is found one which may or may not belong there according to the nature of the case. Better from closing the eyes applies naturally to cases of photophobia. Unsteady station or gait from closing the eyes (or in the dark) as a symptom gets its true value almost wholly from the concomitant symptoms.

There should be a sharp distinction between unsteady station without vertigo and following painful areas in the lower extremities with subsequent loss of power and sensation corresponding to *arsen.*, *merc.*, *plumb.*, and a few other drugs. And on the other hand loss of station with no actual loss of power, no constant nerve pain, but with lightning pains and disturbance of pupillary reflex and vertigo on closing the eyes calling for *lathyrus*, *argentum*, *secale*, etc. But we often see instability of station with or without vertigo, and with active reflexes of all kinds, belonging to many cases of hysteria.

Here the swaying or vertigo on closing the eyes is practically valueless as a symptom, as it is too entirely psychic in its origin and does not belong to any recognized orderly series. There is a multitude of mental symptoms pure and simple attached to a majority of our drugs. These, if studied in detail, are so wholly the result of personal fancy



and expression that considered minutely they lose all true value. But if we classify them by their general characteristics, they may be made applicable to strictly mental cases. With this in view it is doubtful if they are to be entirely ignored. To give each illusion or fear as experienced would in its application prescribe one remedy for visions of cats and another for visions of dogs, and so on *ad infinitum*. Such symptoms in their abundance furnish sufficient data for intelligent classification.

The detail of mental symptoms as we now find it would not do much harm if the student would not use the tiresome minuteness except to place it in the general type to which it belongs. That two provers see or dream of the identical thing must be a mere happening, but that they are affected by the same class of mental symptoms is somewhat more tangible. Examples might be multiplied, did time permit, and doubtless more illustrative ones presented, but it is hardly necessary.

It will be seen that the true value of a symptom depends to a great degree upon its due relation to some other symptom or set of symptoms. The question must be whether it stands alone and means nothing, or is combined with allied feelings belonging together and akin to some pathological possibility. In such position each symptom means something. A peculiarity in a single symptom may have a repertory value, but have no other standing through want of a good backing. We must again recur to the statement that the real value of a symptom cannot be estimated by its presence in an anatomical patchwork, where its relative connections cannot even be guessed at. We require the order and authority of the original record. It is worthy of credence that even a few provers, giving symptoms in a natural and reliable order, as parts of a complete whole, are more trustworthy than a larger number recording single aches and pains in an imaginative way. We all know that many of the most tumultuous sensations of hysteria are far from material to the case. I would even go so far as to believe that less than the required three provers might

substantiate a symptom, provided it were in accord with what preceded or followed. Of a large number of provers it might so happen that only a small number developed certain symptoms of a drug disease. Therefore let us examine our original records as often as possible, that the mental picture of the perturbation may be impressed upon our minds so that we can institute orderly comparison with similar conditions calling for administration of drugs. An anatomically arranged list of pains is like a map which enables us to follow the descriptive text in history, but to make the story intelligible we must have the narrative giving us the relation of the events.

By a careful analysis in the way indicated many items will undoubtedly be rejected as wanting support, but this will be compensated by the retention of other symptoms which, though not striking, may be as important, as are conjunctions and prepositions in the parts of speech. In this way the term "totality of symptoms" will acquire a vital meaning and be something more than a professional shibboleth.

---

## PROSTATIC ENLARGEMENT.

BY HORACE PACKARD, M.D.

*Introduction.* It is not the purpose of the writer in this paper to present an exhaustive study of diseases of the prostate gland, but only to present for your consideration the results of personal observation upon both local and general conditions which result from obstructed flow of the urine through increase in prostatic tissue. I scarcely know of a disease of advanced years of manhood which appeals to one's sympathy so forcibly as this one under consideration. It occurs in men past the heyday of life, and often in those who have followed in every respect a temperate and exemplary course, and as a result of business industry are in financial circumstances to look forward to an old age of comfort and luxury.

The advent of prostatic enlargement shatters all these

attractive visions, and as a result we as physicians are called to deal with cases of physical and mental wreck ; physical, because the local condition and its sequelæ rapidly exhaust muscular strength, tie the patient up within the small compass of his immediate environment, and he dares not venture beyond it, unaccompanied by his catheter. Finally, he fails in his efforts to void his urine even with this help, and his misery is complete. He becomes mentally a wreck, because night and day he cannot thrust from his mind the consciousness of local discomfort and frequent calls to evacuate his bladder, which are incomplete and unsatisfactory, and as a result, no matter in what line of art or literature his inclination may lead him to seek congenial occupation, his thoughts are continually diverted by the inexorable demands of his urinary organs.

*Clinical Picture.* A man in the sixties, otherwise in good health, gradually becomes conscious of impediment in voiding his urine. The urinary stream, instead of being freely and forcibly ejected from the body, falls straight, or nearly so, to the ground. For a time this produces no trouble except prolonging the act. After a time, possibly the lapse of months, the patient becomes conscious that the bladder is not entirely evacuated with each attempt. He makes effort to fully empty the bladder by voluntary straining. With all his efforts there are still always a few more drops to come. The interval between the acts becomes reduced from three or four hours to an hour or two. All this is the result of the accumulation of residual urine within the bladder, that is, the enlarging prostate has gradually encroached upon the urethral canal until the obstruction to the free flow of urine through the urethra is so great that the contractile force of the muscular walls of the bladder is insufficient to empty it. There now occurs one of two conditions. Either the calls to urinate become vastly more frequent, until the patient has no peace night or day, or there is a constant dribbling, beyond his control, which keeps him wet and in discomfort all the time. The former of these conditions is a result of the frequent, yes, almost constant stimulation of the muscular walls

of the bladder to contract, with actual hypertrophy of the muscular tissue, great thickening, and with corresponding diminution in the capacity of the organ. It has come to the condition where it can contain but a few ounces of urine, is never empty, and is always in a state of contraction, seeking to force out its contents through the obstructed urethra. The latter state is the result of almost total lack of tone to the bladder wall; in other words, it has offered little or no resistance to the dilating tendency of the accumulating residual urine. It becomes stretched and distended to its utmost limits, rises high in the abdomen, even to the umbilicus. As long as the urethral channel is pervious, the urine constantly dribbles away, drop by drop. These patients become singularly tolerant of this distended condition of the bladder, and often wonder why it is that, though they are constantly passing urine, there is always more to follow. Usually before the stage above outlined is reached, the patient has been provided with a catheter, either through his medical adviser or through some friend similarly troubled. Between the times of using he either keeps it in common with divers other toilet articles in a convenient drawer or, when out and about, coiled up in his coat pocket. Through ignorance, little or no attention is paid to the simplest principles of surgical cleanliness; hence infective matter is carried into the bladder, fermentation of the residual urine follows, with cystitis and all its attendant sufferings. The voided urine becomes extremely offensive, the constant pain of cystitis is added to the urgency for urination, and finally, as a last added torment to harass the afflicted patient, the presence of stone is discovered in the bladder, and he is subjected to litholapaxy or supra-pubic incision for its removal.

*Pathological Changes.* I will ask your attention briefly to the normal structure of the prostate gland as affording the simplest introduction to the pathological changes which occur. It has a limiting fibrous capsule, a framework of connective tissue. Its mass consists of smooth muscular fibre, and penetrating its substance are mucous glands. It surrounds the urethra at its vesical end for about an inch and a quarter of its length.

We thus find in this organ structures which give rise to the possibilities of enlargement, through hyperplasia of the connective tissue (single or multiple fibroid enlargement, quite comparable to fibroids of the uterus); through increase in the smooth muscular tissue, which is usually diffuse, but may involve unequally the different parts of the gland, thus making one lateral half or lobe greatly in excess of the other, or affecting, it may be, exclusively the middle portion or lobe, and infringing directly upon the urethra; again, through increase in the glandular tissue, resulting in the formation of adenomatous growths, and since these glands are located in the posterior and lateral parts of the organ, enlargement therefrom, if diffuse, results in increase of the mass of all the lateral and posterior portions, displacing the urethra forward, and pressing upon it laterally. It is desirable to bear in mind that in the connective tissue we have the possibilities of origin of sarcoma, and in the glandular tissue of carcinoma. It is comparatively rare that malignant enlargement of the prostate occurs, but in cases of rapid increase in size of the organ the possibility of such should be considered.

The pathological changes in the gland itself then are briefly:—

1. Enlargement from fibroid tumor formation, single or multiple.
2. Enlargement from diffuse increase of the smooth muscle fibres, which may be a true hypertrophy.
3. Augmentation of the glandular structure, constituting adenoma.
4. Carcinoma.
5. Sarcoma.

The physical changes which may result from any or all of these are encroachment upon the urethra.

This is usually the first intimation which the patient has of trouble of this origin, and may exist a long time without resulting in sufficient obstruction to seriously impede the voiding of the urine. If rectal examination be made at this time, the convexity of the prostate gland, which can be readily felt with the tip of the index finger through the rectal

wall, is found increased symmetrically or irregularly according to whether there be diffuse enlargement or localized tumefactions. The enlargement may have progressed until, as the finger sweeps over the convexity, it may convey the impression that almost the whole pubic arch is filled with the growth. There comes, sooner or later, distinct diminution in the force with which the urinary stream is ejected. It runs in a sluggish stream and falls straight from the body. This indicates that the resistance at the constricted portion of the urethra, that is, where the prostate is impinging upon it, is so great that the bladder muscle is no longer able to efficiently expel the urine. Now after each attempt at micturition a portion of urine is still left within the bladder — residual urine. This condition may go on a long time, and be partly compensated in robust individuals by increase and thickening of the muscular walls of the bladder, with correspondingly increased power of contraction and expulsion. In patients of lax fibre and little reactive force the bladder wall dilates, thins, the urine is expelled with less and less vigor, there may be separation of the fibres of the muscular coat, permitting hernia of the muscular coat and sacculation. As the residual urine increases, and the bladder becomes distended and the intra-vesicular pressure increases, the urine slowly dribbles through the urethra as long as its calibre is in any wise pervious. There is a singular absence of the urgency to urinate, which would be assumed to exist in such cases. Often such cases will go about for a considerable time with an amount of residual urine distending the bladder until it reaches the umbilicus and forms a well-marked fluctuating tumor, filling the umbilical and hypogastric regions. Urine is dribbling at all times from the urethra, keeping the patient constantly soiled. About this time, usually, the true condition is discovered and a catheter is resorted to for periodical evacuation of the bladder. From lack of care of cleanliness in the use of the instrument, fermentive material is carried in, and promptly putrefactive decomposition is established, with its sequel, cystitis.

The mucous walls of the bladder become injected, thick-

ened, sensitive, raised in rugæ, sacculated ; the same process creeps up the ureters to the kidneys, and we finally have the whole urinary apparatus involved in this diseased condition, — pyelitis, ureteritis, and cystitis, — all originating from a primary enlargement of the prostate. As the condition goes on and the congestion incident to the inflammation of the urinary tract increases, the pain centres chiefly about the base of the bladder, and may be felt also in the penis. The quantity of urine becomes increased and of low specific gravity, partly from advanced age and partly from deterioration of the function of the kidneys. Tube casts are occasionally found; the urine becomes intensely foul, with an abundance of pus and blood. Usually these cases do not fall into the hands of the surgeon until the gravity of the symptoms has reached the stage above described.

*Treatment.* In cases of enlarged prostate, treatment is usually not sought until the exigencies are so great as to call for artificial aid in evacuating the bladder, and usually this is the catheter. It is against the too early and indiscriminate use of the catheter that I wish to protest. I think it is not too extravagant to estimate that nine tenths of the discomfort and misery in prostate cases results from ill-advised catheterization.

How may relief be given without this? In the first place seek to keep the urethral channel open as widely as possible through the daily use of steel sounds which have been boiled previous to each sitting, to insure absolute sterility. Teach the patient not to try to urinate in cold or exposed places, but always in a warm room, preferably before an open fire. It is almost a foregone conclusion that if these aged sufferers stand with bare feet upon a cold floor or go out of doors, the act will be a failure.

Teach them to wear suitable clothing for the limbs and feet, to avoid chill and dampness. A hot sitz bath taken in a warm room before an open fire immediately after the seance with sounds will often enable the patient to fully evacuate the bladder before retiring for the night. Advise against the free use of fluid drinks in the latter part of the afternoon and evening.

See that the patient takes an abundant supply of pure water in the early part of the day. Establish a simple but nutritious diet, and if he be wakeful in the early morning hours arrange for him to have a simple lunch like a glass of milk and a biscuit. The following of these simple rules will, I believe, in every case delay the use of the catheter indefinitely and save your patient the misery of pyelitis, cystitis, and calculus, and the great dangers accompanying operations upon these aged subjects.

As internal remedies there are two only upon which I place reliance. Boracic acid given at intervals, for example, five grains daily continued a week and then wait a week. The other is *argentum nitricum*, which I administer in the 3 x three times a day for a month, then wait a month.

The surgeon, however, rarely has an opportunity to treat these cases from the beginning. The condition when they seek his advice is usually such that operative measures must be employed. Since the enlarged prostate is the primary cause of all the trouble, naturally the question arises, "Can it in any safe way be removed or reduced?" The simplest and perhaps the safest procedure for our consideration at the present time is

*Castration.* This proceeding, recommended a few years ago by Dr. J. William White, of Philadelphia, has now been resorted to a sufficient number of times to test its efficiency. If we may place credence in reports now available we must believe that a very large percentage experience marked improvement after this is done. We have to bear in mind that reports also show that there are occasional unpleasant mental after effects, such as melancholia. How castration brings about atrophy of the gland we are unable to explain. It appears to be analogous to the atrophy not infrequently observed in uterine fibroids after the climacteric or removal of the ovaries. A more radical measure and one involving greater danger to the patient's life is

*Enucleation and Removal of the whole Gland.* This may be accomplished most readily through a combined perineal and supra-pubic incision. A transverse incision across the



perineum in front of the sphincter and enables the operator to reach the prostate fairly easy. Make a transverse supra-pubic incision and carry the forefinger of the left hand into the bladder down to the prostate. Now with the forefinger of the right hand in the perineal wound, the gland is enucleate more readily and more thoroughly than in any other way.

It must be borne in mind that this operation should be recommended with great reserve, for these aged patients bear such severe operations poorly. In violent cystitis, with urine bearing much pus and blood, *perineal drainage* may be the expedient called for, although it leaves the patient ever after with total incontinence of urine. If stone in the bladder exist, *litholapaxy* or *supra-pubic cystotomy* may be required.

*Conclusions.* *First*, Indiscriminate catheterization is a menace, yes, a positive injury to patients with enlarged prostate.

*Second*, Through simple measures the majority of prostate cases may be tided along through years of comparative comfort if taught the dangers of the catheter and shown how by proper hygienic measures to care for themselves.

*Third*, Operative measures are poorly borne by these aged and usually decrepit patients.

*Fourth*, Castration offers the simplest means of affording relief and is usually efficient if resorted to early.

---

## SPERMATOCYSTIC DISEASE.

BY JAMES KRAUSS, M.D., BOSTON, MASS.

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

The seminal vesicles are to a great extent a dark country to the physician. The eye can see by means of the urethroscope only the mouth of the ejaculatory ducts. The finger can feel by way of the rectum only the lower portion of the vesicles, even when the bladder is full. In order to get at the whole vesicle we must strip the rectal wall off the perineum, or we must wait for the post-mortem table to tell

us the full tale. Yet it is desirable that the diseases of the seminal vesicles should be more generally known, for the reason that such diseases do exist, that they cause great suffering, that they frequently cause sterility, and that persons suffering from these diseases should be cured.

Like every other organ in the body, the seminal vesicles may become inflamed, and the most common cause for acute vesiculitis or spermatocystitis is gonorrhœa. When the gonococcus has invaded the posterior urethra and we have an active posterior urethritis, it is only a question of time before the coccus enters the mouth of the ejaculatory duct or ducts and in its progress causes an acute inflammation of the vesicles. It is due to this progressive character of gonorrhœa that acute vesiculitis is often seen in connection with epididymitis. In such a condition the finger feels in the rectum above the prostate gland in an upward and outward direction a hot, tender, somewhat fluctuating mass of the size of the thumb. If as the result of posterior urethritis the prostate is affected, and we have acute prostatitis, we may not be able to palpate the seminal vesicles till after the prostatic inflammation has been subdued, when, generally, the acute attack of the vesicles will also have subsided into a subacute or chronic form. This explains why an acute vesiculitis is so rarely met with even if we are on our guard and look for its presence. But that it occasionally is unmistakably seen, is proved by the following case.

J. P. L., a boy of eighteen, contracted gonorrhœa and came to me eight days after the discharge had begun with a beginning epididymitis. He asked me to relieve him not so much of his gonorrhœa as of a sharp, excruciating pain in the rectum which he experienced whenever his penis became erect, and this, to his distress, was a frequent occurrence. Rectal palpation disclosed a flat, normal prostate, but above the prostate the right vesicle was very much enlarged, fluctuating, and tender, so that the least touch made him sick to his stomach, and gave him the sharp stabbing pain that he had experienced when his penis grew erect. The left vesicle was tender and large, but to a less extent. I ordered that the

patient go to bed immediately and apply cold cloths to his perineum. I prescribed bryonia, the next day mercury, and prepared myself for opening the abscess, for as such I took the mass in the rectum. The next morning he told me that he was discharging pus more than ever from his urethra, but that his pain was gone, and he had had no erections since midnight. On introducing my finger into the rectum I found that the tumor was gone. Though still sensitive to palpation, yet the vesicle had lost its tenderness to a great degree, and the sudden increased discharge through the urethra indicated that the abscess had burst and the pus had fortunately found its way along the ejaculatory ducts into the urethra, from there partially into the urinary bladder and, by overcoming the compressor, partially into the anterior urethra and out through the meatus urinarius.

I said this was a fortunate occurrence, for the abscess might have broken in the direction of the rectum, the perineum, the bladder, or even the peritoneal cavity, and the subsequent fistula might have proved an object for a formidable operation.

In consequence of acute spermatocystitis, the ejaculatory duct may become, and often does become, narrowed and occasionally wholly occluded. As the testicles continue to produce semen and the seminal vesicles do not cease to furnish their own secretions, the necessity arises for the seminal bladders to empty themselves, but when the vesicles contract and send their contents onward, these meet with the obstacle in the ejaculatory duct and severe pain results as an expression of the futile efforts on the part of the seminal vesicles to discharge their contents. We then have, what Reliquet has so aptly described, spermatic colic, a condition analogous to renal and hepatic colic.

The occlusion of the duct may lead further to either one of two conditions. The contents of the vesicles may harden. The spermatozoa, the mucus, and the epithelium become inspissated and form sympexious concretions. Or, the fluid contents may continue to be increased until the seminal vesicle forms a cystic swelling, which, under certain condi-

tions, may assume an unusual size and call for the acutest differential diagnosis. Jacobson, of London, reports a case of a cyst from which he drew ten pints of fluid.

But the most frequent result of acute spermatoecystitis and the consequent narrowing of the ejaculatory ducts is chronic vesiculitis. Men come to us for treatment more often for this condition of the seminal vesicles than for any other one disease of these organs. At the present time I have two such cases under treatment. Pain and fulness in the perineum go together or alternate with painful erections, micturition, and defecation, and when there is an exacerbation there usually follows a recurring epididymitis.

In all these conditions depending upon a narrowing, if not an occlusion, of the ejaculatory ducts, the chief problem is to overcome this narrowing. A stricture of the urethra, of the larynx, or of the œsophagus can be dilated or divided, but what can be done for a stricture of the ejaculatory ducts? The duct is, so to say, buried from sight. Up to this moment no instrument has been introduced into the duct through the natural road. I have made some experiments on the subject, but so far I do not see how the object of instrumentation can be attained without undertaking a severe cutting operation. Still I believe there is a possibility of success in the future, and experiments in this direction should be encouraged.

There remains for our consideration a process, first suggested by Fuller, of New York, and called by him milking of the vesicles, very likely because the method resembles so much the milking of the udders of a cow. Yet the idea is not so much of pulling as of pressing the muco-purulent contents of the vesicle through the narrowed duct. At once certain objections rise in the mind of the anatomist as well as of the surgeon. How will you reach the vesicles when your forefinger is not long? and how do you propose to milk an organ of which, at the very best, you can reach and cover only the lower half? and how should you expect to be able to force the contents into the ejaculatory duct when the seminal vesicles have not the structure and arrangement of

racemose glands, but are made up of diverticula or tubes that have blind ends? Yet with all these apparent objections cropping up at the outset of this procedure the fact remains that the vesicles can be milked and that, if properly done, our patients are greatly benefited by it.

In my practice I direct the patient to come for treatment with a full bladder. I have him bend his body forward at right angles, stand with his knees straight, and support himself with his hands on a chair. Then, having oiled the forefinger of my right hand, I introduce it into the rectum, pushing well beyond the posterior margin of the prostate. If I can do this easily and can detect on each side the body of the vesicle, I place the fist of my left hand over the pubes for the purpose of counter-pressure and proceed to milk the vesicles one after the other. But if it happens, as it almost always does, especially in the beginning of the treatment, that owing to the tenderness of the vesicles and the disagreeable sensation incidental to the rectal manipulation the perineal muscles rebel and resist the effort, it becomes necessary to overcome the resistance of the perineum. There is nothing that will do this better than firm, well-directed pressure against the perineum. While the forefinger is in the rectum the remaining fingers close into a fist and press against the perineum. If this is not sufficient to overcome the resistance, I place my right foot on a low chair so as to bring my bent knee on a level with my elbow, and then I push the knee against the elbow to increase the force of pressure exerted by the fist against the perineum, and the most rigid perineum must relax and allow the finger to milk the vesicles. After milking the vesicles a few times, the vesicular tenderness decreases as well as the perineal resistance.

The milking, finally, consists of making firm pressure with the tip of the forefinger in the rectum on the body of the vesicle and drawing the finger firmly forward and downward against the pressure of the fist from the pubes. This process is repeated several times on each vesicle once or twice a week, but never oftener for fear of causing acute symptoms.

At the first few sittings the contents of the vesicles may not pass through the prostatic sinus, but later, after each manipulation, the patient expresses himself that something is coming and we obtain the seminal fluid either direct or with the urine.

Then, by ocular and microscopic inspection, we may ascertain whether, now that the condition of aspermia has been proved to be dependent upon the narrowing of the ejaculatory ducts, the sperm fluid reveals the presence of oligospermia, oligozoöspermia, azoöspermia, hematospermia, or, if you permit me to coin a term for a condition which has not yet been christened, leucocytospermia.

Hematospermia, that is, bloody semen, in a non-gonorrhœal subject always raises the suspicion of tuberculosis and usually the tubercle bacilli will be found in the semen and perhaps in the urine. Through the rectum we feel the tubercular nodules.

Tuberculosis of the seminal vesicles is in the great majority of the cases secondary to tuberculosis of the prostate gland and the bladder, hence its treatment must be subordinated to the treatment of these last conditions. But where vesicular tuberculosis is primary we must take into consideration the question of immediate and complete extirpation.

I have thus depicted the essential diseases of the seminal vesicles, and if I content myself with a mere outline of the subject and pass by the consideration of traumatic and cancerous diseases, it is only because in the short time at my disposal it is impossible to give more than an outline. But I hope I have proved that the subject deserves our careful attention.

## PREGNANCY FOLLOWING VENTROFIXATION, WITH IMPROVEMENTS IN TECHNIQUE.

BY A. LAPHORN SMITH, M.D., M.R.C.S., ENGLAND; FELLOW OF THE AMERICAN GYNÆCOLOGICAL SOCIETY; PROFESSOR OF CLINICAL GYNÆCOLOGY, BISHOP'S UNIVERSITY, MONTREAL; GYNÆCOLOGIST TO THE MONTREAL DISPENSARY; SURGEON IN CHIEF OF THE SAMARITAN HOSPITAL FOR WOMEN; SURGEON TO THE WESTERN GENERAL HOSPITAL.

[*Author's Abstract of Paper read before American Gynæcological Society at Boston, May 24.*]

His conclusions were based upon about 2,500 cases by 41 operators, including 111 cases of his own, reported in reply to a circular letter of inquiry.

1st. That as far as curing retrodisplacements is concerned, whether retroflexion, retroversion, anteflexion with retroversion, and also prolapse of the uterus, ventrofixation with two buried silk stitches passing through peritoneum and fascia gives the most reliable results. Failures are unknown when the operation is performed in this way.

2d. Ventrofixation should be reserved for cases in which abdominal section is necessary for other reasons, such as detaching of adhesions and the removal of the diseased tubes which caused the adhesions. When it is expected that pregnancy may follow, some other operation should be chosen, because

3d. Although pregnancy only followed in 148 cases out of about 2,500, still in 30 per cent of these, or 36, there was pain, miscarriage, or difficult labor requiring obstetrical operations.

4th. When suspensio uteri was performed, that is, the uterus attached to the peritoneum, only a few relapses occurred; but, on the other hand, the patients were free from pain during pregnancy and the labors were less tedious; neither did they require resort to serious obstetrical operations. The uterus should therefore be suspended rather than fixed to the abdominal wall in all cases in which any part of the ovary is allowed to remain.

5th. A third method, it is claimed by some, — namely, the

intra-abdominal shortening of the round ligaments, — is preferable to either ventrofixation or suspensio uteri. This may be done either by drawing a loop of the round ligament into the loop which ties off the ovary and tube; or in cases in which the latter are not removed, simply to detach them from adhesions and shorten the round ligament by drawing up a loop of it and stitching it to itself for a space of about two inches. By this means the round ligament develops as pregnancy advances, and the dragging and pain and other more serious accidents which are present in thirty per cent of the cases of vetrofixation are certainly avoided.

6th. If the uterus is attached to the abdominal wall, the stitches should be kept on the anterior surface but near the top of the fundus; the complications were more frequent when there was too much anteversion than was the case when the anterior surface of the fundus was attached to the abdominal wall.

7th. As large a surface as possible should be made to adhere, by scarifying both the anterior surface of the fundus and the corresponding surface of the abdominal peritoneum, in which case one buried silk suture will be sufficient to keep the uterus in good position.

8th. Several of my correspondents mentioned incidentally that they knew of many cases of pregnancy after Alexander's operation, and that in no case was the pregnancy or labor unfavorably influenced by it. Alexander's operation should therefore be preferred whenever the uterus and appendages are free from adhesions.

9th. The results of Alexander's operation are so good that even when there are adhesions it might be well to adopt the procedure of freeing the adhesions by a very small median incision and then shortening the round ligaments by Alexander's method; after which the abdomen should be closed. This could be done without adding more than one half of one per cent to the mortality, which in Alexander's operation is nil.



---

 EDITORIAL.
 

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

---

## THE PHARMACOPEIA AGAIN.

We are in receipt of an advance sheet of the *Homœopathic Recorder* for July, purporting to be a reply to an article by Dr. J. Wilkinson Clapp, on the "Pharmacopeia of the American Institute," published in the June number of the GAZETTE.

The general trend of this screed, as to courtesy of expression and fidelity to fact, is such as would ordinarily consign it to the waste basket; but inasmuch as its distribution among the profession has no doubt been extensive, it is but just that the profession should know somewhat of the truth in the matter.

Neither the publishers of the *Recorder* nor any one else, to date, have advanced any argument in opposition to the new Pharmacopeia worthy of consideration, and such being the fact, the cry of "shop," "big money," and "who gets the profit" is contemptibly raised in the same breath with which we are assured that it is only done because "its universal adoption would prove detrimental to the best interests of homœopathy." Were this not so disgusting it *would* be amusing.

Is any sane man or woman likely to believe that if this new work was so prejudicial to homœopathy it would be so thoroughly accepted and indorsed before the largest representative body of homœopathists in the world, the American Institute of Homœopathy?

On the contrary, the facts are that the homœopathic profession of the United States, through its representative body, the American Institute of Homœopathy, has tried for more than thirty years to secure uniformity in the preparation of medicine, and to reach this result it was necessary to

have a pharmacopeia which could be recognized and accepted as a standard. Four distinct committees have been appointed by the Institute to further this object, three of which have had full opportunity to examine existing literature with a view to its acceptance, including the "American Homœopathic Pharmacopœia." This has been done, and in each case this work has been rejected as unsatisfactory. All three committees have reported in favor of adopting the English system of preparing tinctures, for the reason that this system enables us to secure uniformity of strength not obtainable in any other way. This has been accepted by the Institute at three different times and without opposition, and the committee of 1888 has completed the Pharmacopeia, taking the English work as a basis, in accordance with direct instructions from the Institute.

No one can question the character or ability of the committee, made up as it was of six pharmacists, men of intelligence and ability, and six physicians selected as experts in materia medica, chemistry, and pharmacy. Their work has been done faithfully and to the satisfaction of all intelligent pharmacists and physicians capable of judging impartially a work of this character. It has been done at a great personal sacrifice of time, labor, and also of money, as the Institute voted in 1890 not to assume any financial responsibility (to accept no profit and to assume no losses), and the committee, in order to protect the work from trade jealousies, and feeling that its interests would be better protected and advanced, concluded to publish the work in the name of the committee and to assume the risks of such action.

Now as to "the fat profit in selling this exorbitantly priced work."

As matters of fact, Otis Clapp & Son act only as agents, and as a firm have no financial interest in the work, and their expenses in distributing and advertising have far exceeded the amount received for commission.

The "Pharmacopeia of the American Institute of Homœopathy" has 674 large octavo pages, and the price in cloth binding is \$4.25; while the so-called "American Homœopathic

Pharmacopœia" has but 521 pages, somewhat smaller octavo, bound in half leather, — the only style, — and the list price at the time the Institute Pharmacopœia was published was \$5. When the last-named work became an established standard, and consequently rendered other American productions of this class of *no value*, the publishers magnanimously reduced their price.

Finally, in this remarkable production which is entitled "An Offer," we come to "the milk within the cocoanut." It is to the effect that —

"The editor of the *Recorder* is authorized by the publishers of the 'American Homœopathic Pharmacopœia,' Messrs. Boericke & Tafel, to donate to the American Institute of Homœopathy the plates of that work, provided that body will adopt the work officially and publish it at cost, or near enough to cost, to merely pay the handling."

The fact that the Institute, at its recent meeting, did not even bring up this magnanimous "offer" for consideration is in itself sufficient answer.

After all, why should they consider it? The Institute is not in the old junk business.

---

## EDITORIAL NOTES AND COMMENTS.

---

ANNUAL MEETING OF THE AMERICAN INSTITUTE. — The fifty-fourth annual meeting of the American Institute of Homœopathy was held in Omaha, Neb., from June 23 to June 28, the president, Dr. A. R. Wright, of Buffalo, in the chair.

The necrologist reported the following list of deceased members for the past year:—

Sarah Amelia Bennett of New York, Asabel H. Birdsall of Brooklyn, C. Bojames of Samara (Russia), Martha A. Bowerman of Chicago, Peter Diederich of Kansas City, Susan Ann Edsen of Washington, John L. Fersen of Pittsburg, Robert N. Flagg of Yonkers, N. Y., William H. W. Hinds of Milford, N. H., Edgar Jamny of Washington, D. C., DeWitt C. Jayne of Florida, N. Y., John H. Kenney

of Oswego, N. Y., Lyttleton L. Lazeer of Denver, William Hatch Lougee of Lawrence, Mass., Nathan R. Morse of Salem, Mass., William Owens of Cincinnati, Hugh M. Smith of Brooklyn, John F. Talmage of Brooklyn, William W. Tyderman of Knoxville, Tenn., Harrison Willis of Brooklyn, and Amos F. Worthington of Cincinnati.

And the following ex-members: Henry H. Darling, John Enis, Edward H. Jacobsen, John Nottingham, Edward Stillson, Samuel G. Tucker, and Charles E. Van Cluf.

The international bureau, through its chairman, Dr. J. B. G. Custis, of Washington, D. C., recommended that a corresponding member be chosen in the medical centre of every country, from whom all data respecting homœopathic physicians and medical laws should be obtained, including a list of all the laws regulating the practice with relation to the departments of state, army, and navy in each country, as well as to the supervision of medical education.

Another recommendation was the keeping of a list at the Washington bureau of all homœopathic graduates. The object of all this, said the report, is to have the means at hand of furnishing information whenever assistance is needed for state or national legislation.

The question of the recognition of homœopathic physicians and surgeons in the army and navy was then discussed, and a resolution was introduced for the appointment of a committee to petition President McKinley on the matter; was referred to the Committee on Resolutions.

The section of clinical medicine presented interesting papers on Croupous Pneumonia by the following authors: Dr. George F. Laidlaw of New York, Edward Beecher Hooker of Hartford, Conn., O. S. Runnels of Indianapolis, Pemberton Dudley and Gordon M. Christene of Philadelphia, J. B. G. Custis of Washington, Chas. E. Fisher of Chicago, and Chas. E. Walton of Chicago.

The materia medica section discussed the four "pathies." Papers were presented or remarks made by Drs. Elbridge C. Price of Baltimore, J. S. Mitchell and Chas. Gatchell of Chicago, Baxter of Cincinnati, Pemberton Dudley of Phila-

delphia, Geo. F. Laidlaw of New York, Geo. Royal of Des Moines, Allen and Pierson of Chicago, and James C. Wood of Cleveland.

The general trend of the whole discussion was towards a broader liberalism and much less sectarianism in the domain of medicine. It was pretty generally claimed that the firmest believer in the homœopathic law had a perfect right to use any and all means which he conscientiously believed would tend to the recovery of his patient, without endangering his right to be called a homœopathist.

The discussion of the use of anti-toxines for the cure of disease before the bureau of clinical medicine was animatedly discussed by Drs. J. S. Allen, Joseph P. Cobb, C. B. Kenyon, Reuben Laidlaw, H. C. Allen, C. E. Fisher of Chicago, T. L. Hazzard of Iowa City, W. A. Humphrey of Nebraska, Charles E. Walton of Cincinnati, C. B. Kenyon of Ann Arbor, James H. McClelland of Pittsburg, J. C. Wood of Cleveland, and a number of others.

Interesting papers were also read by the bureaus of surgery, gynæcology, pædology, and obstetrics.

Fifty new members were admitted to the Institute.

The following standing committees were appointed for the ensuing year:—

Organization — Drs. T. Franklin Smith of New York, Sarah J. Allen of Charlotte, Mich., H. C. Aldrich of Minneapolis, W. T. Talbot of Boston, and J. W. Anderson of Denver.

Medical Literature — Drs. W. C. Goodno of Philadelphia, S. C. Delap of Kansas City, H. R. Arndt of San Diego, A. Wanstall of Baltimore, and J. P. Rand of Worcester, Mass.

Medical Education — Drs. H. T. Biggar of Cleveland, E. C. Price of Baltimore, E. H. Linnell of Norwich, Conn., St. Clair Smith of New York, and J. A. Rockwell of Norwich, Conn.

Life Insurance Examiners — Drs. George B. Peck of Providence, R. I., John P. Seward of New York, Frank Elliott of Kansas City, John W. Sheldon of Syracuse, N. Y., and R. M. Richards of Detroit.

Publication — Drs. T. Y. Kenne of Paterson, N. J., H. M. Dearborn and Francis E. Doughty of New York.

International Bureau — Drs. J. B. G. Custis of Washington, D. C., Stephen H. Knight of Detroit, Cornelia S. Stetler of Chicago, Bushrod W. James of Philadelphia, and G. F. Laidlaw of New York.

Memorial Services — Drs. S. P. Hedges of Chicago, H. C. French and J. A. Albertson of San Francisco, G. H. Fulford and Sophia Penfield of Danbury, Conn.

Interstate — Dr. W. H. Hanchett of Omaha, chairman.

Press — Drs. W. R. King of Washington, J. T. Cook of Buffalo, Lizzie G. Guthertz of St. Louis, D. A. Foote of Omaha, and W. W. Stafford of Chicago.

Transportation — Drs. J. B. Garrison of New York, D. A. Strickler of Denver, O. S. Wood of Omaha, E. R. Fiske of Brooklyn, and P. E. Triem of Manchester, Pa.

Resolutions — Drs. J. S. Mitchell of Chicago, W. D. Foster of Kansas City, Mary Branson of Philadelphia, A. P. Williamson of Minneapolis, and J. T. Greenleaf of Oswego, N. Y.

The following officers were chosen for the ensuing year: —

President, Benj. F. Bailey, M.D.; vice-presidents, A. B. Norton, M.D., Sarah J. Millsop, M.D.; general secretary, Eugene H. Porter, M.D.; recording secretary, Frank Kroft, M.D.; treasurer, E. M. Kellogg, M.D.; assistant treasurer, T. F. Smith, M.D.

---

## SOCIETIES.

### WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held Wednesday, May 11, at the Young Women's Christian Association rooms, Worcester.

The meeting was called to order by the vice-president, Dr. Amanda C. Bray. The records of the last meeting were read and approved. Dr. J. Emmons Briggs, of Boston, was

elected a member of the society. Dr. F. T. Harvey, of Clinton, was appointed a delegate to the American Institute of Homœopathy at Omaha, with power to choose a substitute.

On motion of Dr. Rand, it was voted to leave all arrangements for the August meeting with the chairman of the bureau to report at that meeting.

At the conclusion of the business session, the meeting was taken in charge by the chairman of the Bureau of Gynæcology and Obstetrics, Dr. Bray, and an interesting programme presented.

The first paper was read by Dr. E. A. Murdock, and entitled "Abortion." The writer outlined his method of treatment, and reported several very interesting cases.

Dr. Pratt followed with a paper entitled "Cases from Gynæcological Practice."

Dr. Russell Bingham then read a paper upon the subject of Electricity in the Treatment of Diseases of Women. The writer had used this agent for some time in the treatment of dysmenorrhœa, amenorrhœa, endometritis, ovaritis, pelvic inflammation, subinvolution, prolapsus uteri, etc. It is a powerful stimulating, sedative tonic, indicated in all subacute and chronic cases, but must be used with extreme caution. In its application in every case there is room for the exercise of nice judgment, for there is no rule to determine the degree of toleration. Shall it be a galvanic or faradic current? a strong, medium, or feeble current? of long or short duration? Shall it be a general faradization or a central galvanization, or a combination of both? or shall it be only a local application? These are some of the questions which must receive careful consideration, or one will surely meet with disappointment in their treatment.

Dr. G. Forrest Martin, of Lowell, was present as a guest of the society, and at this point he read a very interesting paper upon the subject of Submucous Tears of the Perineum.

The writer believed that this form of laceration was frequently overlooked, and hence, in reality, a more fruitful source of trouble afterwards than the more extensive and perfectly apparent tears. These submucous tears are not

difficult to discover if the proper care is used. Mere ocular examination of the perineum or even of the entire vaginal floor is not enough. They will escape detection if the examination stop here. But if the forefinger in the vagina and the thumb on the anterior verge of the anus are made to carefully test the thickness and resistance of the parts between them, and if this examination be carried across the pelvic floor, the trouble, if present, will not be overlooked. It will be seen at once that not only is the supporting portion of the structure gone, but there is left nothing but a wall of tissue intervening between the vaginal canal and the rectum. The writer then carefully described his method of repairing this form of perineal injury, which consisted, in short, of carefully uniting the torn edges of the muscle fibres subcutaneously. By means of a longitudinal incision carried across the perineum outside the vaginal canal, the mucous membrane is reflected backward and the divided ends of the muscles exposed. The deep sutures are then inserted and the integrity of the muscle restored. Superficial sutures are then used to close the skin incision. The advantages claimed for this method were, first, its simplicity; second, the fact that the vaginal mucous membrane was left intact, the only sutured surface being without the vaginal canal, which means a great deal in the healing of the wound and in the facility with which it can be cleansed and cared for.

“The Significance of Puerperal Temperatures” was the title of a paper read by Dr. S. E. Fletcher. The writer spoke briefly of the different forms of fevers in the puerperal state, and distinguished them as infectious and non-infectious. He called attention to the fact that the parturient woman is equally, if not more, susceptible to the same acute febrile diseases as her non-parturient sister, and that as these diseases appear in the puerperal state their course may be so modified, and their diagnosis so difficult, as to be often confounded with the different forms of septic infection to which women are so liable at this time. He reported several cases illustrating the various forms of puerperal fevers.

Dr. J. M. Barton then read a short paper describing the



application and sphere of action of the tissue remedies in uterine disease.

The last paper was read by Amanda C. Bray, entitled "Ovarian Neuralgia," with report of case.

Meeting adjourned at 4 P.M.

F. R. WARREN, *Secretary.*

---

## REVIEWS AND NOTICES OF BOOKS.

ATLAS AND ABSTRACT OF THE DISEASES OF THE LARYNX. By Dr. L. Grünwald, of Munich. Edited by Charles P. Grayson, M.D. With 107 Colored Figures on 44 Plates. Philadelphia: W. B. Saunders.

Too much cannot be said in praise of this work. It is of the utmost value to the students because it is the aim of the author to give a clinical picture of every disease considered, and this is done by means of numerous colored plates illustrating the objective conditions. The first portion of the book is devoted to a brief outline of the anatomy and physiology of the larynx.

Here illustrations are numerous and frequent; practical points are touched upon with references to the clinical plates in the latter portion of the book. Pathology and treatment of the common diseases of the larynx follow, with chapters on chronic inflammations, neoplasms, disturbances of motility, disturbances of sensibility, of circulation, etc. Again are these subjects treated from the standpoints of the clinician and not from that of the theorist, as is too often the case. There are some twenty-five illustrations of pathological specimens, as seen under the microscope, in addition to the plates before referred to.

The reading matter is condensed, the book is inexpensive and altogether desirable. G. B. R.

ATLAS OF LEGAL MEDICINE. By Dr. E. Von Hofmann. Authorized translation from the German. Edited by Frederick Peterson, M.D., assisted by Aloysius O. J. Kelly, M.D. Illustrated. Philadelphia: W. B. Saunders. 1898. Price \$3.50 net.

In the study of a country, personal observation or a reliable book of maps is of prime importance. It is no less true that in the study of forensic medicine we must familiarize ourselves with various

lesions and pathological conditions either by actual sight of the same, or by means of illustrations, as perfect reproductions of the original cases as can be obtained.

Not every physician can command the opportunities to see a large number of original cases bearing upon medico-legal subjects. An excellent substitute for such opportunities is offered by the book under review.

Dr. Von Hofmann, the author, was recognized as an expert in forensic medicine on both sides of the water. This English edition has been translated and edited by men of repute and literary ability, leading American specialists familiar with their subject and with the language of the author.

The work in its present shape is admirably well adapted to serve as a supplement to text-books of legal medicine, because its numerous cuts and colored plates illustrate the statements made. Cases are presented in a most lifelike and vivid manner. The book is intentionally a volume of illustrations, prepared either from recent cases or from museum specimens. Those in black number 193. There are 56 plates in color. Each cut is accompanied by a brief account of the condition it illustrates, and the relative importance of that condition from a medico-legal standpoint.

The work is essentially a hand-atlas, being of a convenient size (5 x 7½ inches), and is substantially bound in cloth. It is one of a series of volumes on various important medical subjects to be speedily issued in the form of a carefully edited English edition of the well-known *Lehmann medicinischen Handatlanten*.

HANDBOOK OF DISEASES OF THE HEART AND THEIR HOMOEOPATHIC TREATMENT. By Thomas C. Duncan, M.D. Publisher, Halsey Bros. Company, Chicago. 1898. pp. 114. Price \$1.

This little book is not intended to give a comprehensive survey of the subject of which it treats, either from a diagnostic or from a therapeutic standpoint, but gives its information in the form of hints or of fragmentary observations. In several places it shows carelessness in its preparation; as, for instance, on page 89, where, in describing a case of angina pectoris, the subject being an athletic man, writhing in agony, and "being held on the bed by four persons," the author at last was able to pry open the jaws sufficiently to get a teaspoonful of cactus 3x in the mouth. Then, "by lifting the epiglottis, I succeeded in getting part of it swallowed." H. C. C.

PRINCIPLES OF MEDICINE. Designed for use as a Text-book in Medical Colleges and for consideration by Practitioners generally. By Chas. S. Mack, M.D. Chicago: W. T. Keener Co. 1897.

“The object of this book is to show just what is the cure sought in any given practice of homœopathy; to show that the cure cannot be intelligently attempted excepting under guidance of *similia similibus curantur* as law, and to show that one may consistently accept homœopathy and at the same time accept whatever else is good in medicine.” So says the author in the Preface.

This little book contains nine chapters made up of letters, lectures, and essays under the following titles:—

- I. Is homœopathy exclusive?
- II. Homœopathy the only system of curative medicine.
- III. What shall we prove?
- IV. Homœopathy menaced by empiricism.
- V. Empiricism — Rational practice — Practice under guidance of law.
- VI. How to study and how to teach materia medica.
- VII. Need of definition of the end sought in any given practice of homœopathy.
- VIII. Some considerations bearing on practice with dynamic antagonists in cases of poisoning by dynamic drugs.
- IX. An address to some students in a non-homœopathic medical college.

This book treats of very interesting matter in a very interesting way. Chapter second depends entirely for its acceptance upon the agreement with the author in his definition of cure. We doubt if all the readers will entirely acquiesce in that definition. Chapter sixth, on how to study and teach materia medica, is excellent and would be of great help to any student in the beginning of his study of this subject.

---

## GLEANINGS AND TRANSLATIONS.

---

THE NATURE OF THE LESIONS IN TYPHOID. FEVER. — Dr. F. B. Mallory (*Journal of the Boston Society of Medical Sciences*, April) has arrived at the following conclusions as the result of a histological study of nineteen cases of typhoid fever, in seven of which the intestinal lesions were in the stage of necrosis or an earlier one. He says, that histolog-

ically the essential lesions of typhoid fever are proliferative and that they stand in close relationship to those of tuberculosis, but that the typhoid bacillus bears no such intimate relation to the lesions of typhoid fever as the tubercle bacillus does to the lesions of tuberculosis. In typhoid fever the lesions are essentially diffuse, in tuberculosis they are focal. Experimental work with the typhoid bacillus he regards as unfortunately out of the question, owing to the insusceptibility of animals. Judging from the gross and histological lesions alone, he considers that we have to do in typhoid fever with a mild toxic agent which in part is absorbed from the intestinal tract, in part is produced within the body in the various organs and in the blood.

The intestinal lesions depend upon absorption, mainly through the lymphatic apparatus, but in part through the capillaries. The toxine is diffusible, as is shown by the extension of the lesions in the submucous, serous, and muscular coats to a varying distance outside of the path of absorption. The lesions in the mesenteric lymph nodes depend on absorption through the lymphatics, while those in the rest of the body depend primarily on the toxine in the general circulation. In the liver they are partly primary, as is shown by the proliferation of the capillary endothelium, partly secondary and dependent on cell embolism, as already demonstrated, while those in the spleen and bone marrow depend chiefly, at least, on the toxine in the circulation. How much of the toxine is produced within the organs themselves, he regards it as impossible to say, but the abundant supply and the slowness of the circulation in those organs probably have some effect in the production of the lesions. Finally, he concludes that we may have more or less abundant formation of phagocytic cells generally throughout the lymphatics of the body, as shown by the presence of phagocytic cells in the lymph vessels of the heart, lungs, testicles, and pia-arachnoid, and by the focal lesions to which they may give rise. Here the lesions are evidently due to the elimination of the toxine from the blood vessels and its reabsorption through the lym-

phatics. To this same class belong the lesions in lymphatics around the portal vessels of the liver.

The cell changes and the lesions above described are not, he says, peculiar to typhoid fever, except in location, sequence, and degree. — *New York Medical Journal*.

THE FIRST NATHAN LEWIS HATFIELD PRIZE FOR ORIGINAL RESEARCH IN MEDICINE. — The College of Physicians of Philadelphia announces through its committee that the sum of five hundred dollars will be awarded to the author of the best essay in competition for the foregoing prize. Subject: A Pathological and Clinical Study of the Thymus Gland and its Relations. Essays must be submitted on or before January 1, 1900, and each essay must be typewritten, designated by a motto or device, and accompanied by a sealed envelope bearing the same motto or device and containing the name and address of the author. No envelope will be opened except that which accompanies the successful essay. The committee will return the unsuccessful essays if reclaimed by their respective writers or their agents within one year; and it reserves the right not to make an award if no essay submitted is considered worthy of the prize. The treatment of the subject must, in accordance with the conditions of the trust, embody original observations or researches or original deductions. The competition shall be open to members of the medical profession and men of science in the United States. The original of the successful essay shall become the property of the College of Physicians. The trustees shall have full control of the publication of the memorial essay. It shall be published in the *Transactions* of the college, and also, when expedient, as a separate issue. Address J. C. Wilson, M.D., chairman, College of Physicians, 219 South Thirteenth Street, Philadelphia, Pa. — *New York Medical Journal*.

NITROGLYCERIN IN SPASMODIC CROUP.—Dr. G. G. Marshall (*Atlantic Medical Weekly*, May 28) has found in nitroglycerin an ideal remedy for spasmodic croup where steam inhalations and emetics fail, or where they depress too much to bear repetition. He recommends it to be given in small

doses frequently repeated. To children from five to ten months old he gives from one ten-hundredth to one six-hundredth of a grain, repeated in from five to ten minutes if no effect is noticeable. Usually in ten minutes there is marked relief in the dyspnœa and general appearance of the child. By repeating these small doses from every fifteen minutes to once in one to three hours, the laryngeal spasms are controlled. Sometimes it is not necessary to repeat it more than once or twice; at other times the remedy has to be continued at more or less frequent intervals for two or three days. — *New York Medical Journal.*

SNORING AS A CALAMITY.—The police magistrate of Westminster, England (*Gazette médicale de Paris*, May 21), had recently to decide whether the snoring of a young woman could be held to be the committal of a nuisance and a menace to health. One evening a Miss Jane Ship, a domestic servant, at the time out of employment, rented a room in a hotel in Queen's Gate kept by a Mr. Gaskell. The young girl was well dressed, of respectable address, and no difficulty was made in admitting her. She paid a week's rent in advance, settled for her supper, and finally went to her room. She had hardly retired for half an hour when the hotel keeper, struck with horror, heard resounding through the house a violent and continued noise that he compared before the court to that of a freight train passing over an iron bridge. The entire house was aroused. The frightened lodgers rushed half clad from their rooms, calling for help, while those who kept their heads at once set about getting their baggage together. The hotel keeper finally realized that the sound proceeded from the room occupied by Jane Ship, and emboldened himself to knock at her door. The young woman, awakened, freely confessed her infirmity and bemoaned her fate with tears. On account of that, she said, she had never been able to keep a place for more than eight days. The hotel keeper begged her to forthwith seek accommodation elsewhere; but the girl asserted that she had paid for eight days and meant to stay her week out. A policeman who was consulted confirmed her right to do so. At last

Gaskell, finding his hotel empty and his livelihood threatened, summoned Jane Ship before the magistrate. The latter was in a quandary. How could he arrive at a decision? Should he call an expert in snoring? Should he pass a night himself at the hotel? He preferred to content himself with the testimony of the witnesses summoned by the hotel keeper, among whom was a reputable clergyman, who compared the young woman's snoring (somewhat "previously," it must be confessed) to the trump of the last judgment. Finally Jane Ship was bade to seek lodging elsewhere, the hotel keeper restoring her money. But what became of the poor girl? Surely here was a case for the attention of rhinologists of both classes, those benevolent ones who seek with single heart the pursuit of science and the benefit of humanity, and those who have always an eye to business through "ethical" advertisement. Had she adenoids; occlusion of the nares by deflected *sæptum*, polypi, swollen turbinates, etc.; defective innervation of the *velum palati*; enlarged tonsils, and so forth, or a combination of all or any of them? To the benevolent physician, what a pitiable case is here! To the advertiser, what a splendid opportunity for having greatness thrust upon him in the press without appearing to know anything about it, if only the prying reporter is as active in "following up a story" in England as in this country. Between them, surely, the poor girl will find relief. — *New York Medical Journal*.

INHUMAN WEAPONS OF WAR.—The above was the title of a paper read by Professor von Bruns at the German Surgical Congress recently held in Wiesbaden. The author refers to the dum-dum bullets, and asserts that he made a number of experiments upon dead bodies or portions of them, with these bullets supplied to the British troops during the recent campaign on the Indian frontier, and states that the results of their contact are fearful and cannot be exaggerated. The *British Medical Journal*, in answer to this charge, says: "The question of the special effects produced by the dum-dum, it will be remembered, was raised a short time ago in the House of Commons, and the reply of the government was to the

effect that the reports as to the mutilating properties were erroneous, and that its effects were not those of an explosive bullet." Since the publication of the *British Medical Journal* containing the above report, two prominent surgeons in the British Indian army have given their views on the subject. Both agree that the dum-dum bullet is not explosive, but that its effects are much more harmful than those of an ordinary small-bore bullet; but they at the same time assert that a bullet wound from the old-time Snider was much more destructive, and that under the regulations of the Geneva conventions the dum-dum bullet can hardly be objected to as an inhuman weapon of war. However, an unofficial reply was made by the British government, that the dum-dum or expanding bullet would not be used against civilized troops. The fear has been expressed that the Spanish Mauser bullet may be transformed into a dum-dum; indeed, it is thought that such transformed bullets were employed by the Spaniards who harried our marines at Guantanamo Bay, for the mutilation of the dead was frightful, and according to the surgeon's report this was the result of the bullets and not of machete wounds inflicted on the dead by Spanish savages, as was at first believed. — *Medical Record*.

THE INFLUENCE OF LOCALITY ON THE PREVALENCE OF MALIGNANT DISEASE. — In the section on "Surgery" of our "Progress of Medical Science" will be found a brief excerpt of a more than ordinarily interesting article by Edward Noel Mason, in the *British Medical Journal* for March 12, with the above title.

There is much food for thought in the suggestions therein contained, and we think it would be a wise plan to attempt a thorough and world-wide investigation of this subject.

Of all serious diseases affecting humanity there is less known as regards geographical distribution and prevalence of malignant neoplasms than any other form of disease.

In Hirsch's monumental work on "Geographical and Historical Pathology" only eight pages are devoted to this subject, and as Hirsch himself explains, this is due only to the



lack of any general knowledge on this highly important question : might not this investigation lead to some clew leading to the detection of the etiology of cancerous growths ? In the paper by Mason to which we have just referred, the statement is made that cases of malignant disease tend to group themselves chiefly about the low lying land in the neighborhood of the sluggish streams, or where there is little fall. With this view we cannot agree. His generalization is opposed by the fact that, in Norway, cancer occurs mostly in the mountainous districts and at considerable elevations. To some extent, no doubt, along the shores of the fjords, but least of all on the open coast. In Mexico the high table-land is more subject to cancer than the low plains ; again, in Switzerland, an entirely mountainous country, with rushing streams and torrents, instead of sluggish streams, cancer is very common. It is a sight of daily occurrence in the goitrous sections of Switzerland to see patients whose apparently harmless cystic and fibrous goiters have become malignant.

A comprehensive knowledge of the minute geographical distribution of malignant neoplasms is much to be wished, for the sake of the light it might throw on the etiology. Why is it that some countries are practically exempt ? In Greenland and Iceland malignant growths are extremely uncommon, in Turkey the same, while a very decided immunity from cancer is enjoyed by the North African countries of Egypt, Tunis, Algiers, and Abyssinia. In China, on the contrary, malignant neoplasms are very common.

The United States, presenting as they do, in large areas, mountainous, paludal, and other physical configurations, with all climates from the arctic to the tropical, much light on this subject could be obtained without being compelled to rely on foreign statistics or inferences. We commend these ideas to the gentlemen who attend national and State medical meetings as more worthy of their serious consideration, and the results of which would be more beneficial to the human race than the rather monotonous and dreary reiteration of "interesting (or rare) cases." — *Georgia Journal of Medicine and Surgery.*

INFANTILE SCURVY, WITH COMMENTS ON INFANT FOODS AND FEEDING. — By Dr. A. M. Jacobüs, *Medical News*, January, 1898. Scurvy in infants occurs most frequently between the ages of nine and eighteen months. It is a disease of malnutrition. The causes of scurvy are many. Chiefly poor human or cow's milk, improperly modified good cow's milk, proprietary foods, condensed and sterilized milk, the three latter being relatively unsuitable in the order named, and, finally, a lack of cereals and raw foods, meat, fruit juices, etc., in variety and quantity suitable to the age of the infant.

The treatment, fortunately, is generally simple. First, we must absolutely prohibit the use of patent and proprietary foods, and next supply a food, in the absence of good mother's milk, properly modified. For a child aged eleven to fourteen months the author would prescribe the following diet: Robinson's prepared barley, well cooked with water, and as thick as rich milk, and the best cow's milk, *unsterilized*, or raw, in equal parts, with two teaspoonfuls of pure cream, two teaspoonfuls of lime water, and one half to one teaspoonful of the best granulated sugar at each feeding. The child should be fed about once in two to three hours, depending upon the quantity it can take and retain at each feeding. After the second week increase the proportion of milk to two thirds, and barley or oatmeal water and the rest of the mixture together making one third. From the first give the juice of two medium-sized, choice, sweet oranges or one sweetened lemon each day in teaspoonful doses, with sugar, and as much water then and between feedings as desired. Also give two to four teaspoonfuls of beef juice twice a day, freshly prepared as follows: Take a small piece of "top sirloin," sear it quickly, first on one and then on the other side, and then broil it over a bed of live coals until the juice begins to run. Then score it with a hot knife, squeeze it with a hot lemon squeezer into a hot saucer, and add a pinch of salt and serve with a hot spoon as it cools down sufficiently to be fed to the baby without burning the mouth.

Improvement and cure rapidly follow, and usually no medicines are required. — *Georgia Journal of Medicine and Surgery*.

SPONTANEOUS COMBUSTION OF HYDROGEN PEROXIDE. — Mr. Charles H. La Wall (*American Journal of Pharmacy*, June) records an instance of the spontaneous combustion of peroxide of hydrogen used as an application on cheese cloth to a wrist affected by poison oak. The moistening of the cheese cloth being discontinued, several hours later an odor of burning clothes and severe pain in the wrist directed the patient's attention to the fact that the bandage was smouldering and was already charred black in many places. Before it could be removed it had caused several burns on the wrist, which required weeks to heal, and which will show scars for several years.

A subsequent experiment with peroxide of hydrogen and cheese cloth produced the same result, which is attributed by the author as possibly due to a small amount of free sulphuric acid. — *New York Medical Journal*.

MALNUTRITION IN INFANTS. — The following emulsion is recommended as useful in case of rickets or chronic malnutrition :—

R̄	Olive oil	ʒiii
	Glycerine	ʒiiss
	Yolks of two eggs.	

Make an emulsion and add one half minim of creosote to each drachm. — *Georgia Medical Journal*.

DR. JOHN E. WALSH, bacteriologist for District of Columbia, in an article on Diphtheria in the *New York Medical Journal* states that the still prevalent idea that diphtheria is a purely local disease is dangerously fallacious.

That there are three organisms causing diphtheria, the *staphylococcus pyogenes*, *streptococcus pyogenes*, and the *Klebs-Loeffler bacillus*, and proposes as a substitute for the term diphtheria staphylo-angina, strepto-angina, and angina Klebs-Loeffler.

In regard to the Klebs-Loeffler bacillus being found in the throats of healthy people and remaining for a long time in the throats of those apparently recovered from diphtheria,

his explanation is that those persons are immune, but a source of contagion to others.

Experience in the New York Infant Asylum illustrates the fact that great benefit may result from immunization with anti-toxine.

That contrary to the general opinion, unsanitary surroundings do not cause marked prevalence in the disease, as it occurs full as much among the well-to-do as among the poor.

In treatment Dr. Walsh is a firm believer in the anti-toxine.

THE PASTEUR MONUMENT. — The *British Medical Journal* says that the monument to Pasteur, which is to be erected in Paris in the space in front of the Pantheon, is now almost completed. M. Falguière, the sculptor, has introduced certain modifications into his original design, in which Pasteur was simply represented as overcoming death, which was in the act of flight. Now a group of a mother with her child, thanking Pasteur, has been added on the right, while behind the central figure Fame is shown crowning him with laurels. The international subscription to the memorial now amounts to nearly \$65,000. — *Medical Record*.

INSANITY CURED BY REMOVAL OF UTERINE APPENDAGES. — Dr. E. Hall (*Canadian Practitioner*, April; *Philadelphia Medical Journal*, June 11) reports a case of a woman aged thirty-five, considered hopelessly insane, in whom removal of the appendages for ovarian cyst with tubal adhesions was followed by restoration to mental health. — *New York Medical Journal*, June 18.

A NEW THEORY OF THE ACCIDENTS CONSEQUENT ON EXCISION OF THE THYROID. — M. Gibert (*Nouveau Montpellier médical*, May 14) communicated to the *Société des sciences médicales de Montpellier* the case of a young woman affected with an enormous goitre on whom a partial thyroidectomy was performed. The patient died in twenty-four hours with very great hyperpyrexia, but without any tetanic symptoms. In seeking for an explanation of so rapidly fatal a termination, M. Gibert suggests that normally the thyroid gland

destroys the toxic products secreted by the organism. In certain cases these toxic products being secreted in great quantity, the gland undergoes a compensatory hypertrophy. The sudden removal of the gland therefore leads to intoxication. — *New York Medical Journal.*

INFANTILE SYPHILIS.— Dr. John T. Nagle, chief of the bureau of municipal statistics of New York, writes that at the forthcoming meeting of the Royal Society of Public Medicine of the Kingdom of Belgium, in July next, in Brussels, there will be a discussion on infantile syphilis, and strenuous efforts are being made to obtain as accurate and complete information on this subject as possible. The results of this investigation that the society is making, Dr. Nagle thinks, will be of interest to the medical profession in general, and he would be thankful if those who have devoted much time to this subject would furnish him immediately with any facts that they possess which bear on the inquiries that are made by the society. The questions are as follows: 1. Do you meet with cases of infantile syphilis in your practice; if so, how frequently? 2. In what year did your observations begin? 3. In the cases which you have been able to follow, was the disease slight in degree or was it so severe as to produce pronounced cachexia? Please state, if you remember them, the lesions present. 4. What age, approximately, were the children? 5. What was the result of the disease? 6. Were you ever able to trace it to its source, heredity or contagion, from parents, nurses, etc.? 7. Is syphilis rare or frequent in the locality where these infantile cases have been observed? 8. Do you often see children, born of syphilitic women, who present no characteristic lesions of the disease during their early years? 9. If you have collected any special observations on the placenta in syphilitic women or those who have been cured of the disease, kindly mention them. The answers to these questions may be sent to Dr. Nagle, 346 Broadway, New York City, who is a corresponding foreign member of the society. — *Medical Record.*

### PERSONAL AND NEWS ITEMS.

---

DR. ELLEN R. KEITH has just completed an addition of ten rooms to her institution in Framingham. The fact of a necessity for such enlargement of her premises is in itself a warrant of her success, and we sincerely congratulate her.

OFFICE TO LET. — A physician having a city office on Copley Square, and using it but a short time each day, will rent it to another physician for part of the day at very moderate rate. The office is on the first floor, with waiting room adjoining, telephone, door service, and all conveniences. Apply to janitor, 553 Boylston Street, preferably between 1 and 2.

DR. J. K. CULVER has removed her office to 2 Commonwealth Avenue, corner Arlington Street, near Boylston Street, Boston.

DR. A. L. DOUGLASS has removed from Ellsworth, Maine, to Rockland, Maine, having sold his practice — formerly Dr. W. M. Haines' — to Dr. Harry W. Osgood, class of '98 B. U. S. of M.

THE twelfth annual class for instruction in official surgery will assemble in Chicago at 9 A.M., Monday, September 5, 1898, and will continue to meet daily during the week, as usual. For particulars of this clinical course, address E. H. Pratt, M.D., 100 State Street, Chicago.

---

### PUBLISHERS' DEPARTMENT.

---

AN IDEAL BEVERAGE. — Cool drinks are especially grateful in the warm summer days, now quite upon us. The difficulty is to choose such beverages as are both harmless and palatable. It is needless to enlarge upon the excellent reasons which may be brought forward for deprecating the use of carbonated drinks. Lemonade, however popular, is not to be drunk by every one with impunity. Alcoholic concoctions may properly be ruled out. Iced coffee, and more par-

ticularly iced tea, are not to be recommended as harmless substitutes for any of the above. Cold tea is, indeed, a popular form of refreshment, but is undoubtedly injurious in its results. Dr. James Wood, in the *Quarterly Journal of Inebriety*, says: "Tea-poisoning is responsible for half of the headaches, and a large proportion of all cases of despondency, palpitation of the heart, giddiness, and allied symptoms." There remain, however, the fruit juices, not in thick, heavy syrups saturated with sugar, but the natural juices of fruit. Chief among them is grape juice.

Attention should be much more widely directed to the use of this beverage than has ever been the case. Every one is familiar with the so-called grape cure instituted in France and Germany years ago, and successfully resorted to for the relief of many forms of gastric affections and general debility.

According to Dr. I. C. Rosse, in the *Maryland Medical Journal*, the first physiological effects of grapes is the promotion of the secretions and excretions without irritation of the intestinal canal, when the grapes selected are proper for the treatment and there is no contraindication (*Annals of Hygiene*). Grapes are of great value in cases of irregular digestion.

Again, the *Charlotte Medical Journal*, referring editorially to certain bacteriological investigations reported in recent issues, says: "They have shown clearly that those micro-organisms which are most abundant in certain forms of indigestion, particularly those accompanied by so-called biliousness, coated tongue, bad taste in the mouth, etc., do not thrive in fruit juices, and die quickly in grape juice. The fact shows quite conclusively that the value of a fruit dietary in indigestion is chiefly due to the germicidal properties of the fruit juices."

To whatever the value of a fruit dietary may be attributed, the real worth of the fruit juices is freely admitted.

Thus grape juice has its place in both health and disease. If properly expressed and bottled it represents all the nutritious and curative elements of the grapes — a natural food and medicine in its simplest form.

The Pure Grape Juice bottled expressly for Otis Clapp & Son, 10 Park Square, Boston, commends itself to the user at once by its rich fruity flavor and fragrance. It is prepared from selected grapes, is preserved without boiling, and is put up without the addition of any substance to prevent fermentation.

Here is an ideal beverage for the hot summer months, grateful and beneficial to the invalid, appetizing and refreshing to every one, a drink that may be taken freely with none but good results and undiminished satisfaction.

Physicians are reminded that Otis Clapp & Son's Pure Grape Juice is particularly well borne in acute gastritis, and in ulceration and cancer of the stomach when other nourishment is not retained.

It is also indicated in typhoid and malarial fevers, and is an admirable supplement to the dietary recommended in simple or pernicious anæmia, in chlorosis, and in nervous exhaustion.

Further information regarding prices, etc., may be found in the advertising pages of this number of the GAZETTE.

A PRACTICAL LITTLE MANUAL.—When the physician sees the families that have been under his care leaving home for the shore or country, he naturally hopes that there may be no occasion during their absence for them to require the services of any other member of the profession.

Comparisons are odious, and some people invariably find the doctor last called in the wisest and most skilful they have ever had. Therefore it is, perhaps, as well for the family physician as for the members of the family that they should return to their home with no other knowledge of medical practice than that which he has thought best to give them.

To insure such a desirable state of things, however, it will be necessary that some one of the travelers, at least, shall be prepared to meet slight emergencies or relieve trifling illnesses.

The doctor's words of instruction may not be remembered, or it may be that he has not foreseen the particular emergency or illness that actually occurs. Another and a strange physician will probably be called in unless, indeed, the family have with them some simple, direct, practical little manual which will suggest a harmless but effective remedy, be it in the form of medicine or quite as often some important hygienic hint, or bit of nursing lore gleaned from long experience. Such a manual, together with a few, a very few reliable homœopathic dilutions and tablets, and some easily applied accessories, will tide the family over the woes of sudden indispositions or troublesome but slight accidents.

A manual of the character specified may be procured in the form of a little book entitled "Hints in Domestic Practice and Home Nursing," published by Otis Clapp & Son, 10 Park Square, Boston.



We think we may properly say that it interferes in no way with the regular work of the physician. In fact it many times calls attention to the necessity of relying solely upon him in all serious conditions and illnesses, and of obeying unhesitatingly his instructions. Its aim is more especially to spread abroad the truths of homœopathy, to inspire confidence in that school of practice, to teach people how to keep well, and if they must "take something" how infinitely better it is to avoid taking patent medicines and cure-alls.

We should be glad to have physicians examine this little book, feeling sure that they will be only too glad to place it in the hands of patients or recommend it to them.

To physicians this monograph is offered at an exceptional discount.

In paper covers it retails at twenty-five cents; in cloth binding at fifty cents.

Orders should be sent to Otis Clapp & Son, 10 Park Square, Boston, or 417 Westminster Street, Providence, R. I.

DR. GIVENS' SANITARIUM at Stamford, Conn., for nervous and mental diseases is one of the most favorably located in this country. It is a quiet homelike place, arranged on the cottage plan, where the rest cure, massage, faradization, galvanism, dieting and baths, and everything pertaining to the best treatment of patients requiring special care, may be procured at reasonable prices.

A BATH CHART IN FEVERS. — The Imperial Granum Food Company, of New Haven, Conn., are sending to physicians, when so requested, sample copies of their new "Nursing World Fever Chart," for recording the baths given fever patients. Such a record would seem to be of considerable value in this class of cases.

APPRECIATED ART. — A lady who saw that her servant girl seemed to take a certain interest in the objects of art in her parlor said to her, "Which one of those figures do you like best, Mary?" "This one, mum," said Mary, pointing to the armless Venus of Milo. "And why do you like the Venus best?" "Sure, it's the aisiest to doost, mum," answered the girl. — *Harlem Life*.

SOME USES OF ICHTHYOL. — The thick brown liquid, possessing a bituminous odor, known as ichthyol, is familiar to every physician. Its sphere of action, however, is perhaps not so widely recognized. Very recently attention has been called to some of the more common

conditions in which it has proved serviceable. The *American Medical and Surgical Bulletin* speaks of the use of ichthyol as "the latest treatment of burns of the first and second degree." It notes its efficacy in alleviating the resulting pain, reducing œdema, and promoting healing. The *Bulletin* further says: "It [ichthyol] is applied dry, one part ichthyol to two parts oxide of zinc or boric acid, the powder being spread evenly over the surface; if there is any reason why the dry dressing is objectionable, one may order it in ointment (10 to 30 per cent) or in combination of the two methods."

Physicians who desire to try this application can have their prescriptions filled by Otis Clapp & Son, at 10 Park Square, Boston.

Again, ichthyol is highly recommended in the treatment of insect bites. That admirable little journal issued under the name of *Pediatrics* quotes Ottinger, who says of ichthyol: "In the case of bites of flies, bees, wasps, etc., the application of ichthyol quickly causes the inflammatory phenomena to abate, and in a few minutes all feeling of pain, burning, and itching ceases. It is best applied pure, a thick layer being laid on with a brush."

Considering the poisonous effects which so many people, and children especially, almost immediately experience from the bites of mosquitoes alone, it would seem as if a trial of ichthyol would be well worth while; and at just this season of the year opportunities to prove its value will not be lacking.

Another use of ichthyol is that mentioned in the *Philadelphia Polyclinic*, a recent number containing the following item:—

"Dr. Cantrell adheres closely to his belief that ichthyol, in about 50 per cent solutions with glycerin or liquid petrolatum, is the best local application in most cases of erysipelas."

Such therapeutic suggestions as the above, and others which have been quoted, are useful as pointing out additional means of meeting and treating abnormal conditions. Those mentioned are supplementary to the main issues where ichthyol has found its place in practice in eczema, urticaria, acne, lupus, ulcerations of the skin, various forms of rheumatism, etc.

As regards its application whether in the pure liquid, in combination with glycerine, with liquid petrolatum, or in the form of an ointment of varying percentage of strength, ichthyol may be obtained as desired from Otis Clapp & Son, 10 Park Square, Boston.

# THE NEW ENGLAND MEDICAL GAZETTE

---

---

No. 9.

SEPTEMBER, 1898.

Vol. XXXIII.

---

---

## COMMUNICATIONS.

### SKIN LESIONS IN TERTIARY SYPHILIS.

BY A. H. POWERS, M.D.

In addressing a company of men and women engaged in the active practice of medicine it hardly need be said that skin lesions in tertiary syphilis are not rare. However, since they are so frequently mistaken and accordingly maltreated, a short study of these cases may prove of profit. It should not be necessary to say that the line between the secondary and tertiary lesions is often a line difficult to trace, and that lesions do at times present some of the characteristics of each class. And first as to the time when these appear.

Perhaps it is this broad latitude which confuses so many, but it is a fact that these lesions of the skin may appear at any time from twenty months to twenty years after infection and probably occasionally an earlier or later involvement is seen. The time when these tertiary lesions are most frequent is from three to ten years after the primary sore. These lesions are not found in all cases of syphilis, but only in a certain percentage; and yet they are very important and at times dangerous lesions. It is estimated that only ten per cent of syphilitic cases present tertiary lesions in any part of the body, and of this number only a percentage of the lesions are found in the skin. Fournier's personal statistics of about 3,500 cases give a percentage of twenty-two plus as located in the skin. Since they occur so long after the infection, the patient has often forgotten the earlier

symptoms, and it is not rare to find well-marked tertiary lesions in patients who can give no history of previous syphilitic trouble. How much the previous treatment or lack of treatment has to do with the frequency and severity of these lesions is a question still *sub judici*, but the general feeling is that they can be avoided or lessened by skilled care at an earlier period.

The types of these tertiary lesions are that of the tubercle and the gumma, which perhaps, when in the skin, may well be recognized as a large tubercle.

The tubercular syphilide may be found on any part of the body, but has a predilection for the face, nape, palms, and trunk. On the face they not unfrequently form the corona veneris of the forehead. The lesions are very often in a circle or arc of a circle, and they progress peripherically, healing from the centre. The number of lesions on the body at one time is usually small, and in size they vary from a pin's head to a pea.

The raw ham color is not often present, and they are always hard to the touch in the earlier stages before they have broken down. There may be a simple scaling or the process may go on to ulceration. Following ulceration scars appear, and these scars are not unfrequently diagnostic. I will refer to these scars later in this article. Like most syphilitic lesions these are usually painless. It is usually held that these lesions are not infectious, or if early in the course of the disease, slightly so.

The other form of tertiary lesion is the gummā, which is practically a large tubercle. These vary in size from a pea to a growth as large as a hen's egg. These are frequently situated in the subcutaneous tissue rather than in the skin itself. The scalp and legs are the locations which are most frequently invaded. Usually there are only a few lesions present at one time, and not rarely a solitary point is the only symptom recognizable. The duration of a single lesion is variable, but usually they remain for some time, and months may pass between the discovery of a small nodule in or under the skin and the complete healing with its depressed

parchment-like scar. With the gumma before ulceration there is rarely pain, but with the ulceration there is often septic infection and a laying bare of the deeper tissues. From the long duration of the lesion it is well-nigh impossible to avoid septic infection if the gumma ulcerates, but the system is seldom involved in any septic process, it usually remaining local.

Some diagnostic points have already been noted, but we can do no better than study for a few minutes the points of differentiation. And the first point is the location. Ulcers on the upper half of the leg or about the knee are always suspicious. So also are lesions in the palm of the hands. The circular or crescentic outline of the group of these lesions is quite noticeable. Often it may prove a diagnostic aid. The typical raw ham color of the earlier lesions is not so often seen in the later ones. The coloring about the ulcers is often a deep red, and this color remains for a time after healing has taken place. The lack of pain is characteristic, but as already said, after septic infection there may be much pain, and this pain I have known to mislead and confuse the practitioner. Again, since there is so little or no pain at first we may fail of the opportunity to see the lesion when diagnosis is easy, since no one is consulted.

Induration is always present early and often throughout the duration of the lesion, but it is often slight about a large gumma, after it has broken down. A syphilitic history is always an aid if it can be obtained, but to exclude syphilis for lack of a clear history is manifestly unwise. As the lesions are painless in many instances, and since years may have passed since any lesion has been present, we need not wonder or call our patient untruthful if we fail to elicit the history which must have been enacted. Rather let us confirm our suspicions by any scant aid we may win from the patient. I will briefly sketch two cases recently under my observation.

Mrs. A. W., age thirty-five, married six years, has one child, a boy of four. Husband living, strong. No history of miscarriage or other skin lesions. Has been under treat-

ment for six months with no improvement, and pain is increasing. Presents on the right leg just below the knee on the anterior aspect two ulcers, one the size of a copper cent and the other pea-sized. The smaller is the more inflamed. There are two or three scars near the lesions which the patient says were just like the present lesion. The general health has been impaired, and sleep is poor from the pain of the lesions. Has lost ten pounds in weight the past six months. The bones of the nose are sensitive, the nose seems swollen, and the nostrils are filled with greenish bloody crusts. There is no pain in the nose or any other symptoms noted. Under antisiphilitic treatment the pain was speedily relieved, the ulcers healed promptly, and the patient has recovered her normal weight.

Miss L. F., age twenty-three. On the right arm, outer aspect, three inches above the elbow, there is situated an ulcer as large as a silver dollar, with distinct edges and extending to the deep fascia. On the lower anterior border of the ulcer is an area of thin scar tissue which the patient says was the site where the lesion began. It has lasted a year and has never healed. Is most indurated on the upper border. Has had similar lesions on the left thigh just above the knee, leaving thin, depressed scars. Gives a history of sore throat and headache two years ago for which she entered the hospital, but was not told the cause nor did she gain relief. Remembers a crack in her lip four years ago which as she remembers healed quite promptly. Has been under the care of her present physician for a month and improvement has not been noted, hence she was brought for diagnosis and treatment.

These are only sample cases which are often seen, and a score could be added to the list of those seen in the past six months. On paper and as I have read them they may seem easy to diagnose, but no other disease is so often sent to me for diagnosis, and that by able members of our profession. Hence I must in this connection call the attention of the profession to the prevalence of this disease, and urge that never should syphilis be forgotten in any case of chronic

skin trouble. That syphilis is on the increase may well be believed, though naturally statistics are not at hand to prove or disprove the truth of the impression. As in other tertiary lesions the iodides must have the first place in treatment. Locally if ulceration has occurred, antiseptics are useful. Here I must confess a fondness for the use of some mercurial preparation, though filling the ulcer with iodoform cerate is usually very beneficial. The odor, however, is a marked objection, especially with women and in private practice. Many other remedies may often prove useful, but I have already trespassed too long on your patience and I will not now discuss them.

---

## USE OF ELECTROLYSIS IN URETHRAL STRICTURE.

BY ORREN B. SANDERS, M.D.

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

There are many extreme enthusiasts in medicine and surgery who claim that their special hobby is a cure-all for every deformity or distortion of the human frame; as an example, the orificialists, who claim, not only that a certain percentage of the ills of humanity can and are cured by their procedure, but that all ailments, if treated by them, would result in marvellous cures like bombshells. But, gentlemen, while orificial work has its place in medicine and, in my opinion, a very commendable place, a conservative ground is the only tenable one for them. So in many other special lines of work, because the extreme enthusiasts extol it so loudly and carry it to such a farcical degree that the average practitioner becomes disgusted with the absurd boasts and vauntings and is not willing to do it justice and place it where it belongs as a useful member of society at any time. So, to-day, I would say to you that electrolysis is a useful adjuvant in treating urethral stricture. It will not cure all strictures of the urethra. Very many strictures it will not relieve in any way, but, on the other hand, there are certain conditions and certain forms of urethral engorgements in which it is, par excellence, the thing to use.

I do not believe in any specific. I do not believe that there is any one specific that will always cure a certain disease. We, of this enlightened age, know better than to assume or consider such a fallacy. When one tells you that he has something wonderful to always cure one condition, you will know that either he is a knave or else he has so little absolute accuracy that he does n't know a diseased condition when he sees it. There is, at the present day, no certainty in any curative agent or measure used. I mean absolute certainty. This is easily demonstrated by the constant change from year to year in every line of treatment.

Urethral stricture comes under the same line of thought. There is no one method but several methods which must be ever at the command of the surgeon who would do good work in urethral stricture. In all cases he must individualize each stricture brought to his notice and adopt the suitable line of treatment for that individual case. We believe the only real successful way to arrive at a correct opinion upon any new theory or method of treatment of any and all diseased conditions is to thoroughly, honestly, and carefully test its merits in our own practice, being very careful to follow out every detail as well as selecting proper cases for the trial. After such a trial, if sufficient number of cases are seen, and also a thorough following of the technique is observed, we can easily judge for ourselves of the success or non-success of such treatment. It is especially true that in treating urethral diseases we must remember that there are so very many outside influences which are constantly supervening and so much to change the character of the success, much more so than in ordinary diseases of the body. The moral effects, the method of discretion and indiscretion in diet, abuse of alcohol and tobacco, as well as peculiar personal idiosyncrasies, — all these, I say, must be considered in estimating the result or non-result of any treatment of the urethra.

The general treatment of urethral strictures has been considered to consist of one of several operations, viz. : internal urethrotomy, external urethrotomy, divulsion and dilatation.



There have been two methods of internal urethrotomy, — one, the *maisonneuve* type, where the cutting has been done from before backward, and the other, the *Otis* type, from behind forward. Of course, all these operations have for their object the enlarging of the urethral canal in order that there may be a free exit for the urine, for the work of urination is done by the bladder, and the urethra is simply a canal for the passage of the urine, and it is simply necessary to keep that canal in such a condition that the bladder can empty itself by a reasonable muscular effort.

It is always a difficult matter to know how early the formation of a stricture begins its development after a case of gonorrhœa appears. Some authorities on genito-urinary diseases claim that any gonorrhœal discharges which continue under proper treatment over three months must of necessity be then due to some encroachment of thickened tissue upon the lumen of the urethra. Others, equally high in authority, claim that no such excess of tissue formation can or is liable to form previous to six months and even in most cases beyond this limit. It is, however, good general practice to presume, if a case presents itself at the end of three months' duration with a leaky urethra or the morning military drop or a gluing of the meatus, with more or less of a thin discharge, coupled or not with any variation in the character of the stream of urine, and in addition, in case the patient has had good treatment and had good habits, it is, I say, fair to presume that there should at least be an examination with the expectation of finding a stricture of some kind and quality.

Before using electrolysis on the urethra, perfect aseptic conditions should be observed as well as if more serious operations were to be performed, and, in fact, more care should be exercised when operating upon the urethra than upon any part of the body.

The urethra should first be washed out by some antiseptic solution. The electrodes should be made thoroughly aseptic.

The urethral electrode should always be made the negative pole, while the positive pole may be held in hand, or by preference, placed on thigh, abdomen, or sacrum.

Electrolysis should never be used upon an inflamed urethra. The currents should be galvanic or continuous, and usually only from three to eight milliamperes, never exceeding ten milliamperes.

If the foregoing conditions are carried out, it would, in our opinion, be impossible to meet with accident in this treatment of stricture.

Among the early advocates of electrolysis in urethral stricture may be mentioned such men as Malley and Trippier, of France, afterward by Alhans of Germany, and later, Dr. J. A. Fort, of Paris, while in this country the names of Newman, of New York, Frank, of Pennsylvania, and Butler, of Buffalo, stand preëminent.

While there are many strong advocates of electrolysis in treating certain forms of urethral stricture, there are also those in high authority on the subject who equally condemn it. Among those adverse to the treatment by electrolysis are the following: In Robert W. Taylor's work on venereal diseases published in 1895, speaking of electrolysis and giving it only about one quarter of a page, he says: "This method of treating stricture need only be mentioned to be condemned. Its consideration is not worth the time and space it would require." He further says: "The aim of this treatment is to decompose the newly formed morbid tissue and to produce its absorption. Now, electrolysis has not an electro-affinity for the stricture tissue, leaving the mucous membrane unaffected, but, on the contrary, acts upon this membrane and destroys it, and whenever the mucous membrane lining a stricture is destroyed there is a grave probability that the urethra will be obliterated." He also says: "It is probable in many cases in which some surgeons have claimed beneficial results from electrolysis that this agent did not exert its peculiar decomposing power, but simply acted as a stimulant, which may have, aided by other measures, tended to cause the absorption of some mild soft stricture."

In Morrow's work on genito-urinary diseases, he says: "I have reviewed the entire literature of this subject, including

the records of the work of Malley and Trippier, Newman and Le Fort, and have no hesitation in saying that the evidence adduced in favor of the method is altogether insufficient to warrant its general adoption, and does not justify even a belief in its usefulness in the average case. As to the claim that urethral stricture is radically cured by this method, it seems to me, in the light of the investigation of Keyes, Tilden Brown, and others, simply preposterous. F. Swinford Edwards and Bruce Clark have been the most prominent British advocates of this method, but have failed to convince their colleagues on either side of the water of its efficacy."

In Carleton's little work on genito-urinary diseases, published in 1895, he simply mentions electrolysis as being useful and succeeding in many cases of resilient stricture, thus doing away with the more formidable operation of external urethrotomy. He leaves the subject with this simple statement without further comment.

In Hare's fourth volume of *Practical Therapeutics*, published in 1897, Thomas Belfield, under an article on stricture, says of electrolysis: "The effect of a negative current of eight or ten milliamperes for ten minutes at intervals of three or four days has found some advocates; after much experience the writer considers this method much inferior to dilatation except in cases of almost impermeable stricture, in which it has repeatedly rendered him valuable service."

You see while some of these authorities utterly cast it aside as useless, others, while not advising, still see that it may be useful sometimes.

Where, then, is electrolysis useful in urethral stricture, and when?

1st. I consider it especially useful in nervous, sensitive men who can bear no pain, easily excited, where sounds would be almost unbearable to them and could not easily succeed. They bear the electrode without flinching. Several applications in these cases render the urethra less sensitive and so much more tolerable that, if necessary, the sounds can then be used to complete dilatation.

2d. In all soft strictures at any part of the canal the

electrolysis will readily control without loss of blood or any pain of any moment.

3d. It is especially useful and desirable of a thorough trial in strictures at or near the peno-scrotal junction, because at this point the greatest danger exists in all cutting operations because of the liability of hemorrhage.

The two principal methods used at the present time are those proposed by Newman and Fort.

Newman's method is the one most commonly used, where the stricture is treated by electrolysis, using a set of electrodes of varying sizes.

These electrodes consist of the egg-shaped, the acorn-shaped, the tunnelled electrode and the combined electrode and catheter. The acorn electrodes are straight and intended for use in the first five inches of the urethra; the tunnelled electrode is for use in a tight and tortuous stricture over a filiform guide; while the combined electrode is for very tight strictures complicated with retention of urine as well as for bladder washing.

These instruments were invented by Newman and are extensively used by surgeons.

The electrodes advised and constructed by Dr. Fort are entirely different from Dr. Newman's. About one inch from the tip, on the concaved surface, protrudes a wedge-shaped piece of platinum. The size of the electrode at point of the platinum measures 26 F. The method pursued by the Fort advocates is to pass the electrode down to the stricture and turn on the current, and then as soon as the electrode passes through the stricture, turn off the current and remove the electrode, afterward passing in sounds to complete the dilatation. The sound is to be passed every week for three or four weeks afterward.

You will see that, by the Fort method, linear electrolysis is performed and the patient's cure finished by after dilatation with the sounds, while Newman's method absorbs the stricture without subsequent sound dilatation.

After having carefully measured the position and size of the stricture, which should be accomplished with the bulbous

sounds or else Otis' methrameter, an electrode, one or two sizes larger than the stricture lumen (the negative pole being used), should be carried down to and against the narrowing, the positive pole being placed on thigh, back, or in the hand, then a current of from three to six milliamperes is turned on, when, usually in about one half to three minutes, the negative electrode gradually passes over the stricture. The current is then turned off and the electrode removed. The treatment should be repeated about every six days, but the space of waiting should be governed by the condition of the urethra after each treatment as to irritation, etc.

There are many physicians, at present, who are using electrolysis in urethral stricture and claim for it much success in nearly all urethral strictures. Just how far this treatment will be used in the future will, of course, depend upon the results accomplished. It needs a long time and many cases carefully managed to test its merits. I commend it to you for a thorough trial, feeling confident that, if thorough technique is carried out, you will be more than pleased at the result.

---

## A METHOD AND AN APPARATUS FOR THE DETECTION AND CORRECTION OF ASTIGMATISM.

BY GEO. H. TALBOT, M.D.

It requires some temerity to propose anything new in the diagnosis of astigmatism, but this apparatus, which I devised for my own use, has proved so satisfactory that I have ventured to describe it. It involves no new principle; it is merely a new application of an old one. As nearly all cases of astigmatism depend on the greater or lesser curvature of certain meridians of the corneal surface, these errors can be measured by the ophthalmometer of Javal; but as there may be an unequal curvature of the crystalline lens, this instrument becomes useless and we must depend for our diagnosis on some subjective method.

These subjective methods for the detection of astigmatism are based on the principle of the perception of a line. An astigmatic eye looking at radiating lines is unable to see

all lines with equal clearness. As the curvature of the cornea or lens is unequal in different meridians, in the same proportion will the refraction of the rays differ. If the curvature of one meridian is normal, the rays passing inward through that plane will focus on the retina, while the meridian at right angles to it may differ in its radius of curvature, so that rays entering in that plane will be focused either before or behind the retina according to the refractive power of the meridian of the cornea or lens.

Previous to the invention of Javal's ophthalmometer it was thought that a very large proportion of cases of astigmatism were due to the unequal curvature of the lens, but this instrument has demonstrated that corneal astigmatism is the most prevalent form, but it does not prove that lenticular astigmatism does not exist. That this form is common is proved by the fact that the axis of astigmatism in some cases is different when the eye is completely atropianized than when in its natural state, showing that there may be an unequal contraction of the ciliary muscle resulting in an unequal curvature of the lens, thus changing the refraction of the lens in the different meridians. Landolt calls this unequal contraction of the ciliary muscle "dynamic astigmatism of the crystalline," and when the astigmatism is the result of a passive condition of the lens, "static astigmatism." "But," as he says, "in the vast majority of cases, fortunately, it suffices to know the total astigmatism of the eye without our needing to concern ourselves with the question as to what is due to the cornea and how much to the crystalline."

Whatever method we may use for the detection of astigmatism, our final and conclusive test is the trial lens.

In the method I am about to describe, the lens from the trial case is the only measure for the estimation and correction of astigmatism. A reference to the accompanying cut will aid the explanation of the apparatus.

It consists of a frame attached to an adjustable upright rod. The upper part of this frame has a square rod (A) about two feet long, on which a revolving bar (A') can be moved back and forth.

To each end of this bar is attached a revolving disk (B) with a stationary scale divided into degrees from  $0^{\circ}$  to  $180^{\circ}$  (B').

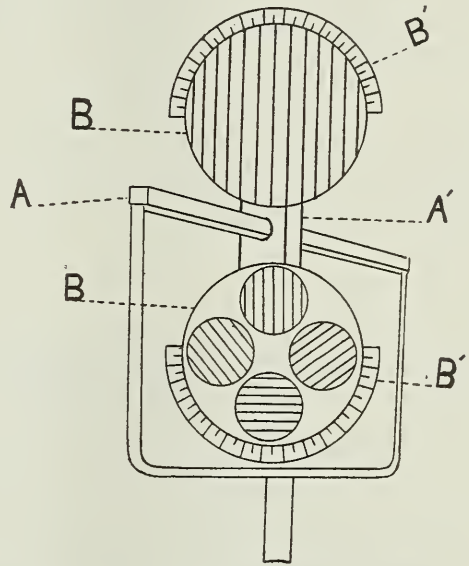
These disks are about seven inches in diameter; one of them has uniform parallel lines of black and white; the other has four circles of similar lines but at different angles, the general direction radiating from the centre.

To use it, adjust the frame so that the upper disk is on a level with the patient's eyes. Apply the trial frame with the left eye covered. In the case of a hypermetrope make the eye under examination artificially myopic by placing a spherical lens of from 2D to 4D before it.

With the revolving bar pushed back to the end of the horizontal bar, the whole apparatus is moved forward until the disks are just beyond the focus. The disk with radiating lines should be on top and slowly moved into focus. If the eye be at all astigmatic, as the disk approaches the focus some lines will appear first more distinct than others, and by the scale the angle of astigmatism is indicated. By revolving the disk the astigmatism is intensified, but if there be no astigmatism the lines will not change in brightness.

Having ascertained the angle, turn the bar so that the disk with uniform lines will be on top. Turn the disk so that the lines are at the same angle as indicated by the angle of astigmatism, and slowly move the disk forward until the lines are perfectly sharp and free from a blue or gray blur that shows when the lines are beyond the focus.

When the lines are as distinct as it is possible to get them, turn the disk so that the lines are at right angles to the first position. They are now blurred and indistinct.



Beginning with a low concave lens, place them successively before the eye until one is found that renders the lines clear. The corresponding convex cylindrical lens with its axis parallel to the line of astigmatism will be the measure of astigmatism, and will accordingly correct it.

In the case of myopia it is not necessary to use any lens to produce artificial myopia, but proceed as in the first case, only substituting a concave cylindrical lens for the concave lens indicating the degree of astigmatism. This method does not measure the hypermetropia or myopia; it simply shows whether there is or is not astigmatism, and if so, the angle, the amount, and the correction.

---

## THE SURGICAL TREATMENT OF DIPHTHERIA, WITH REPORT OF CASES.

BY J. EMMONS BRIGGS, M.D.

[*Read before the Massachusetts Medical Society.*]

In glancing over my record of operations for diphtheria I am appalled by the high rate of mortality, and I am more than ever impressed with the fatality of this disease. (If I had had opportunity to handle hundreds of these cases instead of the very meagre number which it has been my lot to treat, it is quite possible that the average rate of mortality would be perceptibly reduced, at least I hope such would be the case. As it is I feel convinced that very hopeless cases have fallen into my hands.)

I am persuaded to give you the result of my experience, hoping that we may gain some light and arrive at helpful conclusions which will prove of benefit in the treatment of this disease. Since the advent of antitoxine the mortality has been perceptibly reduced, but to what extent it is impossible to judge with accuracy. Time only will tell, and further experience with numerous epidemics will be necessary before its true value can be estimated.

In the surgical treatment of diphtheria we have at our command two operations for stenosis of the larynx, trache-



otomy and intubation. There is at present no question which of these operations should be performed. We should *always* intubate. If this does not give relief, owing to the deep-seated location of the obstruction, then it is warrantable to perform tracheotomy. Yet when intubation is unsuccessful in diphtheria it is almost a forlorn hope to expect tracheotomy to accomplish anything, although in a report of 7,963 cases<sup>1</sup> of intubation and tracheotomy, tracheotomy was performed seventy times after intubation had failed, with eleven recoveries, or the saving of one life in 723.

When should intubation be done? Just as soon as there is any obstruction to the respiration. Many lives are lost by delay. It is almost universally the case that by the time the surgeon is called the child is cyanotic and many times moribund. Vital forces which are sorely needed to fight the toxins of the disease are expended in the unnecessary effort at respiration. Not only is strength and vitality consumed, but the excess of carbon dioxide in the blood caused by the impairment of respiration produces its effect upon the system, the pulse gets very small, rapid, and irregular, and if stenosis is not relieved, mild convulsions and death ensue.

The operation of intubation is easily and quickly done, requires no anæsthetic, no cutting, and causes no deformity. The consent of parents is readily obtained. The relief is usually instantaneous and satisfactory.

The steps in the operation are as follows: the patient, if a child, should be wrapped in a sheet and supported in the arms of an attendant. Its head should be on a level with the attendant's shoulder, turned slightly backward and supported by an assistant. The gag should be inserted between the molar teeth on the left side and given to the assistant to hold in position. The operator, after selecting the tube adapted to the child's age and size, proceeds to thread a piece of braided silk about a yard in length, through the eye of the tube. With the tube in position on the obturator, and standing in front of the patient, he inserts his left index finger in the child's mouth deep down in the pharynx, brings

<sup>1</sup> Sajous Annual, Vol. 1, H 38, 1894.

it forward in the median line, raising the epiglottis. He then depresses the handle of the introducer so that the point of the laryngeal tube comes in contact with the index finger, and by elevating the handle of the introducer, and keeping the tube in contact with the finger, it slips into the larynx without difficulty. The tube should then be pressed carefully into position, and by pushing a slide in the handle of the introducer the obturator detaches itself from the tube and is withdrawn. If the tube be well adjusted in the larynx the dyspnoea is immediately relieved; but if there is no improvement one of three things has happened — either the tube is not within the larynx, or it has pushed down membrane and it has occluded the lumen of the tube, or it is possible that the stenosis is lower down than the larynx. In any case the string which is attached to the tube should be pulled upon and the tube extracted, and another attempt made to adjust the instrument. After a little experience the operation can be done easily in from two to five seconds.

In the feeding of the intubated child great care is necessary lest food enter the trachea, which would be liable to prove fatal. Semi-solids are best taken either by the child lying upon its back with the head turned slightly to one side, or by feeding by means of the nasal tube. This latter method I have found very useful. A tube is passed through the nostrils, pharynx, and œsophagus to the stomach. A funnel is attached to the end of the tube and food administered in liquid form. Food can also be given in the form of rectal enemata.

Of late it has been my custom to nourish the child entirely by nasal and rectal feeding. As the tube can usually be removed within four days the child does not suffer from this method.

#### REPORT OF CASES.

*Case 1.* N., female, aged six years, was operated upon October 3, 1894, for laryngeal diphtheria. Four days previously she began to suffer from general malaise and sore throat. I saw her with the attending physician October 1,

at which time a diphtheritic membrane was to be seen on either tonsil. She complained of considerable backache, and there was profound general prostration. She was treated medically and received local applications of peroxide of hydrogen at frequent intervals. On the morning of October 3 it was evident from the breathing that the membrane had commenced to encroach upon the larynx. This condition continued to grow more marked, until by evening dyspnoea was profound. I was summoned about nine o'clock in the evening, and upon arriving at the patient's home found the child quite cyanotic and laboring profoundly in respiration. A small amount of ether was administered and a tracheotomy tube placed in position. The child stopped breathing as the external incision was made, and the rest of the operation was done as expeditiously as possible and resort was had to artificial respiration. The child revived, and the relief obtained from the operation was most gratifying. On the morning following the operation her condition seemed to be more promising and we had very strong hopes that the worst had passed. At about six o'clock she was taken suddenly worse and expired within an hour. Death, no doubt, was due to paralysis of the heart and general toxæmia.

*Case 2.* C., female, aged four years, was intubated December 7 and 8, 1894. The child had been ailing for several days, but was taken suddenly worse December 5. The case progressed as usual until on December 7 symptoms of laryngeal stenosis became pronounced. Her breathing was very labored, and her face deathly pale. I immediately introduced an O'Dwyer tube into the larynx, which was followed by only partial relief, owing no doubt to the fact that membrane from the larynx was pressed downward ahead of the tube. Within a few moments the child coughed violently and expelled the tube with a considerable quantity of membrane. This was followed by partial relief, enough so that it was deemed best not to reinsert the tube. I remained with the patient all night, and seeing no necessity for the reintroduction of the tube, returned to my home early in

the morning. Everything went fairly well as regards respiration throughout the day, but the evening brought on a recurrence of the dyspnœa, which was even more pronounced than on the previous night. I was again summoned in great haste by the attending physician, and upon arriving at the house found the child in a very critical condition. I again attempted to intubate the child. This time there was no improvement with the tube in position, in fact there was an additional obstruction, so that I was obliged to withdraw the tube quickly lest the child suffocate. Another attempt was made, but with the same unfavorable result. There remained now only one hope for the child's life, and that through tracheotomy, which was performed. The result of this operation was no more satisfactory than intubation had been. No relief from the dyspnœa resulted and the child died within an hour.

*Case 3.* F., female, aged fourteen months, was intubated December 18, 1894. The child was taken ill two days previous, having grown gradually worse until the time I was summoned at five P.M., December 18, when respiration was rapid and exceedingly labored. No membrane was to be seen in the pharynx. Intubation was immediately performed, and complete relief from dyspnœa ensued. The child was fed by the nasal tube, and resort was had to calomel sublimation. The child lived four days after the operation, and during this time there was no recurrence of laryngeal stenosis. Death was caused by a capillary bronchitis, which made its appearance on the third day after operation.

*Case 4.* C., male, aged two years, was intubated January 4, 1895. This child had been ailing for some days, but the case was not considered serious until dyspnœa became marked about twelve hours before the operation was performed. When I arrived the little patient was suffering profoundly from dyspnœa, and I intubated immediately. The relief obtained was instantaneous and perfectly satisfactory. The child died on the next day of capillary bronchitis or pneumonia.

*Case 5.* H., male, aged seven and one half years, was

intubated November 24, 1895. The patient had been ailing for one week with general malaise. Two or three days previous to the operation he began to complain of a sore throat, and a diphtheritic membrane was discernible upon the tonsils. At the time of the operation the diphtheritic exudation had entirely disappeared. His temperature was 100, and his pulse 110. During the preceding twenty-four hours he had had several very violent attacks of choking. One of these seizures was so severe that his physician thought he would surely succumb. This case differed from the preceding cases in that the dyspnoea seemed to be paroxysmal, while at times his respiration was not very labored. The laryngeal tube was introduced, which gave him entire relief. I was in daily communication with his physician, who reported each day an improvement in the child's condition, and on November 27 reported him as convalescing satisfactorily. On November 29, as I was making preparation to leave my office to remove the tube, his physician called and told me that while playing with his toys in bed that morning he suddenly fell upon his face dead. His death was, no doubt, attributable to paralysis of the heart.

*Case 6.* B., female, aged three years and nine months, was intubated January 28, 1896. Three days before the operation the child began to be hoarse. On the day following she was somewhat improved, but in the evening grew worse again, and during the night dyspnoea became pronounced. When I arrived she was breathing with extreme difficulty. The introduction of the laryngeal tube gave her absolute relief. The case progressed satisfactorily, with no recurrence of obstruction to respiration. On February 2, five days after the operation, I removed the tube. The child made an uninterrupted recovery.

This was the first case in the series to receive antitoxine.

*Case 7.* M., female, aged two and one half years, was intubated January 31, 1896, at five P.M. She had been ill for several days, but was not considered in a precarious condition until the day of the operation. When I arrived

dyspnœa was very pronounced, the child very cyanotic and in fact moribund. Temperature was  $105^{\circ}$ , and pulse practically imperceptible. The introduction of the tube relieved the dyspnœa, but within an hour's time brain symptoms developed and she died at nine o'clock, four hours after the operation.

Antitoxine was administered in this case some two hours previous to the operation.

*Case 8.* M., male, aged eight years, was intubated on March 15, 1896. Seven days previous he was taken ill with the measles, and was convalescing until March 14. At this time he was suddenly taken worse, respiration became difficult, his temperature rose to  $101^{\circ}$ , and pulse 120. At the time of operation the respiration was exceedingly labored, and cyanosis very marked. The laryngeal tube was placed in position and gave him great relief. During the night following he expelled the tube, which was reintroduced by a physician near at hand. The boy made an excellent recovery. Antitoxine was given in this case, immediately after intubation.

*Case 9.* H., female, aged seven, was intubated on June 17, 1896. The child had been ailing for nearly a week, but her condition was considered as whooping-cough until about three days before the operation. At that time symptoms of stenosis of the larynx were noticed, and dyspnœa became more and more marked, until at the time the operation was done she was breathing with great difficulty. At this time no diphtheritic exudation was discernible on the pharynx. A culture was made from mucus from the larynx, which Professor Ernst reported as containing the bacilli of diphtheria. The introduction of the tube gave her great relief. During the forenoon of June 18 she received antitoxine, but she sank rapidly and died at ten P.M. of the same day from septic infection produced by the diphtheritic toxine.

*Case 10.* E., male, aged four years and four months, was intubated November 29, 1896. The boy was taken ill three days previously, with what seemed to be a cold, accompanied with some catarrhal discharge from the nose and slight sore

throat. For twenty hours symptoms of obstructed respiration had been present. When seen by me his temperature was  $101^{\circ}$ , pulse 152, respiration varying from 32 to 45 per minute. The insertion of the tube was followed by complete relief from dyspnoea, which did not recur. The tube was removed on December 3, having remained in the larynx four days. The patient made a satisfactory recovery.

Antitoxine was given in this case six hours before intubation was performed.

*Case 11.* C., male, aged three years and four months, was intubated December 13, 1896.

The patient had been ill six days with an attack of what was called acute indigestion. Following this his throat became sore, and he grew worse daily. Difficult respiration had been present twenty-six hours. His temperature at seven P.M., when intubation was done, was  $101^{\circ}$ , pulse 110, and respiration 30. The operation was followed by entire relief from dyspnoea. His record afterward was interesting and his condition seemed most hopeful up to within a few hours of his death. He was fed frequently with a nasal tube. His temperature reached  $102^{\circ}$  on the night following the operation, then gradually fell until it reached normal, where it remained until the afternoon of his death. On December 19, the sixth day, the tube was removed, but his respiration soon became labored and it was replaced. Two days later, December 21, it was again removed and the breathing remained normal. On the day following, December 22, he became rapidly worse, his temperature was  $104\frac{1}{2}^{\circ}$ , pulse 130, and respiration very rapid and panting in character. Crepitant rales were to be heard on the entire right lung. The tube was reintroduced, but as it gave no relief was immediately withdrawn. He died at nine P.M., December 22, nine days after the operation. Here is a case where death occurred after the child had apparently passed all danger. His death was from pneumonia, which was, without reasonable doubt, due to the lodgment of food in the right bronchial tube, which acting as an irritant set up a traumatic pneumonia.

*Case 12.* Y., female, aged three years, was intubated December 26, 1896.

The child was taken sick four days previously with sore throat and general malaise. White spots were discovered on the tonsils, but they disappeared after local treatment had been instituted. For twenty-four hours respiration had been very labored, varying in frequency from 35 to 50 per minute, pulse exceedingly irregular and rapid. The introduction of the tube reduced the respiration to 22, and relieved all dyspnoea, from which she did not again suffer. She died forty-eight hours later from general septic intoxication.

*Case 13.* G., female, aged two years and six months, was intubated February 16, 1897. For a week the child had been ailing. Dyspnoea had been marked for twenty hours. At the time of the operation the respiration was 60 per minute and pulse 164. The introduction of the tube was followed by relief from dyspnoea, and the respiration soon fell to 30 per minute. The child was *in extremis* at the time the operation was performed, and died seven hours later from paralysis of the heart due to absorption of septic ptomaines.

*Case 14.* B., male, aged seven years, was intubated March 6, 1897. This youth had been ailing for several days, sore throat and general symptoms of diphtheria existing. He had had much difficulty in breathing for twenty-four hours, at the time of operation dyspnoea being intense. He obtained great relief from the operation, and his case progressed favorably for thirty-six hours, when pneumonia developed and he died.

The pleas which I shall enter in defence of so high a rate of mortality are :—

1. Laryngeal diphtheria is the most fatal form of the disease. Strumpell<sup>1</sup> in speaking of it says that recovery is possible but that unfortunately this happy termination rarely occurs.

2. The severe character of the cases treated. Of the

<sup>1</sup> Text-Book of Medicine, Strumpell, page 68.



fourteen, all would have died within a short time from suffocation had not operative treatment been employed. And furthermore, all of the patients were entirely and lastingly relieved from dyspnoea with the exception of Case 2, where intubation was performed, followed by tracheotomy. This case received only partial and transitory relief from intubation and absolutely none from tracheotomy:

It could not be expected that the statistics compiled from any surgeon's private work would compare favorably with the work done at any of our hospitals where diphtheria patients are treated. In private practice the surgeon is rarely called until the patient is practically exhausted, having suffered from dyspnoea anywhere from six to twenty-four hours, while in any hospital intubation would be performed immediately upon the appearance of difficult respiration. This point alone is sufficient explanation for the greatly superior results obtained in hospital practice.

The most important point which should be impressed upon physicians is, that it is of the utmost importance to intubate just as soon as dyspnoea appears. Humanitarianism demands the relief afforded by this operation. It should be resorted to even if it is probable that the child's life cannot be saved. Any one who has seen a death from suffocation must have witnessed a sight he may pray to be delivered from beholding again. In order to accomplish the best results every physician should acquire sufficient knowledge to enable him to intubate his own cases. By so doing he will be able to insert the tube upon the first appearance of laryngeal stenosis. Bear in mind that intubation is not an operation *per se*, it is simply a mechanical contrivance to relieve stenosis of the larynx, and will not in any way interfere with the after treatment of the case. In other words, it gives the physician time to use his remedies by postponing imminent danger of suffocation. It will not cure the patient of diphtheria, but may give time to institute treatment which will.

**PHASEOLUS NANA. REPORT OF A CASE.**

BY FRED S. PIPER, M.D., LEXINGTON, MASS.

Literature on this seemingly inert substance is scanty and of recent origin; and hence it may be worth while to record this interesting case and allow each reader to draw his own conclusions.

My attention was first directed to the drug as a heart remedy by an article by Dr. A. M. Cushing in the *NEW ENGLAND MEDICAL GAZETTE* for January, 1897.

The *Cyclopedia of Drug Pathogenesis* makes no mention of it. The United States Dispensatory of 1890 refers very briefly to a toxic alkaloid, phaseoline, having been discovered in beans and in string beans.

As hereafter appears, I did not employ the remedy in this case until I had given the older and better known remedies a fair trial, when, thinking to myself the patient might as well die on bean juice as on digitalis and arsenicum, I felt justified in the experiment. The tincture used was procured of Otis Clapp & Son, from which I prepared a 2 x dilution and administered it by means of saturated disks.

October 23, 1897. Patient, Mrs. C. L., a widow, age fifty-three, light complexion, brown hair. Has three sisters and one brother, all in good health. Has had aphonia from cysts on vocal cords for twenty years. Heart disease first came to notice about three years ago, when she became troubled with dyspnoea and oedema of the feet and ankles. She never had any serious illness or overexertion to cause heart disease so far as she can remember. Has been treated by a Boston physician who prescribed digitalis tincture (U. S. P.) in ten-drop doses three times a day.

She recently made a trip to Boston one afternoon, walked more than usual, and climbed three flights of stairs. Returned home exhausted, dyspnoea increased, and legs bloated to the knees. Examination showed the heart much dilatated and bad mitral regurgitation.  $\mathcal{R}$ . arsen 3 x trit. and digitalis  $\vartheta$ , gtt. 2 alternately every two hours for six days. Examination of the urine revealed no organic kidney trouble. The

urine became more normal in appearance but scanty; night sweats a little improved. ℞. cactus 2 x two days and cactus. 1 x two days more with no result, when nausea and vomiting appeared. Nux vom. 2 x, for two days relieved the vomiting, when, November 4, digitalis  $\emptyset$ , gtt. 3, and arsen 3 x trit. were alternated two hours apart for five days.

November 9. Urine scanty, bloating increased. Dr. J. Heber Smith, in consultation, advised continuation of digitalis in increased doses.

November 13. Urine increased and more natural. Sweats so profusely as to saturate night clothes and sheets and pillow slips. Very nervous and anxious. ℞. digitalis  $\emptyset$ , gtt. 5 every four hours, continued till November 18, when the dose was doubled and hyos.  $\emptyset$  in one-drop doses given two or three times during the evening.

December 2. Sweating continues — œdema from toes to crest of ilia — great dyspnœa. Discontinued hyoscy. and gave digitalis  $\emptyset$ , gtt. 10 every four hours, at eight, twelve, four, and eight o'clock, and cratægus (B. & T.'s)  $\emptyset$ , gtt. 5 at ten, two, six, and ten o'clock, except when sleeping. Continued till December 14 with no apparent change of condition.

œdema is very extensive and the sense of weight in all limbs is troublesome, making movements in bed difficult. Thighs are twenty-five and one half inches in circumference. For a week she has not averaged two hours' sleep out of twenty-four. Sweats profusely as soon as she goes to sleep.

I now, December 14, gave digitalis as before, and phaseolus 2 x in place of the cratægus. In three days there was a noticeable improvement; the œdema was less about the hips and elbows, sweats less, urine increased, and sleeps more. Digitalis and phaseolus were continued. In ten days after the first use of phaseolus the thigh measured nineteen inches, a decrease of six and one half inches, and in one week more all signs of œdema had disappeared.

The patient was sleeping naturally and without sweating. The regurgitant murmur diminished, but always remained distinctly audible.

December 25. Digitalis was discontinued and phaseolus

2 x alone given every four hours. Appetite and strength increased. She was dressed and up about her room when, January 10, 1898, domestic trouble caused her to become anxious, with prolonged weeping, nausea and vomiting. Circumstances made a change of residence imperative, and January 13 she was removed from Lexington to Boston and so passed from my observation.

I was informed by her sister that she bore the journey well and remained comfortable till January 19, when a sharp pain developed in the region of the heart.

Dr. J. Heber Smith, who saw her with me November 9 and knew of her treatment since, was called January 20, 1898, and wrote me the following report: "I was called to Mrs. L. on Thursday. She complained of a bad pain about the heart; the feet and hands were cold and there was some cyanosis. The action of the heart was bad enough. There was a great deal of flatulency. I left *phaseolus* 2 x, not liking to change your excellent remedy, and gave *spigelia* 3 x intercurrently for the angina. Yesterday I found her suffering with broncho-pneumonia, hyperæmic stage, the left lung dull on percussion posteriorly, bubbling rales and bloody sputum. I left *digitalis* 0, about three drops every hour, and tuberculin (Koch) 6 x, alternately. . . . She may pull through, but I consider her end somewhat near from the natural progress of the heart difficulty."

Under date of January 25, Professor Smith wrote to me: "Mrs. L.'s condition grew every hour more desperate on Sunday, January 23, the heart failing from hour to hour despite every effort to rally her. The left lung solidified with blood effusion, and she raised it freely until 3 P.M. Diarrhœa followed her in the last two days, and the temperature was but 97° F., pulse imperceptible. Sunday night vomiting of 'coffee grounds' began and continued to the end, with yellowness of sclerotica.

"She died Monday noon. I could not rally her circulation in the least with brandy, *digitalis* 0, *kola* 0, *secale* 0, etc.

"So closes in death a case of interest to us both."

Whether the pneumonia resulted from enfeebled right

heart, from infection, or some other cause cannot now be determined. To what class of cases phaseolus is best suited or what the precise indications are for its use, I cannot say at this time. I have known of several cases where it gave no apparent benefit, and yet in Mrs. L.'s case there was a remarkable disappearance of the œdema; the natural sleep was restored; the profuse sweating stopped; the appetite and strength increased; the restlessness and anxiety were displaced by hope and cheerfulness during the use of phaseolus. Whether these ameliorations were due wholly to phaseolus or in part to the latent effects of some of the other remedies used, they did not appear during a prolonged use of the other remedies and they did appear somewhat promptly after the application of phaseolus. The œdema never returned.

I have no wish to vaunt the remedy above its right place, and here wish simply to report as exactly as possible my observations for what they may be worth to others.

---

HEROIC TREATMENT. — The following interesting account of bone-setting by the natives of the Congo River appears in the new magazine, *The Wide World*. It would appear that the local white doctor could not get a fractured leg to unite, the patient being a most intractable one, but the difficulty was surmounted by one of the patient's fellow-tribesmen in the following way: He was laid on the ground on his back, and under his head was placed a box. The broken leg was then stretched straight out and covered with a little hillock of soft clay. This clay, being pressed hard down upon the leg and a fire kindled upon it, was practically turned into brick. The patient was kept in this position for five weeks, being fed during the time by two attendants. The result is said to have been perfectly satisfactory.

## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding.*

---

## THE SOMERVILLE HOSPITAL INVESTIGATION.

The *Somerville Journal* of July 29 presents in full the arguments of counsel on both sides in the investigation of the matron of the Somerville Hospital upon charges brought by our colleague, Dr. A. H. Carvill.

As is customary in such cases, both sides claim a victory ; and, as is also customary, we believe, an investigation of this kind before the public cannot result in any good to the institution. It shows to the public the petty jealousies and worriments which always exist to a greater or less degree in the management of all public institutions, magnified to colossal proportions by all concerned, and enlarged upon by the public press until the public itself, upon which the support of the institution depends, becomes so agitated and disturbed as to believe that there is a much greater degree of mismanagement than really does exist.

The trouble with any public hearing before a board of trustees, unarmed as they are with the power of a court of law, is that it is an investigation that does not and cannot thoroughly investigate. In the present instance the counsel for the matron claims to have proven that the matron was eminently satisfactory to everybody, and that Dr. Carvill was not only animated by spite, but strove to influence the public by personal means to distrust and dislike of the matron. Her counsel seems to have endeavored to prove this by bringing abundant witnesses to show how kindly they had been treated by the matron and by the evidence of the "regular" physicians at the hospital as to her complete and satisfactory competence. With them the matron had always been in entire accord. This reminds us very much of the Irishman who complained bitterly because he was convicted of theft of

a shovel upon the evidence of three witnesses who saw him take the implement, when he knew he could bring forward a dozen people who could swear they did n't see him take it.

The counsel for Dr. Carvill claims to have shown that the doctor did not ask for nor expect nor wish for a public investigation (an investigation was only asked for after he had been refused a personal hearing before the Board of Trustees); that the matron was a niece of the president of the Board; that she was prejudiced against homœopathy and homœopaths, and consequently against Dr. Carvill as one of its most prominent supporters in Somerville; and that the hospital records themselves show that many cases were given over to the care of the "regular" physicians under the decision of the patient for that method of treatment, when in reality "no choice" was expressed.

Whatever may be the exact truth in the case, certainly the facts as presented by hospital records would carry more weight with an unprejudiced mind than the stories of many necessarily prejudiced witnesses. Of one thing we are convinced, that it would be good judgment for boards of trustees of institutions to be governed largely in their appointments by the old adage that "we should go to strangers for charity, our friends for advice, and our *relations* for nothing."

---

## THE MEDICAL SIDE OF THE HOSPITAL.

We understand there is a movement on foot to increase the working staff of the medical department of the hospital. Anything which will tend to increase the development of this branch of the hospital work is much to be desired. The surgical part of the hospital has been developed to the utmost; money has been freely, almost lavishly spent; the wards are for the most part replete with patients; we hear frequent rumors of the most excellent surgical work done, and of the younger men who are developing into good operators, worthy to succeed those now in charge when the time comes that makes it necessary. We receive elaborate

special reports of the work of individual operators for their respective terms.

What do we hear of the medical side? Outside of the yearly report, nothing. Who are the men receiving any special training that will enable them to follow successfully in the footsteps of the present most able corps of hospital *physicians*? We do not know.

The growth of the surgical part of the hospital has been phenomenal. No better work is done anywhere, and we are justly proud of it, but what has it to do with *homœopathy*? Nothing.

What does the development of the medical side have to do with *homœopathy*? *Everything*. It is by virtue of that, and that alone, that we have the right to call our hospital *homœopathic*.

The Medical Board fully appreciate this, as shown in their last report by the following:—

“The objects of these records are manifest; but it becomes more and more evident that, as we practise a special method of therapeutics for which we claim great advantages over other methods, our statistical records have not set forth these advantages so as to enable us to compare our results as fully as is desirable with hospitals where other methods are practised. Hence, as our hospital would miss a large portion of its object if it failed to demonstrate the superiority of *homœopathic* practice over other methods of giving medicine, your Medical Board came to the conclusion that it was exceedingly *necessary to improve our system of statistical interrogation of nature*.

“This has been done by adding four more columns or rubrics to those hitherto in use, which are intended to answer the questions: *How much can homœopathic treatment shorten disease in general? How much is it able to shorten a special disease? And incidentally, can this statistical method assist in solving the problem as to which homœopathic method—for instance, in regard to dosage—promises the best results?*

“The form in which these questions are contained in the rubrics reads as follows:—

- “ 1. *How long had the case lasted before treatment in this hospital?*
- “ 2. *What was its duration after treatment began?*



“3. *What was the date of first improvement?*”

“4. *What was the duration of the case after improvement first began?*”

This work, as the committee further goes on to say, requires much time and expense to be thoroughly done. The time, it would seem, could be gained by the selection of an able corps of assistants who would appreciate the value and necessity of accurately kept records, would be interested enough to do it and thereby obtain the proper training to enable them to take charge when the necessity arises. As for the expense, there seems to have been money enough to perfect the surgical department; now let the medical department be equally well provided for.

---

### ACNE VULGARIS.

The still prevalent idea that acne vulgaris is a disease not easily amenable to treatment, is self-limited and “will cure itself in time,” is so fallacious that it can hardly be too often or too strongly contradicted. It is true that many cases in the hands of the general practitioner do not improve to the satisfaction of either patient or physician; this is due too largely to the fact that the doctor treats the *eruption* instead of the patient; either the presumed appropriate remedy is prescribed, according to some particular symptom of the eruption as to whether it is pustular or papular, or according to its especial location at that particular time, or the eruption is locally treated without any medication whatever.

Neither of these methods, nor indeed a combination of them, will give the best results. It is the *patient* that must primarily be treated, and the eruption only secondarily. Nearly all cases of acne vulgaris arrange themselves under two general classes: the one where the lesions are deep-seated, mature slowly with considerable pustulation, healing with the production of deep pits and scars, causing almost as much disfiguration as an attack of smallpox; the lesions in the second class are finer, more superficial, oftentimes papular, giving to the touch a hard, shotty feel. These

lesions are more acute, do not produce pus to any extent, and on healing leave little, if any, scar.

In the first class we have a type where the trouble is largely constitutional, in the second more functional. The first is found in patients presenting that indefinite *ensemble* which we are accustomed to designate by the term "struma." They have generally thick, pasty-looking, coarse-grained skins, the mouths of the sebaceous glands are patulous, giving the large-pore appearance to the skin. These patients are often sluggish physically, and do not respond readily to medication, especially to the infinitesimal dose.

The second class presents an entirely different set of symptoms. Here the complexion is often (with the exception of the eruption under consideration) fair and good, the general appearance of the patient is that of health, but a careful investigation will disclose the fact that such is not the case. Invariably constipation is present to a greater or less extent, varying from a single hard stool once a day to a stool only every two or three days or even at longer intervals; there may or may not be eructations or sensations of heaviness and fulness after eating, with a varying and fitful appetite. The tongue is generally coated slightly white, or clean at the tip with a brownish fur on the posterior half or third, and if the tongue is allowed to lie passively in the mouth, instead of being vigorously protruded, it will be seen to be broad and flat, indented along its edges by the teeth, and of a pale or bluish color. The totality of these symptoms shows functional derangement of the digestive organs and a consequent debility, slight oftentimes but nevertheless present. Further inquiries show these patients to be the victims of most pernicious habits as regards eating and drinking, a diet made up largely of sweets, chocolates, soda, and coffee, taken at most irregular times, and in young women especially of a lack of regular exercise and the bad effects of corsets and high collars.

A word at this point as to the injurious effect of the high collar may not be out of place. That this style of dress retards improvement in these cases I am sure. The effect

being due to the pressure on the large veins in the neck whenever the head is even slightly bent, as in reading or sewing, whereby the return of blood from the face is retarded, thereby maintaining more or less constantly a passive congestion of the skin of the face and its sebaceous glands.

If the foregoing ideas are true, and practical experience in the treatment of some hundreds of cases has taught us that such is the case, what are the indications for treatment? Evidently both hygienic and medicinal, and of these the former is by far the most important. Proper diet, plenty of air, water, and exercise, and a little medicine are the general lines along which treatment is indicated.

In the strumous cases a generous diet of fats, meats, a moderate amount of sugar and sugar-containing foods, milk, eggs, and breadstuffs is appropriate. Frequent bathing and massage, especially to the face, are valuable adjuvants. These patients should at all times, both night and day, have an abundance of fresh air and such an amount of exercise as will keep the muscular system in good tone and prevent the accumulation of adipose tissue.

Medicinally we have obtained excellent results from calcaria iod. 3 x trit., arsen. iod. 2 x trit., three or four times a day continuously for one or two months with hepar sulph. 1 x intercurrently when suppuration was present or imminent. Besides these the medicinal foods, like cod-liver oil, malt, the hypophosphites, etc., have proved of no little value in some cases.

In the second class of cases a much more rigid *régime* as regards diet is imperative. Sugar in the form of confectionery must be *absolutely* forbidden, and all sugar-containing foods should be restricted to a small amount. Meat to be indulged in not more than twice a day and in many cases only once, hot brest, fried food, and rich desserts not at all. The diet should be of meat as above, vegetables and fruit of all kinds in abundance, and cereals and breadstuffs moderately. Good water to a bountiful extent (not less than three pints daily), preferably two hours after each meal, on retiring, and on

rising in the morning. All food should be taken at regular intervals and slowly and thoroughly masticated.

Exercise is another most important point in the treatment of these cases, and if possible it should combine an element of recreation. Walking in itself is not sufficient, and indeed unless entered into as a means of recreation is of but little value.

Bicycling in moderation, horseback riding if practicable, bowling, fencing, and the Swedish gymnastics are some of the forms of exercise which will yield the best results.

Enough has already been said regarding the dress in women to indicate the necessities in that direction. Medically, the remedies are as indicated. Personally we have found the best results in this class from nux vom., merc., lycop., carb. veg., podoph., and sulph., the last remedy administered in doses of one grain night and morning, being of great value in constipation. The local treatment of these cases is so thoroughly given in our various text-books that its consideration here would be superfluous.

---

#### EDITORIAL NOTES AND COMMENTS.

---

THE May number of the *Calcutta Journal of Medicine* is devoted almost entirely to papers upon the "plague," and is of exceeding interest.

Especially so is an article entitled "Note on the Anti-plague Inoculation," in which it is shown that although as yet the inoculations do not effect cures in cases already infected, it is of value as a prophylactic. We append quotations from the article showing some of the results of the inoculations.

BOMBAY HOUSE OF CORRECTION. — Plague broke out toward the end of January, 1897, and attacked nine prisoners, six of whom died. On the 30th of January inoculation was offered to the prisoners, a number of teachers and students of the Grant Medical College being done in their presence to encourage them. Six additional cases, three fatal, occurred the same day among the non-

inoculated, and three of the inoculated developed symptoms the same evening and also died. These cases are not included in the following figures, which show the results from the day after the inoculations till the epidemic ended eight days later: —

	No.	Cases	Per cent	Deaths	Per cent
Uninoculated.....	173	12	6.94	6	3.49
Inoculated .....	148	2	1.35	0	0.00

LOWER DAMAON experienced a very severe visitation of plague in the cold season of 1896-97. The history of the epidemic was very carefully investigated by Surgeon-Major Lyons, and the figures show that some 2,197 persons were inoculated, while 6,033 remained uninoculated. Between the end of March and the end of May, 1897, no less than 1,482 of the uninoculated died of plague. The inoculated lost only 36, whereas had they suffered at the same rate as their uninoculated neighbors, they should have lost 322 — a saving of close on 90 per cent.

LANAULI. — In July, 1897, M. Haffkine and his assistants inoculated 323 persons in the two wards most severely infected with plague, 377 others remaining uninoculated. Among these there were subsequently 78 cases and 58 deaths, while among the inoculated there were only 14 cases and 7 deaths, instead of 67 and 49 as there should have been had they remained as susceptible as their uninoculated relatives, living beside them under identical conditions. Here the reduction in mortality was some 86 per cent.

KIRKI had a severe epidemic in the autumn of 1897, in which the followers belonging to the Royal Artillery suffered heavily, in spite of all possible precautions taken by the military authorities. These people numbered 1,530, living in about 40 barracks on the Kirki maidan. "Out of the total of 1,530 individuals," to quote M. Haffkine, "671 availed themselves of inoculation, while 859, belonging to the same families, living under the same roofs, having the same food, drink, etc., and subject to the same general preventive measures adopted by the military, remain uninoculated. From the time of inoculation up to the end of the epidemic, the 859 uninoculated had 143 cases with 98 deaths. Seeing the absolute similarity of the conditions, the 671 inoculated should have had proportionately 112 cases with 77 deaths, if they had remained as susceptible to the disease as were their uninoculated brothers, sisters, parents, wives, husbands, children. Instead of that they had 32 cases with 17 deaths. The number of

77 deaths was therefore reduced for them by 60, that is, by 77.9 per cent."

SULAIMAN Mussalmans at Baroda, a population of 404, living in an extremely dirty, crowded locality. By the influence of their headmen and mullah, 322 of these people have been inoculated, and no plague has occurred among them, although cases have been prevalent all round about them. They have been taken into camp in batches, while their houses have been cleaned, disinfected, and whitewashed. This case *proves* nothing, but so far as it goes is favorable to inoculation.

The Khoja community of Bombay has been largely inoculated, but the figures are not yet available. It is believed, however, that only some twenty cases of plague have occurred among several thousands inoculated, and that only three or perhaps four have been fatal.

Similarly out of some 600 inoculated dependents of His Highness Aga Khan at Poona, all are believed to have escaped plague, though mixing freely with the general community, among whom the disease was exceedingly severe.

The above statistics are certainly very encouraging, and tend to show that possible improvement in the technique of preparation and use will enable our confrères in the far Orient to control and finally eliminate this dreaded scourge.

THE seventeenth Annual Announcement of the New York Post-graduate Medical School and Hospital, University of the State of New York, for 1898-99, has just been issued. It shows that 523 practitioners of medicine have attended its courses during the past year. They came from the various States of the Union and the Dominion of Canada. There were ten physicians from foreign countries, two of these being from India and one from Japan. Only ninety-six were from the State of New York.

REVIEWS AND NOTICES OF BOOKS.

---

AN AMERICAN TEXT-BOOK OF GENITO-URINARY DISEASES, SYPHILIS, AND DISEASES OF THE SKIN. Edited by L. Bolton Bangs, M.D., and W. A. Hardaway, M.D. Philadelphia: W. B. Saunders. 1898.

This is another volume in the American Text-Books Series, published by W. B. Saunders, and is fully in line with its predecessors as to quality of matter and character of work performed.

The names of the editors are too well and favorably known by the profession to need any comment other than that conscientiousness in their work is assured. The list of contributors to this work, forty-nine in number, contains the names of physicians from all parts of the country eminent for professional work in the surgery and diseases of the genito-urinary tract and skin.

Of the 1229 pages in the volume, 614 are devoted to genito-urinary diseases, 608 to syphilis and diseases of the skin, and 27 pages to the index.

The first portion is divided into ten chapters, as follows:—

- I. Urine Analysis and a consideration of the Urine in Surgical Diseases of the Urinary Tract.
- II. Diseases of the Penis.
- III. Diseases of the Male Urethra.
- IV. Diseases of the Testicle and its coverings, the Cord and the Seminal Vesicles.
- V. Diseases of the Prostate.
- VI. Diseases of the Bladder.
- VII. Vesical Calculus.
- VIII. Diseases of the Ureters.
- IX. The Surgical Diseases of the Kidney.
- X. Functional Disorders.

The portion on syphilis is divided into seven chapters, treating of acquired and hereditary syphilis and syphilis of special organs. To this is added a chapter on chancroids. The diseases of the skin are presented under the usual classification.

This is a valuable addition to the physician's library. The work is well done, the illustrations excellent, and type and paper all that could be desired. Our only adverse criticism is upon the size of the volume; it is too unwieldy, and in our judgment it would have been much better had the matter been made up in two volumes.

A TEXT-BOOK ON SURGERY, GENERAL, OPERATIVE, AND MECHANICAL.  
By John A. Wyeth, M.D. Third edition, revised and enlarged.  
New York: D. Appleton & Company. 1898.

This third edition of what has become recognized as one of the standard works on surgery was made necessary in the author's opinion by the extensive changes and improvements made in surgical work since the appearance of the second edition some eight years ago.

The present work is in a single volume of nine hundred and sixty-five pages text, and thirty-two pages of carefully prepared index. There is no table of contents, which seems to us unusual. The first six chapters are devoted to surgical pathology and also to the consideration of urethritis (specific and non-specific), erysipelas, actinomyces, glanders, tetanus, malignant œdema, hydrophobia, tuberculosis, syphilis, leprosy, diphtheria, and typhoid infection.

While these subjects are interestingly treated of, as far as each article goes, they cannot, within the limits of a volume devoted to surgery, be exhaustively considered. We do not think that they should be incorporated into a work of this kind, only in so far as they may require operative procedure, but belong rather to the domain of pathology and practice, as does the chapter on refraction to ophthalmology. In this volume, at any rate, their "room would be much better than their company," as they render the book cumbersome to handle.

Chapters VII and VIII are devoted to surgical dressings, sterilization, asepsis and antisepsis, and anæsthesia.

In Chapters IX and X are given hemorrhage, wounds, burns, skin-grafting, frostbite, furuncle, carbuncle, ulcers, and gangrene. Bandaging is given in Chapter XI, and Chapter XII is devoted entirely to amputations.

Chapters XIII, XIV, and XV deal with the lymphatic vessels and glands, veins, arteries, aneurism, and ligation of the vessels.

In Chapters XVI and XVII are given the lesions of the bones and joints, and the various operative measures for their correction.

The chapters from XVIII to XXIX inclusive are devoted to regional surgery, and in that portion of this section in which the abdomen is considered many important changes have been made and much new matter added. Chapter XXX takes up deformities and their correction, while the final chapter (XXXI) is devoted to the subject of tumors.



The general character of the instruction given in this book is of the highest order ; the text is plain, explicit, and forcible without any effort at brilliant effect, the illustrations are abundant and superb, and the book itself a necessity to the surgeon and to the student. It seems to us from its explicitness of detail to be especially of value to the general practitioner who is so circumstanced as to be obliged to do his own surgery.

---

## GLEANINGS AND TRANSLATIONS.

---

DR. STERNBERG ON THE DANGER FROM YELLOW FEVER.  
— In a recent number of the *Army and Navy Journal* it was said that Surgeon-General Sternberg had expressed himself as having little fear that yellow fever would prove more harmful to the troops in Cuba and Porto Rico than are ordinarily the diseases common in northern latitudes. Dr. Sternberg, however, disclaims making any such prophecy in the following communication to that journal: "I have not expressed any such optimistic opinion, and regret to say that it is not justified either by my studies relating to yellow fever or by my personal experience. History teaches that when a considerable number of unprotected persons are exposed in a yellow-fever infected locality during the months when this disease is most prevalent (May 1 to November 1 in the latitude of Havana) an epidemic almost infallibly results. In the last week of April of last year there were seventeen deaths and seventy new cases of yellow fever in the city of Havana. Now, suppose that we had a similar number of cases at the same season in New Orleans, and that twenty thousand strangers from the North should go there to spend the summer, what would be the result? All past experience supports the belief that a majority of them would have yellow fever, and that from twenty to forty per cent of those taken sick would die. This is what I anticipate would happen if we should send an army to occupy Havana or any other infected seaport on the coast of Cuba during the summer months. If, however, these troops could be camped upon high land in the interior, and circumstances

were such as to enable them to comply with all of the exactions of modern sanitary science, I am of the opinion that our loss from yellow fever would not be serious. But in time of war military commanders are expected to take their troops to the points occupied by the enemy, and a picnic in the interior, with frequent changes of camp, etc., is perhaps not exactly what we may expect." — *Medical Register*.

EFFECT OF CHLOROFORM AND ETHER NARCOSIS ON THE LIVER. — Bandler of Prague (Mitth. A. D. Grenzbl. E. Med. U. Chir., No. 3, Vol. I; J. A. M. A.) performed a herniotomy on a hitherto strong, healthy man, who was, however, a hard drinker, using chloroform as an anæsthetic. A few days afterward icterus developed and the patient died with cholemic symptoms. As leucin and tyrosin were found in the urine, *intra vitam*, the diagnosis of acute yellow atrophy of the liver had been made, and it was confirmed by the necropsy. Bandler has since been studying the literature on the subject and experimenting on animals to determine the exact effect of chloroform narcosis on the parenchymatous organs. He states that every case of chloroform narcosis showed degeneration of the liver cells afterward, while this degeneration was absent or very slight after ether narcosis. He therefore urges the importance of avoiding the use of chloroform in cases where there is reason to suspect that the liver is not perfectly normal, and using ether instead. — *Medical Sentinel*.

THE EFFECTS OF TIGHT LACING. — Dr. W. E. Fitch (*Virginia Medical Semimonthly*, May 13) arrives at the following conclusions: —

1. The normal breathing of woman is like that of man — abdominal; tight lacing changes the type to costal.
2. The pelvic organs normally make a considerable excursion with each respiration. Tight lacing in the upright position checks this motion almost entirely.
3. Sitting or leaning forward lessens intra-abdominal pressure. Tight lacing in these positions greatly increases intra-abdominal pressure.

4. The uterus is displaced downward by tight lacing from an inch to two inches and a half. The pelvic floor is bulged downward and the circulation rendered sluggish.

5. Uterine development is greatest from the twelfth to the sixteenth year. Tight lacing is usually begun at this, the period of the beginning of uterine development.

The first of these propositions is given on the authority of Wilberforce Smith (*British Medical Journal*, October 11, 1890). The common physiological teaching describes both abdominal and thoracic breathing as being normally present in all individuals, male and female, but in different proportions, abdominal respiration preponderating in the male, and thoracic in the female. The author points out, however, that women when asleep breathe like men; and that all animals, male and female, breathe alike. Mays, he says, has shown that Indian girls breathe like men, and Kellogg has confirmed this observation among several Indian tribes. Chinese women, agricultural women, English pit-brow lassies, and civilized women who have been loosely clothed about the waist, all show the same type of abdominal breathing; and the flimsy argument that chest breathing is normal to woman, because it is necessary during gestation, goes to the wind when it is shown that even in the last months of pregnancy abdominal respiratory movements predominate over thoracic movements. The most active muscle of respiration, the diaphragm, adapts itself to circumstances, so that long-distance runners in the quiescent state have least costal breathing of all classes of men. — *New York Medical Journal*.

USE OF MIXED TOXINS OF ERYSIPELAS AND BACILLUS PRODIGIOSUS IN TREATMENT OF INOPERABLE SARCOMA, WITH IMMEDIATE AND FINAL RESULTS, BASED UPON A PERSONAL EXPERIENCE OF SIX YEARS. — Dr. William B. Coley, of New York, read a paper with this title. He said that in the meeting at Baltimore one of the speakers had ventured the prediction that another year would see the method consigned to oblivion, but he had continued his observations in spite of

this statement, in the belief that that prediction would not be verified. He emphasized the fact that the treatment should be restricted to inoperable sarcoma. In cases of rapidly growing round-cell sarcoma of the bone he would not advise the toxins. He had used the treatment in a few cases after operation to prevent recurrence, and, while the outlook in this particular field was hopeful, he was not yet ready to draw any conclusions. The toxins had been prepared for his use in the Loomis Laboratory. He had never claimed to be the first to substitute the toxins for the living cultures. In all his successful cases the combined toxins had been used, and so far as he knew, no one had reported a successful result from the use of the toxins of erysipelas alone. He was confident that the degeneration of tumor tissue was decidedly increased by the addition of the toxins of the bacillus prodigiosus. The theory generally accepted regarding the treatment was, that it was a process of necrosis—a local process—but this was certainly far from the truth. A number of cases of sarcoma had disappeared entirely by absorption without breaking down. The toxins probably acted through the blood serum, causing coagulation necrosis with breaking down of the tumor cells. In the spindle-cell variety absorption without breaking down was more common, whereas in the round-cell variety the reverse was true. A much larger quantity of the remedy could be given subcutaneously remote from the tumor than when injected into the tumor—a point of no little importance. The rule should be to begin with a minimum dose, and gradually increase it, and if this rule was followed the risk of the treatment was almost nothing. Toxins produced from very virulent cultures should never be given in larger initial doses than half a minim, boiled water being used to obtain the requisite dilution. If the injections were given subcutaneously at a point remote from the tumor, a dose of one minim might be used. If the temperature following the chill reached 104° or 105° F., stimulations with whiskey and strychnine might be indicated. Usually after one or two hours the temperature began to fall; it should reach the

normal after twenty-four hours. It was not necessary to produce a chill by each injection ; indeed, some of the best results were obtained when only two or three chills occurred altogether. If the treatment was judiciously carried out, the patients did not usually lose flesh. The first change in the tumor was a marked decrease in vascularity ; next, loss of the glossy appearance of the overlying skin ; then the tumor became more mobile, and a visible reduction in the size was observed. In most cases, if no marked improvement was observed within three weeks, it was useless to continue the treatment. Out of his eighty cases of round-cell sarcoma thirty-five were more or less improved, and in two the tumor disappeared entirely. One of these latter patients was well after three years, and one after a year and a half. Of the twenty spindle-cell sarcomata, ten disappeared entirely and all showed great improvement. Seven patients had now been well over three years, eight from one to three years, and four others from six months to one year. The paper contained a detailed report of eight cases of sarcoma successfully treated since the meeting of 1895. All save two were considered inoperable, and in both of these patients the disease had rapidly recurred. In seven of these cases the diagnosis was confirmed by microscopical examination, and in the eighth the clinical diagnosis was beyond a reasonable doubt. It had been objected that the number of cases benefited was a very small proportion of the total, but this was an argument which was unworthy of the physician, in view of the desperate condition of these unfortunates. — *Medical Record.*

MALIGNANT DISEASE. — Malignant disease was certainly increasing in the black in greater ratio than in the white race. The negro was relatively somewhat more prone to sarcoma than to cancer. From the statistics he had been able to collect it seemed fair to conclude that the negro suffered from cancer one half as often as the white, although malignant disease of the mammary gland was as frequent in the negro as in the white. He had not seen cancer of the

penis, larynx, or tongue in negroes, although rectal cancer was comparatively common. Cancer was preëminently an affection which increased in frequency with the advance of civilization. Women were twice as liable to malignant tumors as men, because of the proneness to malignant disease of the breast and uterus. Infancy and childhood were practically exempt from cancer; it was rare prior to thirty, and after this age was more and more frequent. During the second decennium the long bones were the usual site of sarcoma. After forty years and before sixty sarcoma was less common. Like cancer it was a common senescent change, but, unlike cancer, was more destructive in early life. — *Medical Record.*

HOMŒOPATHIC DILUTION IN THE LIGHT OF PHYSICAL CHEMISTRY. — Professor Ostwald has recently published an article on the “Formation and Transformation of Solid Bodies.”

His results are of pharmaceutical interest in so far as he used homœopathic triturations and determined their activity in a physical chemical manner. Professor Ostwald’s results are very briefly given in the following: —

A soluble solid body possesses the property of changing from a solid to a liquid state when brought in contact with a solvent, and after evaporation of a solvent to return to its original state. In the case of salts their return to the solid state is called recrystallization. When a solvent has taken into solution as much of the solid body as it can hold at a given temperature, the solution is said to be saturated for that temperature; but when the solvent has taken up a larger quantity, the solution is said to be supersaturated. The longer or shorter time during which this supersaturation is capable of existing is called overcooling. This overcooled condition can, as is well known, exist for a long time when the solution is carefully protected. The solution solidifies, however, to a mass of crystals when the smallest particle of a crystal of the dissolved substance is brought into contact with the solution. This crystal particle may be so small that

it is not visible with the naked eye, and can scarcely be recognized with the microscope. Professor Ostwald has experimented with these supersaturated and overcooled solutions in order to determine the amount of crystal substance necessary to produce crystallization. In order to obtain very minute crystalline particles he triturated the crystals with powdered quartz. For further trituration he used absolutely pure milk sugar. The quantitative relation existing between the triturated substance and the indifferent vehicle was as follows:—

1.	Trituration, in 1 gram	$\frac{1}{10}$	gram.
2.	„ „ 1 „	$\frac{1}{10^1 0}$	„
3.	„ „ 1 „	$\frac{1}{10^2 00}$	„
4.	„ „ 1 „	$\frac{1}{10^3 000}$	„
5.	„ „ 1 „	$\frac{1}{10^4 0000}$	„
6.	„ „ 1 „	$\frac{1}{10^5 00000}$	„
7.	„ „ 1 „	$\frac{1}{10^6 000000}$	„
8.	„ „ 1 „	$\frac{1}{10^7 0000000}$	„
9.	„ „ 1 „	$\frac{1}{10^8 00000000}$	„
10.	„ „ 1 „	$\frac{1}{10^9 000000000}$	„

At first Professor Ostwald put himself to the laborious task of making these triturations himself, but later he used the trituration machine of the homœopathic Centralapotheke in Leipzig. The perfectly uniform results obtained in the experiment described above were as follows: Crystallization was induced when no higher than the ninth trituration was used. Several substances, like salol, would work with this trituration only when freshly prepared. When older, the third trituration would still induce crystallization, but not the fourth. Only a single exception to this general law was found in the case of borax, which induced crystallization as far as the seventeenth trituration. This result seemed so surprising to Professor Ostwald that he made another series of triturations, using the greatest possible care. These new triturations gave the following result: The ninth trituration of borax is still active, the higher triturations are not, thus agreeing with the results obtained with the other substances.

Homœopathy, as is well known, goes far beyond the ninth

trituration, as it puts physiological experiments on a higher plane than the chemical. Professor Ostwald's experiments are, however, in favor of the activity of minute medicinal doses. For when the one thousand-millionth part of a gram is sufficient to produce such visible results as the solidification of a solution by the formation of crystals, we can hardly say that the ninth trituration contains no more of the active substance. — *Ztschr. f. Phys. Chemie* 22, p. 289. [*Pharmaceutical Review.*]

THE VENOM OF BEES. — There is still a good deal of uncertainty regarding the nature of bees' venom. The reason of this was because it could not be obtained in sufficient quantity for a proper analysis. It was recognized, however, that the toxic property of the said venom was due particularly to formic acid, although no scientific test had been made to corroborate this theory.

In a recent communication to the Medical Society of Prague, Mr. Langer has endeavored to show that this belief was unfounded. He took as his basis the examination he had made of the venom of 155,000 bees. In order to distinguish the venom, Mr. Langer carried out experiments upon animals, as the chemical reactions of the substance were unknown. Thus, the introduction of the venom into the eye caused intense inflammation, with suppuration, but these symptoms disappeared at the end of five days.

When collected in a certain quantity the venom presents the appearance of an aqueous liquid of agreeable odor, bitter taste, acid reaction, and containing traces of formic acid. But what proved that the latter did not account for the special properties of the venom was the fact that in a one per cent solution, when no acid reaction was present, the venom still had its effect. Also, the venom had its usual effect on the eye after being kept at 100° Cent. for six weeks, when all trace of formic acid would have evaporated.

After numerous experiments Mr. Langer succeeded in isolating the active principle of the venom of bees. It has all the alkaloid reactions, is not affected by heat or cold, nor



can acids destroy it. When injected into a rabbit's veins it quickly causes death; when injected subcutaneously it causes local gangrene, and when introduced through the intra-peritoneum it leads to death at the end of ten hours, the animal experimented with displaying great restlessness. In the case of dogs these injections were attended by the same phenomena as snakebite. Mr. Langer also observes that agriculturists become refractory to the action of the venom in question. In this connection it may be recalled that long before him M. Lortel (of Lyons) had remarked that frequent stinging by bees rendered the victim impervious, or at least less sensible to the effect of the venom. — *Paris edition of the New York Herald.*

IN the latter part of the Age of Transition, in the thirteenth century, Guy de Chauliac, "the most famous physician and surgeon in Christendom during the Arabic Period," describes the duties and character of a surgeon in words that it would be well for many to read even to-day, some five or six centuries later. He said that a surgeon should be learned, expert, ingenious, bold where he is sure, timid when in doubt, avoiding bad cures and practices, being gracious to the sick, generous and compassionate, wise in prediction, chaste, sober, pitiful and merciful, not covetous nor extortionate, but receiving moderate fees according to the circumstances of his patients, the character of the case and his own dignity." How different were these words from the advice of his contemporary, Arnold de Villeneuve, whose words breathe forth deceit and dishonesty: "If thou canst not find anything in the examination of the renal secretion, he said, declare that an obstruction to the liver exists. Particularly use the word 'obstruction' since it is not understood, and it is of great importance that people should not understand what thou sayest." These words might have been a good guide for such charlatans as John of Gaddesden and Paracelsus, but we hope they will no longer be studied or practised by reputable physicians of the twentieth century. — *The Therapeutic Digest, August, 1898.*

PERSONAL AND NEWS ITEMS.

---

DR. JULIA A. MARSHALL, of Boston University School of Medicine, '77, formerly of Haverhill, has located at No. 9 Putnam Street, Somerville.

WILSON F. PHILLIPS, M.D., Boston University School of Medicine, 1898, has located at 7 Nelson Street, Dorchester.

DR. GEORGE H. EARL has removed his office and residence from Hotel Copley to 153 Newbury Street.

WE are in receipt of the announcement of the 47th semi-annual meeting of the Homœopathic Society of the State of New York. Attention is called to the following points in the announcement:—

Attention is called to the change of date for our semi-annual meeting, from Tuesday and Wednesday to Thursday and Friday.

President Norton is assured of an exceptionally successful meeting; no one has been named on a bureau without having first promised a paper, and no title will be announced in the programme unless the paper is in the hands of the bureau chairman at least three weeks prior to the meeting. This will afford opportunity to prepare careful discussion.

The accessibility of Syracuse, as well as the date, warrant the expectation of a large attendance upon the semi-annual meeting.

Headquarters and meeting room at the Yates Hotel. Special discount of \$1 per day from the regular rates (\$4 per day and upward) has been secured.

European plan, \$1.50 per day and upward according to the room. Several other hotels are available at \$2 per day and upward.

Among the names of those invited to be present and participate in the proceedings are those of Drs. Boothby, Packard, and Emerson, of Boston.

# THE NEW ENGLAND MEDICAL GAZETTE

---

---

No. 10.

OCTOBER, 1898.

Vol. XXXIII.

---

---

## COMMUNICATIONS.

---

### SOME EXPERIMENTS IN INFANT FEEDING.

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

In order to justify the very imperfect experiments I am about to bring to your attention, it is necessary to dwell for a moment on the current principles of artificial feeding, and to bear in mind that too often all methods, even the most modern and scientific, prove futile. While manufacturers of substitutes for mothers' milk vaunt the perfection of their wares, and scientific investigators like Rotch, Demme, and others have unquestionably reduced artificial feeding to something like a sound basis, it yet remains true that annually too many fatal cases of malnutrition occur in every community, after the best efforts to save them have been exhausted.

It is not my aim to consider these principles in relation to the feeding of healthy, or even of sickly, infants. To rear these may often be troublesome, and call for much varying of food; but since even feeble children possess digestive power equal to the sterilization and reduction of the ordinary articles of nourishment, they may be nursed, fed, and managed until, in time, their development reaches the point where thriving begins under the influence of their own gain in vitality. My object is to deal mainly with those cases in which artificial foods, however well prepared and judiciously selected, fail to agree, or agree only for a very short time; in which, in other words, the digestive function is too feeble

to overcome the indigestibility of the most digestible of the available foods, and so deranged that these articles, once ingested, rapidly assume within the intestinal canal the character of poisonous or highly irritating substances. These are the intractable cases of extreme malnutrition, of atrophy, of infantile marasmus, and chronic gastro-intestinal catarrh, — exceptional cases, perhaps, but still too common to warrant us in resting content on the efficacy of medicinal treatment or the means of feeding within our reach.

Let us consider for a moment what the essentials of proper feeding are held to be in these days of bacteriology and biochemistry, and whether what we know or accept is, in fact, adequate knowledge.

In the main, there are two principles on which all are agreed: first, that to be safe the food of infants must be sterile. On this point there can no longer be a doubt, since the infant mortality of Berlin was reduced from thirty-two to eight per cent by the introduction of sterilization and milk inspection. The only questions arising here are those concerning the methods of sterilization and the possibility of destroying or so changing by these processes certain constituents of the milk as to render it less digestible than in its fresh and normal state. On this latter point I shall have a word to say later. Meanwhile we may rejoice in the positive advances made within the last ten years.

The second principle of safe feeding is that governing the due proportion of the nutrient constituents of food. We know how composite an article even the simplest form of nourishment must be in order to supply all the demands of the system. Here it is necessary to enter somewhat more into detail, since upon this point graver and more numerous doubts arise with the increase of experience in individual cases. Well known as the more important elements of infants' food are, I must ask you to consider them with me for a moment, since the knowledge of the physiological element does not meet fully the needs of the practitioner.

The most abundant and for this reason the most important constituent of infants' food is water. This must be present

in the proportion of about ninety per cent in order to meet the demands of the exceedingly rapid processes taking place in the growing organism. It serves not only as a diluent and solvent for the solid constituents, but as the chief means of filling the blood vessels, of keeping these in a normal state of tension, and of affording the countless and varied glands, as well as the tissues, the only possible material for osmosis and tissue exchange. The old axiom, *corpora non agunt nisi soluta*, is true far more of food elements than of medicinal substances to which it has been mainly applied. But it is not enough to look upon water as a mechanical, physical, and crudely chemical agent, conveying, dissolving, attenuating, etc., the solid constituents. There can be no question that it is in itself an article of nourishment, and that its elements, once set free within the organism, enter into the varied and unceasing chemical processes making up the sum of vital activity.

In addition to water, normal food must contain proteids, fats, carbohydrates, and mineral salts; and from the chemists' and manufacturers' point of view, these are the all-important elements of nourishment. In the main, this view is correct, so far as it goes, but it does not cover the whole ground. These substances are, in fact, the essential elements of infants' food, and must be so combined as to lend themselves most readily, not only to ingestion, but, above all, to the changes effected by the solvents, ferments, and emulsifying agents of the intestinal glands. To establish the due proportion of these components of food, making a composition as nearly resembling mothers' milk as possible, has been and continues to be the aim of all experimenters. The general average of these proportions, it is true, may be ascertained with much accuracy; and what is more, these constituents may be found or produced and mixed in pure practicable forms, for the nourishment of healthy or even feeble children.

But it is certain that the practitioner has not yet been supplied with a satisfactory substitute for mothers' milk or for fresh cows' milk. The imperfection lies, in part, in the

difficulty of determining with sufficient accuracy the right proportions of all the known constituents in the individual case ; in part, in the fact that the actual value of these constituents has not yet been fully determined, — as in the case, for instance, of the mineral salts, — and in part in the further fact that there remain constituents with which the practical chemist and manufacturer trouble themselves very little.

It is known, among other things, that both fresh breast milk and fresh cows' milk contain, besides other gases, a very large proportion of free oxygen. Can there be a question that this, too, is an important ingredient, despite the fact that it is not seen or felt or tasted, and that innumerable infants thrive admirably on milk from which it has escaped? Healthy infants possess in ample measure the power to resist, not only all manner of destructive influences acting from without, such as heat, cold, impure air, filth, etc., but also may be seen daily to thrive on the most imperfect and even deleterious food ; and this is the misleading experience which seems to uphold so much of fine theory and practice in infant feeding. If, however, we hope to save by food those whose life hangs by the slenderest thread, whose vitality, enfeebled by heredity or prenatal and postnatal conditions, is steadily waning, even in the presence of the most favorable surroundings, their nourishment must fulfil *all* the requirements established by nature, rather than by theory. We are, as yet, far from being able to determine all these requirements with precision. They constitute the normal character of food, as we see it in the breast of a vigorous, healthy, active young mother. It may be in its nature essentially chemical and physical, but these attributes do not explain all we need to know of it or observe in its effects. It is a physiological product, having the character of being *vitalized*, or of *having life*. This quality neither chemists nor manufacturers recognize. It does not suit their purposes nor fit their theories. But he who sits by the bedside of infants, wasting away despite artificial food most scientifically prepared, painfully recognizes the absence of this essential quality.

The greatest advance in infant feeding, since the general acceptance of the principle of sterilization, is seen in the ingenious contriving of modified milk. But here, too, as in the Horlick's, Mellin's, Nestle's, and other condensed milks, there is no other than a crude chemistry, producing a food which is strictly artificial. Admirable as the principle of modification is, it is not that of bio-chemistry. In fact it destroys, in no small degree, the character which this stamps upon nature's own product.

If all women could nurse their offspring, or wet nurses were easily obtainable, and if both mothers and wet nurses were always reasonable and charged with a healthy vitality, there would be no occasion for artificial feeding. Not a few infants refuse to thrive on the milk of their own mothers, although the utmost care may be bestowed on the diet, exercise, regimen, and times of nursing; and we all know both the difficulties and dangers attending the choice of wet nurses; as we know also the grave disappointments following the use of even the most highly recommended substitutes for breast milk.

With these considerations weighing heavily upon me, after experiencing in my own practice certain most trying disasters in the management of marasmus and persistent gastrointestinal catarrh, and aware of similar unfavorable results in the hands of others, I began a series of experiments with asses' milk.

This substitute for mothers' milk had already been used with striking success, as I read in Eichhorst's work. In Paris, too, under Toorier and Parrot, the most favorable results were being obtained, and from time immemorial, in nearly all European countries, asses' milk has been used for feeble digestion, wasting diseases, chlorosis, phthisis, etc., so that I was encouraged to look in this direction for aid in future cases. In Paris I visited the great Foundling Hospital in the Rue Rochereau and witnessed there the admirable arrangements for feeding with fresh asses' milk, and the remarkable increase in weight not only from week to week but from day to day, in most unpromising subjects, such as are left at the

window, where they are handed in without questions being asked, or brought in from street corners, church steps, or wherever else it may be convenient to abandon them. Wasted, starved, syphilitic, of all ages from a few hours to several months old, so exhausted often that no artificial food can be given, they are at once put on asses' milk, and with a success that fully warrants the enthusiasm for this mode of feeding on the part of the nurses and physicians in charge. It would lead too far to describe the breed of asses used, the manner of their selection, keeping, feeding, etc. I will only mention that some thirty large, healthy, carefully chosen animals are kept constantly in milk in spacious, scrupulously clean, light, and well-aired stables, where they are treated with the utmost consideration by the nurses, who alone have the care of them.

All infants incapable of thriving on other foods are put on this milk, and in such a way as to insure the most favorable conditions for safe feeding. The infant having been thoroughly washed and dressed, and its mouth carefully cleansed, is put directly to the she-ass's udder, which itself has been made sterile by suitable washing and disinfection. This mode of transferring the nourishment directly into the infant's mouth is of the greatest moment, since milk fresh from the udder is absolutely sterile. The advantage here is easily seen. Another advantage in using the ass as a wet nurse is the fact that she has voluntary control over her milk flow. She can yield it or withhold it at pleasure. With gentleness and patience she is easily trained to yield her supply on demand. The favorable feature of this ability will be recognized when we consider that it is not necessary with the ass, as with the cow, to empty the bag regularly in order to keep the milk secretion active. One she-ass can easily nurse from eighteen to thirty infants in the twenty-four hours, and may be kept in milk a full year and even longer, although many of the babies may take no more than a few teaspoonfuls at a meal. This voluntary control is of infinite advantage too in the fact that the feeblest baby may obtain its supplies with almost no effort on its part, a cir-



cumstance which makes feeding in this way a far more easy process than when strength is required for suckling. Many other advantages are offered by the much-abused and much-derided ass as a wet nurse. Her milk, as we know, approaches mothers' milk more nearly than that of any other animal, and possesses in a high degree that vital or physiological quality which is absent in all artificial foods.

## ANALYSES OF MILK.

	HUMAN.	ASS'S.	MARE'S.	COW'S.	GOAT'S.	EWE'S.
WATER.	889.08	890.12	903.10	864.06	844.80	837.00
FAT.	26.66	18.53	10.55	36.12	61.10	44.50
CASEIN AND ALBUMEN.	39.24	35.65	19.53	55.15	39.40	51.60
SUGAR.	43.94	50.64	62.85	38.03	46.80	57.30
SALTS.	1.38	5.24	3.69	6.64	7.10	9.60

In 1000.

You will note the resemblance between mothers' and asses' milk and the wide difference between these and cows' milk: the greater abundance of water, also the greater proportion of carbohydrates, and the smaller proportion of casein and fat in the former. In mineral salts the ass's milk more nearly resembles that of the cow, while the mare's milk most nearly approaches human milk in this particular.

To my mind these differences make asses' milk especially suitable for feeble infants, since the casein and fats are the most difficult of digestion. Another difference, which I regret my inability to illustrate here, is that of the respective size of the fat globule in human, asses', mares', and cows' milk. In asses' milk it is distinctly smaller than in human milk, and no more than one fifth as large as in cows' milk. You are aware of the difference in the curds of cows' milk and human milk, the first being tough and leathery, the second light and flocculent in the presence of the gastric juice. It is easily seen, therefore, that the lighter curd of asses' and mares' milk renders these the most easily digestible of all.

As regards the possibility of varying the proportion of

the constituents of asses' milk to suit individual cases, it is remarkable how quickly this useful animal responds in this respect to even slight changes in its food and exercise. A very little corn meal rapidly produces an increase of fats, while the addition of oats to its diet promptly raises the percentage of proteids.

Add to these advantages the ease and cheapness with which, when not nursing, the she-ass may be kept; how patient, intelligent, and docile she is when well treated; how readily broken to the work she is so well fitted to perform by the nature of her milk secretion and its mechanism; how untouched she is comparatively by the diseases and decadence growing out of advanced civilization as we see it more, for example, in the cow, and freedom especially from tubercular infection, and finally the warmth of the long soft hair of her belly which sickly infants delight to nestle in, — and you have a list of virtues which, to say the least, warrants a reasonable interest in her as a substitute for the mother.

On my return from Paris in 1892, during a summer marked by great and sudden variations in temperature and humidity, I was soon brought face to face with the gravest problems in infant feeding. With several intractable cases on my hands, and fresh from my observations abroad, I sent to Texas for four she-asses with foals by their sides or soon to foal. After some delay, infinite disappointments, labor, and almost unwarrantable expense, I succeeded in housing my animals safely in Cambridge, and later, by the great kindness and courtesy of Dr. Baker Flint and the ladies of the Convalescents' Home in East Watertown, was allowed to establish my donkey farm on the grounds of that institution. Of all my trials in taming and breaking my wild burros I will not speak, although these experiences are an important part of the experiment. Fortunately one animal had retained, through all the cruel beating, starvation, neglect, and privations of her Texan life, a mild and gentle disposition and a receptive mind. By kindness and patience she was soon taught to bear cleaning, washing, the handling of her udder, the presence of a large doll between her hind legs and under

her belly, and finally to yield her milk to the hand. By placing the doll against the udder and gently milking, it was soon possible to obtain milk with ease. Let me give briefly a number of cases, selected from the most unfavorable on my list, and of such a character as to leave but little hope after medicinal treatment and all available changes of food have been tried in vain.

*Case 1.* Child twelve weeks old. Broncho-pneumonia, left side absolutely dull on percussion, loud rasping râles over both sides, constant cough and incessant feeble wailing by night and day. Shrunken, old, shriveled, and ashy-gray skin; mouth parched, tongue dry, buccal mucosa covered with aphthæ; vomiting of all food, and eighteen to twenty thin, green, watery discharges daily. The physician in charge had abandoned the case as absolutely hopeless. My suggestion of asses' milk was met at first by the mother with strenuous objections and expressions of loathing and disgust. But after the hopelessness of the case had been fully explained to her, she consented to the experiment. The child was taken at once to the paddock and placed with its mouth against the animal's udder. With the utmost patience and the noblest behavior on the part of the four-footed wet nurse, which allowed every conceivable change of position, and most willingly extended her hind leg backwards to allow of placing the child's head well in the most favorable position for controlling the operation, it was possible at last to milk a few drops into the child's mouth. I will note the fact here, at which the incredulous and strictly scientific will not fail to smile, that although the child had been coughing and wailing all night long, it grew more quiet very soon after being held against the warm, soft hair of the ass's belly, but began its crying and coughing whenever it was necessary to change the position. The first few drops of milk were obtained, to my great encouragement. Unfortunately in my eagerness to give the child a sufficient meal, I overdid the matter, with the result of causing renewed vomiting. However, the child slept for fully twenty minutes against the animal's side, and could be taken away before it waked. In

an hour the experiment was repeated with greater caution as to quantity, and was followed by better success. The milk, about two teaspoonfuls, was retained. The child slept a full hour. Whenever the wailing began it was made to feed, and by evening of the first day made feeble attempts at suckling. The night passed with more sleep than the unhappy little patient had enjoyed for three weeks. The cough itself was less persistent. The discharges became less frequent, and by the following morning had begun to assume the normal character. With increasing control over the technique of the method, which required no little skill, handiness, and patience, the feedings grew more satisfactory from day to day. The improvement was by no means rapid or uninterrupted, but at the end of a week the child's nutrition was as normal as could possibly be hoped for in one so ill, the discharges normal, the vomiting wholly suspended, the aphthæ all healed, and sleep as good as the cough and dyspnoea would allow. Unfortunately the mother could neither remain at the Convalescents' Home nor feel content to leave her child in our hands. In something more than a week, when there was no cessation of the pulmonary symptoms, she insisted on taking the child home, where it died at the end of a very few days. Since microscopic examination had showed abundant tubercle bacilli both in the discharges and the expectoration, which was occasionally ejected by violent spasmodic paroxysms of coughing, it was clear that the case was one of acute miliary tuberculosis, in which but one termination could be expected. The burro, however, had done her duty.

*Case 2.* Child eleven months. Marasmus, probably of specific origin. Two former children of same parents had died before having attained the second year. Patient, who had been small from birth, but fairly well nourished at first, had failed to thrive on wet nurse, cows' milk, and artificial preparations of all kinds. The emaciation was extreme; weight at eleven months less than six pounds; skin wrinkled, sallow, dry; tongue deep crimson; discharges frequent, cheesy, undigested, excoriating; sleepless, restless, crying

and fretful after every feeding; great thirst, but evident suffering after even small quantities of water. This case had been treated in vain by distinguished physicians of the old school and of both wings of the new. The indications for remedies were apparently clear, yet no results followed their use. Again the mother was exceedingly loath to permit her darling to swallow the milk of so unworthy a beast as the she-ass, and only by the most forcible presentation of the claims of this animal, which had been honored in its day above all other creatures, was she persuaded to yield. I mention these observations as somewhat remarkable psychological phenomena. At first the child was induced to nurse only with the greatest difficulty, but it delighted in the warmth and comfort of the contact with the animal, holding on to the long, soft hair with a firm grasp and refusing to relax. After a day or two it proved useless to try to teach it to nurse satisfactorily, although it did not wholly refuse. I am sure that an intelligent nurse, with patience and a gift of managing both children and animals, could teach almost any child to suck directly from the udder; but for ordinary people the difficulties are very great, with all the aid the burro can give. The child was then fed by milking into a sterilized glass, and soon learned to take an abundant measure of milk with the most gratifying results. The weight increased after the first week and continued to do so gradually throughout the winter, when removed from the Home and fed by the milk conveyed in sterilized bottles. The most remarkable fact in this case was the change in the character of the defecations *before the expiration of twelve hours*. They assumed a normal character, became infrequent, and remained so throughout. The child is still living at the age of seven years, though feeble and backward.

*Case 3.* Boy aged six months. Hydrocephalous from birth. Extraordinarily large head, occasional convulsions, marked malnutrition with frequent vomiting and green, slimy, undigested stools. At the end of eighteen hours these had assumed a normal character under the easily assimilated asses' milk. The general nutrition improved in a marked

degree for a month, when the child was suddenly seized with a convulsion at night and died within half an hour.

*Case 4.* Child aged two years and six months. Dysentery three weeks' standing, eighteen to twenty-five discharges in twenty-four hours. No food could be made to agree, however diluted or modified. Within twenty-four hours the discharges grew less in frequency and more normal in character. At the end of a week the child could take rennet custard, albuminated milk, and other articles, and was discharged well and thriving in a fortnight.

In addition to these cases, which seem to me worthy of record, there were others of less marked malnutrition which promptly yielded to the milk. Dr. S. H. Blodgett, who took a warm interest in the experiments and was helpful in many ways in watching and advising, has furnished me with the report of five cases quite as interesting and important as those given. He amplified the experiment by substituting mares' milk for that of the ass, and gained results as favorable as those with the latter.

This was a very practical variation of the experiment, since it is not only much more easy in this region to obtain the milk of the mare than that of the ass, but, as you will note, the former contains even less water, fat, casein, much more of sugar, and more mineral salts. There can be no doubt that for extreme cases this would prove the more acceptable nourishment. It will be found that these highly attenuated forms of food, while sufficient to rear animals as strong and active as the colt and ass's foal, will not long nourish the human young. Their value lies in the cases of almost complete suspension of the digestive faculties. The advantage in asses' milk, however, lies in the greater cheapness and general availability for nursing purposes of the ass, and more particularly in the greater ease with which the quality of this milk may be affected by the animal's food.

*Case 1.* Thomas baby. Four months old, bottle fed, taken with loose passages, no pain, some small curds, but otherwise well digested, six to ten a day. Became more frequent and green, with mucus and slime. Finally child

passed green mucus, with blood, straining every half hour, fretful, whining; intense thirst; loss of strength. Sent him to Sunny Bank for asses' milk. Straining ceased in eighteen hours, blood also, green color disappeared in twenty-seven hours; passages only twelve in second twenty-four hours, and steadily improved. In a week was apparently well and went back on to bottle as before sickness.

*Case 2.* Wiley baby. Three weeks old, bottle fed, suddenly taken with frequent, loose, green, undigested passages; vomiting everything; passages every quarter to half hour; no straining or blood. Put on mares' milk. Vomited first meal; after that no vomiting at all. In twenty-four hours passages yellow, but somewhat thin. Had eighteen passages in first twelve hours, five in next twelve, and four in next twenty-four; after that normal passages and child seemed apparently well. After being apparently well, eating well, and every function normal for four days more, she suddenly, one morning, shivered and was dead. An examination was refused.

*Case 3.* Keife child. About eight months old; very well and strong. Poor people and bad neighborhood; time, August; thermometer had been about 90° for a week. When called found child with its eyes rolled up, unconscious, involuntary green, curdy passages, very bad odor, about one half hour vomiting, rolling of head. Gave mares' milk. No more vomiting. Passages became yellow and digested in nineteen hours. Had a normal passage in twenty-one hours. Took the milk well, and a good quantity of it; never became conscious, and died apparently from pressure on the brain on the third day. The day before it died it had four normal passages and took one quart of the milk.

*Case 4.* Wallace child. Puny, sickly child, bottle, food never agreed; no appetite, six to ten loose, lumpy, curdy passages in twenty-four hours. Tried Walker-Gordon and a great many artificial foods. Child never gained after birth. During August passages became green, and ten to fifteen in twenty-four hours. Scarcely ate anything, lost eight ounces in one week. Began mares' milk. Retained it. Passages became better in three days; in six days were normal, but

numbered eight a day. Gained eight ounces in one week, eight ounces more next week. I have no record after this, as he practically passed out of my hands.

*Case 5.* Trueman baby. Nine pounds at birth. Weighed eight and one half pounds at nine months. Sunken eyes, drawn skin, pale. Had tried every food and combination I ever heard of, and everything every neighbor ever heard of, including Walker-Gordon. Vomited almost everything. Had about twelve loose passages a day; on some foods were green, but never digested; whined and cried *all the time*—forty-eight hours out of every twenty-four, the father told me.

Never vomited but once after beginning mares' milk. Passages well digested in two days; normal consistency and not over four in twenty-four hours after one week. Still cried a good deal, because we could not get milk enough, the mare having suddenly dried up. The child's passages began as before, also vomiting. Arranged for enough milk, and no vomiting at all; passages normal in twenty-four hours, and no one ever saw a better child after the second week, when we finally got him filled up. He began to gain, and gained steadily from three ounces to seventeen ounces a week until the long hot spell in August two years ago. Then he seemed prostrated, almost unconscious, stupid, eyes partly open. He took about one half his usual quantity of milk, but never vomited or had a bad passage. The weather became cooler and he improved at once. Lost two pounds in that week, but gained three pounds in the next two weeks, and went on steadily. We tried various foods when it came October, but his passages would show at once curds and lumps. Finally in December we got him on to milk and egg and bread. He gained steadily, walked all about and began to talk. During the next February he had pneumonia and pleurisy and died.

In conclusion let me say again that the substitution of asses' milk for food of a more robust character is by no means a new or untried experiment. In the *Strand Magazine* for October, 1896, I find an article setting forth the estimation in which it is still held in Great Britain by distinguished practitioners. Mention is there made of a quart of asses' milk



daily conveyed in a sterilized box car from the country to London at an expense of ten pounds sterling a week, for the child of a nobleman. Annually many feeble children and adults are sent to Brighton to drink fresh asses' milk, and the late Dr. Charcot, of Paris, constantly prescribed it for sickly schoolgirls and other neurotic subjects. You may see daily before seven o'clock A.M., in the fashionable quarters of Paris, small droves of asses with tinkling bells driven slowly through the streets to be milked before the doors of invalids who drink the milk fresh and warm. I myself have several cases of enfeebled digestion in adults, notably one after laparotomy, in which the stomach remained so extremely irritable that no other food save asses' milk could be borne. The effect here was most gratifying, and it is my firm conviction that could fresh warm asses' milk be brought into more general use many an infant and adult life might be saved which now is lost from the lack of assimilable food. My own experiments were brought to an untimely end by the fact that, despite the generous aid I received from a philanthropic gentleman of my connection, it was impossible to support the burros longer. The milk I used, when calculated at its money value, came to something like five cents a drop.

In order to succeed fully with this mode of feeding it would be necessary to establish in every community, especially near large cities, well-kept donkey farms from which the milk should be dispensed free of charge. The demand for it outside of infant asylums is necessarily so fitful and limited, and the cost of producing it so great, that no other than State aid or the most generous philanthropy could furnish it; and yet its value as a final resort in desperate cases seems to me sufficiently great to warrant the most lavish expenditure.

---

PROSPECTIVE LEGISLATION IN MARYLAND. — A bill has been introduced in the Maryland Legislature to prohibit the issuance of a marriage license to any person suffering from insanity, dipsomania, syphilis, or tuberculosis. This is a move of greatest importance, and the day should not be far away when all the States will have adopted similar statutes.

— *Medical Advance.*

**APPENDICITIS.**

BY NATHANIEL W. EMERSON, M.D., BOSTON, MASS.

If we did not believe that much remains to be said upon the diagnosis and treatment of this still too fatal disease before the profession at large obtains the best results, this paper would not be written. Individual operators should publish their results from time to time, as well as the conclusions derived from experience, especially if by so doing additional light can be thrown upon phases of the disease and its conduct still not fully understood. We should compile and publish statistics of our own, not relying entirely upon records derived from sources which persistently ignore our reports. It is therefore for reasons such as these, as well as from convictions resulting from my own experience, rather than to develop, confirm, or strengthen any preconceived theory, that this article is presented.

Physicians themselves must first realize that in the operation itself there is practically no danger. The writer was called to a case this morning, the eighth day of the disease, with pus undoubtedly present; the family had more than the usual dread of the operation, alleging "that every one operated upon thereabouts had died." If this were true, it meant neglect, the cases having been allowed to run until death was imminent, when only was consent given to operate. These too long deferred cases are unfortunate in every respect; delay seriously complicates the operation; and often the after-conditions as well, thus tending to bring into disrepute the legitimate operation, even when performed under favorable circumstances. To repeat, the operation is practically without danger in elective cases, and my own experience satisfies me that the sooner the surgical interruption follows the beginning of the attack the greater the certainty of a safe result.

It has been abundantly demonstrated that no disease of the appendix alone is fatal; that is to say, fatality follows as the consequence of processes originating in some trouble

with the appendix, but not by the disease of the appendix considered alone. Could the difficulty be confined to the appendix itself, while all the adjacent organs and tissues remain healthy, a fatal result would be rare. If the appendix be obliterated, annihilated so far as the abdominal cavity is concerned, before the adjoining structures are involved, a fatal result will be so infrequent that it will hardly need consideration. All the resources of Nature, when left to herself to deal with this disease, are spent in efforts to shut off the appendix from the rest of the body, and the best spontaneous cure results when these efforts are successful, and at the same time the appendix is destroyed, pus being evacuated either through the intestine or externally through the abdominal wall. The successful accomplishment of this generally saves the life, although often leaving annoying conditions due to adhesions of varying degree and complexity. Without, therefore, entering into the minute and particular pathology of this disease, which has been ably and exhaustively done over and over until it is, or ought to be, thoroughly understood, the point is emphasized that nature's efforts in severe cases are destructive, not conservative, and are successful in proportion to the thoroughness of the destruction of the offending appendix so long as the process is confined to that organ and its immediate vicinity. It is only when processes other than those affecting the appendix are inaugurated that fatal effects follow, and oftentimes the more advanced are these secondary developments, the more difficult is successful interference.

There will, of course, always be differences of opinion upon this subject as upon all others, and this is well since it incites close observation, earnest thought, and analytical reasoning among those who are striving to stand in the van of the best thinkers upon this much-discussed topic.

Viewing the question from the standpoint of method alone, asking what single method in all cases (taking them as they come) will give the greatest number of recoveries, we are at once forced to the only reply,—that it is the method of the surgeon. If there could be two series of

unselected cases — for example, one hundred consecutive cases in each series — one class treated medicinally, and the other dealt with surgically, so far as the most carefully compiled statistics serve for answer, results would be about ten to one in favor of surgery. That is, were all the hundred cases under surgical treatment promptly operated upon by a skilful and competent operator, he would lose about two of his cases ; whereas the percentage of loss in the hundred cases under the care of an equally competent physician would be from ten to twenty. This statement is not based upon the work of any one man, nor is it meant for a personal comparison, but is deduced from a mass of statistics gathered from every obtainable source. Also, we must bear in mind that of the statistics published by surgeons there is little room to question the accuracy. Finally, when one's personal experience corroborates these conclusions, we hold, it seems to me, strong ground for the surgical faith that is in us, and can but feel, as well, that an expression of that faith, with the reasons therefor, may help others to solve their doubts.

Countless operations and numerous autopsies have proven that appendicitis is exactly what its name implies, yet this fact to the contrary notwithstanding, we occasionally hear of "paratyphlitis," "perityphlitis," and "local peritonitis." I believe that none of these ever occurs idiopathically in this situation, and that in nine out of ten instances, when we get an inflammatory condition here, the appendix is responsible therefor, and that in the tenth instance it so unmistakably indicates its own cause that there is infrequent need for confounding it with anything else. Consequently, "perityphlitis," and "paratyphlitis," as names used to differentiate the degree of inflammation in these parts occurring without reference to the appendix, should be obsolete terms, for, if any such conditions do exist, they are secondary to some specific inflammatory process with a well-defined cause. Instead of looking upon the appendix as a participant in any inflammation in the iliac fossa, we should understand and teach that it is more often the cause of such action, and the

use of the above-mentioned terms serves to confuse rather than to simplify the subject. The process taking place has already been so well defined that there would seem to be no excuse for an incomplete understanding of what actually occurs there. If a diagnosis is made to-day of appendicitis, the patient is not going about his business to-morrow with nothing in the interim to confirm such a diagnosis. With the surgeon a diagnosis is made and the operation confirms or refutes it. Opportunity is given for accurate study of the conditions found, and our present comparatively complete and accurate knowledge of all processes which are involved in the term "appendicitis" is due to the surgeon and his exploratory work.

He has also given reliable statistics of results under surgical treatment, while results under medical treatment can of course be only approximate. As one of the surgeons believing that an operation is the safest treatment for appendicitis, all things considered, and having studied most intently all statistics of results so far put forth and observed, I do not find aid in studying records of these cases under medical treatment by remarks like the following recently printed in an article on this same subject:—

"I believe that in a majority of cases," or, in detailing specific cases, "remedies were carefully administered according to pronounced symptoms," without the satisfaction of seeing what the indications were in certain cases, or what the remedies were for the "pronounced symptoms."

Vague statements of this character are out of place in the study and treatment of this disease at the present time.

I must confess to some scepticism in the term "overloaded bowel" as applied to the cæcum and ascending colon. As applied to the rectum and descending colon, it is unquestionably a term properly used in frequently occurring cases. As applied to the intestine in the vicinity of the appendix, I can only assert that in appendicitis I have never found this part of the bowel anything but empty. In one case of cholelithiasis from which thirty-six gallstones were removed, the entire colon was found full of fecal matter; it

was feared that this would complicate recovery, but no difficulty was found in procuring complete evacuation. In not one of the cases here reported was fecal matter found in or near the cæcum. Consequently I am inclined to think that this part of the bowel is rarely so filled with fecal matter that it is forced into the appendix. That fecal matter, in the form of enteroliths, is a common finding in the appendix, and, after a time, causes perforation in many instances, is unquestioned, but its presence is more likely due to some abnormal conformation of the appendix than to a forcing of intestinal contents into the appendix and its retention there by reason of the intra-intestinal pressure of an overpacked bowel.

(To be continued.)

---

## THE PRINCIPLE OF HOMŒOPATHY.

BY W. BUIST PICKEN, ESQ., LONDON, ENGLAND.

The explanation of homœopathic therapeutics, whatsoever it may be, must exhibit the homogeneity of the homœopathic law to the general laws of nature, because the operation of the homœopathic remedy, howsoever obscure, is certainly directed by natural and specific law.

In the degree, therefore, that any theory of *similia* is thus evidently one with our knowledge of the universe generally, in such degree is there at least probability of truth in it.

Of course all medicinal action is according to natural law; and here the inconsequent thinker may object that the criterion of truth I have just advanced is of common application to all systems of theory, as indeed it is; but applied to the different medical systems, we get in the case of homœopathy a result quite unique. For while the latter runs parallel with the others as regards the particular laws of relation between each drug and the organism, in it alone is there one great general law relating all drugs to the organism in the same way—the practical law of *similia*. Whether the drug be of mineral, vegetable, or animal constitution, the law is the same. Being a general law, outworking itself through

many and diverse particular laws, it is thus of higher grade than these, as by its correspondencies may be seen.

Now it will be conceded by all students of the theory of homœopathy which I have had the honor to present to the homœopathic school of medicine, that its oneness with the known laws of nature is indeed remarkable. In the corresponding phenomena of water, air, light, chemistry, electricity, magnetism, mind, the same principle has been shown to be active. What this principle in itself is I have not hitherto attempted to demonstrate, having limited my exposition of the theory of homœopathy to its general laws. Moreover, as my aim throughout has been to offer a science of homœopathy in unimpeachable unity with accredited science generally, and in terms of the same, an exposition of first principles for which we have no received terminology could not have helped so much as hindered the end in view. In this paper I shall for the first time deal explicitly with the *principle* of homœopathy.

Underlying the laws of what (for lack of better terminology) I have called "interference-absorption," there is a unifying power, a principle, for which we have as yet no descriptive name. The *facts* of homœopathy are its cures; these occur under the general *law* of *similia*; this again is an expression of a deeper *principle*, the source of all the correspondencies or analogies of the homœopathic law. For this principle we have no name, nor shall I try to coin one for it here. The existence of the principle itself is proved by its expression in the corresponding phenomena of motion from matter to mind. A theory formed of these correspondencies certainly appears to be built on the principle of nature in question. And since no other hypothesis as yet advanced is measurably so homogeneous to received science generally, it has at least verisimilitude enough to command such attention as may be necessary to carry my imperfect exposition of it to conclusive negation or affirmation.

Thinkers who cannot disprove the theory, but who meet it with inconsiderate denial, are reminded that if it be true in essence, howsoever defective in form, their persistent rejec-

tion would only exemplify the old infirmity of the scientific mind in denial of what is true only because it is new.

By one of my critics I have been accused of incapacity, if not unwillingness, to see truth in any other theory than the one associated with my name. Perhaps this article will be an adequate reply to a charge so grave.

Another critic, whose honorable objections to my theory of homœopathy appeared sometime since, merits different attention, which I regret having had so long to delay.

Dr. Proctor (*Review*, April, 1898) a little surprises me in saying he does not think "the real explanation of the homœopathic cure of disease will be found in Mr. Picken's physical theory." I should have thought my paper in the February issues of *The North American* and the *Homœopathic World* sufficient to prevent the theory from being characterized as a physical one. Indeed, a major contention of my exposition of homœopathy all the way through has been the spiritual nature of it. Not to go back to articles in which this was specifically maintained, and the contention defended from first principles, I take from the February one the following refutation of the alleged physical nature of the theory under discussion: "Neither positive nor passive, the homœopathically small dose has no action properly its own. It does not oppose force with force, the equation of which may be regarded as a problem in physics, nor so balance chemical action and vital reaction that their equation is to the organism a sum of *plus* in its physiology. The typically homœopathic dose acts spiritually, *i. e.*, the converse of materially. It may be said to have a spiritual, impersonal action, of which the material reaction is physiological. It elicits normal organic motion by renunciation of itself for its 'otherness,' precisely as the typical 'soft answer turneth away wrath.' Every kind of 'soft answer' will no more turn away wrath than will every small dose of medicine cure. In both cases the positive contrary, repulsive force is renounced for the negative and attractive; but in both cases also this negative must bear a specific relation to the disordered correlative. It must by impersonal action call forth similar action,



the two converging and combining in restored unity. *This peculiar operation of the homœopathic remedy, more than its properties of attenuation, although these are naturally concomitant, marks its spirituality.*”

If that excerpt should not convey to Dr. Proctor or any other of my readers a sense of the spirituality of my theory of homœopathy, let the fallacy of this interpretation be shown. In any case it is clear that the theory is not propounded as a physical one. Strictly speaking, there is absolutely nothing wholly physical or wholly spiritual. The physical and the spiritual are inseparable, in mass or molecule, of matter or of mind. The spiritual pertains to the interior pole, and the material to the exterior pole of a bipolar unity. And the determination of anything as merely material or purely spiritual is only a convenience of thought ; even as such amounting to nothing more than a statement of how the two principles *for us* are polarized. The whole history of philosophic thought proves this.

It is somehow extremely difficult for most thinkers to remember that truth is dual, and for them to think accordingly. Yet only thus may the discovery of truth become relatively easy and sure by processes of a dialectical nature. Hegel has once for all demonstrated the truthfulness of that assertion ; but how many of us can make head or tail of Hegel ?

Dr. Proctor objects to my theory of homœopathy, because it “seems to make equally for the allopathic action of medicines,” and because it appears to him to be contradicted by certain facts of biology. “To take the illustration of two wave-motions of light or sound,” says Dr. Proctor, “we have in the first place, the fact that for the perfect neutralization of two undulations, the waves should be of equal shape, size, and strength. . . . In the second place, these equal waves must crop each other at such an angle, or in such direct opposition, that they may interfere with each other. . . . This oppositeness, which is necessary for wave interference, seems to convey pretty well the allopathic idea of medicinal action, except that in the vital sphere we cannot get such opposite action by the same agent as is possible in

physics ; we must employ medicines acting oppositely physiologically."

Dr. Proctor's difficulty, it seems to me, is a natural consequence of his idea that the science of the vital realm and its laws is "essentially disparate" from that of the physical realm and the laws thereof. When he says that the *principle* of interference itself "belongs to the category of mechanical laws," from which it has been his endeavor to separate the vital activities, he is not, I believe, thinking of the principle at all, but only of its manifestation as the *law* of interference in mechanics ; moreover, he has, for the time being, certainly lost sight of the unity of all things, likewise of the operation and results of the evolutionary principle in nature. His confusion arises from the prevalent misconceptions with regard to the nature of life. It is little understood that the universe, as a unity, is a living organism, just as a man is ; and that what we distinguish from other forms of force as life is really the distinction of a higher mode of motion from lower modes of the same in lower evolutionary states. The mineral world exhibits types of motion which are sub-vital ; developed out of these we see in the vegetable world the higher order of forces properly termed vital, and sub-sensuous ; from these again are developed the next higher order of forces constituting the quality of motion called sensation, which is sub-mental ; and from the latter is finally developed the ultimate types of motion named mental.

Motion, or mind, has by the evolutionary process completed a cycle of evolution from the unconscious to self-consciousness. In other words, unconscious motion has awakened to self-consciousness in the mind of man.

Motion, life, sensation, intelligence, four graded orders of motion, each higher one in turn developed out of the preceding lower order, and sustained by the same ; all organized into indissoluble unity in man, who must necessarily be subject to all the laws of the orders of motion which constitute him. This being irrefutably so, there can be no science of life essentially disparate from any sound science of physics.

Dr. Proctor will probably now understand how I agree

with him when he writes thus: "To try to bring down the complex nature of perhaps the highest form of force that is known to actuate matter to the level of simple vibrations of a merely mechanical kind, must in my opinion only end in failure." Undoubtedly; if by bringing down the vital force to the mechanical level be meant elimination of the ultra-mechanical developments of the organic energy. But we must bear in mind that as Nature develops a new type of force she integrates with it the preceding types. Motion, life, sensation, intelligence, are not only integrated into unity, but as constituents remain inviolate. The electrical, the chemical, and the mechanical systems of laws are in evolutionary relations within man and without; they act on him, and are reacted on by him, individually and collectively. This idea of organic unity — unity of man and of the universe — is the master key to the great problems of mankind, individualistic, socialistic, commercial, scientific, philosophic, theological, etc. Applied to the subject under present consideration its power is immediately convincing. We easily understand why it is that physical diseases may be cured by psychical means, and psychical disorders by physical means: for example, the cure of acute fear of death by aconite, of deep despair by arsenic; cure of neuroses, inflammation of tissues, fever, even tumors, by pure will. By innumerable facts like these is demonstrated the unity of the compound systems of forces which constitute the human organism; while the principle of the convertibility of forces explains the *rationale* of therapeutic action of forces at one end of the scale on those of the other end. We thus see why motion is so highly communicable from one system to another, and how each drug will manifest its influence at either end of the scale according to the polar conditions of its use.

The anatomical, physiological, mechanical, chemical, electric, magnetic, and spiritual laws (the seven great orders of forces, in evolutionary sequence), having a typical action toward unity (or the maintenance of the organism), are thus in varying degrees all available for the induction of thera-

peutic effects in every system of the organism. The farther apart any two systems are — the anatomical and the spiritual being at the extremities of the scale — of course the less effect can the one have directly on the other; and obviously the system of forces in the middle of the scale must have in general the most direct action towards both ends. This is just what we find in drug therapeutics, which belongs to the middle order of organic forces. As, however, higher forces pervade and control the lower, when adequately directed, so it comes about that a tumor (which reaches to the anatomical end) may be cured by will, although rarely achieved because of the general undevelopment of therapeutic will power.

Since, then, pain, inflammation, fever, etc., may be cured by appropriate uses of water, heat, light, drugs, electricity, magnetism, thought, emotion, will, therefore I conclude that the forces of the organism and of nature are a unity. It follows that while all the seven systems of forces have a variable general therapeutic value, each must have to its major degree such functions and values in relation to particular pathological phenomena. This truth I cannot elaborate here. But it is of immense importance in the study and practice of general therapeutics.

Having, I trust, clearly enough indicated the theoretical and practical evil of regarding the sciences of physics and biology as essentially disparate, I return to the statement that for the perfect neutralization of two undulations of light or of sound, "the waves should be of equal shape, size, and strength." This condition of (mechanical) equality of opposing undulations has been cited as an objection to the interference-absorption theory. The objection might be valid if it were applicable to interrelations of organic and inorganic forces as it is to inorganic forces of the same order *inter se*. But, as Dr. Proctor has remarked, equality of forces in mechanical interference has no correspondence to homœopathy. The correspondence which I have utilized in my exposition of theoretical homœopathy is that of the *phenomenon*, not of what may be called the *noumenon*, of

the motions in question. It is the *phenomenon* of destruction of light by light, of sound by sound, which corresponds to the axiom of homœopathy, that like cures (or destroys) like. When we come to investigate the invisible motions constituting the phenomenon, the correspondence is found to be at least as exact, but it is of course a noumenal, not phenomenal correspondence. And here I urge careful consideration of what is implied by this correlation of those terms, the latter signifying *appearance* as against the *reality* signified by the former—thus the manifold phenomenal differences growing out of a noumenal identity.

Symptoms are phenomena, and it is symptoms which are destroyed in homœopathic therapeutics, not the forces constituting them. And as it is by direction of symptoms that the homœopathic law is applied, it must be interference as a phenomenon which is the true correspondence of *similia*.

If the idea of isopathy be involved in the very existence of wave motions of equal character, as Dr. Proctor says, while “the neutralization of wave motion is of the nature of simple, mechanical antagonism when minutely examined,” there is in this nothing antagonistic to my theory of homœopathy.

The correspondencies as phenomena being self-evident, I proceed to show that as noumena parallel correspondencies exist.

Looking beneath the phenomenon of interference in sound or light to the motions which cause it, we find negative and positive vibrations passing from a particular dynamic to a correlated static state. The waves are not in all respects equal (mechanically), since one is negative and the other positive. It is thus that they directly come to rest. Being positive and negative they are (mechanically) similar only, but complementarily so, and have thus a *polar equality*, which is not to be confused with “isopathy.”

The true isopathic element of the case under notice is in the *equal periodicities* of the motions. This equality, however, is the same whether it be interference or its opposite that is produced by two wave motions. The isopathic law is

common to all drug action — positive, passive, and negative — being the law of absorption generally. Series of isopathic waves in polar correlation produce no dynamic phenomena. Their independent motions that were qualified to manifest themselves as heterogeneity with concomitant dissipation of energy, in polar combination exhibit unity with concomitant conservation of energy. In the phenomena of sound and light the static state is changed into the dynamic. And as interference is the direct restoration of the static state, the law of interference is thus seen to be an expression of the principle of equilibrium, or harmony. For the union of two motions in polar correlativity is direct or interior equilibration of the forces constituting them — the attainment of static harmony, or the reordering of pathological molecular motions to the normal or physiological.

Should anything more authoritative be required in refutation of the supposed isopathic nature of interference, I would refer the reader to Professor Tyndall's exposition of the subject.

"If through any cause," says this authority, "one system of ethereal waves be *any even* number of semi-undulations behind another system, the two systems support each other when they coalesce, and we have more light. If the one system be *any odd* number of semi-undulations behind each other, they oppose each other, and a destruction of light is the result of coalescence." Again, with reference to absorption of motion by Cortis' organ, Professor Tyndall says it is not essential to response from any one string of this organ that the unison be perfect, as a certain degree of response occurs in the immediate neighborhood of unison. Each of two strings, not far removed from each other in pitch, can cause a third string, of intermediate pitch, to respond sympathetically. And if the two strings be sounded together, the "beats" which they produce are propagated to the intermediate string. This, of course, does not refer to interference, but the signification is the same. For it must be remembered that it is *interference-absorption* with which I have all along been dealing. This brings us at once to pri-

mary categories. Because no drug effect can be produced or induced without absorption of drug motion. It is, indeed, the mode of absorption, its conditions and consequences, which we are now studying. As I have elsewhere shown, absorption may be effected in positive, passive, or negative relations. Absorption and polarity are therefore first principles in therapeutic science. It is hardly necessary to add that they form the foundation of my science of homœopathy.

In spectroscopic analysis, which presents beautiful illustrations of interference-absorption, the fallacy of the mechanically isopathic idea is further explained. The real equality is clearly seen to be that of periodicity of molecular motion. Periodicity, polarity — these are the essentials. Mechanical equality is a consideration irrelevant to the production of spectroscopic interference. To say that it is relevant to the production of *perfect* (complete) interference is not to raise any real objection to the interference-absorption theory of homœopathy, simply because in the sub-vital orders of motion only sub-vital phenomena are possible. Mechanical or chemical absorption of any kind must exhibit a mechanical or chemical equivalence, just because it is merely mechanical or chemical. And let it be observed that the departure from mechanical equality as a condition of interference, which we have seen in the case of Cortis' organ and of spectrum analysis, is only the thin edge of the wedge. As motion advances to the forms of life, sensation, and intelligence, the distance from the mechanical conditions enlarges to a degree quite beyond our range of vision. In the human organism the correspondencies between the specific phenomena of the dynamic and static states of motion in mechanics are the phenomena of states of health and disease. In health, the subconscious organic motions are in a state of unity, with conservation of energy, which is the correspondence in relation to consciousness, of the merely mechanical static state. In disease this organic unity, or equilibrium of all the forces of the organism, is less or more broken, and the correspondence to the mechanical state is seen in the pathological motions which sooner or later emerge into consciousness as disunity, with dissipation of energy.

Motion has four typical forms corresponding to the four great kingdoms of nature : angular motion typified in the mineral world, circular motion in the vegetable world, spiral in the world of sensation, and vortical in that of intelligence. These systems of motion are organized in man ; consequently he exhibits them all in perfection. Nothing below man can do this. In merely mechanical or chemical motion there is no return movement by which impressed motions can become "self-contained," no development of motion such as constitutes the primitive cell. It is in the order of forces next higher to the chemical that for the first time in evolutionary sequence appears the circulatory type of motion which initiates life and is ultimated in man. And now it is just as easy to see why and how impressed organic motions become self-contained as it is to see why and how this is impossible in the case of inorganic bodies. With the second evolutionary order of motions mineral matter is raised to protoplasm, which becomes a new focal centre of reaction to the forces of the universe which are forever playing upon all things according to their degree of receptivity. With the principles of the conservation of energy, of the convertibility of forces, of association, the principles of growth and development now combine in organic transformation of mineral motions and matter into those of life, sensation, and ultimately intelligence. Thus is explained, very simply and very truly, the ultimation into health of a degree of *similia* absorption that in mechanics would yield relatively slight interference.

In the case of the interference of light by the tourmaline crystal, the laws of mechanics alone are concerned ; in that of the same kind of interference by the electromagnet we see the former particular laws transcended, and the interfering crystals made to transmit the light as if in the mechanical position of transmission. But in the latter case the ethereal and molecular conditions continue to allow the transmission of light only so long as the initial influence of the magnet is maintained by it, the principles of growth and development being necessary to continuation and ultimation of such changed ethereal and molecular motions.



Interference, then, being essentially the interior equilibration of molecular motions in polar relation, a change from diversity, with concomitant dissipation of energy, to unity, with concomitant conservation of energy, it is evident that in each order of motions the laws of interference will manifest their common principle according to the mode of the several orders. On the mechanical plane the unity will take place mechanically ; on the chemical plane it will occur chemically ; on the electrical plane, electrically ; on the vital, vitally ; and on the moral, morally.

“As a matter of fact,” observes Dr. Proctor, “the movements of the bioplasm in the cell are not in straight lines, and exhibit nothing in the nature of physical vibrations, and they do not perpetuate themselves indefinitely, but are self-contained, and their behavior is more consistent with a higher form of chemistry than of mere wave motion.”

This is, of course, in fine accordance with the foregoing exposition of interference-absorption. The sequence of organic transformation of motion from the mechanical mode is into the chemical, thence through the electric and magnetic into the vital ; hence the passage of the chemical impression through the sphere of sensation to self-consciousness, as also the reflex movement from consciousness through sensation back to the chemical and mechanical modes of the mineral order in the organism.

I have at present neither time nor space for an exposition of the principle of *similia* in its various modes. But if the laws from it be elucidated in the lower and the highest of the series, the unity of principle should be seen.

Sufficient for my purpose has been said, I think, of the lower modes. In concluding I would offer some guiding observations with regard to the investigation of the correspondencies of the homœopathic law in the moral mode. Being at the upper end of the scale of laws manifesting the principle of *similia*, we must look for differences in the phenomenal aspect of things corresponding to the differences of the mode. Instead of dealing with forces positively material and negatively spiritual, we have now to do with forces posi-

tively spiritual and negatively material. For the ubiquitous and all potent ether, which is the fountain of all the physical forces, we have the omnipresent and omnipotent love which is the fountain of all the moral forces of the spiritual universe. This correlation of forces may surprise some reader, being probably new to him. It is, however, irrefragably true.

As we have seen, the essential nature of medical *similia* is interior (or molecular) equilibration of polar forces, with conservation of energy, for which the following formula may serve: positive and negative = unity, with conservation of energy. The formula of *contraria* is positive and positive, or negative and negative = disunity, with dissipation of energy. In the case both of *similia* and of *contraria* there is opposition of forces, but in the former it is complementary, constitutive of unity, or static harmony; in the latter it is antagonistic, entailing disunity, or dynamic discord.

The philosophy of the axioms, "force is no remedy," and "a soft answer turneth away wrath," is the philosophy of homœopathy. As regards the first axiom the unity of law with *similia* is so obvious that anything in the way of exposition would be superfluous. The mechanics of the soft answer turning away wrath are not so evident.

Anger is a passion which is always a form of love. It may be an extreme action of love, self or other, or it may be an inversion of some form of love. The force is in every case essentially a love-force.

In the psychological as in the medical sphere, external forces may assume positive, passive, or negative relations. By the former mode equilibration is effected destructively, if at all. Murder may be incidental to the positive method. In the passive relation equilibration is obtained under the ordinary operations of the laws of action and reaction — the opposing forces come to an equilibrium or static harmony (as relationship), in which the reacting force persists, but is modified by the force acting upon it. This condition of things is exemplified in the struggle of men individually and collectively when, neither side submitting, they "come to terms." The negative mode of equilibration is essentially

transcendental, whether it be in the case of drug relation to the human organism, or in that of the interrelations of mankind. In both cases the method and expectation of common sense are transcended, and an exalted experience becomes the basis of a higher science and philosophy.

I have said that anger is a form of love. This statement may at first sight appear paradoxical. Upon examination it will be seen to be simply and directly true. All the purely social forces are forms of love — in state normal, extreme or inverted. Love, therefore, must be competent to cure such disorders as it can cause, if the homœopathic law be the operation of a general principle. But, like the drug remedy, love must assume the homœopathic relation, both as regards polarity and posology. In a typical case of anger one form of love is in extreme action, another in deficient action; in positive hatred the latter form becomes inverted. Like begets like, and thus the tendency of anger or of hatred is to beget anger or hatred. This is the law, and the application of it which appeals to common sense, from the ground of common experience. As, however, like may beget like in respect of hatred, or inverted love, so by the same law may normal love beget normal love in the subject of the inversion of it. Relatively few individuals are qualified, by intuition or experience, to apply the law of love in this way, hence their experience and philosophy are at first sight transcendental nonsense to the man of common sense and ordinary experience. The advanced few, who know this higher truth, and apply it, gradually propagate their experience and knowledge to the advancing many, according to the general laws of evolution.

When two inverted love-forces meet, they augment each other, exhibiting disunity with dissipation of energy, corresponding to the meeting of water or other physical wave motions whose phases are the same. The increase of mechanical, sonorous, luminiferous, and passional manifestation in these circumstances is due to polar resistance of motion. For it is a case of positive and positive, negative and negative, mutually aggravating dynamic disorder, resisting the

physiological tendency to rest in positive and negative unity, or (physiologically) static harmony.

Now, in the case of the soft answer turning away wrath, this polar resistance is absent. But this is not all. While the inverted love-force suffers no augmentation by resistance, it is interiorly equilibrated by a similar force moving in opposite phases. The anger-force is absorbed by the soft answerer as light is absorbed by a black substance. It is then by him transformed and radiated as a higher love-force, which the recipient reflects, as a colored substance reflects corresponding rays from the sun.

The principle of homœopathic posology may be easily discerned in its corresponding manifestations of the social world.

To be negative, the homœopathic dose must be "small." In general, its efficiency is heightened by some degree of attenuation. In the most intractable disorders it is sometimes found that the organism will respond only to a very highly attenuated remedy.

Now attenuation signifies refinement, or spiritualization. To spiritualize love is to transform it from a lower, self-quality to a higher, not-self quality. Thus in the posological view the correspondencies of *similia* are obvious.

As all diseases amenable to drug treatment may be reduced to two classes, namely, positive and negative, so all love disorders may be classified into those two orders. The positive state of the disordered love-force is characterized by dangerous expansion, the negative by injurious contraction. Anger typifies the former state, grief the latter.

By renunciation of opposing anger, the disordered love-force is absorbed (as light is absorbed by a black substance), and by sympathetic vibration a similar force of opposite polarity interiorly equilibrates the dynamic discord. By like sympathetic action on the "otherness" of grief states, a harmonizing motion is in the same manner initiated, and by accumulation changes the static disorder into dynamic harmony. Here we see how beautiful is the operation of the law of extreme sensitiveness to impressions of opposite

states. The organic tension which is concomitant to pathological states goes far to make reaction possible from forces so mechanically slight as that of the typical homœopathic remedy. The correspondencies in tension of a stretched band of india rubber, of a bent piece of finely tempered steel or glass (the latter perhaps the most elastic material known), the chemical condition of unstable equilibrium — these and like examples of reactionary tendencies, which have abundant correspondencies in the moral order of forces, but slightly adumbrate the organic potentialities of reaction that lie open to the touch of the homœopathic infinitesimal.

And now, with all those complex natural correspondencies in view, reaching from primitive matter to self-conscious mind with irresistible significance, it would seem that we must either accept their plain teaching, or in this matter altogether renounce the functions of our intelligence.

---

## SOCIETIES.

---

### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday, June 9, 1898, at 7.45 o'clock; President John L. Coffin, M.D., in the chair.

The records of the last meeting were read and approved.

Elizabeth D. Miller, M.D., Charlestown, and Sara N. Merrick, M.D., Boston, were elected to membership, being duly recommended by the Board of Censors.

The following resolutions on the death of Irving S. Hall, M.D., Waltham, proposed by the Obituary Committee, were read and accepted: —

*Whereas*, Our brother, Irving S. Hall, of Waltham, and a member of the Boston Homœopathic Medical Society, has been removed from our midst by death:

*Resolved*, That the society has lost a most earnest worker, and one who was ever an honor to its ranks. Quiet and gentle in his bearing, he won many friends who deeply mourn his loss.

*Resolved*, That this brief testimonial be placed on the records of the society, and a copy be sent to his family.

E. A. SEARS, M.D.,

W. N. EMERY, M.D.,

*Obituary Committee.*

The following "proposed amendments to the Constitution and By-Laws" were adopted by the society:—

PROPOSED AMENDMENTS TO THE CONSTITUTION.

ARTICLE V. To be amended by the substitution of the word "Associate" Secretary for "Provisional" Secretary, so that the article as amended shall read: "The officers of the society shall be a President, two Vice-Presidents, General Secretary, Associate Secretary, Treasurer, Auditor, and three Censors."

ARTICLE VI. To be amended so as to read: "The Secretaries shall keep records of the business," etc., to correspond to change made in Article V.

PROPOSED AMENDMENT TO BY-LAWS.

ARTICLE VI. To be amended by striking out the words "and if not dismissed by vote of the society," and modifying the next clause so that it shall read: "Shall be placed on the list of members retired for nonpayment of dues."

The President appointed a committee, consisting of Drs. George E. May, F. P. Batchelder, and Maurice W. Turner, to nominate sectional officers for the ensuing year.

*Scientific Session.*

Dr. George E. May presented a case of ectopic pregnancy on the right side. Woman forty-two years of age; ceased menstruating April 1, since which time there has been but a very slight flow. Last Saturday she was seized with excruciating abdominal pains in the right side, followed by pallor and collapse. Extra uterine pregnancy was diagnosed and Dr. Packard summoned. The patient was removed immediately to the Newton Hospital and operated upon.

Dr. Horace Packard reported a case of an abdominal

tumor, large and solid, wedged in the pelvis and also filling the abdominal cavity to the umbilicus. It was found to have an irregularly wavy confirmation, slightly nodular, but proved to be of sarcomatous growth engrafted on a large fibroid tumor. He believed it to be peritoneal in origin. Specimen had been removed; was shown and demonstrated to the society.

PROGRAM.

*Section of Diseases of Children.* S. H. Blodgett, M.D., Chairman. N. H. Houghton, M. D., Secretary. Mary E. Mosher, M.D., Treasurer.

Election of sectional officers for the ensuing year.

1. Some Experiments in Infant Feeding. Walter Wesselhoeft, M.D. Discussion opened by Sarah S. Windsor, M.D.
2. The Child and the School. C. C. Burpee, M.D. Discussion opened by Fred B. Percy, M.D.

Dr. Walter Wesselhoeft, of Cambridge, read a very interesting paper on his experience in artificial feeding of infants by means of asses' milk.

Dr. Sarah S. Windsor, in discussing the paper, said, in part: "The subject has been well covered by Dr. Wesselhoeft. The burros, which I saw on a recent visit to Mexico, as a general thing, were docile and easily managed. I should like to see the experiment tried more generally. It is a difficult matter to get them here, and the experiment is very expensive. I should like to hear some discussion on infants' food in general. The Walker-Gordon modified milk lacks a certain vital principle, as Dr. Wesselhoeft says, especially so in the later months. I should like to see partially evaporated milk tried more extensively. We are now getting Pasteurized milk at the farm from a few places, and if you can get this you come about as near as you can get to perfection in food for infants."

The next paper was read by Dr. C. C. Burpee, on "The Child and the School."

Dr. Fred B. Percy, in discussing it, said: "Under the old *régime* the acquisition of a certain amount of knowledge was

a *sine qua non*, but now we develop and train the mind properly, which yields the best results.

“In Brookline it has been tried. Here a society composed of the parents meets at stated times and discusses the different questions relating to the school. In addition we have mothers’ meetings, where the food question is discussed, and the poorer mothers, especially, are educated in the art of feeding.

“Manual training gives good results in brain growth due to using the hands. We should have careful observation of children as regards their manual development, and the eyes also should be carefully tested. Observations of this kind among the children result in sifting out the feeble-minded.

“The question of contagious diseases in school came up for consideration. Only recently my attention was called to it, because of a contagious disease in one room. I informed the teacher about it, and she said she thought the child was all right. I found there were three cases that looked suspicious. After looking them over carefully, I diagnosed measles. The only thing to stop contagion in school is careful observation.”

The following sectional officers were elected for the ensuing year : F. A. Hodgdon, M.D., Chairman ; Kate G. Mudge, M.D., Secretary ; J. Herbert Moore, M.D., Treasurer.

At nine o’clock the meeting adjourned to the Physical Laboratory, where a social meeting was held and a collation served.

FRANK ELLSWORTH ALLARD,  
*General Secretary.*

---

REALIZING ON THE EFFECTS. — An amusing tale is told by a country doctor in England. He had been attending for a considerable period a parson, and, according to custom, now fortunately becoming antiquated there, attending him gratis. When in due course the parson died, his widow wrote to inquire how much the doctor would allow her for the medicine bottles. — *Medical Record.*



## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

---

## IN THE RIGHT DIRECTION.

The changes that have practically been decided on by the medical board of the hospital, whereby the working staff is to be enlarged from time to time by the election of first and second assistant physicians and surgeons, is a move in the right direction, and one on which the medical board is to be congratulated. It will materially lessen the burden borne by both the attending physicians and surgeons the past few years, during which the hospital has enlarged so wonderfully. It will put in line of proper scientific training a corps of the younger men who may become worthy and capable successors of the present staff ; it will afford opportunity for more thorough and frequent pathological investigation of cases, and it will render possible such a systematic and scientific record of cases as will enable us in the future to draw some logical deductions as to the value of our special law of therapeutics in the treatment of many or all diseases.

There is probably scarcely a physician in our ranks who does not thoroughly believe that the homœopathic way is the safest, surest, and quickest method tending to the cure of the patient yet employed, and yet for him to logically demonstrate it to another is not always easy. The general practitioner does not often in private practice see a sufficient number of cases of any given disease, does not have the opportunity for continuous observation, nor the time for making pathological examinations, nor for the compiling of accurate and minute records, wherefrom facts and results may be demonstrated absolutely, or indeed with a moderate degree of certainty ; but in a hospital, with abundant clinical material and trained observers, some deductions which approximate certainty regarding the success or failure of any given line of

treatment should be possible. An examination of the records of a hundred or several hundred cases of pneumonia, typhoid fever, dysentery, or bronchitis should show whether under the application of the homœopathic law the average course of the disease has been shortened, its severity diminished, or its death rate lowered. It is not sufficient to know that a certain pain, in a certain part of the body, occurring under certain special circumstances, and aggravated at certain hours of the day or night, may be relieved by some certain remedy in some certain potency. Such knowledge may be of interest to the physician, and a source of gratification in its application to the patient, but it *proves* but little. What we need and what we must have, if we would substantiate our claims for the superiority of our method of therapeutics before the scientific and thinking world of to-day, are *facts*, and facts which can only be shown to be such by conclusions legitimately drawn from a large number of scientifically observed and accurately recorded cases of any given disease.

With the increased efficiency of the hospital staff, such opportunity will be afforded. It will be improved, and within five years, we venture to predict, results will be shown which will be a source of gratification and pride to the whole profession.

---

#### EDITORIAL NOTES AND COMMENTS.

---

PRESCRIPTION WRITING. — It is said that the distinguished pathologist Virchow advocates the disuse of Latin in writing prescriptions, and the use of the language of the country in which they are to be filled. This is eminently sensible; for though no custom can make a man write clearly and plainly, the custom of using one's own language would alone have the tendency to minimize the difficulties which attend the work of the pharmacist. Another step in the right direction would be the universal disuse of abbreviations in mentioning the remedies desired. It would take but little more time to write names out in full, but it would insure the proper filling

of orders and save clerks much valuable time. Many physicians abbreviate after some preferred system of their own apparently, and not every man can comprehend the same at a moment's notice.

Signs frequently become interchangeable on the physician's prescription. Drams look like ounces and *vice versa*, and other symbols wear an air of general uncertainty as to their individuality.

Let every physician then act upon these little hints, for it is surely desirable to avoid every chance of mistakes occurring even when no serious results from them are likely to follow.

AN OLD NEW REMEDY. — A valued contemporary some-time since published the following item under the heading, "Bees' Venom as a Remedy": —

"A novel undertaking in the manufacture of drugs has been begun by two young pharmacists, who have commenced the extraction of the poison from honey-bees. They have two different ways of collecting. The bees are caught and held by the abdomen in a small glass tube until the poison sacs have been emptied. In the second, they are placed in a bottle on wire netting, and enraged until the tiny drops of venom fall into the alcohol which fills part of the bottle. This venom is said to be a remedy for cancer, rheumatism, snakebite, and a hundred other ills of humanity."

This is another instance of Rip Van Winkle awakening to the manifold uses of a remedy long familiar to homœopaths. The preparation of bees' venom can hardly be styled a "novel undertaking," unless, indeed, it is true that "the old is newer than the new." However, we are only too glad to have the knowledge of therapeutical aids of all kinds extended, and "bees' venom" is a good and reliable remedy when symptoms call for it.

THE NEW INSANITY BOARD. — Governor Wolcott, September 7, nominated the five members who will constitute the new board of insanity. We give their names and the time they are to serve: —

Dr. G. F. Jelly, of Boston, five years; Dr. H. D. Howard,

of Boston, four years; Colonel C. R. Codman, of Cotuit, three years; Hon. E. S. Bradford, of Springfield, two years; F. D. Gardner, of Brockton, one year.

Colonel Codman, as is well known, is president of the Board of Trustees of the Westborough Insane Hospital. He will undoubtedly well represent homœopathic interests.

Drs. Jelly and Howard are experts on insanity; the latter, formerly superintendent of the Tewksbury Almshouse, is now resident physician of the Massachusetts General Hospital.

---

### REVIEWS AND NOTICES OF BOOKS.

---

**DISEASES OF WOMEN.** A Treatise on the Principles and Practice of Gynecology. For Students and Practitioners. By E. C. Dudley, A.M., M.D. With 442 illustrations, of which 47 are in colors and two colored plates. Philadelphia and New York: Lea Bros. & Co. 1898. pp. 632. Price, cloth, \$5.00 net; leather, \$6.00 net.

In the general arrangement of the book a departure has been made from the usual regional classification to a division according to the pathology of the various organs. The book is divided into five sections.

Part 1. Is devoted to general principles, including the physiological periods in the life of woman, antisepsis and asepsis, local treatments, major and minor operations, and the relation of dress to the diseases of women. In the article on local treatment the author's words must meet with our approval:—

“A reproach will be lifted from the medical profession when the indiscriminate use of topical treatment shall have been relegated to the dark ages of gynecology.”

Part 2. Treats of infection and inflammation of the reproductive organs.

Part 3. Tumors, Tubal Pregnancy, and Malformations. This section is profusely illustrated, having twenty-two colored plates, and is worthy of special attention.

Part 4. Treats of traumatisms. It is particularly well written and illustrated.

Part 5. Displacement of the Uterus and other Pelvic Organs. Massage.

The closing chapter of the book is devoted to the Brandt method of massage as a supplement to the treatment of displacements.

Frequent acknowledgment is made to the authorities and the literature quoted. The book has been clearly and concisely written, extreme measures and ideas being omitted and only the most approved precepts given. As a whole the author deserves great praise for the systematic and thorough manner in which he has carried out his plan of work.

A. C. H.

#### ANNOUNCEMENT OF NEW BOOKS.

An interesting announcement of new medical publications soon to appear is that of Mr. W. B. Saunders, of Philadelphia. The second edition of respectively *An American Text-book of the Diseases of Children*, *An American Text-book of Gynæcology*, Griffith's *Care of the Baby*, and Butler's *Materia Medica and Therapeutics*, will soon be ready for the profession. Also the fourth and revised edition of Vierordt's *Medical Diagnosis*. About the first of October, Stengel's *Text-book of Pathology* will appear, and by the middle of the month a *Text-book of Obstetrics*, by Barton Cooke Hirst, Professor of Obstetrics at the University of Pennsylvania. These last two works will be authorities on their respective subjects.

Mr. Saunders is also getting out as fast as possible the English edition of the famous *Lehmann Medicinische Handatlanten*. The one on Operative Surgery has been adopted already, we understand, by the United States Army. This series of hand atlases aims at completeness, compactness, and scientific accuracy. Each volume contains from fifty to one hundred colored plates, besides many other illustrations of value.

The coloring is as nearly true to nature as the art of skilful German lithographers can compass.

A universal translation of these atlases into the languages of all civilized countries, and the great demand for them, make possible an extremely low price. Leading American specialists are directing and editing the text of the English edition.

---

#### REPRINTS AND MONOGRAPHS RECEIVED.

The Diagnostic Importance of Fever in Late Syphilis. By J. H. Musser, M.D. Reprinted from the *University Medical Magazine*.

Symposium on the Pathology of the Diseases of the Cardio-Vascular System. The Myocardium. By J. H. Musser, M.D., and J. D. Steele, M.D. Reprinted from the Proceedings of the Pathological Society of Philadelphia.

A Case of Experimental Bone-Grafting. Illustrated. By DeWitt G. Wilcox, M.D. Reprinted from *Homœopathic Journal of Surgery*.

Some Remarks concerning Rectal Affections, with Especial Reference to the Physical Exploration of the Rectum. By Lewis H. Adler, Jr., M.D. Reprinted from *The Therapeutic Gazette*.

Advances in the Domain of Preventive Medicine. By J. M. G. Carter, M.D., Waukegan, Ill.

---

#### PERSONAL AND NEWS ITEMS.

---

DR. J. H. STEVENS, specialist in gynæcology, rectal and genito-urinary surgery, has removed to 103 Beacon Street, near Arlington.

DR. N. H. HOUGHTON may be consulted in future at 867 instead of 845 Boylston Street.

DR. SOLOMON C. FULLER, pathologist to the Westborough Insane Hospital, devotes his time exclusively to pathological examinations, and will be at his office, 391 Boylston Street, from 9 A.M. to 12 M., Wednesdays and Saturdays, to confer with physicians who may wish to consult him.

DR. J. P. RAND, of Worcester, Mass., has changed his office to 107 Pleasant Street. He is connected by telephone.

DR. T. GRISWOLD COMSTOCK, of St. Louis, who has been spending the summer in Nova Scotia, passed through Boston recently on his way home.

CONGRESS OF GYNÆCOLOGY AND OBSTETRICS. — The second periodical Congress of Gynæcology, Obstetrics, and Pediatrics will hold its next meeting at Marseilles, from October 8 to 15, under the presidency of Professors Pinard (Section of Obstetrics), Pozzi (Section of Gynæcology), and Broca (Section of Pediatrics).

AN ITALIAN MEDICO-LEGAL CONGRESS. — At the instance of the Italian Association of Legal Medicine, the first Italian national congress of forensic medicine will be held at Turin, during the first week in October, under the presidency of Prof. Cesare Lombroso. The secretary of the congress is

Dr. Mario Carrara, of the medico-legal laboratory at the Royal University, Turin.

MARINE HOSPITAL SERVICE. — A board of officers will be convened at Washington, November 9, 1898, to examine candidates for admission to the grade of assistant surgeon in the United States Marine Hospital Service. Applications for this examination should be made before November 1. Candidates must be between twenty-one and thirty years of age, graduates of a respectable medical college, and must furnish testimonials from responsible persons as to character. The following is the usual order of the examination: 1. Physical. 2. Written. 3. Oral. 4. Clinical. The tenure of office is permanent. For further information or for invitation to appear before the board of examiners, address, Supervising Surgeon General, United States Marine Hospital Service, Washington, D. C.

---

#### OBITUARY.

Dr. James H. Osgood, a long resident and highly esteemed physician in Jamaica Plain, died at his residence in that place September 10, 1898. Dr. Osgood was a native of Boston, and was sixty-five years old at the time of his death. He leaves a widow and six children.

We regret to chronicle the death of Dr. Clifford B. Adams, of New Haven, Conn., which occurred August 19, 1898. Dr. Adams was born at Suffield, Conn., January 8, 1850. After extensive preliminary preparation he entered Hahnemann Medical College of Philadelphia, from which he graduated in 1872. With the exception of two years, all of Dr. Adams' professional life was spent in New Haven, where he took a prominent place both as a physician and a citizen. Among other honors received was his appointment as chief of the surgical staff of Grace Hospital. He was a member of the American Institute of Homœopathy, the Connecticut Homœopathic Medical Society, and the New Haven Homœopathic Medical Society.

## PUBLISHERS' DEPARTMENT.

OF INTEREST TO STUDENTS.—The professional man must have tools to use in his work like any other laborer.

The physician's tools are many and varied and cannot be classed solely under the head of instruments and medicines. Some of his best tools are, or should be, found on his bookshelves. By the medium of the printed page other men, famous in his chosen profession, will coöperate with him and freely share with him their treasures of knowledge and experience.

It is perhaps a self-evident truth that the time for a man to begin the formation of a library is when he is young. To one who has chosen a profession books are not a luxury, but a necessity, nor need a student be puzzled as to what books to buy. His college catalogue will indicate the ones that are essential, and mention others which he will do well to obtain for reference and more extended reading. Such works faithfully studied and considered — “for the use of reading is to aid us in thinking” — will give him large returns for the time and money expended. By their means he will lay the foundation of his medical education and train his mind for the intelligent reception of the truths set forth by his instructors.

In buying books it is a praiseworthy economy that prompts a working man to secure what he needs at a reasonable price. The medical student generally feels that he must do this. Recognizing this fact, Otis Clapp & Son, 10 Park Square, Boston, the leading homœopathic pharmacists, have for many years given students liberal rates on all books purchased from them. Students entering college, therefore, or requiring additional text-books or works of reference, will consult their own advantage by making their wants known to the above-mentioned firm. Other supplies, also, such as operating and dissecting instruments, medicine cases, pocket instrument cases, stethoscopes, etc., may be obtained from Otis Clapp & Son, while their large and reliable line of homœopathic remedies needs only to be referred to.

Prices and other information always cheerfully furnished.

APPRECIATED THE SPIRIT.—CONVALESCENT (*dictating*): Please say to Mrs. Jackson that I thank her not alone for the brandy peaches that she so kindly sent me, but for the spirit in which they were sent.



VACCINATION. — To vaccinate or not to vaccinate, that is the question, and one that has been very freely and widely discussed during the past year. Whatever the final decision may be, vaccination at the present time is still greatly relied upon as the best preventative from that most dreaded disease, smallpox, and it is claimed that the advantages of such protection far exceed the dangers incurred in securing them. These dangers can easily be minimized by observing proper precautions. *The American Practitioner and News* very sensibly says : —

“Vaccination should never be done by inexpert hands. The source of the virus should be unquestionable, and the result should be carefully noted in every case. Nobody but an expert can pronounce upon the genuineness of the vesicle (any kind of sore or inflammatory lesion must not be allowed to pass for a vaccination), and revaccination should be insisted upon in every case after the lapse of five years from the time of the last successful vaccination.”

Here then is the gist of the matter ; vaccination should be done only by experts, the virus used should be pure and reliable, results should be carefully noted.

It speaks well for the general recognition by Americans of the necessity for the observance of all prophylactic measures that the health authorities of Boston, for instance, the principal port of New England, consider it safe to permit them to return to their own country after absence in other lands without subjecting them to the precautionary ordeal of vaccination, provided, of course, that no special reasons counter-indicate such leniency. Non-Americans, however, must be vaccinated, so that they may begin their life of “freedom” on at least one common ground of equality, one not always appreciated by them, it may be added.

In our public schools vaccination is compulsory, and now when they are just opening the physician finds more of this work to do.

The Board of Health of Boston uses vaccine supplied by the New England Vaccine Company. Other large and important cities also obtain vaccine points from the same source.

Physicians cannot do better than follow their example, ordering in person, or by mail, from Otis Clapp & Son, 10 Park Square, Boston, the principal distributing agent for homœopathic New England and the West. The points mentioned are undoubtedly pure, fresh, and reliable. Each one is charged from two different animals, the vaccine matter being entirely free from blood corpuscles and representing nothing but the pure bovine vaccine virus. Points may be obtained

singly or in any number desired from Otis Clapp & Son, and will be sent by mail on request, postage paid. For prices, see advertising pages of the GAZETTE.

THE VERDANT FRESHMAN. — CHEMISTRY PROFESSOR: "What is the valence of Iodium?"

VERDANT FRESHMAN: "Two."

CHEMISTRY PROFESSOR: "Why, I just told you it was one."

VERDANT FRESHMAN: "Well, I just told you it was two." — *The Chironian*.

PHYTOLACCA IN TUMOR OF THE BREAST. — The following interesting case of the successful use of phytolacca in tumor of the breast is reported in the *London Homœopathic World*: —

"Mrs. —, thirty-seven years old, came to hospital complaining of lump in left breast. Noticed it for three months, growing steadily. Examination showed in upper half of left breast a soft mass, the size of a Tangerine orange; not clearly defined; no retraction of nipple, nor puckering of skin over growth; lymphatics felt distinctly in lines running along edge of pectoralis major, and in axilla a small gland felt. Diagnosis adenoma, though one doctor thought commencing to be malignant from the lymphatic involvement. Hydras.  $\emptyset$  and bry.  $\text{r x}$ , each for a fortnight, had no effect. Phyto.  $\emptyset$  mij. t. d. s. at once produced improvement. Now, after four months' treatment (three months on phyto.), mass has practically disappeared. There were no symptoms except objective ones. Hydras. was given first, by suggestion of the one who feared malignant growth."

Phytolacca tincture in its purest, most reliable form may be obtained from Otis Clapp & Son, 10 Park Square, Boston, and Phytolacca Berry Tablets for the treatment of obesity may also be secured from them.

A limit to the uses of phytolacca has not yet been reached, and a more extensive application and proving of this valuable remedy is desirable.

FOR SALE. — Practice in a New England city of 15,000 to 20,000 inhabitants. Business and collections good. One other homœopathic physician in the city. Advertiser has good reasons for wishing to sell, and will stay with his successor two or three months, if desired. Address "M. M. C.," care Otis Clapp & Son, 10 Park Square, Boston.

# THE NEW ENGLAND MEDICAL GAZETTE

---

---

No. 11.

NOVEMBER, 1898.

Vol. XXXIII.

---

---

## COMMUNICATIONS.

---

### MASSACHUSETTS AIR IN THE TREATMENT OF PHTHISIS.

BY HERBERT C. CLAPP, M.D., BOSTON, MASS.

*(Read before the Massachusetts Homœopathic Medical Society, October 12, 1898.)*

It is not my purpose in this paper to attempt an exhaustive discussion of the subject, but merely to say a few words in support of the proposition that the air of many portions of our good old Commonwealth, *when properly used*, will cure a percentage of cases of consumption which will greatly surprise those of our physicians who are not acquainted with the *remarkable* results attained by the modern sanatorium treatment of the disease in Germany and some other countries whose climate is no better than that of our own State; and also that it is, when properly used, much more effective than the air of many famous climatic resorts when not properly used.

It has become the fashion with many of our consumptives who can afford it (and with some who really cannot and ought not to afford it) to go to Colorado, New Mexico, California, the Carolinas, etc., much as they would go on a pleasure excursion, trusting for their recovery entirely to the fact that they are sojourning in certain geographical regions, and magnifying the influence of the climate to the neglect of many hygienic and medicinal influences which are far more important. Many of them do not realize the

necessity for medical attendance and the strictest supervision of all their habits, the amount of exercise each case requires, the amount of rest, the very important items of diet regulation, bathing, and other sanitary measures. Indeed, I am sorry to say that not a few even of our physicians virtually, if not actually, tell them that these things are comparatively unimportant, and that any kind of life in that particular locality — that locality which has a reputation — will restore them to health, if anything will. The result, as we all know, is in many cases extremely disastrous; and if now and then a patient, with more than usual common sense and judgment as to the regulation of his own habits, does recover without proper supervision, it is but the exception which proves the rule. Undoubtedly many of these climatic resorts of reputation, especially those of some altitude, if in them the necessary comforts of life can be obtained, and when there can be a proper supervision of details, are very effective; but those physicians who have studied most into the subject now agree that the benefits of climate *in itself* have been exaggerated by most people, and recognizing the fact that almost as good results with proper restrictions have been obtained in the most diverse climates, many of which formerly had no reputation whatever in this line, have been forced to this conclusion: *That there is no specific climate for the cure of consumption, and that the only really essential requisites for it are that the air shall be pure and bracing, and such as to allow the patient to spend most of his day out of doors, and to have in his bedchamber plenty of it in its freshness at night.* This can be done in Massachusetts and in many other places.

It has been the experience, perhaps, of the majority of physicians that consumptives who have been cured in Colorado and other distant places will stay cured if they continue to live in those places, but will often relapse if they attempt again to live in the East; whereas it has been found that those who have recovered here, in or near the region where they expect to live and work for the rest of their lives, far more frequently find their cure permanent.

As a result of the sanatorium treatment at the institution at Goerbersdorf, Germany, statistics have been published which extend over eleven years and include 5,032 patients, showing eleven per cent entirely cured, and fifteen per cent nearly cured. At Falkenstein from fourteen to fifteen per cent were entirely cured, and nearly as many "comparatively" recovered, while a large number of others were benefited more or less. Other sanatoria, in this country and abroad, report similar results, and some better still. Of course, *the earlier the stage of the disease, the larger the percentage of cures.* If only incipient cases are taken, the outlook is quite encouraging; and the enthusiasm generated by those who have become acquainted with these methods in almost any climate is remarkable, considering the widespread despondency which has held fast in its grasp for so many years the profession and laity alike. I believe with Weber that "there is nothing more baneful than the idea that consumption is incurable. It shuts out all honest attempts to do everything possible, and to make every sacrifice to promote arrest and cure." Fortunately, the profession is now becoming aroused to the conviction that many cases of consumption are curable, even if they are unable to go to the ends of the earth. Phthisis is curable everywhere.

Now what are the principal hygienic measures which have been so successful, and which can be more readily utilized in sanatoria than in private practice, because the patient is constantly under observation and discipline? They are, in brief, *hyper-aeration*, or as near perpetual life in the open air as can be secured, the air being as pure, as free from dust and smoke and from micro-organisms as possible; *hyper-alimentation*, or plenty of good, sensible, nourishing, digestible food, given in the right way and adapted to each patient; the judicious employment of *rest* or *exercise* (especially rest), carefully adapted to each one's requirements and regulated from day to day (a tremendously important factor), and proper *bathing*.

To speak here only of the first, and that very briefly:

some will say there is nothing new about that. We have all of us always heard of the necessity, for sick or well, of good ventilation and plenty of fresh air, and some physicians will doubtless solace themselves with the idea that they already make use of it. But the modern open-air treatment does not mean the three thousand cubic feet allowed each individual merely, but literally one hundred times more. It means the exposure of the patient to the open air from seven to twelve hours every day in almost all weathers, in summer and winter, on some kind of a piazza or shelter, and protected from the rain and wind by various devices. At night abundant ventilation is secured by windows more or less open, according to the season. By day the patient reclines on a long chair, well protected by warm clothing, if necessary even steamer rugs and furs, or hot-water bottles being brought into service. The acclimatization has to be gradual, especially for those who are not used to fresh air, but after a while he gets toughened to it. At first also there is often much prejudice against it to overcome, and especially the fear of taking cold; but these soon yield when the fever subsides, the appetite and weight improve, night sweats lessen, and good sleep returns. Cough may at first increase, but soon diminishes, and it does not take long for the patient to become an ardent advocate of the treatment.

For the carrying out of these measures for poor consumptives and those in moderate circumstances the State of Massachusetts has just completed a fine hospital for two hundred patients, with a southern exposure and admirably adapted to its purpose, on a lot of over two hundred acres, on a hill top twelve hundred feet above the level of the sea, and commanding a grand view of the surrounding country for miles. Princeton and Mount Wachusett are close by, and Mount Monadnock is in clear sight. A beautiful lake one mile long borders the grounds. The hospital is furnished with a new supply of fine town water, and has good plumbing, heating and ventilating apparatus. It is blessed with purity of atmosphere, free from malarial influences, presumably also relatively free from pathogenic microbes,

especially streptococci, which cause so much of the mixed infection which adds to the terrors of the plain tubercular infection, and last, but not least, it has arrangements for the open-air treatment. On the grounds and directly in front of the hospital is a tree which by topographical surveys marks the exact centre of the State, north and south and east and west counting Cape Cod. The distance from Boston, which is practically the centre of population of the State, is fifty-four miles on the Central Massachusetts Railroad, a ride of two hours only. This, so far as I know, has the honor of being the first State sanatorium for consumptives on this continent. Doubtless other States will soon follow our lead. It is not intended for hopeless cases. There is certainly a great demand for a *home* (not a *hospital*) for this class of patients. But it is perfectly obvious that if the Rutland Hospital should accept this class, it would speedily be filled to repletion, and prevent the admission of curable cases. If we can get them *early* enough, we expect that a respectable portion of them will be cured. We all know how hard it is to cure even early cases among the poor and ignorant at their own homes. The vast majority of them become incurable, not having the money or the will power or the intelligence to carry out proper directions. Therefore I desire especially to urge upon you all the desirability of sending patients as early in the disease as possible, making the diagnosis either from a physical examination of the chest, or from a microscopical examination of the sputum, or from both.

Private patients of means or in comfortable circumstances, if favorably situated, can often be treated at home, if the physician is willing to give sufficient time to it, but the treatment of poor people at home is very discouraging.

The Massachusetts Homœopathic Medical Society, as a society, is to be congratulated that the State of Massachusetts offers in its Rutland Hospital the system of medication in which we believe, as well as the regular treatment of the old school. Undoubtedly the success of the Westborough Hospital has contributed in no small degree to this con-

summation, and it is hoped that the success of this new institution may be sufficiently marked to induce future Legislatures to enlarge our sphere in other directions. But we can expect no success unless each individual member of the society will take enough interest in the matter to send curable cases ; and patients in the early stage are notoriously unconcerned, and often need to be aroused from their lethargy and urged to action. It is no kindness to such a patient to conceal from him his condition, unless, indeed, we can offer no remedy. But if we think we can put him in the way of recovery, it is certainly our duty to enlighten him, in order that he may intelligently coöperate with our means of cure.

No Massachusetts consumptive need be refused on the ground of expense. The charge of fifty cents a day, established by the trustees, to cover everything, is certainly less than the patient could be cared for at home ; and in case he is too poor to pay even this, the town or city where he has a settlement will pay it for him, or some other provision can be made. But be sure to send him *before he is far advanced in the disease.*

---

### WOULD NOT HAHNEMANN HAVE DONE THIS ?

BY SARA NEWCOMB MERRICK, M.D., BOSTON, MASS.

“If we use means other than the indicated remedy internally administered we are not true homœopaths, and will justly call down upon ourselves the censure of the critics.”

Time was when these words uttered in a public assembly caused the ever-ready hand of conscience to jangle the strings of my moral nature. As is usual with people under such circumstances, I tried to justify my acts, and a controversy arose, carried on by my two selves, which led to a more extended study of Hahnemann, his life and work, which resulted satisfactorily to my better self. This controversy was something as follows : Can it be true I am not showing respect to the memory of the founder of homœopathy ? Is there here a lack of reverence for authority ? By taking a



degree at a homœopathic college I have professed before the world a faith in the method propounded by the founder of the school to which I have openly avowed allegiance; am I by using "other means" bringing discredit upon the school? May there not be conditions deviating from the normal which have no drug similia as yet discovered? If Hahnemann were alive to-day and I could have a talk with him, what would be his opinion? Have there not been developments since his time that show that all diseases are not dynamic or spiritual in their origin, but have a real material element for their cause? May not some symptoms be the result of disturbed harmony among nerve centres and no drug whatever be needed for their successful treatment? A drug used in the higher potencies can of necessity have no action but a dynamic one. The remedy therefore acts by the power of the suggestion that accompanies its administration. Was not Hahnemann on the verge of the discovery of the curative power of pure suggestion, and would he blame any one who, following his line of thought, completed the discovery and used it? Has not the time arrived when the true physician should not be wedded to any one method, but should use any legitimate means in his power to cure the patient in the easiest, quickest, and most lasting manner? By thus curing or relieving the patient, is not one indeed following out the dearest and oft-expressed wish of the father of homœopathy? Would he not make use of pure suggestion now in a case that needed it? Would he not make use of heat, or electricity, or massage, or oxygen, or, in fact, of any means that would be effectual? Could the span of his life have been stretched out to the present, would he have ignored the revelations of the microscope, or the discoveries of the physiological laboratory which have come to pass since 1843? Because he did not approve of the use of electricity, is it to be supposed that he would oppose its use now in the light of the discoveries of the past twenty-five years along this line? There was a reason which I shall give later for *his* not using electricity or any means of cure other than a drug. A glance at the character of Hahnemann, as revealed in his life

and works, will show us that he would have led the van in research and experiment of every kind, for he was an investigator, a truth-seeker.

He possessed the mind of a reformer, and the first requisite of such a mind is dissatisfaction with existing conditions, a want of reverence for authority, accompanied by courage to disregard public opinion and the ability to construct new things to take the place of those he overthrows. In our illustrious discoverer of *similia* we find all these qualities highly developed. Upon inquiry it is revealed that he was so disgusted with existing conditions that he gave up the practice of medicine at the age of thirty-five, and devoted himself to the translation of medical books, and this work was the means which led to his discovery of the law of similars. From this time on he did not hesitate to brave public opinion and announce his views in the most unqualified terms. The remainder of his life was spent in laying the foundation for a new school of medicine upon the ruins of the one he had overthrown.

One question arises here. We have looked upon Hahnemann as a broad-minded man. Now if he was broad-minded (and it is thus a reformer and true physician should be), why did he for a half century or more preach, write, and practise one idea only? Why was he so wedded to this single theory of drug similars that we find him publicly repenting for having allowed a "few weak sparks of electricity" to be administered in a case of paralysis, and what leads one to think he would do otherwise to-day?

There are several reasons to be given in answer. *One* is that he was so impressed with the wonder and truthfulness of his discovery, first with one drug, then with several, afterwards with many, that he felt impelled to go on and on proving another and still another drug till he found his life all too short for the work. He had no time to look at other things.

*Secondly*, the declaration of his discovery roused the most violent opposition from those of his own profession, and he was forced to spend much time asserting the truth and defending it. He had to fight blood-letting and purging and

shotgun prescriptions, ignorance and prejudice and superstition.

A *third* reason is that he was desirous that all the world should know of this easy and simple method of curing the sick, and it takes efforts many and mighty and oft repeated to arouse public sentiment. If Juggernaut should roll through these æsthetic streets of ours to-morrow, not one in a hundred of Boston's inhabitants would step out of their doors to look at it. If people are so apathetic in this quick-moving day of many discoveries, how much more so were they a century back! Prometheus must be bound upon a lofty rock, and the rock must be barren if we would have the vultures descry him.

Looking thus at the great self-sacrificing soul of this man, is there any reason to think he would call one renegade for using means other than a drug internally administered in treating a patient? Because later investigators discovered anæsthetics, promulgated the germ theory of disease, found the virtues which lie in local applications, introduced massage, and prescribed rest in large doses, am I to think he would feel himself aggrieved if one professing to be his disciple should profit by the knowledge of any one or all of these things? On the contrary, I think he would upbraid one who neglected the use of any agent that might benefit the patient, or who refused to accept approved truths on the ground that he did not discover them. It is belittling the grand character of the man to think of him as so egotistical and narrow that he wished all future generations to the end of time to believe he had found the one only and indubitable secret of the cure or relief of disease, and, ignoring the fact that higher evolution might make other treatment in some cases a necessity, that he should forbid his followers to learn by experience. He lived in advance of his time, and why should not we, if we are sufficiently gifted? We are following him most closely by doing so. To be his true disciple we should imitate him in more ways than one. The broader-minded we make ourselves the more we are like him. Therefore, feeling exonerated by this brief survey of the character of

our revered teacher, and being further convinced that, if he were here now *in propria persona*, as he surely is in spirit, with his views well promulgated, with opposition reduced to a minimum, with a multiplicity of drugs proved and re-proved, he would, as a true physician, make use of every means at his command, even electricity if need were, to cure his patient as rapidly and perfectly as possible.

I report the following case in the successful treatment of which no drug whatever was used because none was indicated, but several other means, all tending to the same end, and reinforcing each other, namely, heat, massage, electricity, suggestion, mental effort or will power of the patient.

Case of Mr. H. H. M., white, born in Ireland; proprietor of a suburban paper. Had been compositor and held the type stick for forty years. Is now sixty-three. General health good. First seen September 6, 1897. Said he had called to know if anything could be done for his left hand. He had consulted a number of physicians and had tried several methods of treatment, but with no effect. His hand had been gradually becoming weaker and more helpless for ten years, and had been wholly useless for the past six years. He had been told he had progressive muscular paralysis, and that it was incurable. Notwithstanding all this he himself thought something might be done to restore it.

He complained of a cold spot at the elbow in the neighborhood of the "funny bone," and also of a cold band about the wrist an inch or more in width. He never could get these places warm, and they irritated him constantly. There was no pain, and never had been any. He said it was difficult to keep that hand warm at all, and that it was very easily chilled.

Examination showed a hand in a condition of spastic paralysis with contracture of the flexors; there was clasp-knife rigidity; when the fingers were forced open they shut again with a snap. The skin was cold and clammy, like that of a cadaver, even to the elbow, and there was no sign of a blood vessel. There was no muscular tissue to be found in the

hand and very little in the forearm; the fascia, too, was wasted. Upon holding the hand between one's eyes and the light it reminded one of an X-ray picture; there did not seem to be a thread of muscular tissue left. He pointed to an oblong, whitish-looking ridge in his palm, and asked if that growth ought not to be removed by a surgical operation. This "growth" was the tendon for the flexors of the middle digit. Fingers broadly spatulate, nails white and dead looking; literally a dead hand carried about by a living body. It struck a chill through one to touch it. Skin reflexes diminished, no muscular response in the hand to electrical stimulus. The forearm showed about one fourth normal. The arm, chest, and shoulder muscles were somewhat diminished in size, but responded well.

The case looked hopeless enough. Should I dare go against some of the most eminent authority in Boston and tell him his hand could be made whole? He *was* told there was nothing like trying, and if he wished to take the trouble he might possibly have a useful hand in a year's time. He responded at once to even a shadow of hope, and the treatment was begun as follows: Static electricity with general insulation, massage and spark alternating with the Leyden jar current and sponges. After the electrical administration, ten minutes of hand massage with passive movements. He was directed to give his hand and arm to the elbow a hot-water bath for twenty minutes every night, keeping up friction and passive movements gently during the time. Following this he was to sit by the radiator in a comfortable position and think the blood into the arteries of that hand. To intensify the impression and give him something tangible to think about, he was shown the arteries as pictured in Gray's Anatomy. As he had been splinting his hand open at night and forcibly opening his fingers and bearing his weight on that hand till it trembled several times a day, he was instructed to desist from such violent attempts at restoration, and use the hand in every way gently. To aid in keeping the hand warm he was to wear daily a fur pulse warmer. It is needless to trouble you with details of im-

provement; suffice to say that he was patient and persistent and punctual in keeping up the treatment, which grew less and less in frequency. In two weeks' time he reported that the night previous he thought he felt a throbbing in the space between the thumb and the palm. He slyly opened one eye and took a "squint" at the place and distinctly saw a pulsating there. Veins now began to make their appearance in the skin, uncomfortable sensations subsided gradually, and he soon commenced to report ability to handle first large objects, as the door knob in opening the door, the telephone receiver, etc., and later finer work, as picking up a postage stamp or a sheet of paper. Sometimes he was rash and overworked the hand by holding the reins an hour or so over his horse, or by carrying a heavy weight to test the strength, but at no time has the affected member relapsed to its former condition. Again I would ask, in the light of modern progress, would not Hahnemann have done this?

---

## APPENDICITIS.

BY NATHANIEL W. EMERSON, M.D., BOSTON, MASS.

*(Continued from October Gazette.)*

### METHODS OF OPERATION.

An incision one and a quarter to two inches in length is made over the *linea semi-lunaris* through the skin at right angles to a line drawn from the umbilicus to the anterior-superior spine of the ilium, and is carried down to the aponeurosis. Next, the anterior sheath of the rectus muscle is opened about three eighths of an inch internal and parallel to the external border of the same, the opening being extended to about the same length as the external incision. By blunt dissection, usually by the finger, the external border of the rectus is separated from its sheath for a distance corresponding to the incision, held aside internally by a retractor, and the posterior sheath of the rectus incised, this opening also corresponding to that in the anterior sheath. With a good-sized silk the respective edges of the sheath,

anterior and posterior, are caught together and the silk loosely tied upon either side; these silk sutures serve as retractors, lifting the abdominal wall or holding aside the edges of the incision at will. This allows exploration with one finger and the definite locating of the appendix. They also assist materially in the final closure of the incision in the posterior sheath. If necessary, by reason of too small an opening at first, the incision can be extended above or below and to any extent needful. If difficulty is found in locating the appendix, the ascending colon is brought to view and the longitudinal muscular bands unerringly lead to it. When closing the wound traction upon the silk guys brings out readily the edges of the incision through the posterior sheath, which are united with a very fine catgut. One silk-worm gut suture is passed down to, but not through, the peritoneum from the internal side of the opening. The needle is then carefully made to engage the opposite side of the incision at a point just above the peritoneum and accurately piercing the tissue of the linea semi-lunaris. Lack of attention to this may result in the outward passage of the needle merely through the anterior sheath of the rectus, internal to the linea semi-lunaris, — an undesirable method of suturing. After closure of the posterior sheath, the silk guys are removed, whereupon the rectus muscle immediately falls into place, thus not only shutting from view the line of suturing already in position, but also at once splinting and supporting it. I have seen a patient at this stage vomit severely, with violent retching, without the slightest protusion of the abdominal contents. The rectus stiffens and becomes rigid, thereby affording a perfect protection, even before the anterior sheath and skin are sutured. The anterior sheath is most accurately and carefully united with the finest catgut, after which the skin is closed with a subcutaneous suture also of very fine catgut. Then the silkworm gut is tied. The reason for selecting such fine catgut is that the suture is one of coaptation in each layer. Its function is to accurately bring together the cut edges of like tissues, and is not designed to resist any efforts at traction, the silk-

worm gut being used exclusively for this purpose. The strain of vomiting, urinating, or defecating, or any body movement is spent upon this latter suture. If the incised margins can be kept in position for a period varying from thirty-six to forty-eight hours they are practically united, and the catgut affords little assistance after that time. Hence a very fine strand is used, which is the more quickly absorbed. The appendix is removed by Dawbarn's familiar method, the purse string suture first applied being of fine silk. After the appendix is removed and the stump inverted and secured, a row of continuous sutures of fine catgut is applied entirely covering in the silk. This completes the manipulation of the bowel, and it is immediately dropped back into place. All of the later cases in this series have been thus treated with perfect results so far as known, there having been no case of hernia in the whole series, with the exception of No. 3.

So much discussion has taken place about the methods in pus cases that I desire to state what has been the outgrowth of my own experience. Whenever possible in all these cases the appendix is removed, unless by removing it we must break up too extensively the walls of an abscess cavity. If it is buried in such walls and not readily enucleated and delivered, it is left, after thorough drainage. For the latter a large double rubber tube is preferred, one half of which is perforated, the other half without perforations, with gauze carefully applied about it to protect the abdominal cavity. The tube is carried to the bottom of the cavity after the latter is thoroughly wiped out, is shortened on the following day and on each subsequent one until removed entirely. The gauze carefully walls off the general cavity. This method allows a point of no resistance for the escape of pus, provides the possibility of washing out the abscess cavity with peroxide of hydrogen full strength, or pyrogen three per cent if desirable, and renders the condition safer than if gauze alone is used. This intra-abdominal cavity usually disappears rapidly, and in a few hours — except in certain cases — the walls collapse, practically obliterating the interior of the



abscess. The early shortening of the tube prevents a deep sinus and allows the intestine to flow in and fill up the cavity, care being taken to keep patent the opening through the abdominal walls. After-complications have been very rare, hernia resulting in one only, No. 3, a desperate case, and from its nature sure to produce a hernia. This was expected, and four months later properly dealt with by operation, the result being satisfactory. In several, fecal fistulæ have resulted, but with one exception, No. 14, a spontaneous closure has taken place. In No. 70 a secondary operation to remove the appendix was necessary. One case had undergone two operations within the preceding year, in neither of which, however, had the appendix been removed. A fecal fistula had persisted from the time of the first operation. The day before I saw her, a ride in the cars had caused an extroversion of the intestine through the opening in itself and the abdominal wall. The bowel lay in folds upon the abdomen, forming a mass the size and shape of a small apple, and was becoming œdematous. This was an extremely interesting condition. The abdominal cavity was opened above the tumor so that exploration was allowed all about it from the abdominal side. The hernia was found to consist of the cæcum prolapsed through a perforation in itself beside the remains of the appendix. The appendix was removed, the opening in the bowels enlarged, the prolapsed part, very œdematous, returned, and the edges of the opening carefully freshened, a sufficient strip being removed to define the different layers. This opening was closed by a fine continuous silk applied by Lembert's method, and reinforced by a double row of fine catgut each in the form of a continuous suture. The bowels were replaced and the abdomen closed as described. The result was perfect.

Several of these cases, such as Nos. 32, 34, 43, 44, and others, would have been pus cases if allowed to continue uninterrupted; prompt interference cut off a process sure to have resulted in suppuration. This does not mean to include cases which were really "interval cases" in which the pathological conditions were such that a subsequent and more

severe attack would have resulted, but cases which were in the midst of an acute attack, and the removal of the appendix having removed the offender immediate relief was afforded. No. 34 is an illustration in point. This young girl came as an emergency case and presented a classical reflection of acute appendicitis in its worst type. There was persistent and aggravated vomiting, severest pain, which began on the right side but was quite diffuse when first seen by us, the right rectus muscle was fixed, with a plainly perceptible tumor in the right iliac fossa, easily mapped out under gentlest palpation. Beside these characteristic symptoms there was a high temperature, pulse 110, anxious expression of face, constipation, and tenderness in the right part of the abdomen when moderately deep pressure was made upon the left side. This was one of a class of cases which formerly we left to pronounce itself, or to "get over the acute stage," with the idea of operating in the interval. The operation was undertaken as soon as possible after her admission to the hospital, without doubt within an hour, and what was found justified the good judgment of such a step. The intra-abdominal mass was adherent to the abdominal wall and was composed of intestines and omentum firmly agglutinated yet easily separated from each other, a line of cleavage always being readily followed. Deep in the abdomen, behind and to the inner side of the cæcum, was discovered a very much enlarged and angry appendix, acutely inflamed throughout, with two points upon its originally free border undergoing a process of gangrene and sure to have ruptured in from twelve to eighteen hours, if left to themselves. They were already black, of the consistence of soft soap, and separated from each other by about one half inch of highly inflamed tissue. The adhesions were so thorough in this case that probably a large abscess would have resulted, confined in such a way that the abdominal cavity would not have been involved. Yet this is as purely conjecture as it would have been to have allowed the case to go on "awaiting an interval." From the violence of the symptoms it could easily and quickly have continued to a general septic peritonitis.

# SUMMARY OF CASES.

No.	NAME.	AGE.	P.	H.	DIAGNOSIS.	OPERATION.	DATE OF OPERATION.	CURED.	IMPROVED.	NOT IMPROVED.	DIED.	ANÆSTHETIC.	DRAINAGE.	REMARKS.
1	Mrs. B.	46	1	1	Appendicitis, gangrenous	Appendicectomy; herniotomy	July 30 1892	1				Ether	Yes	The appendix had prolapsed into an indirect inguinal hernia, and becoming incarcerated was gangrenous.
2	Mr. M. G.	22	1		" , suppurative	"	Aug. 2					"	Yes	
3	Mr. F. McE.	11	1		" , "	"	Aug. 27	1				"	Yes	A ventral hernia was the expected outcome, and on February 6, 1893, herniotomy was performed with successful results.
4	Mr. P. C.	18	1		"	"	Aug. 13 1893	1				"	Yes	
5	Mr. H. S.	12	1		" , intercurrent	"	Dec. 6	1				"	No	
6	Mrs. C. H. W.	45	1	1	"	"	Apr. 9 1894	1				"	No	
7					" , suppurative	Abdominal section	Aug. 10	1				"	Yes	Appendix not removed.
8	Mr. C. H. M.	27	1	1	" , intercurrent	Appendicectomy	Dec. 3	1				"	No	
9	Mr. C. S.	13	1	1	" , acute	"	Dec. 11	1				"	No	
10	Mr. H. L. B.	28	1		"	"	Jan. 17 1895	1				"	Yes	A fulminating case. Operation took place less than 24 hours after beginning of attack. Appendix enormous and already perforated.
11	Miss L. I.	24	1	1	" , intercurrent	"	Jan. 30	1				"	No	
12	Miss E. C.	30	1		"	"	Feb. 2	1				"	No	
13	Mrs. E. W. M.	24	1		"	"	Feb. 9	1				"	No	
14	Mr. W. E. H.	18	1		" , suppurative	Abdominal section	Mar. 14	1				"	Yes	Fecal fistula resulted. Secondary operation required for subsequent closure. Successful.
15	Miss A. F.	25	1	1	" , intercurrent	Appendicectomy	Mar. 25	1				"	No	
16	Miss S. S.	27	1	1	"	"	Mar. 26	1				"	No	
17	Mr. H. M. F.	20	1	1	"	"	May 13	1				"	No	
18	Miss I. T.	22	1	1	"	"	May 16	1				"	No	
19	Miss L. J. G.	26	1	1	"	"	Oct. 15	1				"	No	
20	Miss L. M. F.	20	1	1	"	"	Oct. 18	1				"	No	
21	Mrs. F. C. W.	30	1	1	"	"	Oct. —	1				"	No	
22	Miss A. M.	19	1	1	"	"	Dec. 5	1				"	No	
23	Miss E. B.	19	1	1	"	"	Jan. 3 1896	1				"	No	
24	Mr. P. H. B.	24	1		" , acute	"	Jan. 18	1				"	No	
25	Miss S. B.	19	1	1	"	"	Jan. 26	1				"	No	
26	Mr. E. H. S.	29	1	1	" , intercurrent	"	Feb. 22	1				"	No	
27	Mrs. E. D.	27	1	1	" , suppurative	Abdominal section	Feb. 29	1				"	Yes	General purulent peritonitis. Operation immediate on arrival at hospital. Died 4 hours later. A neglected case.
28	Mr. C. N.	50	1	1	"	Appendicectomy	Mar. 3	1				"	Yes	
29	Mrs. M. L.	67	1	1	"	"	Mar. 4	1				"	Yes	
30	Mr. P. B.	12	1		"	"	Mar. 23	1				"	Yes	
31	Mr. E. C.	26	1	1	"	"	Sept. 11	1			Chloroform	Yes	A neglected case for which I, myself, was largely responsible.	
32	Mr. W. T. M.	12	1		"	"	Oct. 13	1			Ether	Yes	An apparently hopeless case.	
33	Miss M. F. W.	40	1		" , acute	"	Oct. 27	1			"	No		
34	Mr. B. F.	14	1		"	"	Dec. 13	1			"	No		
35	Mr. E. N.	23	1		" , intercurrent	"	Jan. 6 1897	1				"	No	
36	Mr. F. B.	9	1		" , suppurative	"	Jan. 7	1				"	Yes	
37	Mrs. E. L. B.	52	1		"	"	Jan. 15	1				"	Yes	
38	Mrs. B.	34	1		" , intercurrent	"	Jan. 16	1				"	No	
39	Mrs. J. M. McC.	30	1		" , acute; tubal-pregnancy, ruptured	" ; tubo-ovariectomy	Jan. 16	1				"	No	The symptoms due to the appendix were so acute that the ruptured tube was masked, although the condition of the appendix was due to the latter. The appendix was involved in the inflammatory process, walling off the ruptured tube. Recovery complete.
40	Mrs. E. C.	20	1		" , intercurrent	"	Jan. 20	1				"	No	
41	Mrs. A. C. P.	27	1		"	"	Jan. 20	1				"	No	
42	Mr. F. C. J.	29	1		"	"	Feb. 3	1				"	No	
43	Mr. G. J.	15	1		" , suppurative	"	Feb. 3	1				"	Yes	
44	Mr. J. D. H.	29	1		" , intercurrent	"	Feb. 6	1				"	No	
45	Miss A. T.	23	1	1	"	"	Feb. 10	1				"	No	There was an indirect inguinal hernia, which was operated on from the abdominal side.
46	Mr. W. B.	40	1		"	"	Mar. 10	1				"	No	
47	Mrs. D. B.	52	1	1	"	"	Mar. 11	1				"	No	
48	Mr. H.	10	1		" , suppurative	"	Mar. 12	1				"	Yes	
49	Miss E. A.	23	1	1	" , acute	"	Mar. 17	1				"	No	
50	— M. H.	7	1		" , suppurative	"	Mar. 25	1			Chloroform	Yes		
51	Mr. W. T.	33	1		" , acute	"	Mar. 27	1			Ether	No		
52	Miss A. T.	20	1		"	"	Mar. 27	1			"	No		
53	Mr. R. H. S.	26	1	1	" , suppurative	"	Apr. 17	1			"	Yes		
54	Mr. C. W. D.	20	1	1	"	"	May 6	1			"	Yes		
55	Mrs. G. W. L.	26	1	1	" , intercurrent	"	May 8	1			"	No		
56	Mrs. F. W. H.	39	1	1	"	" ; tubo-ovariectomy	Apr. 29	1			"	No	Yes	Cystic right ovary.
57	Mrs. W. R. S.	30	1	1	"	"	Sept. 9	1			"	No		
58	Miss F. Moyse	18	1	1	"	"	Oct. 4	1			"	No		
59	Mrs. A. W. E.	28	1	1	"	"	Nov. 22	1			"	No		
60	Miss M. C.	25	1		" , suppurative	"	Nov. 27	1			"	Yes	Died June 2, 1898, from tuberculosis of abdominal organs and lungs.	
61	Miss M. D.	26	1		" , intercurrent	"	Nov. 30	1			"	No		
62	Mrs. C. S.	40	1		" ; cyst of right ovary	" ; tubo-ovariectomy	Dec. 28	1			"	No		
63	Mr. W. W. B.	17	1	1	" ; indirectinguinal hernia	" ; herniotomy	Jan. 6 1898	1				"	No	
64	Mrs. F. E. D.	28	1	1	" , acute	"	Jan. 6	1				"	No	
65	Mr. W. D. Q.	34	1		"	"	Jan. —	1				"	No	
66	Mr. I. M.	38	1		"	"	Jan. 15	1				"	No	
67	Mr. J. T. T.	23	1	1	" , intercurrent	"	Jan. 16	1				"	No	
68	Miss K. L.	27	1	1	"	"	Jan. 18	1				"	No	
69	Mr. J. F. S.	29	1	1	" , acute	"	Jan. 19	1				"	No	
70	Mr. W. D. M.	60	1	1	" , suppurative	Abdominal section	Jan. 20	1				"	Yes	Appendix not removed.
71	Mrs. A. A. H.	40	1		" , intercurrent	Appendicectomy	Jan. 21	1				"	No	
72	Mr. D. McC.	12	1		" , acute; indirect inguinal hernia	" ; herniotomy	Jan. 22	1				Chloroform	No	An enormous appendix was prolapsed into the sack of a congenital hernia and had become incarcerated therein. A very acute case.
73	Miss J. M. C.	27	1		"	"	Jan. 28	1				Ether	No	
74	Mr. G. O.	—	1		" , intercurrent	"	Feb. 3	1				"	No	
75	Mrs. C. L. G.	30	1	1	" , acute; salpingitis and cystic ovaries	" ; tubo-ovariectomy, double	Feb. 9	1				"	No	
76	Miss S.	25	1	1	" , intercurrent	"	Feb. 12	1				"	No	
77	Mrs. I. T.	42	1		" , acute; fibromata uteri	" ; abdominal hysterectomy	Feb. 16	1				"	No	
78	Mr. F. H.	40	1	1	" , suppurative	"	Feb. 16	1				"	Yes	A bad case. Abdomen reopened 48 hours after first operation and freer drainage established.
79	Mr. E. B. R.	46	1	1	"	"	Feb. 16	1				"	Yes	
80	Mr. H. M.	9	1		"	"	Feb. 17	1				"	Yes	
81	Mr. G. M.	14	1		" , intercurrent	"	Feb. 26	1				Ether and Chloroform	No	
82	Mrs. G.	—	1	1	" , acute	"	Mar. 2	1				Ether	No	
83	Mrs. C. E. L.	53	1		" , intercurrent	"	Mar. 3	1				"	No	
84	Mr. K.	9	1		" , acute	"	Mar. 12	1				Chloroform	No	
85	Miss I. W. B.	24	1	1	"	"	Mar. 16	1				Ether	No	
86	Mrs. J. H.	35	1		" , intercurrent	"	Mar. 16	1				"	No	
87	Miss L. D.	21	1		"	"	Mar. 19	1				"	No	
88	Mrs. L. M.	52	1		" , acute	"	Mar. 21	1				"	No	
89	Dr. H. W. M.	28	1	1	" , intercurrent	"	Mar. 22	1				"	No	
90	Mr. J. P.	44	1		"	"	Mar. 23	1				"	No	
91	Mrs. S. R.	28	1		" , suppurative	"	Mar. 23	1				"	Yes	
92	Mrs. C. L. M.	40	1	1	" , intercurrent; salpingitis, left	" ; tubo-ovariectomy	Mar. 24	1				"	No	Salpingitis with an enlarged and cystic ovary on left side.
93	Mrs. L.	27	1		"	"	Mar. 26	1				"	No	A pus tube on the left side.
94	Miss K. B.	12	1	1	" , acute	" ; enterotomy	Mar. 27	1				"	No	The cæcum was prolapsed through a fistula following two previous operations for suppurative appendicitis. The appendix had been left. Acutely inflamed appendix removed, opening in bowel closed, old scar in abdominal wall resected, and the abdomen closed. Primary union throughout.
95	Miss A. B.	24	1		"	"	Mar. 31	1				"	No	
96	Mrs. A. S. A.	28	1	1	" , intercurrent	"	Apr. 28	1				"	No	
97	Miss C. F. B.	13	1	1	"	"	May 10	1				"	No	
98	Mr. H. L.	15	1		" , acute	"	May 16	1				"	No	
99	Mrs. S. R.	28	1	1	" ; cholelithiasis	"	May 23	1				"	No	Beginning gangrene of appendix. Cyst of gall bladder from which 136 stones were removed.
100	Mr. H. S.	22	1		" , acute	"	May 29	1				"	No	
101	Miss A. N.	30	1	1	"	"	May 31	1				"	No	
102	Mrs. P.	55	1		"	"	June 7	1				"	No	
103	Mrs. M.	39	1	1	" , intercurrent; umbilical hernia	" ; herniotomy	June 10	1				"	No	
104	Dr. H. A. R.	26	1	1	" , intercurrent	"	June 15	1				"	No	
105	Mr. E. E. A.	33	1	1	"	"	June 16	1				"	No	
106	Mrs. S. K.	45	1	1										

# SUMMARY OF CASES.

No.	NAME.	AGE.	P.	H.	DIAGNOSIS.	OPERATION.	DATE OF OPERATION.	CURED.	IMPROVED.	Not improved.	DIED.	ANÆSTHETIC.	DRAINAGE.	REMARKS.
1	Mrs. B. . . . .	46	I	I	Appendicitis, gangrenous. . . . .	Appendicectomy; herniotomy . . . . .	July 30 1892	I				Ether . . . . .	Yes	The appendix had prolapsed into an indirect inguinal hernia, and becoming incarcerated was gangrenous.
2	Mr. M. G. . . . .	22	I		" , suppurative. . . . .	" . . . . .	Aug. 2				I	" . . . . .	Yes	
3	Mr. F. McE. . . . .	11	I		" , " . . . . .	" . . . . .	Aug. 27	I				" . . . . .	Yes	A ventral hernia was the expected outcome, and on February 6, 1893, herniotomy was performed with successful results.
4	Mr. P. C. . . . .	18	I		" , " . . . . .	" . . . . .	Aug. 13 1893	I				" . . . . .	Yes	
5	Mr. H. S. . . . .	12	I		" , intercurrent . . . . .	" . . . . .	Dec. 6	I				" . . . . .	No	
6	Mrs. C. H. W. . . . .	45	I	I	" , " . . . . .	" . . . . .	Apr. 9 1894	I				" . . . . .	No	
7	Mr. C. H. M. . . . .	27	I	I	" , suppurative . . . . .	Abdominal section . . . . .	Aug. 10	I				" . . . . .	Yes	Appendix not removed.
8	Mr. C. H. M. . . . .	27	I	I	" , intercurrent . . . . .	Appendicectomy . . . . .	Dec. 3	I				" . . . . .	No	
9	Mr. C. S. . . . .	13	I	I	" , acute . . . . .	" . . . . .	Dec. 11	I				" . . . . .	No	
10	Mr. H. L. B. . . . .	28	I		" , " . . . . .	" . . . . .	Jan. 17 1895	I				" . . . . .	Yes	A fulminating case. Operation took place less than 24 hours after beginning of attack. Appendix enormous and already perforated.
11	Miss L. I. . . . .	24	I	I	" , intercurrent . . . . .	" . . . . .	Jan. 30	I				" . . . . .	No	
12	Miss E. C. . . . .	30	I		" , " . . . . .	" . . . . .	Feb. 2	I				" . . . . .	No	
13	Mrs. E. W. M. . . . .	24	I		" , " . . . . .	" . . . . .	Feb. 9	I				" . . . . .	No	
14	Mr. W. E. H. . . . .	18	I		" , suppurative . . . . .	Abdominal section . . . . .	Mar. 14	I				" . . . . .	Yes	Fecal fistula resulted. Secondary operation required for subsequent closure. Successful.
15	Miss A. F. . . . .	25	I	I	" , intercurrent . . . . .	Appendicectomy . . . . .	Mar. 25	I				" . . . . .	No	
16	Miss S. S. . . . .	27	I	I	" , " . . . . .	" . . . . .	Mar. 26	I				" . . . . .	No	
17	Mr. H. M. F. . . . .	20	I	I	" , " . . . . .	" . . . . .	May 13	I				" . . . . .	No	
18	Miss I. T. . . . .	22	I	I	" , " . . . . .	" . . . . .	May 16	I				" . . . . .	No	
19	Miss L. J. G. . . . .	26	I	I	" , " . . . . .	" . . . . .	Oct. 15	I				" . . . . .	No	
20	Miss L. M. F. . . . .	20	I	I	" , " . . . . .	" . . . . .	Oct. 18	I				" . . . . .	No	
21	Mrs. F. C. W. . . . .	30	I	I	" , " . . . . .	" . . . . .	Oct. —	I				" . . . . .	No	
22	Miss A. M. . . . .	19	I	I	" , " . . . . .	" . . . . .	Dec. 5	I				" . . . . .	No	
23	Miss E. B. . . . .	19	I	I	" , " . . . . .	" . . . . .	Jan. 3 1896	I				" . . . . .	No	
24	Mr. P. H. B. . . . .	24	I	I	" , acute . . . . .	" . . . . .	Jan. 18	I				" . . . . .	No	
25	Miss S. B. . . . .	19	I	I	" , " . . . . .	" . . . . .	Jan. 26	I				" . . . . .	No	
26	Mr. E. H. S. . . . .	29	I	I	" , intercurrent . . . . .	" . . . . .	Feb. 22	I				" . . . . .	No	
27	Mrs. E. D. . . . .	27	I		" , suppurative . . . . .	Abdominal section . . . . .	Feb. 29				I	" . . . . .	Yes	General purulent peritonitis. Operation immediate on arrival at hospital. Died 4 hours later. A neglected case.
28	Mr. C. N. . . . .	50	I	I	" , " . . . . .	Appendicectomy . . . . .	Mar. 3	I				" . . . . .	Yes	
29	Mrs. M. L. . . . .	67	I	I	" , " . . . . .	" . . . . .	Mar. 4	I				" . . . . .	Yes	
30	Mr. P. B. . . . .	12	I		" , " . . . . .	" . . . . .	Mar. 23	I				" . . . . .	Yes	
31	Mr. E. C. . . . .	26	I	I	" , " . . . . .	" . . . . .	Sept. 11				I	Chloroform . . . . .	Yes	A neglected case for which I, myself, was largely responsible.
32	Mr. W. T. M. . . . .	12	I		" , " . . . . .	" . . . . .	Oct. 13	I				Ether . . . . .	Yes	An apparently hopeless case.
33	Miss M. F. W. . . . .	40	I		" , acute . . . . .	" . . . . .	Oct. 27	I				" . . . . .	No	
34	Mr. B. F. . . . .	14	I		" , " . . . . .	" . . . . .	Dec. 13	I				" . . . . .	No	
35	Mr. E. N. . . . .	23	I		" , intercurrent . . . . .	" . . . . .	Jan. 6 1897	I				" . . . . .	No	
36	Mr. F. B. . . . .	9	I		" , suppurative . . . . .	" . . . . .	Jan. 7	I				" . . . . .	Yes	
37	Mrs. E. L. B. . . . .	52	I		" , " . . . . .	" . . . . .	Jan. 15	I				" . . . . .	Yes	
38	Mrs. B. . . . .	34	I		" , intercurrent . . . . .	" . . . . .	Jan. 16	I				" . . . . .	No	
39	Mrs. J. M. McC. . . . .	30	I		" , acute; tubal-pregnancy, ruptured . . . . .	" ; tubo-ovariectomy . . . . .	Jan. 16	I				" . . . . .	No	The symptoms due to the appendix were so acute that the ruptured tube was masked, although the condition of the appendix was due to the latter. The appendix was involved in the inflammatory process, walling off the ruptured tube. Recovery complete.
40	Mrs. E. C. . . . .	20	I		" , intercurrent . . . . .	" . . . . .	Jan. 20	I				" . . . . .	No	
41	Mrs. A. C. P. . . . .	27	I		" , " . . . . .	" . . . . .	Jan. 20	I				" . . . . .	No	
42	Mr. F. C. J. . . . .	29	I		" , " . . . . .	" . . . . .	Feb. 3	I				" . . . . .	No	
43	Mr. G. J. . . . .	15	I		" , suppurative . . . . .	" . . . . .	Feb. 3	I				" . . . . .	Yes	
44	Mr. J. D. H. . . . .	29	I		" , intercurrent . . . . .	" . . . . .	Feb. 6	I				" . . . . .	No	
45	Miss A. T. . . . .	23	I	I	" , " . . . . .	" . . . . .	Feb. 10	I				" . . . . .	No	There was an indirect inguinal hernia, which was operated on from the abdominal side.
46	Mr. W. B. . . . .	40	I		" , " . . . . .	" . . . . .	Mar. 10	I				" . . . . .	No	
47	Mrs. D. B. . . . .	52	I	I	" , " . . . . .	" . . . . .	Mar. 11	I				" . . . . .	No	
48	Mr. H. . . . .	10	I		" , suppurative . . . . .	" . . . . .	Mar. 12	I				" . . . . .	Yes	
49	Miss E. A. . . . .	23	I	I	" , acute . . . . .	" . . . . .	Mar. 17	I				" . . . . .	No	

49	Miss E. A.	23	I	I	"	acute	"	"	Mar. 17	I	"	No	
50	— M. H.	7	I	"	"	suppurative	"	"	Mar. 25	I	Chloroform	Yes	
51	Mr. W. T.	33	I	"	"	acute	"	"	Mar. 27	I	Ether	No	
52	Miss A. T.	20	I	"	"	"	"	"	Mar. 27	I	"	No	
53	Mr. R. H. S.	26	I	I	"	suppurative	"	"	Apr. 17	I	"	Yes	
54	Mr. C. W. D.	20	I	I	"	"	"	"	May 6	I	"	Yes	
55	Mrs. G. W. L.	26	I	I	"	intercurrent	"	"	May 8	I	"	No	
56	Mrs. F. W. H.	39	I	I	"	"	"	"	Apr. 29	I	"	No	Cystic right ovary.
57	Mrs. W. R. S.	30	I	I	"	"	"	"	Sept. 9	I	"	No	
58	Miss F. Moyse.	18	I	I	"	"	"	"	Oct. 4	I	"	No	
59	Mrs. A. W. E.	28	I	I	"	"	"	"	Nov. 22	I	"	No	
60	Miss M. C.	25	I	"	"	suppurative	"	"	Nov. 27	I	"	Yes	Died June 2, 1898, from tuberculosis of abdominal organs and lungs.
61	Miss M. D.	26	I	"	"	intercurrent	"	"	Nov. 30	I	"	No	
62	Mrs. C. S.	40	I	"	"	"	"	"	Dec. 28	I	"	No	
						"	"	"	1898				
63	Mr. W. W. B.	17	I	I	"	"	"	"	Jan. 6	I	"	No	
64	Mrs. F. E. D.	28	I	I	"	acute	"	"	Jan. 6	I	"	No	
65	Mr. W. D. Q.	34	I	"	"	"	"	"	Jan. —	I	"	No	
66	Mr. I. M.	38	I	"	"	"	"	"	Jan. 15	I	"	No	
67	Mr. J. T. T.	23	I	I	"	intercurrent	"	"	Jan. 16	I	"	No	
68	Miss K. L.	27	I	I	"	"	"	"	Jan. 18	I	"	No	
69	Mr. J. F. S.	29	I	"	"	acute	"	"	Jan. 19	I	"	No	
70	Mr. W. D. M.	60	I	I	"	suppurative	Abdominal section	"	Jan. 20	I	"	Yes	Appendix not removed.
71	Mrs. A. A. H.	40	I	"	"	intercurrent	Appendicectomy	"	Jan. 21	I	"	No	
72	Mr. D. McC.	1 1/2	I	"	"	acute; indirect inguinal hernia	"	"	Jan. 22	I	Chloroform	No	An enormous appendix was prolapsed into the sack of a congenital hernia and had become incarcerated therein. A very acute case.
73	Miss J. M. C.	27	I	"	"	"	"	"	Jan. 28	I	Ether	No	
74	Mr. G. Q.	—	I	"	"	intercurrent	"	"	Feb. 3	I	"	No	
75	Mrs. C. L. G.	30	I	I	"	acute; salpingitis and cystic ovaries	"	"	Feb. 9	I	"	No	" ; tubo-ovariectomy, double.
76	Miss S.	25	I	I	"	intercurrent	"	"	Feb. 12	I	"	No	
77	Mrs. I. T.	42	I	"	"	acute; fibromata uteri	"	"	Feb. 16	I	"	No	" ; abdominal hysterectomy.
78	Mr. F. H.	40	I	I	"	suppurative	"	"	Feb. 16	I	"	Yes	A bad case. Abdomen reopened 48 hours after first operation and freer drainage established.
79	Mr. E. B. R.	46	I	I	"	"	"	"	Feb. 16	I	"	Yes	
80	Mr. H. M.	9	I	"	"	"	"	"	Feb. 17	I	"	Yes	
81	Mr. G. M.	14	I	"	"	intercurrent	"	"	Feb. 26	I	Ether and Chloroform	No	
82	Mrs. G.	—	I	"	"	acute	"	"	Mar. 2	I	Ether	No	
83	Mrs. C. E. L.	53	I	"	"	intercurrent	"	"	Mar. 3	I	"	No	
84	Mr. K.	9	I	"	"	acute	"	"	Mar. 12	I	Chloroform	No	
85	Miss I. W. B.	24	I	I	"	"	"	"	Mar. 16	I	Ether	No	
86	Mrs. J. H.	35	I	"	"	intercurrent	"	"	Mar. 16	I	"	No	
87	Miss L. D.	21	I	"	"	"	"	"	Mar. 19	I	"	No	
88	Mrs. L. M.	52	I	"	"	acute	"	"	Mar. 21	I	"	No	
89	Dr. H. W. M.	28	I	"	"	intercurrent	"	"	Mar. 22	I	"	No	
90	Mr. J. P.	44	I	"	"	"	"	"	Mar. 23	I	"	No	
91	Mrs. S. R.	28	I	"	"	suppurative	"	"	Mar. 23	I	"	Yes	
92	Mrs. C. L. M.	40	I	I	"	intercurrent; salpingitis, left	"	"	Mar. 24	I	"	No	Salpingitis with an enlarged and cystic ovary on left side.
93	Mrs. L.	27	I	"	"	"	"	"	Mar. 26	I	"	No	A pus tube on the left side.
94	Miss K. B.	12	I	I	"	acute	"	"	Mar. 27	I	"	No	The cæcum was prolapsed through a fistula following two previous operations for suppurative appendicitis. The appendix had been left. Acutely inflamed appendix removed, opening in bowel closed, old scar in abdominal wall resected, and the abdomen closed. Primary union throughout.
95	Miss A. B.	24	I	"	"	"	"	"	Mar. 31	I	"	No	
96	Mrs. A. S. A.	28	I	I	"	intercurrent	"	"	Apr. 28	I	"	No	
97	Miss C. F. B.	13	I	"	"	"	"	"	May 10	I	"	No	
98	Mr. H. L.	15	I	"	"	acute	"	"	May 16	I	"	No	
99	Mrs. S. R.	28	I	I	"	" ; cholelithiasis	"	"	May 23	I	"	No	Beginning gangrene of appendix. Cyst of gall bladder from which 136 stones were removed.
100	Mr. H. S.	22	I	"	"	acute	"	"	May 29	I	"	No	
101	Miss A. N.	30	I	I	"	"	"	"	May 31	I	"	No	
102	Mrs. P.	55	I	"	"	"	"	"	June 7	I	"	No	
103	Mrs. M.	36	I	I	"	intercurrent; umbilical hernia	"	"	June 10	I	"	No	" ; herniotomy.
104	Dr. H. A. R.	26	I	I	"	intercurrent	"	"	June 15	I	"	No	
105	Mr. E. E. A.	33	I	"	"	"	"	"	June 16	I	"	No	
106	Mrs. S. K.	45	I	"	"	"	"	"	June 24	I	"	No	
107	Mr. E. S. B.	24	I	"	"	"	"	"	July 13	I	"	No	
108	Miss A.	22	I	I	Adhesions of cæcum	Abdominal section	"	"	July 18	I	"	No	Excruciating and incapacitating pain in and about cicatrix of former appendicectomy led to exploration. Dense adhesions were found and were resected, resulting in entire relief.
109	Mr. H. M. S.	26	I	I	Appendicitis, intercurrent	Appendicectomy	"	"	Aug. 2	I	"	No	
110	Mr. E. P. C.	46	I	I	"	"	"	"	Aug. 19	I	"	No	
111	Mr. E. B., Jr.	17	I	"	"	suppurative	Abdominal section	"	Aug. 19	I	"	Yes	Appendix not removed.
112	Mrs. M. E. H.	39	I	I	"	right tubal pregnancy, ruptured	Appendicectomy ; tubo-ovariectomy	"	Sept. 9	I	"	No	



In any event an operation would have been necessary in two or three days to evacuate pus, and we should have had a slow and tedious recovery at best. By attacking it when we did, no difficulty was experienced in removing the whole appendix intact and securing primary closure, with the result that the temperature was normal the next morning and all acute symptoms had disappeared. Convalescence was immediate and uneventful. It is a rule not alone with me but with several others of the staff at the hospital to operate upon such cases immediately upon receiving them, and every time we do this our judgment is confirmed and we are the more eager to so treat the next case.

Attention is called to the fact that in the accompanying list of cases all the fatalities were in those in which pus was present. In all those which were taken during the interval or in the midst of an acute attack but before pus had formed, no death occurred. In this latter class convalescence is simple and rapid, the patient being frequently discharged in two weeks, and usually able to attend to ordinary duties within the month.

---

## THE RE-ESTABLISHMENT OF NORMAL INTESTINAL DIGESTION AN IMPORTANT FACTOR IN THE TREATMENT OF NEURASTHENIA.

BY JAMES F. BOTHFELD, M.D., NEWTON, MASS.

Since the reading of a brief paper on "The Mucous Colitis of Neurasthenia," a year ago, and its publication in the September, 1897, number of the *NEW ENGLAND MEDICAL GAZETTE*, I have received so many inquiries and communications from other physicians on this subject that it occurred to me that another short note on a similar topic might not be out of place.

A year ago my effort was to call attention to the frequent association of a mucous colitis with the neurasthenic state. No claim of priority of observation on this "pseudo-membranous enteritis" was intended, only its unusually frequent asso-

ciation with "nervous prostration" was urged, a fact which text-books on nervous diseases had heretofore failed to notice. Dr. R. Ludlam, of Chicago, kindly called my attention to an article on "Mucous Colitis," by Dr. E. Monod, published in the *Annales de la Polyclinique de Bordeaux*, but as that article simply demonstrated the occurrence of this condition in gynæcological diseases, it had no particular bearing on my former paper. More recently, Dana, in the fourth edition of his work on Nervous Diseases, has taken up the subject, and in less than a page reviews our present knowledge of it, closing with the statement that "mucous enteritis sometimes occurs in persons who are profoundly asthenic without any decided neurasthenia, yet, in the great majority of cases, it is a symptom of neurasthenia, and can be successfully treated only on such a basis."

In a case of neurasthenia with marked intestinal indigestion it is certainly an unsettled question to what extent the nervous symptoms are caused by improper absorption and metabolism, by autotoxæmia, etc. Many cases of nervous exhaustion are preceded by long periods of digestive disturbances, and I have repeatedly observed long-standing cases of neurasthenia markedly improve when a successful effort had been made to improve digestion. The intestines are usually more at fault than the stomach, and I claim that along with the "rest treatment" our chief aim should be the reëstablishment of the entire intestinal function.

Although the intestinal indigestion is probably the result of the weak nerve centres rather than the cause of such weakness, the two often act in such a vicious circle that our attention should be directed to the increased nourishing of our patient through the bettering of intestinal absorption. The matter of autotoxæmia and absorption of toxines in the intestinal tract in neurasthenia is still so problematical as a causative factor, and the treatment based on the supposition of such infection — the use of cholagogues, intestinal antiseptics, etc. — has proved so ineffective, that we will pass over this part of our subject and consider what can be done to better facilitate intestinal digestion. The chief symptoms



of many neurasthenics are attributable to intestinal indigestion, they are sufferers from what they call "nervous dyspepsia." The tongue is coated, they have various feelings of distress, distention, or abdominal pain, often coming on some hours after eating; they are usually constipated, sometimes with an alternating diarrhoea; they have very poor appetites, and have gradually left off articles of food which they thought disagreed, until their diet has become much restricted, and what they do eat is but imperfectly digested, a considerable proportion of the nutriment passing away in the feces. Consequently there has been a steady loss of weight and a noticeable softening and a growing flabbiness of their muscular tissue. Such patients should be put to bed under the care of a trained nurse of sufficient strength of character and force of will to get the patient completely under her subjection so that the dietary measures will be strictly carried out.

If there is any evidence of colitis or an obstinate constipation it is my custom to have daily colon flushings of normal salt solution, given with the "high" tube and in quantities according to the sensations of the patient, usually from one to four quarts, at about 100° F. In the beginning the diet should be chiefly nitrogenous, meats, fish, eggs, milk; the nourishment coming at intervals of about three hours during the day, but only three regular meals; at the extra times egg-nogs, raw eggs, or hot milk.

The patient will usually rebel at the very start; she will say that she cannot possibly take so much food, that she will suffer from indigestion intensely. If you have the right nurse and can acquire the proper mental influence over your patient, you will soon convince her to the contrary. As the digestive functions are really weakened to a considerable extent, a temporary aid to digestion is often of benefit, and I have employed Taka-Diastase for this purpose with very satisfactory results. Taka-Diastase was suggested to me by Dr. N. Emmons Paine in consultation over an aggravated case of neurasthenia with marked mucous colitis. This digestant was then not generally known, but it proved so

serviceable in this case that I was led to experiment with it in many others, and at last came to look upon it as almost indispensable. I have found that when using Taka-Diastase, food could be taken in greater abundance, farinaceous foods could be added to the diet almost with impunity; that the patients complained less and less of their dyspeptic symptoms, and that assimilation was undoubtedly increased. Not only this, but often after using the Diastase for a month or two with a liberal diet, the patient's general condition became so much improved that she was able to carry on digestion unaided when the Taka-Diastase was stopped. I adopted the use of this substance when our former digestive ferments were passing into disfavor, and was, to say the least, sceptical of the new one; but I soon became convinced of its real value, especially in these neurasthenic cases. Taka-Diastase not only was of decided aid in amylaceous digestion, but was also of assistance in the digestion of proteids. Besides its immediate chemical action in helping digestion, it seemed either to stimulate more or less permanently the intestinal tract to more vigorous action, or it had allowed of such improved nutrition that the normal functions of digestion became established. Whichever was the case, it was possible to soon discontinue the Taka-Diastase, and the patient continued to digest her food with but little if any discomfort.

To recapitulate, I have found the following of most service in reëstablishing digestion in neurasthenics: rest, special feeding, colon flushings, and Taka-Diastase; but to these I would also add two others which the scope of this paper will not permit my discussing—abdominal massage and the properly indicated homœopathic remedy. Of the latter I must say this much, that more success has followed when the remedy has been selected according to the general nervous symptoms of the patient, than when its selection was based chiefly on the digestive abnormalities.

**A CASE. PUERPERAL SEPTICÆMIA.**

BY STELLA MANNING PERKINS, M.D., LYNN, MASS.

This case which I present is one where the physician is liable to be led into serious error by the false statements of the patient.

On Thursday afternoon, November 4, 1897, I received an order to call on Mrs. F., the messenger saying she had a bad diarrhœa, and would like to have me come as soon as office hours were over. This I did, and found the patient, a stranger, apparently very ill. She was in bed, pale, thin, anæmic in appearance, and very nervous.

As I came into the room she vomited a little brandy and water which she had just taken. By inquiry I found she had been unable to retain anything on the stomach that day, and had had several loose movements of the bowels during the previous night. Since noon the bowels had averaged to move once an hour. Pulse, 130. Temperature, 103.2°.

The bowels showed slight tenderness on pressure over the region of the uterus. Questioning her in regard to her menstruation, she said she was all right, had just recovered from her period when this sickness began, a week before.

Feeling that there must be some uterine disturbance, I inquired again about the last period, whether she had pain, flowed as much or more than usual, passed clots, etc. To this she said she had some pain, not much, flowed as usual, had no clots, since that time had noticed some leucorrhœa.

I prescribed bell. and arsen. and said I would call in the morning.

November 5. Called early. Patient had slept some. Pulse, 120. Temperature, 101.6°. Vomiting had ceased.

Anxious husband wanted to know what I thought of the case. I said she was very sick, and had all the appearance of septic poisoning. Tried to get some history of the case from him. He said she had not miscarried, and that the diarrhœa must be due to something she had eaten. In the course of conversation he remarked that it was just two

weeks the day before since she was taken sick. This did not correspond with the previous statement of Mrs. F., who told me when I called first that she had been sick a week.

After cleansing the genital tract and using a carbolyzed douche, I made a uterine examination. The os was quite firmly closed, causing some difficulty in passing the sound. The uterus was slightly enlarged, sensitive to touch, and apparently empty.

I now felt sure this was the seat of the trouble. The general appearance of the patient, the conflicting statements as to how long she had been ill, the positive denial of the possibility of miscarriage in the presence of conditions indicating that it had occurred, convinced me that it was a case of puerperal septicæmia.

She had a very competent nurse, and I ordered a carbolyzed douche every six hours, and a close watch for any shreds or fragments of placental tissue. Continued bell. and arsen. Gave diet of malted milk and port wine. When I called that night she complained of the wine burning in her stomach, and was obliged to give up taking it.

The stomach being still unable to tolerate any stimulant, I ordered panopepton and iced milk, which were well borne. Pulse, 120, A.M., 128, P.M. Temperature, 102.6°, A.M., 102°, P.M.

Saturday, November 6. Patient more comfortable. The douches were continued through the day every six hours. Condition of patient unchanged.

Sunday and Monday the pulse ranged from 118 to 124. Temperature, 102.4° to 102.9°.

Monday evening she had slight pain in the uterus, relieved by the douche.

On Tuesday morning the nurse showed me some shreds of placenta, which had washed out the evening before. Believing there might be more where this came from, I determined to dilate, and remove if any were found.

Dr. Varney was called and gave the ether. The internal os was quite firmly closed, but yielded to Palmer's dilator. On removing the dilator, the cervix contracted, internal os closing so that nothing larger than a sound would pass.

After dilating several times and being unable to insert the finger, I inserted a small, dull spoon curette, and removed altogether something more than a teaspoonful of detritus. After this the uterine cavity was thoroughly douched with hydrogen dioxide.

Wednesday morning the temperature rose to 102.5°. Pulse, 132. There was increased tenderness over the region of the uterus, chills, and pain in the right iliac region. Prescribed chin. ars. 2 x and bell. 3 x.

The next three days showed marked metritis, abdominal distention, circumscribed peritonitis, with pelvic exudate. Uterus fixed and immovable. Applied thin flaxseed poultices to abdomen, covering them with oiled silk. These afforded some comfort. The diarrhœa, which had abated, now returned.

On Sunday morning the temperature was 103.5°, pulse, 130 and weak. The case looked very unpromising. Dr. George R. Southwick was called in consultation. After examining the case he said the patient could be more suitably treated in a hospital than at home.

There being no homœopathic hospital nearer than Boston, and she being too ill to be carried there, we resolved to do the best we could under the circumstances.

He advised the application of the cold coil to the abdomen, champagne every twenty minutes, two teaspoonfuls. Rhus. and arsen. internally. To assist in controlling the diarrhœa a gruel made from grated flour ball was ordered.

It being Sunday there was some delay in securing a sufficient quantity of small rubber tubing for our purpose. By nine o'clock in the evening the coil was in working order.

The pipe was attached to the cold-water faucet in the bathroom, carried across the hall to her chamber, made an oval coil well covering the abdomen, and returning to the bathroom emptied into the bath tub.

Two thicknesses of cotton cloth were placed under the coil, and a hot-water bag at her feet, and the water turned on.

With the exception of fifteen minutes, when the coupling of the pipes gave out, this coil of cold running water was

applied continuously for twenty-six hours. At the end of the first hour she experienced great relief, and fell asleep.

She was carefully watched, and her temperature taken frequently. The coil was to be removed when the temperature reached normal, but by some oversight it stayed on until one degree sub-normal was reached. On removal the temperature rose to 101°, and the coil was replaced.

During the next twenty-four hours the coil was applied twenty minutes out of each hour. From that time the patient improved, but the coil was used more or less each day during the following week. As soon as the temperature was reduced, the appetite improved, diarrhoea abated, and the patient began to rally. The champagne was continued with lengthening intervals during the following two weeks. A highly nourishing diet was given. By degrees the tenderness disappeared from the bowels. The exudate slowly absorbed. On this account the patient was kept in the recumbent position after her general strength would have allowed her to sit up.

On December 5 menstruation appeared, accompanied by pain in the right iliac region. At this time also occurred a mild attack of pleurisy, lasting only a few days.

From this time convalescence was rapid and satisfactory. On January 10 menstruation appeared again. At this time the patient was moving about doing some light housework. During this period the same pain appeared in the right iliac region, and later examination showed the right ovary and tube bound by adhesions. Otherwise than this, she had fully recovered.

Toward the last of January she went away from the coast for two weeks. On her return she said she had never felt so well in her life.

---

A REMEDY FOR VOMITING. — Deying and Bricemaret have found that a tincture of Iceland moss (one part of moss to five of eighty per cent alcohol) was markedly efficacious in arresting vomiting in numerous cases in which emesis resulted from various morbid states. The dose given was from thirty to fifty drops. — *Atlantic Medical Monthly.*

## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

---

## STRENGTH OF TINCTURES.

At the semi-annual meeting of the Massachusetts Homœopathic Medical Society on October 12, Dr. J. Wilkinson Clapp read a most interesting paper on "The Comparative Strength of Tinctures."

The claim has been made by some that the tinctures made according to the Pharmacopeia of the American Institute are less strong than by the methods of some other pharmacopeias which claim to follow Hahnemann's methods more nearly. Dr. Clapp conclusively shows that such is not the case, but that not only does the method of the new Pharmacopeia give a uniform strength, so that the physician can always tell just what proportion of the crude drug he is prescribing, but that it furnishes the greatest strength in the form of tincture of which the drug, in the majority of cases, is capable. This method moreover is in closer touch with the spirit of Hahnemann's teaching on the matter than any other. It is fully abreast of modern scientific teaching, and we at least have respect enough for the great founder of homœopathy to believe that were he alive to-day he would have made his tinctures by modern scientific methods and not by the best methods known a century ago.

It would seem evident that all this talk about old methods giving stronger tinctures is made either through ignorance or for business reasons.

Dr. Clapp's article was listened to with marked attention, and at the close of its reading the society passed the following unanimous vote: "*That the society indorse the Pharmacopeia of the American Institute of Homœopathy as the standard, and demand that henceforth preparations be made in accordance therewith.*"

EDITORIAL NOTES AND COMMENTS.

---

THE CHILDREN'S SEASIDE HOSPITAL. — We are pleased to learn from Dr. Carrol C. Burpee, of Malden, of the "Children's Seaside Hospital" during the past heated season.

This helpful charity was, we think, instigated by Dr. Burpee, and established and supported mainly through his efforts.

The officers of the charity are: Elisha S. Converse, president; Rev. Dr. Gordon, Alonzo Boothby, M.D., F. A. Hodgdon, M.D., Mrs. W. B. Whiting, vice-presidents; Carrol Colby Burpee, M.D., superintendent and attending physician.

A house was rented at Revere Beach, suitably furnished and opened for patients on July 5. There were received through nine weeks of the summer thirty-one patients, of whom but four died. The average time each patient was in the hospital was five weeks. Average cost per week per patient, \$2.22.

The matron and nurses, through the kindness of Dr. Boothby, were furnished from his hospital and training school without charge, so that the only paid employees were a cook and one servant. No charge is made for the care of any infant, all the cases being charitable ones and being sent in many cases from the dispensary clinics.

We feel that Dr. Burpee has given a great deal of time and strength and energy to this commendable charity. We congratulate him on the success of this first summer, and would urge the members of the profession to interest their friends and patrons to liberally contribute toward the support of this much-needed hospital and most praiseworthy undertaking.

---

AN OPEN LETTER. — We are in receipt of the following open letter addressed, "To the Homœopathic Profession and the Patrons of Homœopathy of the United States."

Its contents are self-explanatory: —



The last International Homœopathic Medical Congress, held in London in 1896, decided to erect a memorial tablet or statue over the remains of the late Dr. Samuel Hahnemann, and accordingly appointed a commission of five to solicit and collect funds for the same.

As the American representative of the Commission, appointed by that Congress, I hereby solicit such voluntary offerings as you desire to contribute toward this object, in memory of the illustrious founder of homœopathy.

The funds are now being contributed, and I would be glad to have all who feel inclined to aid in this matter send in their subscriptions at an early day, either to me, or direct to the Secretary, Dr. François Cartier, 18 Rue Vignon, Paris, France.

The adornment of the tomb will depend on the amount of cash received, and the Commission desires to proceed at once with the work, in order that it may be finished before the session of the next Homœopathic Medical Congress in Paris in 1900.

Fraternally and sincerely yours,

BUSHROD W. JAMES.

---

## SOCIETIES.

---

### **BOSTON HOMŒOPATHIC MEDICAL SOCIETY.**

The October meeting of the society was held at the College Building, East Concord Street, Thursday, October 6, 1898, at 8 P.M.; President John L. Coffin, M.D., in the chair.

The records of the last meeting were read by the Secretary, and approved.

The following physicians were recommended for membership: John A. Rockwell, M.D., Boston, and Everett Jones, M.D., Brookline.

Dr. N. R. Perkins exhibited an air-breathing mollusk of the snail family, removed from the stomach of a woman. Its length, at time of removal, was seven inches, but shrank to three inches in six hours. The patient complained of severe pain, which, at first, was attributed to her pregnant condition. This mollusk is prevalent in the woods of Dedham, but its presence in the stomach could not be accounted for.

## SECTION OF ELECTRO-THERAPEUTICS.

Frank C. Richardson, M.D., Chairman. M. E. Mosher, M.D., Secretary. Lucy C. Hill, M.D., Treasurer.

The following sectional officers were elected for the ensuing year: Chairman, Joseph Chase, Jr., M.D.; Secretary, George E. Percy, M.D.; Treasurer, Ida F. Barnes, M.D.

## PROGRAMME.

1. Would not Hahnemann Have Done This? Sara N. Merrick, M.D.
2. Electrical Treatment of Neurasthenia. Clara E. Gary, M.D.
3. Supplementary Report on Treatment of Sclerosis by the Galvanic Current. Frank C. Richardson, M.D.
4. Electricity in Infantile Paralysis. Edward P. Colby, M.D.

1. The first paper, entitled "Would not Hahnemann Have Done This?" was read by Sara N. Merrick, M.D., of Boston.

Dr. Merrick called attention to the progress that has been made in local and other remedial agents since Hahnemann's day, and believed that if he were alive at the present time he would undoubtedly make use of some of the new discoveries which have proven beneficial, and not rely wholly upon the indicated remedy.

2. As Dr. Clara E. Gary was detained at home on account of severe illness in her family, her paper, on "Static Electricity in Neurasthenia," was read by the chairman of the section, Dr. Frank C. Richardson.

Dr. Gary cited two cases of diseases of the skin treated by her, which yielded readily to static electricity. In closing, she called attention to the symptoms in the second case, which preceded the neurasthenic condition, and raised the question whether it was a simple case of pemphigus or not.

Dr. Coffin, when called upon to discuss the paper, said: "It would be rather difficult to answer the last question with any degree of certainty. From the data given, I should say it was not a case of pemphigus. I doubt very much if the first case was eczema; it was too acute, too extensive. I

also understand that the eruption was preceded by itching all over the body, which is not usually the case. I think that it was probably a case of dermatitis herpetiformis. This is a disease which is comparatively rare, and which is almost invariably preceded by intense itching, and by a lesion which is apt to be multiform. These lesions may occur in one attack, or may succeed each other. It is very intractable, and the patient suffers from it for a long period."

3. "Electricity in Infantile Paralysis" was read by Dr. Edward P. Colby.

Dr. Merrick, in discussing the paper, said in part: "I am glad to add my testimony to what Dr. Colby has said. I had a case of a child three years of age, who lost the use of his left side twelve months previous to my first visit. The face was drawn, and the eye turned outward. When treatment was commenced he could only move about by dragging himself along, but could not use the left arm. After six months of electrical treatment he could use his arm and walk."

Dr. Richardson called attention to a point in Dr. Colby's paper which he considered of importance, that of regulating the strength of the current by selecting a current which is strong enough to cause a gentle action when applied to a nerve supposed to be healthy.

Dr. Johnson: How soon after the occurrence of lesion would you begin treatment?

Dr. Colby: Any time after, but I think to apply electricity too early in the case would be sending an impulse through the diseased parts that would act as an irritant, rather than be curative.

4. Dr. Frank C. Richardson next read his very interesting paper entitled "Supplementary Report on Treatment of Sclerosis by the Galvanic Current."

Dr. Colby, in discussing the paper, said: "I think that the report you have made this evening about these cases should impress on our minds that we must revise our former opinions in regard to some of the degenerative sclerosed centres. At one time it was considered impossible, except in very rare exceptions, that a case of degenerative disease of this order

could be improved. Naturally, we give at once an unfavorable opinion, but the patient should have the benefit of the doubt, and working on this doubt, many of these cases can be relieved. Electricity gives the greatest hope of any one thing that can be used by us for the treatment of such cases.

“Another important point made by the writer, which I believe is correct, is the comparative hopelessness of post-syphilitic cases. Cases which have not a previous syphilitic history are more hopeful. In many instances these degenerative diseases, especially those mentioned here this evening, are post-syphilitic, but I shall have something to say upon this subject at another time and place. Syphilis disturbs and disintegrates the nervous system, so we cannot expect the same results as in those that originate from other causes.”

Dr. Coffin : I have nothing to add to this, except to express my interest in the report, and the improvement shown in these cases.

Dr. Paine : I wish to thank the writer for his very interesting paper, and the very encouraging feeling it gives us in treating these cases.

Dr. Barnes : I have a very interesting case of a lady, who suffers pain in her left arm, sometimes she has been hardly free from annoying pain. She had tried every other means, and when she came to me for treatment I suggested galvanic electricity, without great hope of success. I found there was little reaction in the muscles of her arm ; a slight contraction in left arm, thumb and forefinger numb. Did not trust herself to raise any weight, or pass anything at the table. I gave galvanic treatment, and found three or four very sensitive points in the spinal region. She was treated three times a week for four months. In the winter the pain was in the arm, but in summer the spine was affected. She reports the past summer as the most comfortable one she has had for some time. She can now use the left arm, goes shopping, and gets about quite comfortably. Would you advise me to continue the treatment ?

Dr. Colby: I say, go ahead. I presume this may have been a case of brachial neuritis.

Dr. C. C. Burpee, of Malden, gave a brief report of the work done at the children's hospital at Revere Beach during the past summer, and asked the coöperation of the society that the work may be continued next year.

The meeting adjourned at 9.20.

FRANK E. ALLARD,  
*General Secretary.*

---

### GLEANINGS AND TRANSLATIONS.

---

TREATMENT OF CATARRHAL OTITIS MEDIA.— In the simple catarrhal otitis media the disease is often aborted by an early paracentesis of the membrana tympani, preceded and followed by antiseptic precautions in the external canal. Should the disease be well established, the drum membrane bulging and no discharge present, paracentesis should be done at once. This relieves the pain by allowing the pent-up discharges to escape. Following this any mild antiseptic wash may be used sufficiently often to keep the canal thoroughly clean. Should the pain recur it is probable that the opening in the drum membrane has become closed and should be looked after and reopened if necessary. The application to the mastoid of ice or cold water, by means of the Leiter coil, is grateful and curative. I am sure I need not say that the general condition of the patient should be looked after and treated as indicated.

In the purulent inflammation the foregoing treatment is to be carried out so far as the paracentesis is concerned, yet more active measures are necessary in keeping up a local antiseptis. Here the ice applications over the mastoid are very valuable. It is difficult in private practice to carry out the ice applications as they should be, on account of the general prejudice against cold. Next in value are very hot — not warm, but very hot — fomentations made over the mastoid and temporal region.— *Dr. E. P. Morrow, in the Atlantic Medical Weekly.*

COMMON SENSE IN THE USE OF ANTISEPTICS. — The following incident came to the knowledge of the writer recently, and as it is a matter of common occurrence I will relate it : —

A lady was about to have a laporatomy done at a prominent hospital ; the surgeon was a young man and a good surgeon, and of course was well up in the use of antiseptics. The patient had been well prepared on the morning of the operation, and had been given the anæsthetic, and was thoroughly under its influence. It was time for the operation to begin, and yet the surgeon spent twenty minutes with a stiff brush scouring the abdomen until it bled, and then took ten minutes more to sterilize his hands, thus consuming thirty minutes' time which should have been given to the patient. This is more than wrong, for this thirty minutes belonged to the patient, and should have been given to her ; and this thirty minutes in a critical operation might have turned the scale against the patient. I like the plan which I have carried out in the hospital under my charge, and it consists of having all the cleansing done on the morning of the operation, a sterilized pad applied, which the nurse removes when the surgeon takes up his knife. And the surgeon must be ready to operate the moment the patient is under the anæsthetic, for we believe that every moment saved to the patient is of direct influence upon the after effects of the operation. Antisepsis is the greatest boon yet given to the surgeon, and it behooves us to use it and not abuse it, and the best capital the surgeon or physician can have is an educated common sense. — *Dr. Frank Blaisdell, in the Charlotte Medical Journal.*

TUMORS OF THE BREAST. — As family physicians and surgeons, the diagnosis of these tumors will of necessity claim our attention. In this we cannot be too careful or painstaking ; we cannot exercise any too great judgment, or neglect to use all the skill we possess, else we shall be guilty of gross negligence and perhaps in many cases deprive our patient of a good prospect of cure, by sending her away saying to her : “ It is not of much account. I think it will disappear ; in case it continue to trouble you, come in again and I will see

about it." Who of us has not heard this said, or perhaps said something similar to a patient who came to us for consultation, having all the faith and confidence in our individual skill and judgment, in all things and upon all points, such as only women have? This kind of practice cannot be too severely condemned. If you are in doubt, do not hesitate to say so, and call in some one of more experience to see the case with you. These patients neglected or wrongly advised by the family attendant and confidential friend are quite liable to drift into the clutches of ignorant pretenders and charlatans, whose only knowledge of medicine and the treatment of this disease consists of their ability to compound certain drugs so as to form a plaster which, when applied, will cause a mass of tumor tissue to slough and come away, many times deluding the patient into the belief of permanent cure. It is high time that we earnestly take hold of this, and see to it that we bestir ourselves and take these cases out of the hands of unscrupulous, designing, and ignorant pretenders and restore them to their proper place in the hands of the regular profession.—*Dr. J. A. Harvard, in the Medical Times.*

OBSTETRICAL PROPHECYING.—(1) Whether a woman desires to have children or not, it is wrong for the physician to tell her that such a result is impossible. (2) Nature has thrown such safeguards about the fœtus in utero and has so many resources which tend to its safety, that the most unpromising cases will often be carried to term, especially if we do not discourage the patient beforehand, or despair of a good result ourselves. (3) Since premature delivery, the Cæsarean section, Porro's operation and symphysiotomy under anæsthesia have taken the place of the horrible old obstetric operations that murdered the child and mutilated the mother, the doctor and the nurse, and everybody who is interested in a pregnant woman, should cheerfully and joyfully encourage her to hope for a safe and speedy delivery when the time arrives. (4) An intelligent patient can be made to understand that the resources of aseptic midwifery

are almost always sufficient to ward off the threatened dangers of the lying-in. The statistics that will prove most conclusively the remarkable exemption from puerperal disorders under the newer methods of treatment as compared with the old are available, and should be familiar to all who engage in the practice of obstetrics. These facts should not only keep the doctors from prophesying evil for their patients, but should dispel the fear and the apprehension of the patient herself.—*Dr. C. S. Stettler, in the Clinique.*

A SIMPLE TONIC. — An English weekly journal is responsible for the following anecdote: A Birmingham physician has had an amusing experience. The other day a somewhat distracted mother brought her daughter to see him. The girl was suffering from what is known among people as “general lowness.” There was nothing much the matter with her, but she was pale and listless, and did not care about eating or doing anything. The doctor, after due consultation, prescribed for her a glass of claret three times a day with her meals. The mother was somewhat deaf, but apparently heard all he said, and bore off her daughter, determined to carry out the prescription to the very letter. In ten days’ time they were back again, and the girl looked quite a different creature. She was rosy-cheeked, smiling, and the picture of health. The doctor congratulated himself upon the keen insight he had displayed in his diagnosis of the case. “I am glad to see that your daughter is so much better,” he said. “Yes,” exclaimed the excited and grateful mother; “thanks to you, doctor! She has had just what you ordered. She has eaten carrots three times a day since we were here, and sometimes oftener — and once or twice uncooked — and now look at her!” — *Medical Record.*

TEMPERANCE A PHYSIOLOGICAL NECESSITY. — Prof. D. S. Jordan, in *Popular Science Monthly*, says: The influence of all drugs which affect the nervous system must be in the direction of disintegration. The healthy mind stands in clear and normal relations with nature. It feels pain as pain. It feels action as pleasure. The drug which conceals pain or



gives false pleasure when pleasure does not exist, forces a lie upon the nervous system. The drug which disposes to reverie rather than to work, which makes us feel well when we are not well, destroys the sanity of life. All stimulants, narcotics, tonics which affect the nervous system in whatever way, reduce the truthfulness of sensation, thought, and action. Toward insanity all such influences lead; and their effect, slight though it be, is of the same nature as mania. The man who would see clearly, think truthfully, and act effectively must avoid them all. Emergency aside, he can not safely force upon his nervous system even the smallest falsehood. And here lies the one great unanswerable argument for total abstinence; not abstinence from alcohol alone, but from all nerve poisons and emotional excesses.

A SIMPLE TEST FOR THE PURITY OF WATER. — The *Massachusetts Medical Journal* for May quotes from *Health*, for persons who cannot command chemical analysis, the following simple tests for the purity of water: —

Fill a bottle made of colorless glass with the water; look through the water at some black object; the water should then appear perfectly colorless and free from suspended matter. A muddy or turbid appearance would indicate the presence of soluble organic matter, or of soluble matter in suspension. It should be "clear as crystal."

Empty out some of the water, leaving the bottle half full; cork up the bottle and place it for a few hours in a warm place; shake up the water, remove the cork, and critically smell the air contained in the bottle. If it has any smell, and especially if the odor is in the least repulsive, the water should be rejected for domestic use. By heating the water to boiling, an odor is sometimes evolved that otherwise would not appear.

Pure water should be tasteless and remain so after being warmed. It should also be odorless; but, since the delicacy of smell and taste varies greatly, sanitarians attach special importance to Heisch's test for sewage contamination or the presence of putrescible organic matter. A clean pint

bottle is filled three fourths full of the water to be tested, and in the water is dissolved a teaspoonful of the purest sugar — loaf or granulated sugar will answer; the bottle is then corked and kept in a warm place for two days. If in from twenty-four to forty-eight hours the water becomes cloudy or muddy, it is unfit for domestic use. If it remains perfectly clear, it is probably safe to use. — *New York Medical Journal.*

HOW TO PRESCRIBE. — According to the *North American Practitioner* medicines that should not be prescribed in powders can be classified into (1) those that absorb moisture readily from the air; (2) those which form a fluid in combination with other substances; and (3) those that are decomposed by the oxygen of the air and change color. In the first class belong the acid phosphates and their derivatives, the phosphoglycerates. These salts put up in powders liquefy in twenty-four hours; also sodium bromide, which is extremely deliquescent; crystallized calcium chloride; strontium chloride; ammoniac citrate of iron and ferricopotassic tartrate; piperazin and lysidin; chloral, dry vegetable extracts, and, in general, all products prepared by evaporation in a vacuum, especially desiccated peptones and extracts of animal organs. The second group includes the substances that alone are not affected by the air, but, combined, absorb moisture rapidly; such as antipyrine and sodium salicylate. The third group comprises the alkaline and ferroalkaline iodines and the aristols. A little trick that sometimes prevents trouble is to add a certain amount of liquorice powder or cinchona; also to keep the powders in an air-tight glass jar.

SHALL NEWBORN BABIES BE WASHED? — Schrader (*Berliner klinische Wochenschrift; Klinisch-therapeutische Wochenschrift*) has investigated the effects of bathing newborn children, in order to settle the point as to whether the healing of the stump of the cord is influenced by that process. The treatment of the stump was the same in all of the one hundred and fifty cases. It was dressed daily with sterile gauze

and dusted with a mixture of one part of salicylic acid and four parts of starch. The healing of the stump and its separation took place in a more satisfactory way in those children who had been bathed. Dry dressings for the stump were found to be much better than oily ones, the fat preventing the proper drying of the cord. The weight of the bathed children increased more rapidly than that of the others, and no cases of eye infection from the water used in bathing the children were noticed. — *New York Medical Journal*.

HEART DISEASE A RARE CAUSE OF DEATH. — During a recent scientific congress at Strasburg statistics were given of 66 persons who had died suddenly. A careful post-mortem examination in each case developed the fact that in only two cases had disease of the heart been the cause of death. Nine had died of apoplexy and 46 of lung affection, generally congestion, in which the lungs were so full of blood that function was lost. — *The Therapist*.

FEVER AND HIGH PULSE IN CHILDREN. — Graham (*Dun-  
glison's College and Clinical Record*, December, 1897) points out that a high pulse rate or a moderate amount of fever in an infant does not necessarily mean serious illness, unless kept up for some time. Slight causes are sufficient to produce marked circulatory and temperature disturbances. — *Medicine*.

SEASICKNESS. — Dr. H. M. Robertson, in a letter relating his experiences in Europe, mentions that he found ipecacuanha, 3 x dil., superior to all the reputed remedies for seasickness; and that on his voyage out it produced results which quite surprised the surgeon of the vessel. — *American Medical Monthly*.

RIGHT OF WAY FOR PHYSICIANS. — Bicycles belonging to physicians have the right of way in the streets of Augsburg, Germany. The bicycle carries a Red Cross shield, so that the rider's profession is known to all, and much good has already resulted from the custom, it is stated, in securing prompter assistance in accident emergencies. — *Medical Times*.

ENCOURAGING.— Alcohol consumption in the United States is on the decrease. Compared with 1888 the total consumption of alcohol in 1896 was one gallon per capita less. This indicates that 70,000,000 gallons of alcohol less were consumed in 1896 than in 1888. — *Medical Times.*

---

## REVIEWS AND NOTICES OF BOOKS.

---

ANNUAL AND ANALYTICAL CYCLOPEDIA OF PRACTICAL MEDICINE. By Charles E. de M. Sarjous, M.D., and one hundred associate editors. Illustrated with chromolithographs, engravings, and maps. Philadelphia: F. A. Davis Publishing Company. 1898. Price, cloth, \$5; half russia, \$6.

This work is designed as a supplement and successor to the "Sarjous Annual," with which we all have been so pleasantly and profitably acquainted for the past ten years. While the "Annual" was compiled from excerpts taken from current periodical literature, and was of inestimable value in enabling the busy man to keep somewhat abreast with the best current thought of the day, the scope of this work is much wider, combining, as its name implies, the features of an encyclopædia with the ready-reference idea of current thought. Accordingly under each subject is given a brief but clear and up-to-date description of the disease, comprising the definition, symptoms, varieties, etiology, pathology, diagnosis, and treatment, to which is added, under the title "Literature of 1896-97," abstracts from the writings of the men best versed in the subject, and the name of the journal from which the selection is taken, thus insuring easy reference to the original article if desired.

As the compilation of a work of this kind must necessarily cover a period of many months, the interregnum of publication is filled in by the issue of a monthly encyclopædia, in pamphlet form, arranged alphabetically, which presents the current literature in practical and convenient shape, until such time as the appearance of the larger volumes shall put such matter in more permanent form.

Volume I of the permanent work, covering the ground from Abdominal Injuries to Bright's Disease, inclusive, together with those of the monthly encyclopædias, enables us to form some opinion of the value of the work. We have no hesitancy in pronouncing it a success. The encyclopedic articles are brief but thorough, tersely

and concisely expressed, giving facts and omitting theories, supplemented with quotations from current periodical literature, giving name of author and of the publication, so that the original may be obtained if desired.

The charm of the work is that it is so practical. The busy man can get at the gist of the subject without having to wade through pages of dreary German theorizing or Yankee guesswork to find a little fact.

The make-up of the book is a monument of good work. The print is excellent, the illustrations, though not too many, are good, and, thank heaven, the paper is unglazed.

Altogether we think it would be difficult to furnish the profession with a more practical and serviceable book.

A CLINICAL TEXT-BOOK OF MEDICAL DIAGNOSIS FOR PHYSICIANS AND STUDENTS. By Oswald Vierordt, M.D., Professor of Medicine at the University of Heidelberg, etc. Authorized translation with additions by Francis H. Stuart, A.M., M.D. Fourth American edition from the fifth German revised and enlarged. With 194 Illustrations. Philadelphia: W. B. Saunders. 1898. pp. 603. Price, cloth, \$4 net; sheep or half morocco, \$5 net.

It is gratifying to find so eminent a man in the old school as Professor Vierordt insisting first, last, and always upon the truth, "we must *individualize* the case." Again he says: "The individual diagnosis can never be made at the study table, but only and always at the bedside. . . . A clinical diagnosis must always take into consideration the whole man. The clinician must never be satisfied with a diagnosis made with a microscope or a clinical reaction."

This is good sound sense and is the keynote of the book.

This last edition has been enlarged and altered in many places, more pertinent illustrations substituted for some of the old, fourteen new cuts added, and a thorough revision made of the pages on the examination of gastric digestion, and the examination of the nervous system.

We note a marked conservatism in the author's failure to include the application of the Röntgen rays among methods of diagnosis. Perhaps to the German mind this additional means of determining existing conditions is too recent, and its value not sufficiently proven for recommendation or indorsement.

The work comprises three parts, subdivided into eight chapters, and an appendix. Part I includes case-taking and a bird's-eye view

of the examination of patients both general and special. An excellent and exhaustive chart is presented.

Part II, on the general examination in detail, includes the attitude, posture, psychical condition of the patient, the temperature, pulse, appearance of the skin, etc.

Part III, on special diagnosis, occupies the body of the book and deals respectively with the examination of the respiratory, circulatory, digestive, and urinary apparatus and the nervous system. The appropriate normal topographical anatomy of organs is outlined in the beginning of each section. A short appendix gives a brief sketch of special methods of examining the larynx, the nose, and the ear, and summarizes the notable peculiarities of micro-organisms previously referred to.

The volume as a whole is supplied with an unusually copious index.

It is due to the publisher to comment upon the distinctively satisfactory way in which this and other medical works from his press appear as regards paper, type, binding, and make-up.

A CLINICAL TEXT-BOOK OF SURGICAL DIAGNOSIS AND TREATMENT FOR PRACTITIONERS AND STUDENTS OF SURGERY AND MEDICINE. By J. W. Macdonald, M.D. With 328 Illustrations. Philadelphia: W. B. Saunders. 1897. pp. 798. Price, cloth, \$5; half morocco, \$6.

It is fortunate for the present and coming practitioner of surgery that it is no longer considered necessary to crowd the leaves of a text-book with evidences of the author's erudite and encyclopedic knowledge, to the exclusion of the hard facts gained from personal experience which help one to manage a case in a practical and satisfactory manner. The chief charm of Dr. Macdonald's book is the clear and satisfactory and, with few exceptions, complete manner in which the different subjects are brought down to the present time. There are a few statements made in different sections of the work, of which those of us who believe in the principles of asepsis as opposed to antisepsis may not approve, but the general arrangement of the subjects and the excellence of the photographs and cuts, coupled with the clear, concise, and yet sufficiently voluminous text, would more than counterbalance an error made in connection with a question upon which the last word is yet to be said.

Special praise should be given the genito-urinary section, the writer seeming to have a fine grasp of the subject from a modern

standpoint. For general use it is difficult to recall a work which gives so much latter-day information in such a small number of pages.

Vaginal hysterectomy also has an honored place in the work, and the cut illustrating the structures of the pelvis and their relations, particularly that of the ureters and the neighboring organs, is, with one exception, the best, we think, which has come under our observation.

The space given to appendicitis is, considering the importance of the subject, deplorably small. It would be impossible for a student to gain sufficient knowledge from this presentation of the diagnosis and treatment of this common and often serious disease to be of much assistance in the management of a given case.

It is astonishing that the later works on surgery almost invariably ignore the treatment of the stump of the appendix by the purse-string suture, the dilatation and invagination of the portion left after most of the structure has been cut away, the firm tying of the purse-string so that all drainage is toward the cæcum, and the sewing over of the site of the appendix in such a manner as to render the entire area extra-peritoneal, and hence less liable to post-operative infection.

With this and a few other exceptions, the work almost defies criticism, and its many good points, particularly the up-to-date character of the text, make it a valuable contribution to modern American surgery, and put us largely in the author's debt. W. S.

THE OFFICE TREATMENT OF HEMORRHOIDS, FISTULA, ETC., WITHOUT OPERATION. By Charles B. Kelsey, A.M., M.D., late Professor of Surgery at the New York Post-Graduate Medical School and Hospital, etc. New York: E. R. Pelton. 1898. pp. 68.

A praiseworthy effort has been made in this monograph to emphasize the non-operative side of the surgeon's work, to show that approved methods of treatment may be substituted in many cases for operative measures where the patients are possessed of time and means and are desirous of escaping the knife.

In such a specialty as rectal work stress is laid upon the fact that few cases are uncomplicated by diseases of the urinary organs in men and the generative organs in women. A surgeon who takes up rectal work should fit himself to diagnosticate diseased conditions of pelvic organs other than the rectum, and treat the same intelligently.

A chapter is given to the abuse of the operation of colostomy. The author advises extirpation of the rectum instead of colostomy, except in far advanced cases of cancer.

A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers Da Costa, M.D. With 386 Illustrations. Philadelphia: W. B. Saunders. 1898. Price, cloth, \$4; half morocco, \$5 net.

This work is destined by the author to occupy a place in surgical literature between the exhaustive treatise and the compend, and well fulfils the aim intended. The surgical procedures are described tersely but explicitly, and are sufficiently and well illustrated; the chapter on diseases and injuries of bones and joints is especially to be commended in this respect.

It is most gratifying that chapters on ophthalmology and kindred special subjects have been omitted, and in our judgment it would have been wise to have included syphilis in the category of omissions.

The work is presented in forty chapters, the first seventeen being devoted mostly to general surgical subjects and the balance to the injuries and surgical treatment of regional portions of the body.

The make-up of the book leaves nothing to be desired.

ELEMENTS OF HISTOLOGY. By E. Klein, M.D., F.R.S. Revised and Enlarged Edition. With 296 Illustrations. Philadelphia and New York: Lea Brothers & Co. 1898. pp. 500. Price, cloth, \$2 net.

Seldom does one come in contact with a book which, in such moderate compass, deals so fully with the subject under consideration as does this volume.

The text is notably clear and concise, and while of necessity in a book of its size the descriptions of the various structures are brief, yet the practical and characteristic features of each are amply covered. The mere mention of the name of the publishers is sufficient guarantee of admirable mechanical preparation. The illustrations, of which there are nearly three hundred, merit especial praise in that they afford unusually typical pictures of the tissues of which they are the subject, and avoid the tendency too often manifest in like text-books of furnishing either sketches too diagrammatic on the one hand, or what might be termed impressionistic drawings as the other extreme.

Additions to the knowledge of histology since the last edition have been recognized by the revision and amplification of almost every chapter, and the addition of two new chapters which treat most fully of the Medulla Oblongata and Pons Varolii, and the Anatom-



ical Constitution and Nature of the Nervous System, respectively, thus bringing the work thoroughly abreast the requirements to-day exacted of handbooks of this nature. In short, this edition will be found a valuable guide for the student and a most serviceable reference book for the laboratory worker and practitioner. A. E. P. R.

DISEASES OF THE SKIN. Their Constitutional Nature and Cure. By J. Compton Burnett, M.D. Third Edition, Revised and Enlarged. Philadelphia: Boericke & Tafel. 1898. pp. 264. Price, cloth, \$1 net.

One would be apt to gain the idea, from the author's rather complacent statement of his articles of belief regarding the nature and cure of skin diseases, that the average dermatologist exhibits gross ignorance in his understanding and treatment of such cases.

This is hardly flattering to a large and able body of specialists who will be edified to find themselves summarily disposed of as a class of practitioners generally regardless of the importance of giving due weight to constitutional diathesis, hereditary taints, organic disturbances, etc., in diagnosis, and in their choice of therapeutic agents. As regards the latter, they are strongly condemned for their use of lotions and ointments, in fact for resorting to any external applications.

The truths in the book are rather after the A B C order, and we much doubt if the majority of dermatologists will find it especially helpful.

ESSENTIALS OF HOMŒOPATHIC THERAPEUTICS. By W. A. Dewey, M.D. Second Edition. Revised and enlarged. Philadelphia: Boericke & Tafel. 1898. pp. 285. Price, cloth, \$1.50 net.

Students of medicine should provide themselves with this revise of Dr. Dewey's quiz compend of the application of homœopathic remedies to diseased states. It is a compact, handy little volume, and has been arranged and compiled especially for them. Although primarily intended for use in connection with "Essentials of Homœopathic Materia Medica," by the same author, it will by itself prove a serviceable quiz book. Though provided with a good index, it practically indexes itself, diseases being arranged alphabetically. The series of answers to pertinent questions under each heading state clearly the characteristics of and indications for the best-known remedies. If used as intended it is a compend calculated to give genuine assistance to students and practitioners alike.

APPLETON'S POPULAR SCIENCE MONTHLY. New York: D. Appleton & Co. Yearly subscription, \$5.00.

As usual several articles of value may be found in this standard periodical.

The November number contains a paper by Prof. E. S. Morse, scientist and traveler, on the origin of the peoples who originally settled middle America. Prof. Charles Richards Dodge, of the United States Bureau of Statistics, writes upon "The Possible Fibre Industries of the United States." This article is fully illustrated.

An account of the engineering problems met and solved in controlling the torrents of Switzerland, by Edgar R. Dawson, also appears in the November number, while F. S. Dellenbaugh tells about the more curious and well-known resemblances to the works of man found in the works of nature. Numerous illustrations make the latter article popular and entertaining, as well as instructive.

Physicians need something more than good medical literature, and *Appleton's Popular Science Monthly* is calculated to supply a part, at least, of their requirements.

---

#### REPRINTS AND MONOGRAPHS RECEIVED.

---

Diseases of the Lachrymal Passages: Their Causes and Management. By Leartus Connor, A.M., M.D. Reprinted from *The Journal* of the American Medical Association.

The Prevention of Diseases now Preying upon the Medical Profession. By Leartus Connor, A.M., M.D. Reprinted from *The Bulletin* of the American Academy of Medicine, Vol. III, No. 9.

A New Curette and Evacuator. By E. D. St. Cyr, Jr., M.D.

The Essential of the Art of Medicine. By J. H. Musser, M.D. Reprinted from *The Philadelphia Medical Journal*.

Renal Calculus. By J. H. Musser, M.D. Reprinted from *The Philadelphia Medical Journal*.

Technique in Thirty Vaginal Hysterectomies. By DeWitt G. Wilcox, M.D. Reprinted from *The Hahnemannian Monthly*.

Ligation of the External Iliac Artery. By DeWitt G. Wilcox, M.D. Reprinted from *Medical Counselor*.

Bulletin of the Harvard Medical Alumni Association. Number 12. Boston: Published by the Association. 1898.

### OBITUARY.

Died October 23, 1898, Dr. J. Heber Smith, of 279 Dartmouth Street, Boston, aged 55 years 10 months. Adequate notice of this sad event will appear in the December GAZETTE.

---

### PERSONAL AND NEWS ITEMS.

---

DR. W. L. JACKSON has returned from Germany, where he spent the summer in Nauheim, observing the Schott treatment of heart disease. Dr. Jackson has moved his Boston office from 685 Boylston Street to Warren Chambers, 419 Boylston Street, where he may be found on Monday, Wednesday, and Friday from two to four.

DR. SUSAN HARRIS GIBBS has taken the office formerly occupied by her father, Dr. John T. Harris, at 136 Warren Street, Roxbury.

DR. MARION COON has removed from 177 St. Botolph Street to "The Ilkley," corner of Huntington Avenue and Cumberland Street, Boston.

DR. HELEN L. F. WRIGHT, formerly at 201 Clarendon Street, may in future be consulted at 128 Huntington Avenue, opposite Mechanics Building, Boston.

DR. WM. C. RICHARDSON, dean of the Homœopathic Medical College of Missouri, has removed to 5359 Cabanne Avenue, St. Louis, Mo.

AN EXCEPTIONAL OPPORTUNITY is offered physicians by Messrs. Otis Clapp & Son, in the shape of a fine private library of homœopathic and allopathic works of recent date. Attention is called to the notice in the advertising pages.

---

### PUBLISHERS' DEPARTMENT.

---

A TISSUE BUILDING AGENT.—It is more than six months since we have said anything in these pages about Otis Clapp & Son's Malt and Cod Liver Oil. We have reason to believe, however, that its

value as a food and a restorative has not been forgotten by the profession. Nevertheless its distinguishing characteristics are not so common in cod liver oil preparations as to be unworthy of more frequent and greater emphasis.

In the first place it may be premised that it is essential that the physician should have at his disposal a tissue building agent upon which he can rely in cases where appetite is diminished, or where food is not well borne, and where in either case assimilation is imperfect.

Any one agent is naturally not adapted to all cases. A man will discriminate in his selection of foods as in his selection of medicines. Prepared foods of value are not, however, numerous, and the cases in which the exhibition of an especially reliable one is indicated are very many in this climate during at least nine months of the year. The food referred to is Otis Clapp & Son's Malt and Cod Liver Oil, and the cases may be classed under the general heading of wasting diseases.

In the *Journal of the American Medical Association*, Dr. F. W. Jay said last year: "Quite apart from the colossal volume of clinical testimony which bears witness to the real, genuine, and positive utility of cod liver oil in all wasting diseases, my own experience in practice sustains the view that cod liver oil is an agent of incontestable value when intelligently, perseveringly administered."

The experience of Dr. Jay is the experience of many another practitioner. Where kindly borne, cod liver oil is an active agent in retarding destructive, and in accelerating constructive metabolism. Objection has been raised to its use on the ground of its loathsome taste, its nauseating effect, the impossibility of its retention by delicate stomachs, its repulsive odor, the inability of patients who can take it at all, to continue doing so the length of time necessary to the obtaining of appreciable and lasting results, and finally the reduction and metamorphosis of its life-giving elements by the ordinary processes of emulsification. These are all excellent reasons counter-indicating its use.

Many physicians know that these objections have been met and overcome by Otis Clapp & Son in their conservative preparation of Malt and Cod Liver Oil.

It is conservative in that it is an honest preparation, is really what it purports to be, a combination of pure extract of malt and the natural active principles of cod liver oil in large proportions and in

soluble and assimilable form. It is also conservative in that it is not dependent for favor upon the popular advertising devices of the day, but rests securely upon the reported results of clinical experience for its further extended use.

Such reports go to show that it is practically tasteless and odorless, that it is tolerated by the most sensitive stomachs when other food is refused or rejected, that its speedy absorption and appropriation are evidenced by favorable changes in the condition of the patient, such changes also indicating its restorative and tonic properties. It can be taken for weeks at a time without disinclination on the part of the patient and without causing digestive disturbances.

As regards the class of cases to which it is adapted, the term "wasting diseases" is a very indefinite one, or so appears to be at first.

It is suggestive of tuberculosis and phthisis, but is by no means so limited in its application. If the normal relationship between the destruction and reproduction of cell life is disturbed, the result is impairment of function, an abnormal condition of uncompensated waste with the consequent establishment of a diseased condition tending to permanency. This departure from the normal state is observable in marasmus, chlorosis, anæmia, nervous exhaustion, and in certain forms of indigestion, as well as in incipient phthisis and phthisis.

It is noticeable in chronic bronchitis, la grippe, and pneumonia. It is in such selected and appropriate cases that the physician does, and may confidently use Otis Clapp & Son's Malt and Cod Liver Oil, for it is undoubtedly true that in such cases it furnishes the system with additional nourishment, stimulates digestive processes, promotes normal metabolism, and increases the vital powers of resistance to toxic elements.

Physicians who are not already familiar with its beneficial effects will do well to avail themselves of so reliable an adjuvant, and may order direct from Otis Clapp & Son, 10 Park Square, Boston, if they prefer. Malt and Cod Liver Oil is also obtainable at the Beacon Street pharmacy of the firm, and at their pharmacy, 417 Westminister Street, Providence, R. I. For price see advertising pages of the GAZETTE.

ON SHIPBOARD. — *Good Little Wife* (trying to help seasick husband by changing the current of his thoughts). "Darling, has the moon come up yet?"

*Seasick Husband* (weakly). "It has, if I swallowed it!" — *Western Medical Review*.

BETWEEN SEASON COLDS. — The ordinary cold in the head is an annoying affection, and in the winter time exhibits phases alarming in their manifestations when, from a simple inflammatory condition of the nasal passages, further developments indicate the involvement of the bronchial tubes and lung substance.

These symptoms, however, comparatively rarely characterize the between season cold.

It is not bronchitis or pneumonia that supervenes, but a seemingly endless influenza and catarrhal condition, virulent in the sense of being most easily communicable, of attacking every member of a family, and of rapidly reaching a maximum of intensity.

Without proper medication and attention these cases often continue for weeks, to the discomfort and inconvenience of the sufferer and the menace of his acquaintances.

Among remedies highly adapted to the treatment of between season colds may be mentioned Otis Clapp & Son's Glyco-Antisepto, a bland, alkaline, non-alcoholic antiseptic, non-irritating, but germicidal in its action. By means of Otis Clapp & Son's Glyco-Antisepto Nasal Douche (a simple, inexpensive, effective glass appliance), Glyco-Antisepto can be applied directly to the inflamed mucous membrane of the nasal passages.

Its effect will be cleansing, soothing, and healing. Offensive discharges will become odorless; acid and excoriating secretions will be neutralized and diminished in quantity; crusts will be softened and loosened; the danger of contagion will be greatly lessened, and the duration of the attack shortened.

It may also be mentioned at this time that Glyco-Antisepto is highly recommended for use in cases of hay fever, chronic catarrh, ozena, rhinitis, pharyngitis, tonsillitis, etc.

The proportion of one part Glyco-Antisepto to three parts warm water is exceedingly favorable to its ready absorption, and consequent action upon diseased surfaces.

Sold in four, eight, and sixteen ounce bottles by Otis Clapp & Son, Boston and Providence. Price, for the three sizes respectively, thirty-five, fifty, and seventy-five cents. Full directions for use accompany each bottle.

# THE NEW ENGLAND MEDICAL GAZETTE

---

No. 12.

DECEMBER, 1898.

Vol. XXXIII.

---

## COMMUNICATIONS.

### INFLUENCE OF STATE REGISTRATION ON EDUCATIONAL STANDARDS.

BY EDWIN B. HARVEY, M.D., SECRETARY OF STATE BOARD OF REGISTRATION IN MEDICINE.

*(Address Delivered before the Boston Homœopathic Medical Society, October 20, 1898.)*

*Mr. Chairman, Ladies and Gentlemen,*—I am here this evening because my friend and colleague of the Board of Registration in Medicine asked me a few days ago to speak to you on the “Influence of State Registration on Educational Standards,” and what I have to say is but an informal talk. I have not taken the trouble to outline the subject; it is practically unlimited as a field for discussion. The laws in several of the States and Territories in this country are far from being uniform upon this subject; and should we undertake to analyze them according to State lines, even in a brief manner, I think we should have a very complicated conclusion. I have been asked sometimes why we cannot have a uniform law on this subject throughout all the States. In other words, why we cannot have a national registration law. Just at present our Episcopal friends are asking themselves this very question in relation to marriage and divorce. The way they answer this is, that each State is a Commonwealth by itself, and each State manages its own affairs in its own chosen way, independent of others. In order to enable Congress to enact a law upon this subject, it would require a fundamental change in our laws, which cannot be done.

Were we like Great Britain, where even district school matters are regulated by Parliament, such a law might be practicable. So you will see why we must expect 'a diversity in the laws of States and Territories of our country.

I shall speak to-night of three types of legislation on this subject.

1. The laws of Michigan, Wisconsin, Kansas, and several other States require that a person wishing to practise medicine shall apply to the county clerk, exhibit his credentials, pay a nominal fee of \$1 or \$2, and he is a practitioner. Legislation of this kind can have no effect whatever on educational standards, or the standard among physicians and medical schools.

2. The diploma system prevails in a majority of States at the present time ; that is, if a person holds a diploma from any medical school, regularly chartered to grant it, he is accepted. In this State the law established a commission, and this commission is allowed to state whether the graduate is a reputable one. If it be a legally established school, no matter whether his work is well done or not, if the diploma is held from that school, it is the only requisite, aside from the fee. A person not holding a diploma from the college must be examined by the board established by the State. In many States there are several boards which perform this sort of registration and examination. In New York, Pennsylvania, and Ohio there is not one board, as I believe there should be, but three boards, adapted to the different schools of medicine. Now the effect of such a registration upon the medical schools is injurious. Of course, it has some effect upon those persons who have not diplomas from regular schools, but no beneficial effect upon institutions graduating students of medicine. I hold that it retards rather than adds to the highest standards in the schools.

3. The third type of registration is that in which the State has established a board of registration before which all persons wishing to practise medicine must come. The Commonwealth established a board to test their knowledge and ability, whether graduates or non-graduates. This system



prevails in some States which have more than one board, and in Maine and Massachusetts. Now this is the system I believe to be the only one which practically influences educational standards, and to illustrate this I refer to the work of our own State board. Since March, 1897, down to March, 1898, inclusive, the board examined 414 applicants, graduates from colleges in the lists considered reputable. Out of that number 29 per cent failed to pass a satisfactory examination and were refused registration. If we go on a little further and eliminate from the list Harvard Medical School ; Boston University ; University of Pennsylvania ; Jefferson College, Philadelphia ; Bellevue College, New York ; College of Physicians and Surgeons and Baltimore Medical School, Baltimore, all of which are institutions of high standing, we have 228 graduates from other colleges scattered about the country, 114 of whom were judged unqualified to practise medicine, 50 per cent were rejected. Now that I know ought to help you to draw the inference as to the influence the Massachusetts board has upon medical schools. I will illustrate by our own work, because it is more familiar. In the State of Maine the work is similar and the experience of that board similar. To put it in this way, but for the registration board in Massachusetts, at least 120 out of 414 would now be practising medicine in the Commonwealth. These persons, as I have shown you, come from institutions not of high standing. Now, what must be the effect upon these institutions, if the institutions cannot graduate students who can practise in some States? They might as well close their doors, because students will not take the course if it does not fit them for examination. We know of many of these institutions, in and out of New England, being in conference with many State boards as to requirements, so as to arrange their curricula. Schools which formerly had courses of two and three years in length are now doing their work on the four-year plan.

I think this must show very clearly the influence of State boards of registration.

There is one other matter I have been asked to speak upon : what is sometimes termed "reciprocity."

The Massachusetts board is unwilling to register, without examination, a person already registered in Maine, Rhode Island, New York, and Ohio, because the method is different in those States, and it cannot be done until the boards themselves establish a reciprocity. If the State of Maine conducts its examinations on the same plan and principle that we do, there is no reason why there should not be reciprocity. But if the Maine board does not conduct its work on the same principle, of course we should be unwilling to take the Maine law and make it our own. Take Rhode Island, for instance, State registration is offered to a man or woman who is registered at the colleges. Now, if this person wishes to practise in Massachusetts, and we had reciprocity registration with that State, the person would be admitted to practise. Now how is the standard to be maintained, if this is done? Go into the State of Pennsylvania; here we find no uniform standard, there being three boards, old school, homœopathic, and eclectic. These boards have not the same standard among themselves. Massachusetts might be willing to reciprocate with Pennsylvania, if the same standard was shown.

Again, take it in Massachusetts, before this board began its functions more than three thousand persons held certificates of practice. Now under reciprocity these persons could go to Maine and Rhode Island and be registered there. A law when it is enacted must take in, and allow to be taken in, those who are in practice at the time of enactment. We have limited the time to three years before the board began its work. It is said the board has registered a large number of persons who would be called not well qualified, but they came in before the board began its work.

---

## CLINICAL RECORDS OF THE MEDICAL TREATMENT IN HOSPITALS.

BY CONRAD WESSELHOEFT, M.D., BOSTON, MASS.

The subject to which I would like to call your attention to-night is that of Clinical Records of the Medical Treatment in Hospitals. It may seem as if this had no bearing on the

work of the Committee on Materia Medica, but I hope that you will perceive that its relation to that branch of medical science is a very important one, namely, its relation to cures, and our ability to cure with medicines.

Homœopathy claims that it is superior to other therapeutic methods, that it cures more speedily, surely, and gently. Undoubtedly these are its intentions; undoubtedly it has been held by homœopaths for a hundred years that their practice is superior to other methods. I believe so with you, I am firmly convinced that it is so, and with you I would feel it an injustice to have this claim denied. But the question has often arisen in my mind, in how far this firm belief and conviction of ours is supported by strong evidence. How are we to prove it beyond doubt? Have any proofs been furnished that have established the superiority of homœopathy for all time? How are we to know that the old school practice is inferior to ours? Does comparison of theories settle this question? How can we find out whether modern practices of Christian Science, or mind cure, or of suggestion, are inferior or superior to ours?

These questions are not vain and idle ones, and must be answered some way at some time. We have had some statistics, it is true, and I have taken pains to point them out, and if you will turn to the pages of the *Hahnemann Monthly* of October, 1885, you will see that the evidence we have is too fragmentary.

It was in 1849, I think, that Professor Dietl, of Vienna, then at the head of the great hospital there, with its six hundred patients, learned from the reports of Dr. Eidherr, Caspar and Fleischmann of the little Gumpendorf Hospital with its thirty or forty beds, that they lost under homœopathic treatment only about seven or eight per cent of pneumonia patients, while the mortality at the Great General Hospital was three times that number. As Dietl did not believe that the doses of the homœopaths could have had such results, but attributed them all to expectancy and nursing, he set about proving this theory by discontinuing venesection, cathartics, tartar emetic, and other drugs, and by depending

on nursing alone. The result was a surprise to the whole medical world, for the mortality dropped from its high percentage of 25 or 37 per cent to about nine or ten per cent (I quote figures from memory).

There are other similar fragmentary statistics, all of them open to more or less objection, chiefly on account of the numbers compared, small ones with very large ones ; also differing in time of observation and seasons.

Since that time no attempts of that kind have been made. The reasons are obvious enough. In Vienna the question was satisfactorily settled, the old school claiming that the success of the homœopaths was all due to expectancy ; while the homœopaths on their side were able to figure out a small percentage in their favor, which was always hotly disputed on various grounds by their opponents.

It has always been impossible to obtain from general practitioners any statistical evidence of a far-reaching kind. All they could do and did was to publish clinical cases from their private practices. Necessarily these were selected cases, often very striking and serving to support the enthusiasm and spirit of homœopathic practitioners ; but when carefully considered according to their real value much of this is found to be doubtful, because it leaves us in ignorance of the main elements of knowledge on the subject, namely, the whole number of cases treated, and of the whole number of negative results, including deaths and failures to cure.

Upon the presence or absence of comprehensive statistical evidence rests the whole question of superiority or inferiority of schools of medical practice, and the question of superiority of therapeutic methods within schools ; upon it depends the useless and futile feud between allopathy and homœopathy, regular or irregular practice. Instead of endeavoring to decide a purely scientific question upon its merits, both sides have preferred creeds, dogmas, and ethical questions to quarrel about.

In this state of affairs the time has arrived when we ought to take a step forward toward a better state of things by insisting on *correct scientific data*. Whether homœopathy is

right or wrong, it will stand or fall, not as a creed or belief, but as a question of knowledge, or a scientific problem, and it must be subjected to the crucial test of modern times. I assume that it is not only willing but eager to abide by such tests. If other antagonistic schools refuse to submit to them, the fault will be theirs when some time in the future the balance is struck.

To arrive at such a balance through such tests as I have in mind we have now the means. These means are our large and mostly well-endowed hospitals of both schools. The time was, not very long ago, when we, as homœopaths, had none, or very few, and only in their beginnings. That time is happily past, and we are proud of our large and flourishing hospitals. They exist in greatest perfection in this country, but are common now in all large cities of Europe. Now that we have them in respectable numbers, these hospitals would miss one of the most important reasons for their existence if, for example, they failed to institute means for solving the questions as to the superiority of different therapeutic methods. (See my article, Principles underlying the Solution of Questions of Science with Special Reference to Hahnemann's Law of Similars, *Hahnemann Monthly*, August, 1896, and Transactions of American Institute of Homœopathy, 1896.)

You will find in the last (the twenty-eighth) Annual Report of the Massachusetts Homœopathic Hospital a report of a committee appointed by the medical board to consider this subject. The lines of argument employed were mainly the same as I have used this evening, and I will only add here some reasons for enlarging hospital records and the purposes to be subserved by them. In all hospitals, case books have been kept in which each individual case has been entered with many of its particulars, such as number of case, its hospital number, date of admission, name of patient, age, sex, nationality, occupation, diagnosis, days under treatment, date of discharge from the hospital, condition of patient at time of discharge, the chief remedies used, name of physician in charge, general results.

The objects of these records are manifest, but none can scan these columns or rubrics without coming to the conclusion that there are several important matters to be known which are not represented there. At most they will say whether a patient recovered, whether he improved or died during his term at the hospital. To many this disclosure of hospital statistics will seem ample enough, but I think it can be shown that it is not, and that some other weightier questions should be answered by such records.

As we study the subject "it becomes more and more evident that as we practise a special method of therapeutics, for which we claim great advantages over other methods, our statistical records have not set forth these advantages so as to enable us to compare our results as fully as is desirable with those of hospitals where other methods are practised." On this question hinges the whole medical controversy of the past hundred years, and will have no end until hospitals, and especially ours, awake to the necessity of improving their statistical interrogation of nature for the purpose of comparison with others.

Hospital records and statistics should be so arranged as to answer as accurately and as directly as possible the following important questions; the list could be enlarged, but these samples will serve the purposes for the present:—

How much can homœopathic treatment shorten disease in general?

How much is it able to shorten a special case?

And incidentally, can this statistical method assist in solving the problem as to which homœopathic method—for instance, in regard to the dose—produces the best results?

In order to answer such questions the records are supposed to be kept with reference to the information sought. The more diligently and accurately these records are kept, especially with a view to a reply to these questions, the easier it will be to arrive at conclusions. Length is not essential, but brevity and definiteness in the notes taken or dictated at the bedside are most essential, especially with

regard to the date of aggravation or improvement in any case.

Our hospital record books contain a number of rubrics or columns to which, in accordance with the report of the committee referred to, I would add the following :—

1. How long had the case lasted before treatment in this hospital ?
2. What was its duration after treatment began ?
3. What was the date of the first improvement ?
4. What was the duration of the case after improvement first began ?
5. The medicine and dose employed when improvement was noticed.

The columns for the records of dismissal as cured, improved, and died, together with the five rubrics just named, should be considered as the chief rubrics ; while those of number, name, sex, age, occupation, nationality are subordinate rubrics having a place by themselves.

Let us consider for a moment the value of the questions to be determined. That as to duration of a disease before treatment at the hospital speaks for itself, as no opinion could be formed regarding a result unless the whole duration were known.

If we can obtain any knowledge of the duration of a case after beginning of any treatment, it will in time teach us whether we are able to shorten disease by treatment, especially by pharmaco-therapeutics. In order to insure this knowledge, that of the date of first improvement is essential. It may seem to be asking too much, but in reality it seems as if every physician of the medical staff would be most ready to note this fact and rejoice in noting it down, as well as what follows—the duration of the case after improvement began.

I have kept a private record of my hospital work, and find that in reading over the history of my cases I could always easily find the date of first improvement if there was any. This applies particularly to acute cases, and these should mostly be collected and utilized for statistical purposes.

One great obstacle to the fulfilment of this purpose is to be found in our want of knowledge of the uninterrupted natural course of acute diseases. Our text-books give us such information, but it is tinged and marred in every case by the habit of giving medicine, allopathic or homœopathic, high or low. In my article referred to before, it was suggested to observe patients under good nursing without any medicine whatever, following Dietl's example, but it did not have a ready response among the "prescribers." So I must leave it to time to settle that question.

To turn once more to the last report of our hospital, it should not be forgotten that in order to obtain correct data a month's or a year's service will not furnish them, because our observations, in order to be useful, must extend over periods of five or ten years. For we are not working alone for the present, but we intend to leave our records in a practical shape for those who come after us. It is certain that there are many questions yet undetermined, and that there are different therapeutic methods striving for recognition amid much partisan contention. During the past century when there were no homœopathic hospitals, comparisons with other methods were impossible, and hence questions of superiority of practice could not be determined nor partisan agitation allayed.

Besides much other work to be done, the most difficult may be the task of persuading other hospitals employing other modes and methods of therapeutics to permit a comparison of results on the lines here pointed out. But I think that if one hospital, especially ours, makes a beginning in the work, others must follow. If they think that our results are very good, too good, they will not be slow to give us the benefit of their experience; if, on the other hand, our results were poor, others will quickly show that they can do better.

It is here that I recall many voices raised against statistics; "statistics can prove nothing," I have heard them say. Yes indeed, especially railroad statistics where values are declining. But let us not start with the idea that figures are



to be changed and doctored. It depends much upon those who make and control the records.

In any hospital where records are to be kept upon this or a similar plan, the work will not be light and will require persons of no ordinary qualifications. To fill the columns referring to age, sex, nationality, etc., is mere clerical work that any one can do, but to arrive at actual clinical results, or notice pharmaco-therapeutic results, requires the acumen and judgment of a physician. He should not only be able to criticise, if necessary, the attending physician's diagnosis and running notes of the case, but he should be able to correct inconsistencies. The finding and recording of another physician's notes and dates as to when improvement was first noticed also requires good judgment; also as to whether it was due to the remedy or treatment employed at that date or to some other cause.

The time required to read over those somewhat lengthy records must also be taken into consideration. So that the title of clinical clerk would hardly apply to such a person, for whom that of "clinical registrar" would be more appropriate, implying a considerable degree of responsibility in an occupation which, if correctly carried out, would stand considerably above a mere clerkship.

This sketches a plan of improving and utilizing not only our hospital records, but those of all hospitals. If they consider themselves as institutions merely for the care of patients who have no other place to be sick in, then the keeping of records is of very little account. If, on the other hand, hospitals consider that they have other missions to fulfil, and that among these is the discovery of the highest standard of therapeutic excellence, I would never cease to urge the necessity of enlarging our records and of keeping them in such a form that they will teach in time what therapeutic method is the best.

**ELECTRICITY IN INFANTILE PARALYSIS.**

BY E. P. COLBY, M.D., BOSTON, MASS.

Recently my attention has been recalled to this subject, and my mind reverts to a general review of a few cases which have been treated. In considering this subject we will include only cases of true spinal origin, polio-myelitis anterior acuta, a disease selecting as its point of attack the anterior gray horns of the cord. It is to all intents and purposes an acute disease, and the opinion is yearly gaining acceptance that it is of infectious origin.

The primary affection is of comparatively short duration, and during its brief existence the disabling lesion is established. Nor are we often called into the case until after such lesion is complete, therefore our efforts must be directed to overcome the disaster wrought in this short time. In all cases the amount of paralysis is far greater than can be accounted for by the lesion. It is common to look upon this as arising in the shock and central perturbation extending to an area in the cord beyond that of inflammation. This may in part be true, but in addition we have good cause to expect that there is a wide zone of inflammation less intense than that which destroys. We know that wholly paralyzed muscles recover in a few days, precisely as though the disease had not been intense enough to destroy the protoplasm, or, as it is more definitely called, cytoplasm.

These are instances in which the primary disorder irritates the sensory nerve filaments, producing well-marked pain. This would indicate extension to the posterior horns, or roots, but in every instance the pain soon subsides and leaves no permanent sensory paralysis, nor are there left any trophic disturbances of the skin. The disease has really been one of central myelitis, but the posterior portion has been too mild to become destructive.

If this argument is sound it lends a hopeful element to the prognosis in these cases. If the arrest of function is much beyond the amount of actual destruction, may it not also

prove in some of the cells which have for a long time ceased to functionate, that there is a latent vitality only awaiting proper means to induce repair? A portion of the disability arises from the secondary degeneration which always follows loss of central function. The atrophy, loss of normal electrical response, and the reaction of degeneration are all secondary.

If we could always see these cases in their acute stage there might be ground for expecting to cut short the myelitis by the use of appropriate remedies, but we do not thus see them. The injury is often done during the hours of sleep, and when the little patient awakes it is with the possession of a full-fledged lesion. Many remedies have been tried and most of them found wanting, and most of us look upon electricity as the one measure offering the most hope.

This has been often tried and declared insufficient, but as far as I can find this decision has been rendered after its use for only a few days or weeks. This is giving premature opinion. Let us overlook the conditions for a little. The patient is young, has but little self-control, and actively rebels at being subjected to pain or discomfort; therefore we are forced to the application of only very moderate currents, hardly in proportion to the demand, and consequently a much larger number of applications is needed than would otherwise be the case. Again it is an instance where "constant dropping wears the stone." If no good result is obtained in four or five months, it is still possible that at the end of nine or ten months enough may have been gained to be very encouraging. It was my privilege some two or three years ago to report to this society a case of some twelve years standing in which the visible evidence of gain was not at all encouraging until after six months' patient use of the agent, and yet the ultimate gain was a practical cure.

The most satisfactory method has been to apply slowly interrupted galvanic current to the motor points on the nerve trunks, and this of sufficient strength to cause a gentle but decided contraction when applied to a healthy area. For reviving the atrophied groups of muscles the faradic current

is employed to each muscle separately as far as possible. As before mentioned, the young patients are intolerant and demonstrative, therefore the sessions cannot be prolonged much beyond fifteen minutes, nor can the subject be coaxed or driven to receive it much oftener than three times a week, and toward the end of the course twice each week will be sufficient.

After improvement has begun the progress is much more rapid. Such adjuvant methods as are known to be beneficial will hasten the cure. Experience leads me to give this advice: do not undertake a case unless you can have a definite agreement that it shall be continued through the time mentioned.

To sum up I will say that the amount of actual destruction of central cell tissue cannot be judged by the degree of disability; and we are reminded of that passage in Holy Writ, "There is hope of a tree if be cut down that it will sprout again, that the tender branch thereof may not perish." The rest of the passage is not germane to the subject.

---

## STATIC ELECTRICITY IN NEURASTHENIA.

BY CLARA E. GARY, M.D., BOSTON, MASS.

My paper will consist of a report of two cases treated by static electricity during the past year.

*Case 1.* Mrs. E. G. H., age seventy-one, nervous, irritable, had been under a severe mental strain for several years, yet, with the exception of rapidly growing emaciated, she had considered herself well until April, 1897, when she was seized with a desire to urinate constantly; no other symptoms at that time. Tried medical aid, and rested for several months with negative results; came to my office in August, 1897; symptoms constant backache, insomnia, great emaciation and weakness, with a haunting dread that she must submit to some kind of a surgical operation. Examined her thoroughly, found nothing outside of a general nervous breakdown. I gave her positive electrification by concentrating the current

action upon the head, spine, and general surface of the body, also a mild spark, positive, for ten minutes. Treated her every third day for three months; she has had no treatment since January, 1898, has rapidly gained in flesh and strength, and calls herself perfectly well.

*Case 2.* Mrs. H. G. E., age thirty-one, missionary for five years (formerly a trained nurse), returned to this country on account of failing health; no other symptoms until she reached London. Her attention was then called to herself by the following condition: Intolerable itching of the skin; in about six hours, blisters made their appearance all over the body with the exception of the face, ears, and mucous membrane; patient was bloated, muscles were rigid, until water escaped from the blisters; those that did not break had to be opened, and the loose skin removed, else pus would form. The contents of the blisters were like a yellow serum, and felt like scalding water, and created new eruptions wherever it touched. The oozing of the serum was so abundant that eight thicknesses of cotton cloth would be saturated in four hours. Severe pain in the legs, thighs, and sacrum, headache, vomiting, food not digested. A physician in London diagnosed the case as eczema. Patient came to America, and had another attack, followed by profuse discharge of leucorrhœa, went to the hospital and had the uterus curetted. In a few months she had another attack, making three attacks in thirteen months. She came to my office in April, 1898, thin, nervous, unable to talk connectedly, no appetite, constant headache, and insomnia. She has had no appearance of the above disease since she came to me; have treated her three times a week with static electricity, using the positive electrification for thirty minutes each time, and a mild positive spark down the spine. She was instructed to rest before and after treatment in a dark room. Mrs. H. G. E. reported in my office September 15, 1898, her condition as greatly improved; all her former symptoms have disappeared, and she contemplates taking up the study of the violin for the winter. Would have liked a longer time on this case to have elapsed before handing in my report, but

am comparatively sure that it is to have a successful termination.

I give the symptoms in Case 2 preceding the neurasthenic condition as they interested me greatly. Was this originally a case of pemphigus?

---

**ACTION TAKEN BY THE FACULTY OF BOSTON  
UNIVERSITY SCHOOL OF MEDICINE ON THE  
DEATH OF DR. J. HEBER SMITH.**

On Tuesday, October 25, 1898, at twelve o'clock, the Faculty of Boston University School of Medicine held a meeting at the school building to take action on the death of Prof. J. Heber Smith.

The meeting was presided over by the Dean, Dr. I. T. Talbot. Dr. H. C. Clapp read an article presenting a brief biographical sketch of Dr. Smith. Members of the Faculty then testified, each in a few words, to their appreciation of the many qualities possessed by their late colleague. They spoke of his great courage, of his striking faithfulness to the school, of the clearness of his teaching, his constant cordiality and cheerfulness, his magnetic personality, and many other noble and lovable traits which had won for him the regard of Faculty and students alike. Dr. Richardson, when called upon for remarks, read some verses by the late Sherman Hoar, beginning,

"Give unto thy servant rest,"

which seemed to be peculiarly appropriate to the occasion.

The following resolutions, which had been prepared by a committee previously appointed, were read by Dr. Sutherland and unanimously adopted by a rising vote:—

J. Heber Smith, physician, medical teacher, friend, having been called by the dispensation of the Eternal Wisdom from his earthly labors, his surviving colleagues on the Faculty of Boston University School of Medicine mourn his death, honor his memory, and hereby testify to their deep appreciation of his quarter of a century's unremitting, steadfast, and faithful labors in behalf of the school. In classroom, in business meeting, in social gathering, his clear and

efficient teaching, his words of counsel, and his genial presence will be sadly missed. His strong individuality, his unfailing cheerfulness, constant good humor, and pungent wit, united with his scholarly attainments, made him a convincing personality. His patient and uncomplaining submission to lifelong infirmity, his sympathetic and keen appreciation of the sufferings of others, his energy and forgetfulness of self in ministering to the necessities of others will linger as an example to be imitated by all whose good fortune it was to know him.

To his family and relatives we extend our sincerest sympathy for a bereavement which is an affliction shared by all who were numbered with his friends.

J. P. SUTHERLAND,  
H. C. CLAPP,  
J. W. HAYWARD,  
*Committee.*

The following members of the Faculty acted as honorary pallbearers: Drs. Talbot, Sutherland, Conrad Wesselhoeft, and H. C. Clapp.

---

**ACTION TAKEN BY THE STUDENT BODY OF BOSTON  
UNIVERSITY SCHOOL OF MEDICINE ON THE  
DEATH OF DR. J. HEBER SMITH.**

At a meeting of the student body of the Boston University School of Medicine held Monday, October 24, 1898, the following motion was unanimously passed:—

“That a committee of four, to consist of one member from each class, be constituted to draft resolutions to the memory of Prof. J. Heber Smith. That a copy of these resolutions be presented to the family of Dr. Smith, another to the Faculty of this school, a third given to the press, and that they be spread upon the records of each class.”

**RESOLUTIONS.**

It is with a due sense of the inadequacy of words that we would express the profound sorrow which we feel at the calamity which we, as students in this school, have sustained in the death of Prof. J. Heber Smith, M.D.

With deep gratitude we shall ever remember the cheerful fortitude,

courageous faithfulness, the scientific ardor, which, despite his physical disabilities, he unfailingly manifested in the discharge of his duties to us.

We ever found in him a wise counsellor, a sympathetic teacher, and a faithful friend, and we shall ever find in those qualities which endeared him to us a constant, helpful, and sustaining inspiration.

To those of his family who have been left behind we extend our keenest sympathy; and while sorrow comes closer to them than to us, the feeling of gratitude which we sustain for his many kindnesses and brilliant teachings we believe cannot be exceeded.

A. E. P. ROCKWELL, 1899,

W. H. WATTERS, 1900,

A. R. MANN, 1901,

W. L. KERSHAW, 1902,

*Committee.*

---

BRAIN FOOD. — It is important to note that cerebral nerve cells demand particular materials for their proper nutrition. Food which will make bone will not be best suited to the nourishment of an active brain, and *vice versa*. So fat-producing foods, while of course of value in one's diet, yet do not furnish in large measure nutrients for the repletion of nerve cells. Professor Ladd says that the chemistry of the nerve cells is in the main protoplasmic, and therefore rich in albuminous bodies. And again, "Of the solids composing the nervous substance, more than one half in the gray and one fourth in the white consist of proteid or albuminous bodies." The foods that are best calculated to nourish the brain, then, are those containing a large amount of protein or albumin, rather than fats, carbohydrates, or minerals, the three other important constituents of foods. But in many homes, as well in those of the rich as of the poor, the children's dietaries contain comparatively little albuminous food. — *Appleton's Popular Science Monthly*.

WORTH TRYING. — The *Lyon Medical* says that washing the hands with orange juice water after using iodoform dispels the unpleasant smell.



## EDITORIAL.

---

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

---

## THE STATE HOSPITAL FOR TUBERCULAR PATIENTS.

The establishment of a hospital by the State for the treatment of those unfortunate citizens afflicted with tuberculosis is a great step forward and in the right direction. Tuberculosis kills more people than any other single disease; and its victims are many, if not most of them, from the laboring or producing class of the community. If, then, by early and proper treatment, this depletion of the children of the Commonwealth can be lessened or controlled, the Commonwealth for economic if no other reason does well in providing such care and treatment.

Until the discovery of the specific bacillus tuberculosis and its consequent contagiousness, all efforts to check its spread or to lessen its fatality met with meagre results. Since that time much has been done experimentally along lines which seemed to promise brilliant results and from which much useful knowledge has been acquired, yet the practical results on the death rate leave much to be desired.

The general consensus of the best opinion to-day seems to be, that after all the experimentation with the tuberculin and its various derivatives, and the efforts to discover the absolute antitoxin, that pure, dry, fresh air and sunshine and *plenty of it* is often all the greatest enemy to the tubercular germ and promises the best results in treatment.

This, we believe, has been arrived at by scientific investigation and experiment on the germ itself, and not alone by the result of such treatment of patients; yet that such a class of cases were improved by the fresh air treatment in a rough way has been known for many years, and has been strongly advocated by those having the courage of their convictions.

Those of us who had the privilege of listening to the graphic instruction of the late De Gersdorf well remember his admonition: "Turn your consumptive patient out of doors. If a man, make him drive a horsecar or tend a switch, anything that will keep him outdoors *all the time*, and he will live longer. He will cough and cough and cough, but he won't die." How gratifying to him would it be could he now see the preparation to carry out his idea in its perfection!

The hospital at Rutland is built primarily to enable this idea to be developed. Situated at an elevation of about thirteen hundred feet, protected on the north and west by a heavy growth of timber, the hospital stands open to the sunlight from dawn till night, commanding a view in its picturesque and beauty hardly to be found elsewhere in the State.

It is gratifying to note that the superintendent, Dr. Marclay, is a graduate of Boston University. The attending physicians, Dr. Vincent Y. Bowditch and Dr. Herbert C. Clapp, representing each branch of medical practice, are men of the broadest culture and most liberal mind; and whatever the results of this experiment may show, the public can rest assured that under the direction of two such men, nothing but progressive, scientific, and conscientious work will be done, and it will be done thoroughly. The trustees of the institution are to be especially commended for this selection, as they are also to be congratulated upon the location and completion of the hospital. Notwithstanding some cheap political criticism which has been cast upon them, we believe that the trustees have done their work faithfully and well, and that the State has got her money's worth.

Let us hope that with the establishment of this institution there dawns a new era in the treatment and cure of early cases of tuberculosis; and as physicians, let us not forget that it is the beginning, the *incipient* cases that can be cured, and not hamper the administration by trying to send cases that are advanced and hopeless. It is not intended as an asylum for incurables, but a hospital for curables.

## EDITORIAL NOTES AND COMMENTS.

DR. J. HEBER SMITH. — Dr. J. Heber Smith, Professor of Materia Medica in the Boston University School of Medicine, died at his home in this city, October 23, of heart disease. Dr. Smith, the son of a well-known Methodist clergyman, the Rev. Joseph Smith, was born in Bucksport, Me., December 5, 1842. Fitted for a classical education at Harvard University, he was prevented from pursuing a collegiate course by ill health, and a few years later he began the study of medicine, graduating from the Hahnemann Medical College of Philadelphia in March, 1864, being the valedictorian of his class. He began the practice of medicine in Melrose, Mass., where he continued till 1882, when he moved to Boston. Since the foundation of the Boston University School of Medicine, Dr. Smith has been a potent factor in its development, having held almost continuously the chair of Materia Medica, and for the past twenty years has been a member and secretary of the executive committee of the Faculty. As to his ability, faithfulness, and enthusiasm in this work, his colleagues amply testify elsewhere in these pages. Dr. Smith was a member of the American Institute, the Massachusetts Homœopathic Medical Society, and one of the original members of the Boston Homœopathic Medical Society.

We count it as one of the privileges of our life to have known Dr. Smith almost ever since our first acquaintance with homœopathy. He was a man in many respects of rare and exceptional attainments. With a most remarkable memory even for fine details, he was unusually acute, brilliant, and humorous, and stamped his charming personality and individuality indelibly upon the minds of those with whom he came in contact. Above all and through all he was a homœopath first, last, and always. The profession throughout the country is immeasurably poorer for his loss.

DR. N. W. RAND. — With this issue it also becomes our sad duty to chronicle the death of another prominent brother physician, Dr. N. W. Rand, of Monson, Mass. Even those

who had only a casual acquaintance with him were impressed with the uprightness, strength, and honesty of character which filled the whole man. To his intimates he must have been a tower of strength both morally and intellectually. He was in our opinion the most influential and strongest mind in our profession in Western Massachusetts.

Dr. Nehemiah Wheeler Rand was born of Thomas Prentice and Lydia Wheeler Rand in Francestown, N. H., September 14, 1853, being a lineal descendant of Robert Rand, an early settler of Charlestown, Mass. Dr. Rand was educated in the schools of his native town, Boston University, and New York Homœopathic Medical School. He began practice as an associate of Dr. J. K. Warren in Palmer, Mass., but moved to Monson in 1879, where he has since resided. We append the following tribute from a local paper:—

During his residence in Monson Dr. Rand had endeared himself to all the people. He was a man of unusual attainments. Learned, skilled in his profession, and a student, he yet found time to do much for those about him, and lived not for himself alone. He was kindly and genial in disposition, extremely sensitive, and ready at all times to make any sacrifice for the good of others. He was deeply interested in educational matters, and his love for and interest in the young was unbounded. Much of his time was given to the public schools, having been a member of the school committee twelve years and its chairman nine, holding the latter office at the time of his death. He was also a strong advocate of temperance. He achieved some prominence as a poet, much of his verse having been published, a part in book form. He was well known in many medical societies, a member of the Massachusetts Homœopathic Medical Society, and at one time its vice-president. At the time of his death he was preparing a course of lectures to be delivered before the Boston medical school this winter. However much he may be missed among members of his profession, their regret cannot be compared with the real grief which is felt by almost every citizen of Monson. He will not be forgotten by the present generation, and the improvements in the public school system brought about by him will stand as a lasting monument to his memory.

HOMŒOPATHIC PHARMACY.—A recent number of the *Eclectic Medical Journal* contains an interesting and dispassionate article on homœopathic pharmacy. Its author, Prof. John Uri Lloyd, of Cincinnati, is an eminent authority, and we think the extract from his paper here given will be read with approval by all who prefer a progressive to a stationary attitude:—

Science in all directions gives evidence of the fact that improvements are necessary to human progress, and were Dr. Hahnemann alive to-day, the writer believes it may be accepted that he would insist that homœopathic medicine be given the benefit of the improvements that come through conscientious, systematic investigation by homœopathic pharmacists. Because, for example, in his own practice he used a preparation made by mixing the juice of a fresh drug with alcohol, if the light of subsequent experience demonstrates that the remedy is less effective than when the whole crushed drug is abstracted by alcohol, or if, when the juice of the herb is expressed, the residue tinctured, and this tincture mixed with the expressed juice, a better preparation results, or, even if great waste ensues and consequent higher price by using the juice alone without any corresponding benefit in therapeutic value of the product, it stands to reason that Dr. Hahnemann would advocate the desirable changes of method. It is evident that unless Dr. Hahnemann was more than human — infallible — superior in every way in pharmacal knowledge to all other human beings, even though they make close studies of his works to begin their experimentation, his methods and his products should from time to time be improved upon by men who make homœopathic galenical preparations a life study. Appreciating the fact that homœopathic pharmacy embraces in its ranks men of talent who unquestionably have the good of the profession at heart, and who have devoted their lives to the study of homœopathic pharmacy, the writer believes that the founder of homœopathy would be no less appreciative than himself of these men and their accomplishments, were he among us.

To speak plainly, a century of investigation in pharmacy, and of provings and experimentation in therapy by cultivated and observing men, must add much positive knowledge. It does not stand to reason that the united labors of thousands who have entered the homœopathic ranks should be brushed aside by statements laid down by

Dr. Hahnemann, whose life record is such as to indicate to the writer of this paper that were he living he would be one of the first to take advantage of every opportunity to advance the pharmacy of his people. While admiring the many sterling qualities of the founder of homœopathy, the writer still believes him to have made many pharmacal errors. He believes also that the years of close study given the subject by homœopathic pharmacists cannot but enable them to improve on many of his methods.

---

PHASEOLUS NANA. — Apropos of Dr. Piper's article on this remedy, which appeared in the September number of the GAZETTE, Dr. A. M. Cushing sends us the following communication:—

Phaseolus will ever be an interesting remedy to me, not only on account of its unexpected and wonderful action, but also because of the fright I had while proving it. Taking quite a quantity each day, I felt a curious, sudden sensation in the region of the heart, and immediately took my pulse. I am not ashamed to say that when I found myself almost pulseless I was frightened, not thinking at first what caused it. I had been watching entirely different symptoms.

I feel that if Dr. Piper had omitted digitalis when he gave phaseolus he might have had still better success. Also my experience has led me to give it more attenuated. I triturated mine to the 6x. I have tested it in attenuations from the 4x to the 21x.

Dr. Cushing also reports several interesting cases of heart disease where phaseolus has proved, in his own hands and in those of fellow practitioners, a valuable remedy.

---

POSTPONEMENT OF THE THIRD PAN-AMERICAN MEDICAL  
CONGRESS.

*International Executive Commission of the Pan-American  
Medical Congress. Office of the Secretary.*

CINCINNATI, November 5, 1898.

*My dear Sir,*—I have the honor to announce that in April, 1898, I received from Dr. José Manuel de los Rios, Chairman of the Committee on Organization of the Third Pan-American Medical Congress, a request that, in conse-

quence of the then existing rebellion in Venezuela, no definite arrangements be made at that time relative to the meeting of the Congress previously appointed to be held in Caracas in December, 1899.

The following communication relative to the same subject is just at hand :—

CARACAS, September 25, 1898.

DR. CHARLES A. L. REED, Secretary of the International Executive Commission, Cincinnati, Ohio.

*Dear Sir,*— After having sent my communication dated April last, I find it to be my duty to notify you that, although the considerations pointed out in it have already ended, our country has been scourged by smallpox which has taken up all our physicians' activities and time, depriving them of going into scientific works. And, as that state of mind of our people and government after such calamities at war and epidemic would greatly interfere with the good success of our next meeting, I beg leave to tell you, in order you will convey it to the International Executive Committee, that our government and this commission would be grateful to have the meeting which was to take place in Caracas in December, 1899, adjourned for one year later. I am, dear doctor,

Yours respectfully,

THE PRESIDENT.

[Signed]

DR. JOSÉ MANUEL DE LOS RÍOS.

In accordance with the request of the government of Venezuela and of the Committee on Organization, the Third Pan-American Medical Congress is hereby postponed to meet in Caracas in December, 1900.

For the International Executive Commission,

CHARLES A. L. REED, *Secretary*.

---

## SOCIETIES.

---

### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

A special meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, October 20, 1898, at 7.45 P.M. In the absence of the president and vice-president, Dr. T. M. Strong presided.

This being a special meeting of the society, the usual routine business and reading of the records were omitted.

*Scientific Session.*

Dr. W. T. Talbot exhibited specimen of prostate gland, kidneys, and bladder, obtained from a post mortem examination made the week before. Some years previous the subject had been unsuccessfully operated upon for stricture, and since had been obliged to use the catheter. There was an enlargement of the middle lobe in such a manner as to act as an obstruction, completely closing the neck of the bladder, so that the urine did not escape at all. By examination, per rectum, two slight enlargements were found on the posterior surface of the bladder filled with pus. The bladder and ureter were also filled with pus, the latter much dilated. The cause of death was pyæmia.

A specimen of squamous sarcoma of uterus, which had been removed by Dr. Horace Packard at the hospital, was also exhibited.

*Medico-Legal Section.*

SAMUEL H. CALDERWOOD, M.D., Chairman; ANNA M. SELEE, M.D., Secretary;  
HERBERT D. BOYD, M.D., Treasurer.

The chairman appointed Drs. T. M. Strong, F. P. Batchelder, and Anna M. Selee a committee to nominate officers for this section for the ensuing year. N. R. Perkins, M.D., Chairman; Helen L. F. Wright, M.D., Secretary; Frank L. Newton, M.D., Treasurer, were nominated by the committee and elected by the society.

PROGRAM.

1. The Legal Field of Medicine. Alice Parker Lesser. Discussion by Edward P. Colby, M.D.
2. Influence of State Registration on Educational Standards. Edwin B. Harvey, M.D., Secretary of State Board of Registration in Medicine. Discussion by John P. Sutherland, M.D., and Herbert C. Clapp, M.D.

DISCUSSION.

Dr. Colby, in discussing the paper on "The Legal Field of Medicine," said in part: I feel myself doubly handicapped



as I do not know how soon I may be called upon to testify by the reader, and I should not like to incur her disfavor.

I am wholly unable to look upon this matter from the standpoint of the lawyer. Some of these questions, I am free to confess, I look upon from a somewhat different point. Am fully aware that for many years improvement has been desired in medical testimony.

In the majority of cases there is a diversity of opinion among experts called to testify, and this difference may be honest. I have watched physicians for a number of years, and I find that with perfect honesty and intelligence underlying their testimony, it is often affected by their personality. One takes a hopeful view, another a pessimistic one, and no one should assume that either is dishonest in his opinion. I have had physicians disagree with me as regards the symptoms and probabilities in certain cases, and I think they were just as honest as I try to be myself.

Now, there is a point beyond this which has not been touched and is very seldom mentioned: the onerous position of the physician with regard to these cases. He goes into court to give his medical opinion, is not allowed to give it, and how much that he gives is really his opinion. The counsel for the side he is interested in instructs him on what lines to testify, and his evidence is subjected to the most scathing questions by a clever lawyer on the opposing side. He has no intention but to answer truthfully, but the opposite side make objections. By this time he is more or less befuddled, as his question is half answered, when he is stopped by one side or the other, not very often, however, by his own side, who has seen the physician beforehand and found out somewhat the nature of his testimony. Now, I do not think it is right, I do not think it is exactly justice, that our profession should bear all the discredit that lies upon medical testimony. I must say, as I have said before, that the laws governing testimony are such that we are handicapped. This affects one side as much as the other. I am glad to hear that the reader has started upon some plan which can be recommended in some of its bearings. If there is a court, a body of medical

judges, or a medical commission to sit upon these cases, how does that differ from a trial by jury? If they simply give their opinion to the jury, the jury gives its verdict upon the general testimony, the details of which they have not heard. I do not see how they can be compared. I hope there is some way of avoiding this. If this commission report to the judge and the judge to the jury his opinion, the same objection might be made. Trial by jury is considered the unalienable right of every one. If the jury is to decide the question, it should have the entire testimony, and so bring in a verdict complete, broad, and convincing, for rich and poor alike.

Dr. Lesser: I should say that it would not be necessary that the examination be before a commission entirely, provided good physicians can be called before the judge and attorneys and examined in the same way. The physician would not testify upon the side that has called him. If an entirely unprejudiced physician was summoned, he could not possibly give a prejudiced opinion, and one lawyer could not know which way he was going to testify. Doctors should not be interested in the case. The lawyer must see the doctor and learn on which side he is going to testify. He knows that the hardest questions will be put to him to break him down, and all that would not be permitted if a commission were appointed. Of course the question of damages, in case of accident, would be determined by the jury.

Dr. Colby: It seems to me that a very much prejudiced witness must be called upon in this case, the most prejudiced of all, the family physician, or the one who attended the case. I do not see how any justice is to be done in any trial unless that physician is allowed to testify as to the facts. When testifying as to the facts his opinion must be colored, and here you have difference of honest opinion. If every physician called upon to give his testimony would give only what he honestly and sincerely believes, there would not be half the trouble that there is now.

Dr. Sutherland: I would like to know what action was taken by the New York Legislature regarding this matter. I know that the plan proposed was objected to by physicians.

It provided that out of a certain number of physicians recommended by the societies, the governor or some judicial power should appoint a number from whom the judge should select. I have heard that this subject was very warmly discussed.

Dr. Lesser: I know that in New York the discussion is being carried on quite vigorously at present, also in Illinois. Nothing has yet been decided upon.

Edwin B. Harvey, M.D., Secretary of State Board of Registration in Medicine, next addressed the meeting on the "Influence of State Registration on Educational Standards."\*

At the close of Dr. Harvey's remarks Dr. Sutherland opened the discussion.

Dr. Sutherland: There is very little for me to say. I have not had sufficient experience to speak with the voice of authority. But I have, so to speak, a confession to make, that when the subject of a State board of registration came up I was opposed to it. I had two reasons for this. I was very much afraid a monopoly might be established, and it looked as if injustice might be done. For that reason I was for quite a while opposed to the idea. The only other reason I had was this: it seemed to me that a diploma from a legally chartered institution, conferring a degree, ought to be sufficient, and it seemed to me that a State ought not to go back of that. I did not recognize the vast difference between the standards of medical schools, but I felt that these arguments were sufficient. But a few years' experience of medical teaching proves that examination is necessary, and the work done in a school may be high, but may not be sufficiently comprehensive, and some outside authority should decide. A student might meet the requirements of the school and yet not be sufficiently broad. I think without any question that registration has, so to speak, stiffened the backbone of medical schools, and has encouraged them to maintain their standards in face of opposition.

\*A verbatim report of this address appears under "Communications" in this number of the GAZETTE.

There is one thing I have noticed within the past few years, there have been fewer medical schools established in the United States than for some thirty or forty years previous. It has been very easy to charter a medical school, and in their competition to graduate students they have lowered the standard, and they cannot all give sufficient education.

The chartering of fewer medical schools may be attributed to the establishment of a State board of registration, and it seems to me it would be a good idea to unify the standards of the boards. This is for the boards to do, and physicians ought to take some interest in the matter and consider those who are to come after them; and though the standards are higher than a few years ago, there is room for improvement.

Dr. Strong: Dr. Harvey has referred to the question of reciprocity. I should call this a hindrance or drawback to the physician in our country who might move from one State to another. Is it not an injustice to compel him at the end of a few years, or at the end of ten or fifteen years, to take an examination in chemistry, physiology, etc., just as if he were a graduate of 1898?

Dr. Harvey: We know that laws are not made for individuals, but for all alike. Massachusetts cannot make a law to apply to me or to you. It must apply to every one or it is not a constitutional law. It would bear hard on some, but the greatest good to the greatest number; all law works hardship to some. In regard to reciprocity, it is a subject which has been discussed largely by State boards, and especially by the National Board, which meets annually. Dr. Calderwood and myself represented Massachusetts in Denver this year. Reciprocity is the subject which has been discussed most. It is an unsolved problem, and I think it must be left to individual boards. Dr. Sutherland alluded to the fact that as many colleges and medical schools have not been started as formerly. Within five, ten, fifteen, and even twenty-five years medical schools sprung up like mushrooms in every State in the Union. There are not nearly as many as there were five years ago in Wisconsin, Illinois, and in

several other States. The Illinois board is moving to redraft its law like Massachusetts. When examination is required by the State board, one half of its seventeen medical schools will close their doors. The others will do work that will satisfy the board. The necessity of the examination of every applicant for registration arises chiefly from the fact that the various medical institutions differ widely as to requirements for graduation. The possession of a diploma does not necessarily show aptness for practice. If the examination of all applicants is not required you encourage lower grade schools. They hold diplomas from colleges which exist only in a back office, and \$75 is the price of a diploma; in Wisconsin, \$25. A man need never go out of Massachusetts to get it. Without examination such business thrives. At first there was a clause in the Massachusetts law that persons graduated from a college in this Commonwealth should not be required to pass an examination. Their diploma was *prima facie* evidence of their ability. It went out of the law at the end of three years. Every graduate, whether from Harvard or any other medical school, must come up to the same standard.

If you believe in the kind of work that the Massachusetts board is doing, we beseech you to interest yourselves a little more than you have in the past. I have said many times, if the qualified women and men in this State were interested in an earnest manner in sanitary or any other important matter, much might be accomplished; but the fact is, very little interest is taken. So little interest is taken, we had a Legislature with only one physician in it. I think a representative of the medical profession should be in every Legislature and also a member of the governor's council. I notice the governor has been making some appointments lately which he would not have done if a medical representative had been a member of his council. Every governor should have a medical man in his council. I believe this, and we should have more medical men in public life, and we should have better laws in sanitary matters and in every other matter. Massachusetts pilots are not allowed to pilot vessels into Maine

harbors, nor Maine pilots into Massachusetts ports. Maine men must be willing to come under the system Massachusetts sets up for the welfare of her people. These laws are for the mass of the people. When the people in time of need require medical assistance they should be protected and not be at the mercy of a charlatan. Before this law was established this State was said to be a paradise for shysters. Since the operation of the law two thousand have dropped their "Dr." Why is it that Massachusetts admits men and women for examination who are not graduates from medical schools? The board of registration do not believe in that law. The board asked for legislation that after 1900 no one should be allowed to take the examination who had not taken a full four years' course in some medical school.

Interest yourself in this law, and ask your representative to support it.

On motion of Dr. E. P. Colby, a vote of thanks was tendered Alice Parker Lesser and Dr. Edwin B. Harvey for their kindness in addressing the meeting.

The meeting adjourned at 9.45.

FRANK E. ALLARD, *Secretary.*

---

### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, November 3, 1898, at 7.45; the President, John L. Coffin, M.D., in the chair.

The records of the last meeting were read and approved.

The following physicians were proposed for membership: Catherine E. McGovern, Boston, Mary E. Pearce, Boston, and Elmon R. Johnson, of Wollaston.

John A. Rockwell, M.D., Boston, and Everett Jones, M.D., Brookline, were elected to membership.

Edward P. Colby, M.D., Conrad Wesselhoeft, M.D., and Fred B. Percy, M.D., were appointed by the chair an Obituary Committee to draw up resolutions on the death of Dr. J. Heber Smith.

On motion of Dr. F. P. Batchelder, it was voted that the committee to be appointed by the chair at the December meeting to nominate officers for the ensuing year shall prepare a specimen ballot, nominating two candidates for each office.

*Report of the Materia Medica Section.*

WINTHROP T. TALBOT, M.D., Chairman; MARION COON, M.D., Secretary;  
W. M. TOWNSEND, M.D., Treasurer.

The Nominating Committee, Drs. J. P. Sutherland, N. R. Perkins, and N. Emmons Paine, reported the following sectional officers for the ensuing year, who were duly elected by the society: Fred B. Percy, M.D., Chairman; Lucy A. Kirk, M.D., Secretary; Fred S. Piper, M.D., Treasurer.

PROGRAM.

1. Clinical Statistics. Conrad Wesselhoeft, M.D.  
Discussion opened by I. Tisdale Talbot, M.D.
2. Clinical Hospital Verifications. Walter Wesselhoeft, M.D.  
Discussion opened by George S. Adams, M.D.
3. Other Phases of the Pharmacopeia. J. Wilkinson Clapp, M.D.  
Discussion opened by Frederick A. Davis, M.D.
4. Old Friends *versus* New Acquaintances. Edward P. Colby, M.D.  
Discussion opened by Fred B. Percy, M.D.

DISCUSSION.

1. Dr. I. Tisdale Talbot, in discussing the first paper, said in part: I heartily indorse the very carefully prepared paper presented by Dr. Wesselhoeft. It covers many points worthy of our consideration, which are of value to our school and to medicine as a science. I think the greatest move ever made in the Homœopathic School toward success has been in calling the attention of physicians far and wide to homœopathy and to its methods, as shown by the statistics of Fleischmann, given by Dr. Wesselhoeft. The statistics of pneumonia were so doubted that they were taken to disprove all claims of homœopathy, which had so signally fallen far below the former rates, while the allopathic ones were so far

above, that the whole medical world or hospitals were astonished. We have been making statistics from that time to the present. In the time of yellow fever and cholera we had statistics that showed us that homœopathy had made great advances, but our opponents were not satisfied. It is of the greatest importance that statistics be not general, but the minutix of cases, carried out so carefully as to give them value. Now, we all know how difficult gathering such reliable statistics is, how necessary it would be to have a man who would devote his life to such a work. Such a physician would be hard to find, but if we could, it would be a boon in many ways. I have no doubt it would carry us back very forcibly to our old friends, and that we should still find much that would be valuable and most important to us. It would also teach us confidence in the drugs we use. I think we are started in the right way. It is a step forward. It is not by sitting down and doing, in a hit or miss way, the practical part of our profession that progress will be made, but it is by stepping forward in our profession earnestly and honestly. I welcome any advance in this direction, and the doing of anything that would help on the cause of correct statistics.

Dr. Sutherland: I think we are indebted to Dr. Wesselhoeft for outlining a plan of statistics, and we shall be more indebted when he puts that plan into effect. I know we are all very much interested in statistics. They convey the truth in a very methodical manner; but as far as clinical statistics are concerned, I think we shall be obliged to confine them to acute and infectious diseases. The medium class of diseases, which comprise a multitude of invalids, and the complaints are too many, they cannot be used for statistics, but acute cases can be. It is more than necessary to refer to how many people got well, or died, how many of the cases who recovered were left crippled for life, and it is well to refer to tables in talking with our opponents. From 1889 to 1894 eight thousand cases of typhoid fever were treated in the hospitals of Australia, the homœopathic hospital showing the lowest death rate. At that hospital we find that out of nearly one thousand cases there was a mortality of less



than 7 per cent ; at the Melbourne Hospital it was 19 per cent. But we can get satisfactory ones nearer home.

2. Dr. Walter Wesselhoeft, before reading his paper, said : I hesitate to bring before the society the case of which I shall speak, because it is hard to consider it in the light of a verification. . But judging partly from experience and the fact of his recovery, I feel justified in reporting it as a phosphoric acid case. If we could train up in our hospital a corps of observers, who could make an accurate diagnosis and observation of cases, then we shall be able to register them and place ourselves on record with other hospitals. In ten years records may be made which would be far more valuable than reports of individual cases.

Dr. Damon : I do not know as I can say anything in addition to what Drs. Talbot and Sutherland have said that will interest or instruct you. It seems to me that it must be apparent to any one who has listened attentively to Dr. Wesselhoeft's paper the pure motive that inspires it. I can agree with him that hospitals have other uses than to furnish homes for sick people, and I can think of none worthier than the one proposed, *i. e.*, the discovery of the highest standard of therapeutic excellence. To attain this end my limited experience will not permit me to suggest anything either in way of adding to or in criticism of the scientific method proposed. There is one point that suggests itself to me, and that is, that in instituting this method of recording cases, it might be possible to lay too much stress on the comparison of our statistics with other schools of medicine, at any rate for some years to come. Another point which I think is open to criticism is that of the proposal of giving to the clinical registrar the privilege of revising the diagnosis of the attending physician. This, I think, would lead to friction.

Dr. H. C. Clapp : It is a very interesting diagnosis and paper. The result is very remarkable, as cases of this character are very few and far between. The diagnosis is sufficiently marked to call it a case of ulcerated endocarditis. I am afraid it would take a long time to compile statistics

that would bear with special force upon hospital records. I think it is well, however, to keep all such records.

3. Dr. J. Wilkinson Clapp next read a very interesting and opportune paper on "Other Phases of the Pharmacopeia." He briefly recounted the different methods of preparing homœopathic remedies throughout the country, and called attention to the Pharmacopeia of the American Institute of Homœopathy, as the standard set forth by the Institute, and as such, the only pharmacopeia that should be recognized by physicians, so that a uniform method of preparation of drugs for medicinal purposes may be established.

4. Dr. Edward P. Colby's paper on "Old Friends *versus* Old Acquaintances" was listened to with great interest.

Dr. Shaw: It is unexpected that I am called upon to open this discussion, but I assure you that I have been very much interested in the paper. It seems to me that it presents a subject worthy of our consideration. The old remedies, to my mind, are like the Yankee jackknife, they are capable of doing anything. The success and superiority that homœopathy has gained over other methods have been gained through old remedies. I do not object to the examination of new remedies, but it is worth our while to spend time investigating. I have found several new remedies which have been effective.

The meeting was adjourned at 9.45.

FRANK E. ALLARD,

*Secretary.*

---

## REVIEWS AND NOTICES OF BOOKS.

AN AMERICAN TEXT-BOOK OF GYNECOLOGY, MEDICAL AND SURGICAL.

For Practitioners and Students. Edited by J. M. Baldy, M.D. Second edition, revised. With 341 illustrations in the text and 38 colored and half-tone plates. Philadelphia: W. B. Saunders. 1898. pp. 718. Price, cloth, \$6; sheep or half morocco, \$7.

Ten able writers, gynecologists of large experience, are the authors of this attractive volume. Among the names we note that of Dr. Byford, of the College of Physicians and Surgeons, Chicago; Drs.

Krug and Pryor, of the New York Polyclinic ; Dr. Cragin, of Roosevelt ; and Dr. Kelly, of Johns Hopkins.

The first edition is but four years old, yet the second is welcome because the improvements in methods of operating and details during these years have been considerable, and because constant revision tends to emphasize such improvements, to eliminate irrelevant matter, and to make a good working text-book for physicians and students of all schools.

The contents of this volume include : Examination of the Female Pelvic Organs, the Technique of Gynecological Operations, Menstruation and its Anomalies, Sterility, Anomalies of the Female Generative Organs, Genital Tuberculosis, Diseases of the Vulva and Vagina (non-malignant), Inflammatory Diseases of the Uterus, Laceration of the Soft Parts, Genital Fistulæ, Distortions and Malpositions, Malignant Diseases of the Female Genitalia, Benign Uterine Neoplasms, Pelvic Inflammation, Ectopic Gestation, Diseases of the Ovaries, including Tubal Anomalies and Broad-ligament Cysts, Diseases of the Urethra, Bladder, and Ureters, After-treatment in Gynecological Operations.

While it is impossible to critically review all of these eighteen sections, which cover some seven hundred pages, it should be said that they have one prominent characteristic in common : they are practical. They were written, as one might say, in the office, the operating-room, and by the bedside, and no working detail has been omitted. Thus the second section, which is new, covers under its general heading, "The Technique of Gynecological Operations," sepsis, asepsis, antisepsis, the operating-room, its requisites, the operator and his assistants, instruments, ligatures and suture materials, dressings and sponges, preparation and care of requisites, operating suits, sheets, etc., drainage, technique of vaginal and of abdominal operations, general details for all operations, saline infusion.

These are points in which the student cannot be too thoroughly drilled. A student familiar with these twenty-eight pages will be well prepared for entrance into the operating-room as an intelligent observer.

One of the most comprehensive sections is that dealing with pelvic inflammation, covering inflammatory pelvic diseases which involve the Fallopian tubes, the ovaries, pelvic peritoneum, and the pelvic cellular tissues. The consensus of the author's opinion is that

such inflammations are but links of a chain, that they originate from a common point and from a limited variety of infections, that they constitute a very large proportion of the diseases of women. Their causation and pathological anatomy are considered at length before individual diseases are discussed and their relationship made clear; prognosis, treatment (especially operative), follow.

In certain sections, noticeably under diseases of the vulva and vagina, and diseases of the ovaries, each condition is illustrated by colored plates, reproductions from photographs or by woodcuts familiarizing the reader with such diseases and emphasizing the points to be observed in establishing a diagnosis.

A very fair amount of space is given to treatment other than operative, though it must be added that descriptions of operative measures predominate. An excellent idea is the introduction of a final and special chapter on the after-treatment in gynecological operations.

MANUAL OF CHEMISTRY. A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A Text-book specially adapted for Students of Pharmacy and Medicine. By W. Simon, Ph.D., M.D., Professor of Chemistry and Toxicology, College of Physicians and Surgeons, Baltimore, etc. New (sixth) edition. With 46 engravings and 8 colored plates illustrating 64 of the most important chemical tests. Philadelphia and New York: Lea Bros. & Co. 1898. pp. 532. Price, cloth, \$3.00 net.

If there is any one subject which more than another worries the medical student, if there is any memory which abandons the physician in the time of need, it is that of chemistry. We therefore cordially welcome any work which can be readily understood and easily referred to "upon demand." This unpretentious book of Dr. Simon's is compact, practical, and comprehensive.

The first pages, xvi to 71, take up chemical principles, and furnish an admirable example of how language, even upon a scientific subject, can be made to explain and instruct rather than to perplex the reader.

The descriptive portion of the text conveys all necessary information as to all the really important elements and their compounds. "Organic Chemistry" includes many of the agents used in practice, with brief but sufficient description and hints as to their office. The chapter upon analytical chemistry has well-selected directions

and analytical tables. The tests are well adapted to a small work-room and the demands of an alert but busy practitioner. The few pages upon quantitative analysis, while not intended for a professional chemist, cover the ground sufficiently to meet the demands of the medical student or the physician.

The introduction of illustrative colored slips will prove to be extremely useful if the colors will only remain fast; but it must be borne in mind that the action of time and the gases with which the atmosphere of the laboratory is charged are detrimental to all fugitive tints. There is some space devoted to the chemical analysis of water and milk. This, of course, does not include the important biological study, yet there is enough to make it useful to those of our suffering brotherhood who serve upon the various local boards of health.

The final chapter of the text is upon the chemistry of urine, including urinalysis. This cannot take the place of more complete works devoted entirely to this subject, but conveys all the instruction which a large majority of physicians care to read. This is the only argument telling against the book.

In fine, it can truthfully be said that the work conveys a surprisingly large amount of valuable information for its size and scope, more, in fact, than can be found in many more pretentious works. Probably such results can only be attained by several painstaking revisions, made by one who is practically acquainted with the demands.

C.

HISTOLOGY, NORMAL AND MORBID. By Edward K. Dunham, M.D., Professor of General Pathology, Bacteriology, and Hygiene in the University and Bellevue Hospital Medical College, New York. With 363 illustrations. Philadelphia and New York: Lea Bros. & Co. 1898. pp. 448. Price, cloth, \$3.25 net.

To cultivate the ability to see and to interpret aright what one sees is an important part of the education of the student of medicine. Dr. Dunham in his work on histology offers valuable assistance in this direction in the line of physiological anatomy. We are wholly in sympathy with his efforts to show by example and precept the necessity for a more thorough knowledge of the structural differences of tissues in health, and their several characteristics in their normal functional activities.

The best foundation for an adequate recognition of pathological

conditions of the organs of the body is surely obtained by acquiring a perfect familiarity with their appearance when free from disease.

It must not, however, be inferred from the foregoing that Dr. Dunham treats of physiological at the expense of pathological anatomy. Although to the latter is assigned but little more than a third of the space devoted to the former, the one becomes the illuminator of the other because of the clear and close contrasts drawn between them. It is this distinct and logical presentation of parallels that makes the work especially noteworthy and commendable.

It is well written, well printed, and well illustrated; a work for both the student and the physician. The final section, on "Histological Technique," gives all the instruction necessary for the care, use, and manipulation of the microscope.

THE THERAPEUTICS OF FACIAL AND SCIATIC NEURALGIAS. With Repertory and Clinical Cases. By F. H. Lutze, M.D. Philadelphia: Boericke & Tafel. 1898. pp. 296. Price, cloth, \$1.25 net.

This is one of those manuals which are occasionally issued to assist the physician in selecting the remedies at the bedside or in the office, and they very closely follow the recognized pattern of "Dunham's Whooping Cough." Such arrangements may be — and probably are — valuable as saving much physical effort in handling more bulky volumes. But in just so far as the physician becomes tied to them does he cut himself off from the thorough and appreciative study of our materia medica. Why the few clinical examples are given is a mystery. Possibly as a sample, but as such surely not needed. To paraphrase a familiar expression, it may be said, that for one who likes this sort of thing, it will probably be just what he will like. C.

REPERTORY OF THE SYMPTOMS OF RHEUMATISM, SCIATICA, ETC. By Alfred Pulford, M.D. Tiffin, Ohio: B. B. Krammes. 1898. pp. 211. Price, \$1.75.

It would be difficult to find any similar work more conscientiously complete than the one in question.

It evidences an immense amount of labor on the author's part. Symptoms are arranged alphabetically under general headings, such as, Aggravations, Ameliorations, Neck, Shoulders and Arms, Upper Extremities, Elbows, Forearms, Wrists, Hands, Fingers, etc.

The general symptoms are then given, together with the accompanying symptoms of different organs.

A number of errors appear in the text, but under "Errata," on the last page, most of them are set right.

The greatest mistake appears in the Preface, where the author makes a point of reflecting unpleasantly upon a certain firm which declined to bring out his book. As publishers are certainly under no obligations to accept manuscripts unless they see fit so to do, we think the writer shows exceedingly bad taste or a corresponding degree of ignorance in thus calling attention to this wound to his *amour propre*.

The book is not especially attractive, being printed on cheap glazed paper and bound funereally in black, but it brings together in small compass most exhaustively the symptomatology of rheumatism and sciatica so that a remedy may be chosen for any well-taken case in a comparatively short time.

AN ABRIDGED THERAPY. Manual for the Biochemical Treatment of Disease. By Dr. Med. Schuessler, of Oldenburg. Twenty-fifth edition, in part rewritten. Translated by Prof. Louis H. Tafel. Philadelphia: Boericke & Tafel. 1898. Price, cloth, \$1.00 net.

It will be cause for regret to the many followers of Dr. Schuessler's method of treatment that this, the twenty-fifth edition of his work, is the last that will ever come from his pen.

Dr. Schuessler died of apoplexy, March 30, 1898, only two weeks after finishing his editorial labors. The present English translation is a literal, conscientious transcript of the author's text, and was undertaken with his consent and approval. It is therefore the one that workers along biochemical lines should procure. The subject-matter, which follows the obituary notice of Dr. Schuessler and his Preface written specially for this edition, considers first the constituents of the human organism, their importance individually and relatively, the natural evolution of a biochemical system of therapeutics, and the necessity for minimal doses in its application.

The second division takes up the characteristics of the biochemical remedies; while the third, purporting to be a special guide for using these remedies, gives more in detail the indications for their exhibition and practical hints as to their selection.

Brief notes on the importance of facial diagnosis have been added.

There is much good common sense in this little manual which

will be appreciated by the older and, we hope, appropriated by the younger members of the profession.

A POCKET MEDICAL DICTIONARY. By George M. Gould, A.M., M.D. A new edition entirely rewritten and enlarged, including over 21,000 words. Philadelphia: P. Blakiston's Son & Co. 1898. pp. 530. Price, \$1.00.

Dr. Gould's dictionaries are well and widely known. They have passed through many editions and become the accepted standard in England and America. The little pocket edition is a larger dictionary in miniature containing the pronunciation and definition of all the words likely to be used or met with by the student of medicine and kindred sciences.

It also contains complete tables of the arteries, muscles, nerves, bacteria, bacilli, microcci and spirilli, thermometric scales, and a dose list of drugs and their preparations in both the English and metric systems of weights and measures.

Seldom met and obsolete words have been omitted, about seventy-five per cent of those included being specially pronounced. The definitions are necessarily concise, but generally sufficiently explanatory for a book of this character. The paper is too thin, but the type is satisfactorily sizable and clear, the binding durable morocco with sensible rounded corners.

THE CHANGE OF LIFE IN WOMEN AND THE ILLS AND AILINGS INCIDENT THERETO. By J. Compton Burnett, M.D. Philadelphia: Boericke & Tafel. 1898. pp. 185. Price, cloth, \$1.00 net.

There is much of truth in what the author has to say in the introductory pages concerning the menstrual life of women. That it is largely but repetition of already admitted facts does not detract from its value. The greater part of Dr. Burnett's monograph is taken up with a report of cases which all go to show the gratifying results obtained by his methods of treatment, and his entire satisfaction with the latter.

The reader who has perused other books by the same author will recognize most of the remedies and opinions which have figured in them. A few new ones have been added.

The style also is highly characteristic. We are glad the writer, who introduces the word "lady" on every page to the exclusion of the much more suitable one "woman," retains the latter in at least the book's title.



RENAL THERAPEUTICS. By Clifford Mitchell, A.M., M.D., Professor of Renal Diseases in the Chicago Homœopathic Medical College. Philadelphia: Boericke & Tafel. 1898. pp. 365. Price, cloth, \$2.00 net. By mail, \$2.16.

The division of the text of a book of this size into forty chapters may seem excessive and unnecessary to some, yet we think many short chapters, each devoted to one subject or to two or three closely related subjects, easier of reference and perhaps of comprehension than longer and more extended ones.

This book, as its title indicates, is primarily intended to point out our therapeutic resources in diseases of the kidneys. The essentials of the etiology, pathology, and the diagnosis of affections of the urinary tract are, however, included. Chart-like summaries of etiology, morbid anatomy, clinical features, differential diagnosis, prognosis, essentials of treatment, etc., appear at frequent intervals throughout its pages. Each chapter is freely paragraphed and subdivided under appropriate headings in heavy-faced type calculated to catch the reader's eye.

For a work on therapeutics the medical treatment is at times rather sketchy, but always suggestive to the painstaking physician who will expect to supplement this work with others. Dr. Mitchell's book will prove, however, undoubtedly useful in the class of cases it covers and illustrates.

THE PHYSICIAN'S VISITING LIST FOR 1899. Forty-eighth year of its publication. Philadelphia: P. Blakiston's Son & Co. Price, \$1.00.

Every one is familiar with this excellent visiting list arranged for 25, 50, 75, or 100 patients per day or week. The style at \$1.00 is for twenty-five patients and is complete in every respect, with pencil, pockets, calendar, useful tables, etc., together with blank leaves for visiting list, memoranda, addresses of patients, addresses of nurses, accounts asked for, memoranda of wants, obstetric engagements, record of births, record of deaths, cash account, and whatever else the physician may wish to make a note of. Withal it does not take up too much room to be handy, and its neat leather binding gives it a businesslike and prosperous air.

AMERICAN POCKET MEDICAL DICTIONARY. Edited by W. A. Newman Dorland, A.M., M.D. Philadelphia: W. B. Saunders. 1898. pp. 518. Price, \$1.25 net.

Even if one is provided with a large and up-to-date medical dictionary, a pocket edition is still a useful companion and often a saver of precious time.

The one in question is a good exponent of its class. It does not pretend to be more than a pocket lexicon, but it does claim to contain an exhaustive number (over 26,000) of terms used in medicine and the kindred sciences. In addition to these terms it has over sixty extended tables all useful for reference. Those on weights and measures are arranged according to the ordinary and metric system, and are followed by tables of the comparative values of the two.

The book is compact and not too large to be easily carried about with one. It is neat and attractive in make-up and binding.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY. By George Frank Butler, Ph.G., M.D. Second edition, revised. Philadelphia: W. B. Saunders. 1898.

This compact volume covers apparently about all the ground that a student of the old school must go over in the branches named. After a general review of pharmacology and general therapeutics, adequate space is given to the description of pharmaceutical preparations of all kinds both for internal and external use.

The application of remedies is treated of under the respective headings of disease medicines and symptom medicines. A chapter on topical remedies is added.

The instruction given on the writing of prescriptions and the proper combination of drugs is full and practical. Such a book, irrespective of its therapeutics, makes a good work of reference.

---

### OBITUARY.

DR. JOSEPH SIDNEY MITCHELL, president of the Chicago Homœopathic Medical College, died at his home in Chicago, November 4, 1898, aged fifty-nine years.

Dr. Mitchell was a native of Nantucket, Mass., a graduate of Williams College, and of Bellevue Medical College in 1865. After taking his degree he located in Chicago, where he became a convert to the homœopathic school and lecturer on surgical and pathological anatomy in Hahnemann Medical College. He afterwards filled the chair of the theor

and practice of medicine. He was president of the world's congress of homœopathic physicians and surgeons held in Chicago during the World's Fair.

His wife, two sons, and one daughter survive him.

---

### PERSONAL AND NEWS ITEMS.

---

DR. M. E. HANKS, of Boston University School of Medicine, class of '97, has opened an office at 20 Bellevue Place, Chicago, Ill.

DR. J. P. RAND will relinquish practice in Worcester for a time, owing to the recent death of his brother, Dr. N. W. Rand, which necessitates his presence in Monson. He will be, however, at his office in Worcester week days from 1.30 to 3.30 P.M.

DR. JOSEPH MUIR has removed to 41 West 36th Street, New York City.

WARD'S ISLAND ALUMNI. — The third annual dinner of the Alumni Association of the Ward's Island and Metropolitan Hospitals will take place on Wednesday, December 7. The committee are endeavoring to surpass the previous meetings which were very successful, and would request that every alumnus endeavor to be present. Prominent speakers will respond to toasts and the evening promises to be very enjoyable. Alumni who have not joined the association are earnestly requested to do so. Dr. G. T. Stewart, Secretary, Metropolitan Hospital, Blackwell's Island, N. Y.

---

### PUBLISHERS' DEPARTMENT.

---

A CREATURE COMFORT. — Most of our readers know that Bovetra is a good food for people ill with acute or chronic diseases unable to take nourishment in the form of solids, and that even when they can take a modicum of such nourishment Bovetra will furnish additional food and will stimulate the digestive powers to the full and proper performance of their office.

Most physicians know this, and know also that to prescribe Bovetra for invalids and convalescents is to give them the benefit of rich, rare, ruddy, strength-giving beef in the form of pure concentrated beef juice.

But sometimes it is possible that they may forget the additional uses of this simple, genuinely serviceable food made and put up solely by Otis Clapp & Son of Boston and Providence, R. I.

Bovetra is, among other things, a creature comfort. The physician starting out in cold or snowy weather to make a long round of calls will appreciate this truth if he takes a cupful of Bovetra before leaving his warm office. He will appreciate it still more if, returning wet, chilled through, and numb, he resorts to the same stimulating and refreshing hot drink. It will rest him, reinvigorate him, restore his circulation, and put him in proper condition to enjoy and digest a solid meal.

Coffee and tea require time for their preparation ; not so Bovetra. A teaspoonful or two of the latter added to a cupful of moderately hot water is the simple formula to be followed, and with instantaneous results. Plus a dash of salt, a suspicion of pepper to suit the individual taste, an appetizing bouillon is ready for the immediate refreshment of the inner man or woman.

The advantages of Bovetra in the preparation of ordinary or clear soups should also be remembered. Its addition secures greater food values since its constituents are those of the meat from which it is taken, including the beef albumen, gelatine, fibrin, salts, and other extractives, without the presence of peptonoids and preservatives which render some preparations so unpalatable and distasteful.

Bovetra, then, has a field of action not limited by the confines of the sick room. Its sphere of usefulness is much larger. It is indeed adapted to the needs of the seriously ill, the invalid, the convalescent, the temporarily indisposed ; but it is also a good friend to weary workers, manual or mental, to those of sedentary and those of active habits, to those who keep bachelor's hall and those who live, as the saying is, in the bosom of their family.

Price, at retail, 2 ounces, 40 cents ; 8 ounces, \$1.25. Special rates to physicians, especially to those ordering in quantity.

DOGMA. — *Teacher* : Mary, make a sentence with dogma as subject.

*Mary* (after careful thought) : The dogma has three puppies.

**MEDICAL WORKS.** — The sale of medical works, announced in the advertising department of the *GAZETTE* in the November number, has been so successful that but few volumes remain. These, however, are of equal desirability with those already sold.

They are recent editions, well bound in sheep or cloth, in good condition, and to be disposed of at a fraction of their original cost. So many books have found purchasers and so many sales are being made daily that it will be impossible to issue catalogues, and for the same reasons titles cannot be specified here. An inspection of the books remaining by all interested, whether intending buyers or not, is, however, cordially invited.

Students and physicians alike will find this a rare and noteworthy opportunity. Our patrons are also reminded that the latest homœopathic publications can always be obtained from Otis Clapp & Son, 10 Park Square, Boston, where the sale referred to is in progress.

Students interested in shorthand will find here instruction books in stenography and typewriting, the former according to the Isaac Pitman system.

**"BILLY" DIDN'T KNOW.** — "Oh, my daughter!" (to a little girl of six,) "you should not be frightened and run from the goat. Don't you know you are a Christian Scientist?"

"But, mamma" (excitedly), "the billy goat don't know it." — *Current Literature.*

**AGATE WARE.** — The agate ware enamel makes a superior instrument tray, presenting a perfectly smooth hard surface without cracks or crevices, and capable of being easily, quickly, and thoroughly cleansed and rendered aseptic.

These trays are obtainable at Otis Clapp & Son's, in convenient sizes; also pus basins in the same ware in all sizes, large and small, together with hard rubber pus basins for those who prefer them.

Another form of agate ware may be found in the shape of hand basins. These are extremely useful. Light, inconspicuous, space-economizing, white enameled iron stands holding either one or two basins can be had if desired, or the basins may be purchased separately.

The above are necessary and convenient adjuncts in office and operating-room, and are on sale at 10 Park Square, Boston.

**MORE THAN A LITTLE.** — *Truth* puts these words in the mouth of a physician regarding his prescriptions: "What I have written I

have written, and neither I nor you nor anybody else can read it." And the *British Medical Journal* adds: "There is a good deal of *Truth* in it, and we are very sorry to say, a little truth, too."

**SPECIAL OFFER TO NEW SUBSCRIBERS.** — The subscription price of THE NEW ENGLAND MEDICAL GAZETTE is \$2.00 a year in advance.

For the coming year a special offer is made to new subscribers who, by remitting \$2.25 direct to the publishers, Messrs. Otis Clapp & Son, 10 Park Square, Boston, will obtain the GAZETTE for 1899 and Otis Clapp & Son's Visiting List and Prescription Record, the regular price of which is \$1.00.

This offer is made not only with a view to giving physicians who have never taken the GAZETTE an opportunity to see, by receiving twelve consecutive numbers, what an excellent, indispensable, and readable journal it is and how favorably it compares with other medical literature, but also to make them acquainted with the merits of the Visiting List mentioned.

The latter is in two sizes, viz., for thirty and sixty patients a week; is compact, convenient, durable, and perpetual.

Its paper, typography, and binding are each superior in quality. By its use a handy, complete record can be kept of addresses, visits, prescriptions, charges, obstetrical engagements, etc. Its flexible tuck binding and gilt edges give it a pleasing appearance outwardly; while its pocket and pencil, useful tables and calendar, make it equally so within.

By what has been said it will be seen how unusually desirable an offer this is, — a year's subscription to the GAZETTE and a copy of Otis Clapp & Son's Visiting List to each new subscriber remitting \$2.25. Checks should be made payable to Otis Clapp & Son, and sent to their principal pharmacy, 10 Park Square, Boston, Mass.

**WANTED.** — A homœopathic physician of ten years' experience would like information regarding a good location in eastern Massachusetts. Would be willing to assist an established physician or purchase an established practice. Address Box 277, Wellesley Hills, Mass.

**FOR SALE.** — A doctor's caroselette, secondhand, with a set of booby runners. Apply to Dr. William L. Jackson, 76 Dudley Street, Roxbury.







41c

708+



3 2044 103 096 434

