



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### **Usage guidelines**

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

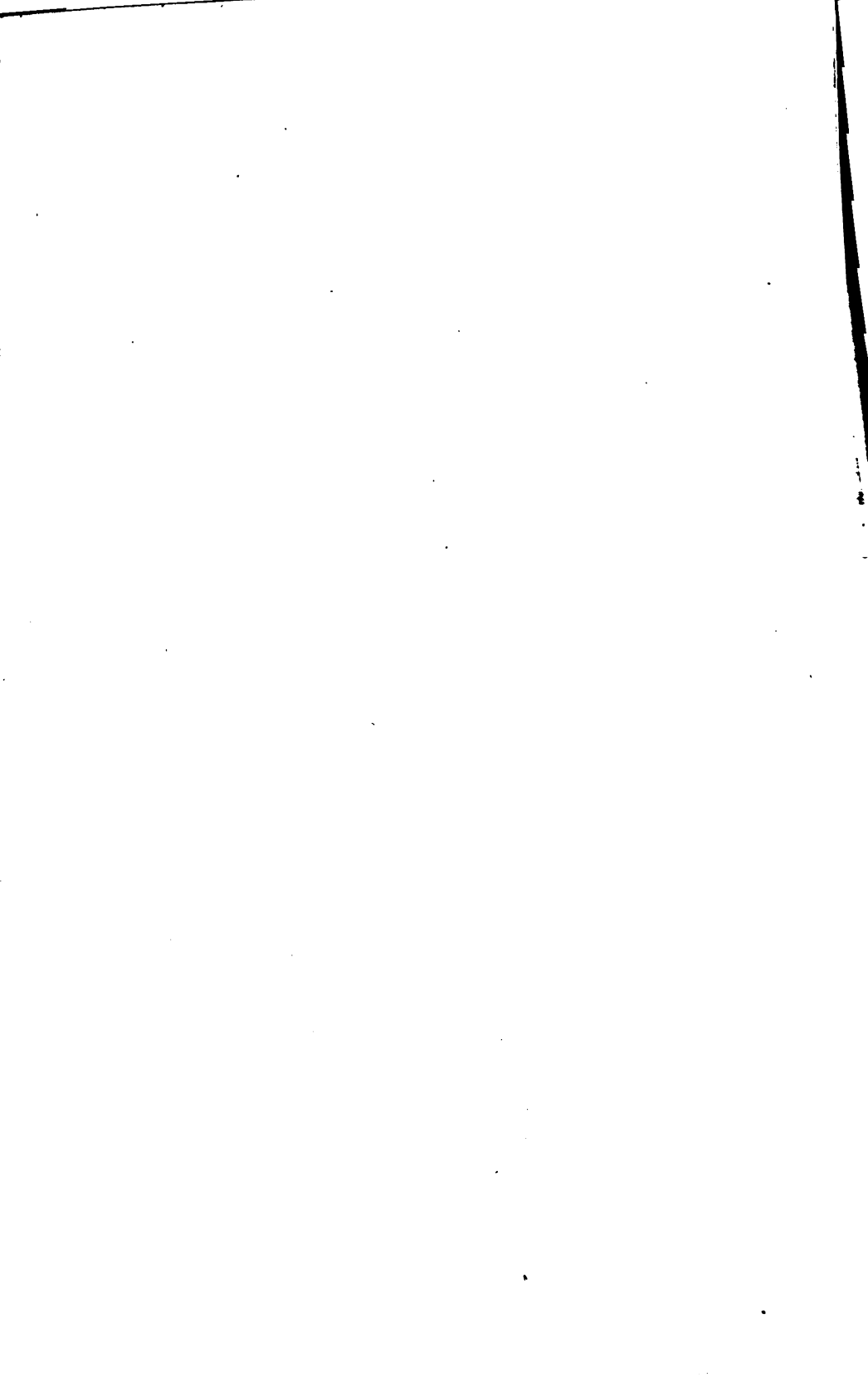
- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

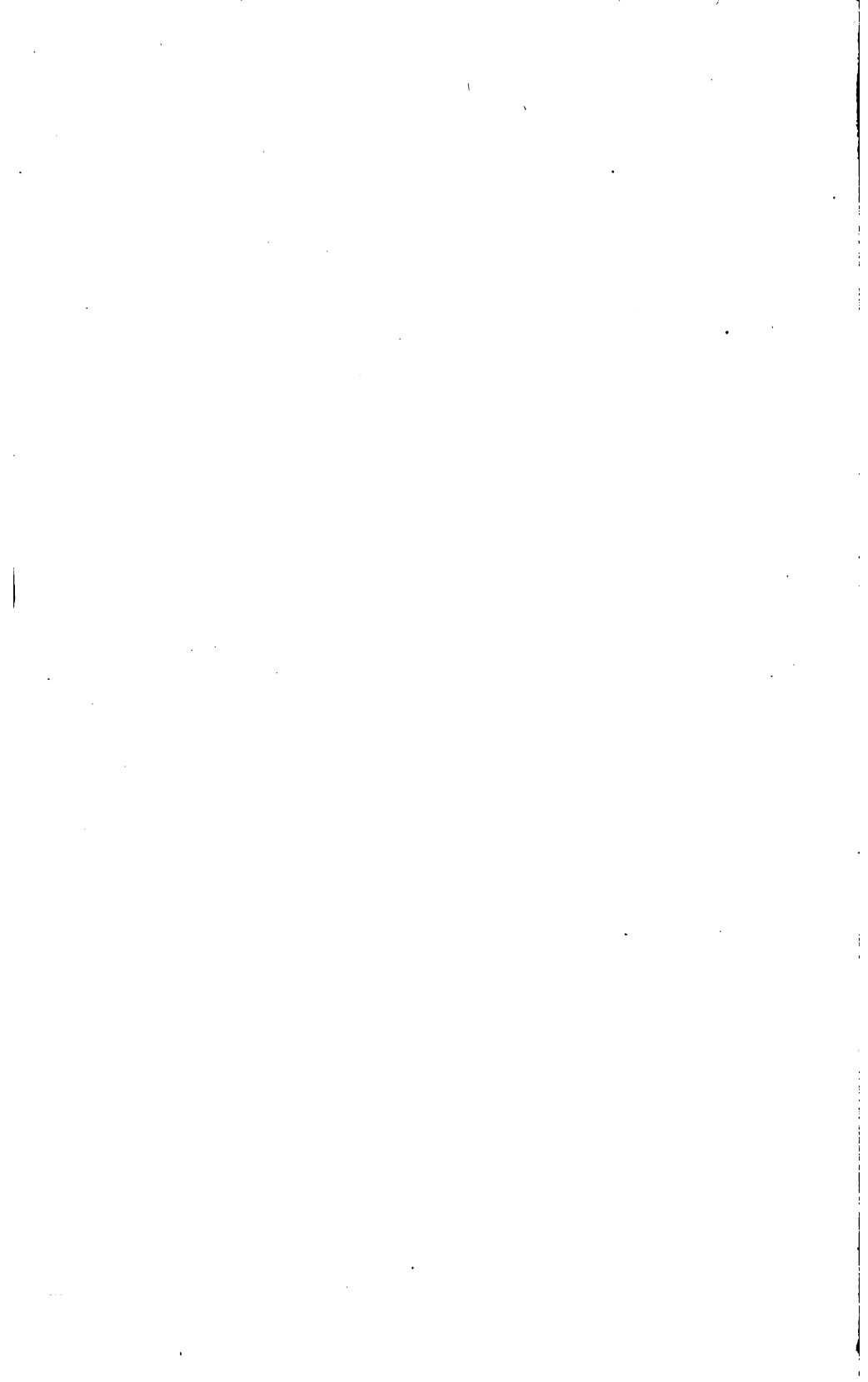
### **About Google Book Search**

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

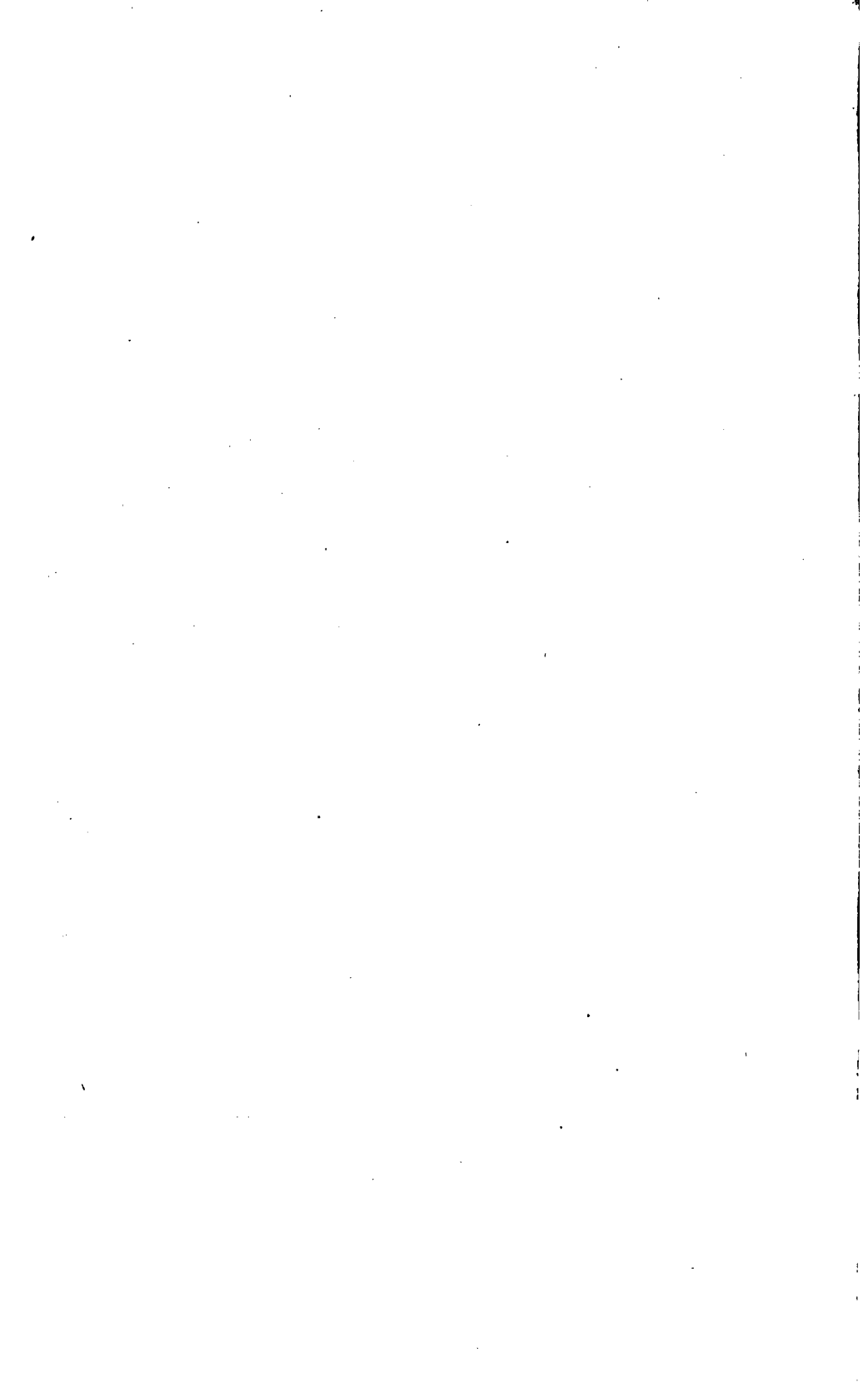
No. ....

**BOSTON**  
**MEDICAL LIBRARY**  
**ASSOCIATION,**  
**19 BOYLSTON PLACE.**





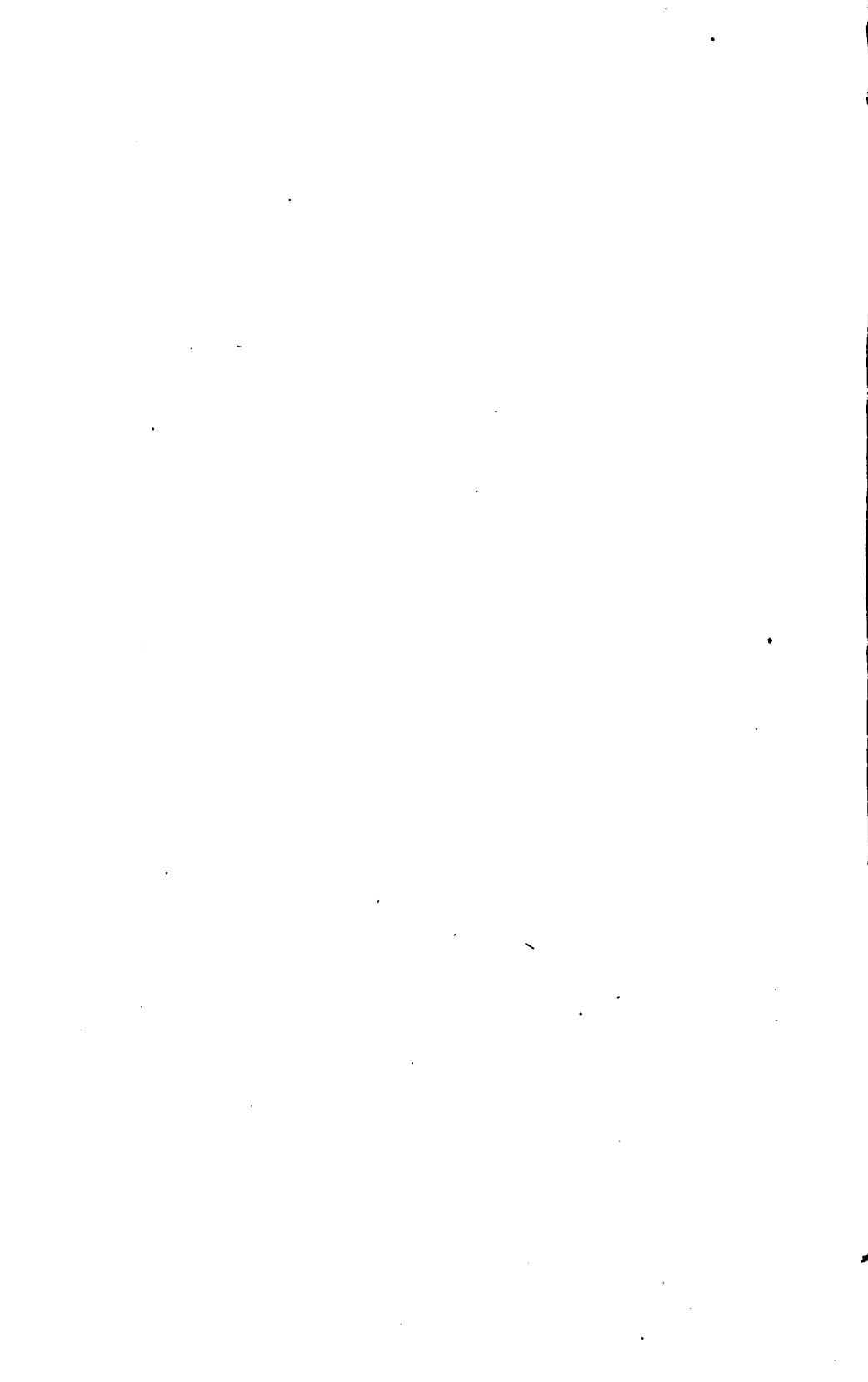




THE NEW ENGLAND  
MEDICAL GAZETTE.

---

VOLUME XVII.





THE  
NEW ENGLAND  
MEDICAL GAZETTE.

A Monthly Journal

OR

HOMŒOPATHIC MEDICINE.

---

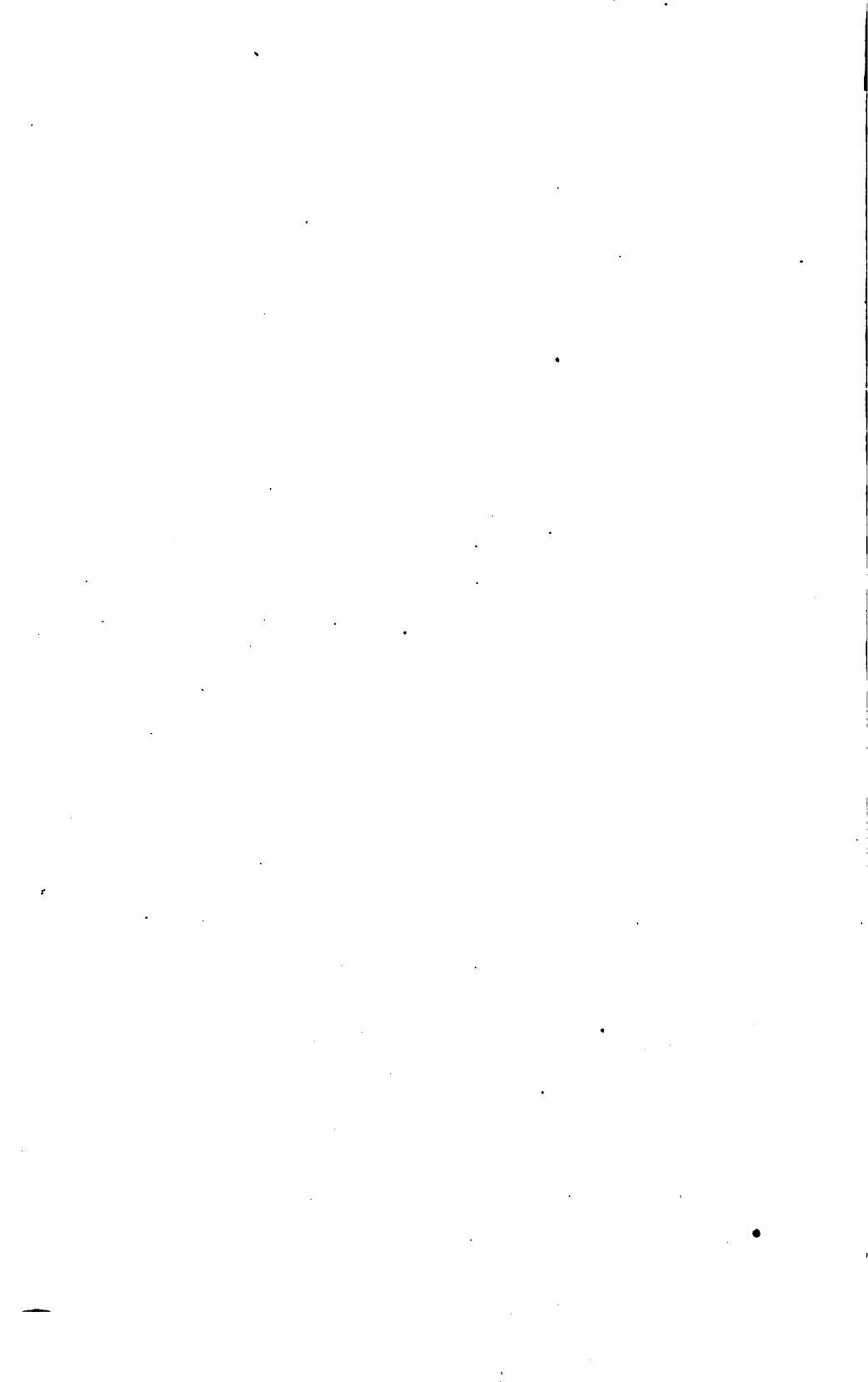
*"Die milde Macht ist gross."*

---

VOLUME XVII.

BOSTON:  
OTIS CLAPP & SON, 3 BEACON STREET.

1882.



## INDEX TO VOLUME XVII.

EDITORIALS.		PAGE
A Good Move . . . . .	35	
Allopathic Homœopathy . . . . .	259	
American Institute of Homœop- athy . . . . .	131	
Another Remedy to prove . . . . .	356	
A Plea for Clinical Cases . . . . .	162	
Artificial Feeding . . . . .	33	
A Vital Reform . . . . .	321	
A Word of Warning . . . . .	65	
Death of Homœopathy . . . . .	2	
"Faith" Healing . . . . .	225	
Guardians of the Public Health . . . . .	67	
Homœopathic Insane Hospital . . . . .	2	
Homœopathy in the Government Service . . . . .	353	
Hypodermatic Medication . . . . .	289	
Medical Education . . . . .	220	
Medical Podsnappery . . . . .	66	
Retirement of Prof. Dowling from Deanship of New York Homœop- athic Medical College . . . . .	132	
The American Association at St. Paul . . . . .	195	
The Bacillus of Tuberculosis "The Fallacies of Homœopathy" The New Code . . . . .	162 97 129-165	
The New England Medical Gazette, Vol. XVII . . . . .	1	
The Outlook . . . . .	193	
The Situation in Leipsic . . . . .	99	
Vaccination . . . . .	34	
What shall be done with the Ho- mœopaths? . . . . .	257	
What shall Homœopaths do with themselves? . . . . .	290	
ORIGINAL ARTICLES.		
<i>Abies Nigra</i> : Clinical Experience with, By H. N. Guernsey, M. D. . . . .	205	
A Case of Fungus <i>Hæmatodes</i> or Medullary Cancer. By L. H. Kimball, M. D. . . . .	206	
A Case of Placenta <i>Prævia</i> with Twins. By Edward M. Currier, M. D. . . . .	14	
A Case of Cystic Tumor of the Peritoneum. By G. H. Martin, M. D. . . . .	229	
A Case of True <i>Vaccinia</i> in a Child, following Vaccination of the Mother. By J. T. Harris, M. D. . . . .	168	
Acetic Acid: Clinical Experience with. By H. N. Guernsey, M. D. . . . .	204	
A Contribution to the Pathology of the Brain. By John A. Rock- well, M. D. . . . .	81	
Address before the Worcester County Medical Society. By S. H. Colburn, M. D. . . . .	241	
A New Truss for Umbilical Hernia. By W. T. Laird, M. D. . . . .	248	
An Interesting Case. By H. E. Russegue, M. D. . . . .	337	
Annual Address delivered before the Maine Homœopathic Medi- cal Society. By W. T. Laird, M. D. . . . .	209	
A Review of the Guiteau Case. By Samuel Worcester, M. D. . . . .	114	
A Review of the Guiteau Case ( <i>con- tinued</i> ). By Samuel Worcester, M. D. . . . .	148	
Artificial Peptone. By H. D. Paine, M. D. . . . .	260	
Attention . . . . .	309	
Bacteria in Tubercles. By R. R. Gregg, M. D. . . . .	195	
Blepharitis Ciliaris. By D. N. Skinner, M. D. . . . .	366	
Cardiac Therapeutics. By E. Wood Forster, M. R. C. S . . . . .	271	
Cases from Practice. By A. M. Cushing, M. D. . . . .	208	
Clinical Cases. By J. H. Carmi- chael, M. D. . . . .	144	
Clinical Cases. By J. C. Gannett, M. D. . . . .	312	
Clinical Cases. By M. C. Pingree, M. D. . . . .	237	
Cases from Practice. By E. H. Linnell, M. D. . . . .	274	
Coca in the Opium and Alcohol Habits . . . . .	252	
<i>Convallaria Majalis</i> . Translated for the GAZETTE . . . . .	328	
<i>Convallaria Majalis</i> Flores. By Ralph D'Arý, M. D. . . . .		

Diagnosis of Human Blood Stains. By J. C. Morgan, M. D. . . . .	15	Pseudo-Helminthiasis. By J. C. Morgan, M. D. . . . .	78
Diagnosis of Iritis . . . . .	8	Report of the Committee on a State Homœopathic Insane Hospital . . . . .	140
Dr. John F. Gray. By E. Carleton and F. H. Boynton . . . . .	231	Routine Practice. By A. L. Ken- nedy, M. D. . . . .	362
Excerpts from Ophthalmic Prac- tice. By H. C. Angell, M. D. Granular Ophthalmia . . . . .	7	Sclerotomy . . . . .	9
From the "Deutschen Medicini- schen Wochenschrift," No. 19, 1882. Translated by G. R. Southwick, M. D. . . . .	309	Some Cases at the Rotunda Hos- pital, Dublin. By G. R. South- wick, M. D. . . . .	35
Homœopathy. By E. B. De Gers- dorff, M. D. . . . .	297	Suppurating Interstitial Keratitis . . . . .	10
Homœopathy (concluded). By E. de Gersdorff, M. D. . . . .	323	Tabes Dorsalis. By E. M. Currier, M. D. . . . .	45
Homœopathy in Spain. Translated for the GAZETTE . . . . .	338	The Advantages of Homœopathy in the Treatment of the Insane. By Selden H. Talcott, M. D. . . . .	136
Homœopathy: Its Progress and Means of its Perpetuation. By J. C. Budlong, M. D. . . . .	73	The Cause of Cataract . . . . .	9
How to elevate the Medical Profes- sion. By T. H. Mann, M. D. . . . .	47	The Cause of Myopia . . . . .	11
Janus. By S. G. Bailey, M. D. . . . .	313	The Diagnosis of Presentations by Abdominal Palpation. By G. R. Southwick, M. D. . . . .	246
Letter from New York. By Fred F. Moore . . . . .	132	The Differentiation of Croup from Diphtheria. By W. H. Morse, M. D. . . . .	5
Letter from Prof. C. E. Hast- ings . . . . .	332	The Hippocratic Oath . . . . .	277
Medical Society Principles. By C. Wesselhoef, M. D. . . . .	4	The Ophthalmoscope in Measuring Ametropia . . . . .	12
Microscopical Studies in Yellow Atrophy of the Liver. By John A. Rockwell, M. D. . . . .	181	The Rational and Empirical Meth- ods in Medicine. By Walter Wesselhoef, M. D. . . . .	103
Milk as a Nasal Douche. Trans- lated from the French by D. G. Woodvine, M. D. . . . .	268	The Story of a Bone. By C. H. Burr . . . . .	302
Mixed Forms of Asthenopia . . . . .	12	The Subcutaneous Injection of Homœopathic Medicines. By Dr. Kafka of Prague . . . . .	293
Murdock's Liquid Food in Vomit- ing of Cholera Infantum. By F. L. Babcock, M. D. . . . .	307	The Treatment of Writer's Cramp by the Method of Wolff, of Frank- fort-on-the-Main. By Dr. Ro- main Vigoureux . . . . .	100
Occipito-Sacral Position. Case in Practice. By Perry Marshall, M. D. . . . .	122	Treatment of Diphtheria with Ice . . . . .	252
On the Influence of Infinitesimal Quantities in inducing Physio- logical Action. By Charles H. Blackley, M. D. . . . .	331	Treatment of Sprains by Collodion Tuberculosis confined to Abdomi- nal Organs. By Charles A. Barnard, M. D. . . . .	251
Our London Letter. By Giles F. Goldsborough, M. D. . . . .	177	Two Cases of Tetanus from Toy- Pistol Accident. By Charles A. Barnard, M. D. . . . .	49
Ovariotomy: Two Favorable Cases. By I. T. Talbot, M. D. . . . .	264	Two Cases of Tracheotomy. By I. T. Talbot, M. D. . . . .	304
Partial Placenta Prævia. By C. H. Burr, M. D. . . . .	339	What is Homœopathic Practice? By I. W. Sawin, M. D. . . . .	357
Parvules. By F. N. P. . . . .	71	REVIEWS AND NOTICES OF BOOKS.	70
Physical Examination of the Abdo- men as a Means of determining the Position of the Child in Utero. By G. R. Southwick, M. D. . . . .	121	American Institute of Homœo- pathy, Transactions of . . . . .	374
Placenta Prævia: Case. By Rob- ert Hall, M. D. . . . .	44	American Homœopathic Pharma- copœia . . . . .	158
Prophylaxis of Infantile Ophthal- mia . . . . .	7	American Medical Plants . . . . .	344
		An Index of Comparative Ther- apeutics. By Samuel O. L. Potter, M. D. . . . .	187

- Ashurst's International Encyclopædia of Surgery . . . . . 88, 344  
 Asthma. By H. H. Salter, M. D. . . . . 344  
 A Treatise on Antiseptic Medication, or Declat's Method. By Nicholas Francis Cooke, M. D. . . . . 314  
 Catalogue of Otis Clapp & Son . . . . . 314  
 Cerebral Hyperæmia. By C. F. Buckley, M. D. . . . . 374  
 Contributions to Practical Gynecology. By S. J. Donaldson, M. D. . . . . 344  
 Cowperthwaite's Text-Book of Materia Medica . . . . . 125  
 Dalton's Physiology . . . . . 88  
 Diet of Infants and Young Children. By J. C. Morgan, M. D. . . . . 284  
 Directory of Homœopathic Physicians in the State of Pennsylvania, Diseases of the Heart. By W. P. Armstrong, M. D. . . . . 284  
 Doctor, What Shall I Eat? By Chas. Gatchell, M. D. . . . . 284  
 Drug Attenuation: Its Influence upon Drug Matter and Drug Power . . . . . 26  
 Edis's Diseases of Women . . . . . 88  
 Electricity in Surgery. By Butler . . . . . 187  
 Ellis & Ford's Illustrations of Dissections . . . . . 88, 125  
 Essentials of Vaccination. By W. A. Hardaway, M. D. . . . . 344  
 First Annual Report of the State Board of Health of New York . . . . . 26  
 Fothergill's Aids to Rational Therapeutics . . . . . 88  
 Fowler's Suppression of Urine . . . . . 26  
 Holmes's System of Surgery Americanized . . . . . 125  
 Homœopathy in the North American Review . . . . . 187  
 Hubbard's Opium Habit and Alcoholism . . . . . 26  
 International Encyclopædia of Surgery. By Ashurst . . . . . 344  
 Lectures on Venereal Diseases. By W. F. Glen . . . . . 187  
 Lectures on Diseases of Children. By Henock . . . . . 187  
 Leucorrhœa: its Concomitant Symptoms and its Homœopathic Treatment. By A. M. Cushing, M. D. . . . . 187  
 Manual of Obstetrics. By A. F. A. King, M. D. . . . . 374  
 Manthner's Sympathetic Diseases of the Eye . . . . . 88  
 Marriage and Parentage . . . . . 88  
 Materia Medica as a Science . . . . . 29  
 Mane's Opium Smoking . . . . . 88  
 Microscopical Morphology of the Animal Body. By C. Heitzmann, M. D. . . . . 374  
 Norton's Ophthalmic Therapeutics . . . . . 88  
 Noyes's Diseases of the Eye . . . . . 125  
 Osgood's Winter and its Diseases . . . . . 26  
 Phthisis Pulmonalis. By Gershom N. Brigham, M. D. . . . . 314  
 Popular Science Monthly . . . . . 374  
 Practical Laboratory Course in Medical Chemistry. By Draper . . . . . 344  
 Practical Medical Anatomy. By Ambrose L. Ranney, A. M., M. D. . . . . 314  
 Principles and Practice of Surgery. By John Ashurst, Jr., M. D. . . . . 374  
 Proceedings of the Hom. Med. Soc. of Ohio . . . . . 26  
 Supersalinity of the Blood. By J. Compton Burnett, M. D. . . . . 253  
 Syphilis. By V. Cornil . . . . . 314  
 Transactions of the Amer. Hom. Oph. and Otol. Society . . . . . 26  
 Taylor's Sensation and Pain . . . . . 88  
 The Diseases of the Pancreas and their Homœopathic Treatment. By A. R. Thomas, M. D. . . . . 314  
 The Incidental Effects of Drugs. By Lewin. Berlin. Translated by W. J. Alexander, M. D. . . . . 187  
 The International Encyclopædia of Surgery. By Ashurst . . . . . 88  
 The Physician Himself. By D. W. Cathell, M. D. . . . . 344  
 The Popular Science Monthly . . . . . 88  
 Transactions of the Hom. Med. Soc. of Michigan . . . . . 26  
 Transactions of the Hom. Soc. of the State of Pennsylvania . . . . . 125  
 Visiting Lists . . . . . 374  
 Wilson's Facts and Fictions of Zoology . . . . . 88  
 Winslow's Human Ear and its Diseases . . . . . 125  
 PERSONAL AND NEWS ITEMS, 32, 64, 96, 128, 160, 191, 192, 224, 320, 384  
 OBITUARIES.  
 S. M. Gale, M. D. . . . . 96  
 Dr. Lorenzo Fowler Butler . . . . . 224  
 Dr. John Franklin Gray . . . . . 224  
 C. D. Williams, M. D. . . . . 254  
 Mrs. Emma Steene Wanstall, M. D. . . . . 320  
 Dr. Ira Barrows . . . . . 383  
 Dr. Geo. E. Norcross . . . . . 383  
 Dr. Monica Mason . . . . . 383  
 OUR MISCELLANY.  
 An Epidemic . . . . . 255  
 Animal Parasites in the Eggs of the Hen . . . . . 29  
 Autographic Men . . . . . 29  
 Axilla Lactation . . . . . 351  
 Boys Smoking . . . . . 351

Brilliant Results of Modern Surgery . . . . .	29	Tendency towards Homœopathy . . . . .	319
Cases of abnormally High Temperature . . . . .	29	Therapeutics made Easy . . . . .	255
Charcoal in Infantile Diarrhœa . . . . .	29	Triplet . . . . .	29
Children's Hospital . . . . .	29	Tuberculous Diseases, Milk a Cause . . . . .	29
Chloral Hydrate in Diphtheria . . . . .	29	Umbilical Hernia . . . . .	319
Consistency . . . . .	285	Water administered hypodermically . . . . .	29
Corked Ether Cans . . . . .	255	Yellow Fever . . . . .	344
Crowded Profession . . . . .	29		
Deadly Cigarette . . . . .	255		
Died from Dosing . . . . .	255		
Dr. Von Düring's Régime for Diabetes . . . . .	29		
Early Maturity . . . . .	351		
Electric Lights . . . . .	95		
Effects of Smoking on the Heart . . . . .	29		
Encouraging to Obstetricians . . . . .	351		
Examinations of Candidates at Royal College of Surgeons of England . . . . .	255		
Gastro Enteritis . . . . .	319		
Health of French and German Armies . . . . .	160		
Homœopathy in Chicago . . . . .	255		
Legalizing Prostitution . . . . .	29		
London School of Homœopathy . . . . .	95		
Male Wet Nurses . . . . .	255		
Medical News and Abstract . . . . .	29		
Medical Profession as a Calling . . . . .	29		
Miracles at Old Orchard . . . . .	285		
Music as a Curative Agent in Nervous Diseases . . . . .	255		
New York Code of Ethics . . . . .	285		
Remarkable Influence of the Lightning Stroke . . . . .	29		
Rules for Authors . . . . .	29		
Serious Epidemic . . . . .	29		
Sponge Grafting . . . . .	29		
Spontaneous Cow-Pox . . . . .	351		
		SOCIETIES AND INSTITUTIONS.	
		A Mad Allopathic Society . . . . .	282
		American Hom. Directory and Year Book . . . . .	25
		American Institute of Homœopathy The Thirty-fifth Annual Meeting of the American Institute of Homœopathy . . . . .	23
		American Pub. Health Association . . . . .	215
		American Pædological Society . . . . .	281
		Boston University . . . . .	343
		Boston University School of Medicine . . . . .	222
		Boston Homœopathic Medical Society . . . . . 17, 56, 123, 278, 372	24
		Homœopathic Medical Dispensary, Boston . . . . .	56
		Homœopathic Mutual Life Ins. Co. . . . .	24
		Maine Homœopathic Society . . . . .	221
		Massachusetts Hom. Med. Society 16, 341 . . . . .	
		Report of Committee to inspect Cochituate Water Basins about South Framingham. Read before Meeting of the Boston Homœopathic Society . . . . .	57
		Rhode Island Homœopathic Society . . . . .	62
		Worcester Co. Hom. Med. Society 20, 280 . . . . .	
		Vermont Hom. Med. Society . . . . .	21

77.

THE  
NEW ENGLAND MEDICAL GAZETTE.

---

No. 1.

JANUARY, 1882.

VOL. XVII.

---

EDITORIAL.

---

*THE NEW ENGLAND MEDICAL GAZETTE, VOL. XVII.*

It seems but a little time since the first number of the first volume of this journal went to press. Already its volumes fill a long shelf, and a review of its original and selected articles would exhibit a favorable comparison, both in quality and manner, with those of any other medical journal published. With deep regret we are compelled to announce that the able editor who, for the past three years, has held the sole editorial management, is obliged to relinquish a great part of that work; but at the same time he joins in an association of physicians which will unitedly perform the editorial work, and will, we trust, bring to the pages of the GAZETTE a freshness, clearness, and vigor that will make it more than ever valuable.

While it will be our aim to do our work well, let us remind our readers that they have it in their power to add greatly to the value of the journal by a cordial and thoughtful assistance. No especial changes will be made in the form or in the opinions of the GAZETTE. While we shall welcome to its pages all facts and experiences which will tend to elucidate doubtful points in medicine, and shall allow the greatest latitude in the opinions herein expressed, we shall endeavor to avoid, as far as possible, the vague and illogical theories and personal polemics which weaken rather than aid our progress.

\*

*HOMŒOPATHIC INSANE HOSPITAL.*

PETITIONS are in circulation throughout the State, asking that homœopathic treatment may be accorded to the inmates of insane asylums when desired. With four hundred physicians of our school in the State of Massachusetts, and the tens of thousands of citizens who use only this method of treatment, it would seem that a petition from them in a matter of such evident justice should not be unheeded by the Legislature of the State. But as all reforms need to be urgently and persistently pressed in order to be successful, so this will require the earnest effort of all our friends. Let the petition be circulated at once in every quarter. Even citizens who employ only allopathic treatment for themselves when sick should be willing to allow homœopathic treatment to those who prefer it; and many such would sign the petition if asked. The assistance of the press, the clergy, and of all philanthropic people should be secured in this matter. A few days of earnest work given to this subject may obtain in Massachusetts an asylum for the insane which, like that of New York, shall be a credit to the profession, an honor to the State, and a lasting benefit to the people. \*

---

*"DEATH OF HOMŒOPATHY."*

It is now just forty years since that delightful poet and *quasi* physician, Oliver Wendell Holmes, gave to the Boston public two lectures on "Homœopathy and its Kindred Delusions." In these lectures homœopathy was denounced as the most absurd of all medical delusions; and the prophecy was then made that it would be short-lived, and that "not many years can pass away before the same curiosity excited by one of Perkins's Tractors will be awakened at the sight of the Infinitesimal Globules. If it should claim a longer existence, it can only be by falling into the hands of the sordid wretches who wring their bread from the cold grasp of disease and death in the hovels of ignorant poverty." Thirty years passed away, and in 1872 the "lifeless delusion," as Holmes called it in 1842, had become a power in the land. Its practitioners were numbered by thousands, and its believers by hundreds of thousands. In Boston it had a dispensary for the sick



poor, at which nearly 1,000 were treated yearly. An effort had been made to establish a hospital to which the poor could resort and have homœopathic treatment. In fact, its institutions, its societies, and its practitioners were prosperous, and exhibited as yet no sign of the much-wished-for decay. There being no prospect of its dying a natural death, the councillors of the great Massachusetts Medical Society in secret conclave determined to kill it: First, by declaring it arrant quackery; second, by expelling, as unprincipled men, any who practised it; and third, by forbidding members to hold any professional relations with these "charlatans." The result of this action is best seen in the growth of homœopathy in New England since that performance. In Boston the number of homœopathic physicians has increased from sixty to upwards of one hundred; in New England from five hundred to eight hundred. A medical school in connection with Boston University has been established, which, with thorough instruction in every department, has already graduated two hundred and fifty physicians; a hospital has been founded which has cared for upwards of 1,600 patients, and has secured of funds for running expenses, for land, buildings, and permanent funds, upwards of \$250,000; and the dispensary has enlarged its work from 973 patients in 1871 to 11,862 in 1881. But this growth is not confined to New England. Twenty-six State medical societies and one hundred and nine local societies exist in the United States, with a membership exceeding 2,000. Forty-two hospitals, with 1,600 beds, employ wholly homœopathic treatment, while more than 100,000 poor patients are annually treated at homœopathic dispensaries. Moreover, seventeen medical journals are sustained, and eleven medical colleges are educating at the present moment upwards of 1,300 students in homœopathic opinions and preparing them for homœopathic practice. The success of these practitioners, the quality of their patrons, and the amount of charitable work performed would indicate that the "sordid wretches" and the scarcity of "infinitesimal globules" prophesied belong not to this generation. May the "death of homœopathy" continue, in the future as in the past, to be confined to the realms of prophecy, until, at least, science shall give to humanity a better method of healing.

\*

*MEDICAL SOCIETY PRINCIPLES.*

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

ABOUT three months ago, a much-honored colleague of Dover, N. H., sent me a printed set of principles governing a medical organization in that city. They were intended to harmonize medical creeds: that is, homœopathic physicians must cease to call themselves by that odious name, and those who never did call themselves so, remain what they were before; namely, doctors who practise anything and everything but odious homœopathy. This is the way they did it:—

“DOVER, N. H., February, 1880.

“We, the undersigned, assuming that entire liberty of thought and freedom of opinion are absolutely essential to real progress in the science and art of medicine,

“*Resolve, First*, That we will in no way approve, sanction, or hold allegiance to any organization, society, or name, which, by giving exceptional prominence and authority to any exclusive medical dogma or system of practice, tends to limit such freedom of thought or opinion.

“*Second*, That we will recognize, professionally, only such honorable and well-accredited physicians as in their medical associations and conduct conform to the spirit of the foregoing resolution.”

The following is a copy of the essential portion of my reply to the much-honored colleague in Dover:—

“*Dear Doctor*,—The difference between the two societies is that the American Institute (and similar societies) will admit every physician regardless of method of practice, while your society will *not*, unless a physician has no preference for any method, or unless he professes to have none.

“The time will come when there will be even more and better methods of practice than we now have; and the time must come when all well-accredited physicians, regardless of their special methods of practice, will be allowed to join any general medical society.

“We have abolished creeds or confessions of faith in our Massachusetts State and local societies, as well as in the Institute of Homœopathy. You, of New Hampshire, do not object to any creed or method of practice or ‘pathy’; you admit them all, provided those who make use of them agree *not to name their methods of practice*. You allow them to practise a distinct

method, to write papers concerning it, to discuss it ; but they must not call it by its name, or out they go.

“We, on the other hand, do not propose to limit any man’s practice, nor to prescribe or proscribe the name he chooses to call it by. If, in our societies, we limit our labors mostly or exclusively to a certain method of practice, to its improvement and possible perfection, it is because we are limited by time, strength, and ability to do the amount of work on hand ; *not* because we proscribe, prescribe, or exclude other methods of curing which should be *free to call themselves by any name or definition suited to their wants.*”

“The principles upon which alone medical societies can be founded are :—

“1. Every society has the absolute right to define the limit and kind of scientific work it proposes to do.

“2. It has no right to attempt to limit or proscribe freedom of thought or definition of method of practice.

“This is perhaps what your programme of February, 1880, tried to express, but got hopelessly and inextricably mixed. Your first sentence proclaims freedom ; your second sentence (first ‘resolve’) gives your sentiments of freedom a terribly black eye ; consequently you do not see it, as I fear.”

---

### THE DIFFERENTIATION OF CROUP FROM DIPHTHERIA.

BY W. H. MORSE, M. D., PITTSFIELD, MASS.

THERE is certainly an existent relation between the two diseases. Laryngitis accompanied by membranous inflammation may arise from the contagion of diphtheria, but it is just as much a product of measles, scarlatina, or typhoid fever, without exposure to diphtheria ; of accidental irritation, as contact of acids, inhalation of steam, or pressure of a foreign body ; of cut throat, occurring as a sequel ; of contact of foul air and water ; and no doubt of other causes. An influence which in one person produces croup may in another produce diphtheria ; yet it is questionable if a person suffering from croup can communicate to another by contagia the membranous condition which in the second person will be distinctly diphtheritic.

Two or three years ago, a committee of the Royal Medical and Chirurgical Society defined diphtheria as a zymotic disease, accompanied by membranous exudation, and which may or may not be accompanied by croup. Croup, they say, is a term signifying a laryngeal obstruction in children, accompanied by febrile movement. There is nothing provisional in these definitions, but

their chief glory is their duality of expression. Yet beyond the power of definition there is very little to diagnose from. Once it was said that a mark of distinction was the contagiousness of diphtheria; but now we know that diphtheria is not always contagious. Again, it has been said that croup was merely a local inflammation, whereas diphtheria was a special constitutional affection; now we have come to look upon croup as both constitutional and local in its relations. The albuminuria of diphtheria was characterized as diagnostic; but albumen has been found in the urine of the patient suffering from croup. The manifestation of asthenia, and the sequelæ of paralyses and great depression characterize some cases of croup as uniformly as is the rule in diphtheria. A difference in the character of the exudation has been claimed, but is abandoned. I had an opportunity some time since of examining several specimens of sputa and false membrane removed from the throats of children dying of croup and diphtheria. Microscopical observation revealed but one difference; and that was that in diphtheria the exudation is planted firmly into the tissues, while in croup it is a superficial coagulation of lymph on the mucous membrane. In diphtheria the deeper tissues are destroyed, so that the membrane could not be peeled off. Another and a beautiful characteristic, microscopically revealed, relates to the presence of micrococci. In any partially decomposed mucus they are to be found scattered through the substance. This is the case in the croupal membrane and sputa, whereas in diphtheritic membrane these organisms appear only in collections or nests.

It seems, however, from all of the present data, that this question of diagnosis resolves itself into one conclusive ætiological truth, which, briefly expressed, is as follows: Croup is due to a constitution supported by blood of a certain condition, being acted upon by a certain condition of the atmosphere, which condition owes its peculiar influence to impalpable germs which might or might not be diphtheritic in origin. That germs producing croup might originate from diphtheritic deposit is not necessarily hard to believe. In point of fact, it may be held that such germs might and doubtless do arise from other diseases than diphtheria. Measles or typhoid fever may furnish them just as readily. Until we come to know intimately the character of these germs, we can only estimate their value; yet there is every probability that their origin is from one fixed state, wherever placed. Interwoven with this remains the self-evident fact that germs born of the diphtheritic membrane have, by virtue of their birthright, more potent ability to produce a given character in the laryngeal membrane; which membrane, because of this relationship, manifests a disposition to put on a diphtheritic aspect.

Therefore it may be truthfully said that beyond question, those forms of croup which are somewhat asthenic, and manifestly of a diphtheritic nature, are due to the malignity of the influence of germs but recently derived from the condition of diphtheria, and only one remove from that disorder.

---

*EXCERPTS FROM OPHTHALMIC PRACTICE.*

H. C. ANGELL, M. D., BOSTON.

[From advance sheets of "Diseases of the Eye," sixth edition, now in press.]

GRANULAR OPHTHALMIA.

THE more experience one has in granular or trachomatous conditions of the conjunctiva, the more one is inclined to prefer the milder to the so-called heroic treatment. Caustics and strong astringents are sometimes necessary, but their use should not be prolonged, and they may often be dispensed with to the advantage even of eyes that appear to tolerate them perfectly. Thus, I find myself of late years substituting a crayon of alum in cases where formerly I should have used a crayon of sulphate of copper.

Naturally, much depends upon the fact as to whether ciliary irritation exists to any great extent. If it does, caustic or astringent applications are not borne well, and do harm rather than good. Pain, photophobia, and lachrymation indicate ciliary irritation; and when considerable, contra-indicate astringents, apart from other considerations. In some of these cases one should carefully regard the condition of the iris. *Atropine* will sometimes be useful.

Recently, as an intercurrent application, I have found boracic acid, four to six grains to the ounce of water, serviceable. In acute or sub-acute cases the boracic acid, being a disinfectant as well as a very mild astringent, may be used freely several times a day. When used in a four-grain solution, in cases of even marked ciliary irritation, it is usually borne well, and is often decidedly beneficial.

PROPHYLAXIS OF INFANTILE OPHTHALMIA.

It is advised to wash the lids of the child in a one per cent solution of carbolic acid directly after birth. Possibly boracic acid, which is a milder and safer antiseptic, and could be used in a much stronger solution, would be equally efficacious. At the Lying-in Hospital at Leipsic the following prophylactic treatment is adopted: The eyes of the infant are immediately washed out with water, a drop of a two per cent solution of *Argent. nit.* is instilled, and the eyes are covered for twenty-four hours with

cool compresses moistened in a two per cent solution of salicylic acid. These measures were first adopted for the infants of diseased mothers only, but subsequently extended to all others. The result was, that for six months, in two hundred infants so treated, not one case of ophthalmia occurred. In one case where the application of the *Argent. nit.* had been accidentally neglected, a slight case of conjunctivitis appeared.

A much simpler treatment is employed at Halle; viz., for nine months the eyes of the infants were washed out, as soon as the head was born, with a one per cent solution of carbolic acid. This treatment reduced the percentage of ophthalmia from 12.5 per cent to 3.6 per cent, and the disease when it did appear assumed a milder form.

It would seem, in view of the above facts, that a grave responsibility for the condition of the eyes of the new-born rests upon the obstetrician. I recall last year an otherwise perfectly healthy infant, sent to me by the family physician for treatment: the child was four weeks old, and both corneæ were wholly destroyed from purulent inflammation. Of course the child was totally blind, and was to go through life totally blind. Such cases would be almost impossible if the prophylactic treatment above suggested were generally observed. It is very feasible for a physician to carry out the treatment. A small bottle of a saturated solution of boracic acid could be conveniently carried about, and when used, diluted with an equal part of water. This would give a solution of fifteen to eighteen grains to the ounce. Or a four-grain solution of carbolic acid might be used if preferred.

#### DIAGNOSIS OF IRITIS.

This is made comparatively easy by a careful observance of the objective symptoms already mentioned; still, in certain cases, some of these are more or less masked by the great injection of the conjunctiva, and some may be absent. Thus, the pinkish zone around the edge of the cornea may be hidden from sight by the vermilion redness of the congested conjunctiva. In such cases a general practitioner, I have observed, may mistake the disease for a conjunctivitis, and this may lead to the prescription of an astringent eye-wash, which is always contra-indicated in an iritis, and always aggravates the severity of the affection; or it may lead to the neglect of the use of *Atropine* or some other mydriatic, an event too often deplored after an eye is lost. But in these doubtful cases, if the physician will take his patient near a window and test the movement of the pupils, he will find a sluggish movement of the iris if it be inflamed; but if the movements of the pupil in contraction and expansion are active and natural, he may be quite sure that he has not an iritis. When

there are elements of uncertainty in the case, avoid all irritating applications, and then, at least, no harm will ensue. If it is an iritis, it will develop unmistakably in a short time.

#### SCLEROTOMY.

The operation of sclerotomy is finding considerable favor with many ophthalmic surgeons as a substitute for iridectomy. It does not appear to reduce tension so effectually as iridectomy, nor is it so reliable for most forms of glaucoma. It is to be commended for chronic glaucoma simplex, in which iridectomy is sometimes of little service, and may perhaps be advised in cases of absolute glaucoma, where, sight being gone, an operation for the relief of pain is indicated. The operation is usually done with the narrow cataract knife, which is entered near the corneal margin of the sclera as if to make a small flap, some two or three mm in height. When the imaginary flap is about two thirds finished, and the aqueous humor has escaped, the knife is slowly withdrawn. The operation is difficult, and there is not unlikely to be a prolapse of the iris; in which case the iris is cut off, and the operation results in an iridectomy. In order to avoid this prolapse of the iris, it is advised to drop a one per cent solution of eserine into the eye before operating, and to fix the eye both above and below during the operation. On no account should the knife be withdrawn before the complete escape of the aqueous humor. The after treatment is similar to that of iridectomy.

#### THE CAUSE OF CATARACT

Is probably faulty nutrition of the lens. This may be due to old age, as in *senile cataract*; to disease of the kidney, as in *diabetic cataract*; or to abnormal change in the deep structure of the eye, as in *secondary cataract*. There is also a *congenital cataract*, dating from birth, and a *traumatic cataract*, from injury.

Recently, investigations, chiefly by Michel, in regard to the influence of the general circulation upon the nutrition of the eye, go very far to prove that cataract is generally caused by sclerosis of the carotid arteries. Thus, in the course of ten months, fifty-three cases of cataract observed showed a sclerosis of the carotid in every case. In some, where one eye only was affected, there was sclerosis of the carotid on the same side only, or it was more highly developed on that side; while in double cataract the opacity of the lens was most advanced on the side corresponding to that in which the sclerosis of the carotid was greatest. In addition to the sclerosis, there was also in some of the cases an enlargement of the thyroid gland. The ages of the patients varied from eight to eighty-one years. It is supposed that the diminution in the supply of blood to the eye produces, after some

time, an opacity of the lens, due to insufficient nutriment. It is not probable that every case of cataract will show a sclerosis of the carotid. There may be senile marasmus, or a feebleness of circulation after exhaustive disease, congenital insufficiency of the arterial circulation, abnormal growths pressing on the carotids, — any of these may also cause opacities of the lens.

#### SUPPURATING INTERSTITIAL KERATITIS.

This outline of a case of apparently total destruction of the cornea from suppuration, as I at first considered it, may be instructive as showing the value of paracentesis combined with the application of heat in desperate cases.

On June 7, 1879, Capt. B——, aged sixty, master of a whaling vessel, was brought directly from his ship to my office. He had sailed some weeks previously, with good sight; but off the coast of South Carolina had been attacked with inflammation of the eyes, had gradually become blind, and was obliged to bring his vessel back to port. He was led to my house as a blind man, but I found vision, left eye  $\frac{1}{20}$ , right eye entirely blind; he thought he could distinguish the direction of a window in the sunlight, but failed to detect the presence of a sheet of white paper moving directly before the affected eye.

There was diffuse cloudiness of the whole cornea in the left eye, but it was not sufficiently dense to completely hide the iris and pupil. The conjunctiva was moderately injected around the corneal edge. The right eye presented a very different aspect. There was deep, dark injection of the entire ocular conjunctiva, with chemosis; the cornea was yellow and opaque; the infiltration of pus between its layers was so marked a feature that I looked for its disintegration very shortly. The patient was assured that the left eye would probably be restored to fair sight, but was told that the right was inevitably lost. I instilled *Atropine* into both; bandaged them; gave orders for a hot fomentation to each, of fifteen minutes, three times a day. Gave him *Quinine*  $\frac{1}{10}$ , five-grain doses, three times a day. The *Quinine* was suggested by his general health, which, although not specially bad, was not up to his usual robust standard. For a sea captain, he was pale.

June 9. — Left eye better, cornea clearing a little. The right eye is not changed in appearance. He cannot see a white paper moving before it. Made a small opening into the anterior chamber at the lower corneal margin with a Beer cataract knife, which I consider the best instrument for this purpose if used cautiously. There was a discharge of aqueous, followed by aqueous turbid from pus; showing that hypopion probably existed also, but undetected owing to the complete corneal opacity. Same local and internal treatment continued.



June 11. — Left, better. Right, can see a white paper before the eye, owing to a little clearing up of the cornea at its inferior edge near the opening. Paracentesis again.

June 13. — Left, improving. Right, about the same. Paracentesis.

June 16. — Same; but the chemosis, which had been lessening, is now more marked above the cornea, and there appears to be a more dense infiltration of pus in that part of the cornea near it. Paracentesis. Use the hot fomentations, for fifteen minutes, only once a day.

June 18. — Right eye, less chemosis. Paracentesis.

June 20. — Right, again clearing up a little. Paracentesis.

June 23. — Right, cornea clearer.

June 25. — Right, cornea improving slowly.

June 28. — Right, better. Saw, near the eye, the large letter C, No. 200.

June 30. — Right, saw letters No. 100 near the eye.

July 2. Improvement has ceased. Fomentations twice a day. Paracentesis.

July 5. — Right eye better again. Sees letters No. 70.

July 7. — Right, improving again.

July 10. — Right, sees letters numbered 30 near the eye.

July 14, 16. — Record is the same. The patient left Boston for his home a hundred miles away. His left eye had so far recovered that with D + 1.25 he could read print No. 8 comfortably.

The distinction between a suppurative process in the cornea and some forms of ulceration is by no means clear, and the above case resembled somewhat the creeping ulceration of the cornea called the serpinginous ulcer.

#### THE CAUSE OF MYOPIA.

Myopia is rarely congenital; often hereditary, but still oftener acquired. It is possible that hereditary predisposition to the affection may exist in those cases where it is acquired, and in which no myopic parentage can be traced.

Late researches tend to show that among school children the myopic eyes are recruited, as the process of education goes on, mostly from those of hypermetropic refraction; that in young children this form of optical defect is very common, but as time goes on and the eye is used for new objects in study, and especially if the child is not robust, the hypermetropic refraction is lost and the eye becomes myopic. This change to myopia is all the more likely to occur if there is an astigmatism also. The astigmatic eye is usually weak and diseased, especially if the astigmatism is myopic. Such eyes pass directly over from hypermetropia to myopia, without passing first into the emmetropic or normal

refraction. It is affirmed that an emmetropic eye will, in all probability, escape injury during the educational period; but comparatively few eyes can be strictly classed as such. Progressive or acquired myopia in young people may not be directly attributable, therefore, to the process of education, although education undoubtedly encourages and hastens its development in all those children whose eyes deviate from the emmetropic standard. Unfortunately, the greater number of eyes are found to be hypermetropic, and then pass easily over into the myopic.

#### THE OPHTHALMOSCOPE IN MEASURING AN AMETROPIA

Is difficult in practice. The accommodation of the patient must be relaxed, and if the dark room in which the examination is made be sufficiently spacious, so that the patient may fix his eyes on some distant object, this may be easy; otherwise *Atropine* or some other mydriatic is necessary. The observer must also relax his accommodation. Then the convex lens, beginning with the weakest that enables the observer to see the region of the *macula lutea* (where there is really very little to see) most distinctly, is supposed, if the defect is a hypermetropia, to give its measure. In the same way, using concave lenses, the degree of a myopia is determined. The optic disk is a definite enough object to observe, but is not available when strict accuracy is desired; as, not being at the *fovea centralis*, it cannot be at the same distance from the centre of the cornea. In myopia it is sometimes anterior to the *macula*. The same difficulties present themselves in determining the exact degree of an astigmatism. However, as an aid in determining and confirming, in connection with other tests, the existence of optical objects, the ophthalmoscope used in this way is convenient. This method of measuring optical defects is good practice for oculists, if for no other reason than that it breaks into their routine habits of diagnosis.

#### MIXED FORMS OF ASTHENOPIA.

Muscular asthenopia is most frequently due to myopic refraction, and accommodative asthenopia to hypermetropic refraction, while in astigmatism we have either or both forms. In emmetropic eyes an asthenopia is usually accommodative, but not unfrequently it is both accommodative and muscular. In those cases where no optical defect is apparent, the cause is often in a lack of proper co-ordination between accommodation and convergence. Usually, in such eyes, if we aid accommodation by weak convex glasses, we diminish the effort of convergence at the same time, as the two acts are consentaneous, especially in emmetropic eyes. If this is not sufficient to relieve the discomfort after a trial of a

week or two, we may lessen the effort of convergence by trying prisms of  $2^\circ$  base inwards. These help the overtaxed recti interni in turning the eyes inward. The prisms may be combined with the convex lenses or used separately. Of course a mixed form of astigmatism is oftener met with where the refraction of the eye is not emmetropic. It may occur in anisometropia, — that is, in unequal refractive power of the two eyes. Suppose one eye slightly myopic, the other slightly hypermetropic: there would be no binocular vision, in the strict sense of the term; and the frequent tension and relaxation of accommodation, and possibly of the convergence also, would be likely to overwork the apparatus of adjustment. The indication here would be, probably, to adjust a weak convex lens to the hypermetropic eye, so that in reading, this eye would be made slightly myopic like its fellow. When the difference in the refraction of the two eyes is very considerable, this course may not be advisable, and we must be content to put the one reading eye into the most favoring condition, approximating the other as nearly as practicable to the same refraction. Prisms may of course be used, if necessary, bases outward. Sometimes, but not often, in hypermetropia we find the recti externi weak. Prisms of  $2^\circ$  base outward would relieve the external, and put more work on the internal recti. The same result may be reached, though less in degree, by decentring the glasses; that is, if we wish the effect of prisms base outward in hypermetropia, we order a wider separation between the two glasses, so that the centre of each lens shall fall a little outside the centre of each pupil. These glasses relieve the overtaxed accommodation and the recti externi at the same time. By having them set nearer, — that is, separated less widely, — we may produce the effect of prisms base inward, and relieve to a certain extent the recti interni. In myopia, if we wish to slightly relieve the overworked muscles of convergence, we have the concave lenses separated so that their centres are just outside the two pupils.

Astigmatism uncorrected by glasses may, of course, give rise to accommodative or a mixed form of asthenopia.

Indeed, in connection with myopia it is, as is well known, a great factor in the production of pain and discomfort, and perhaps the same may be said of its influence in the asthenopia so common with hypermetropic refraction. Late investigations appear to show, further, that astigmatism, myopic and hypermetropic, uncorrected, threatens the integrity of the eye. Distinct lesions of the fundus of the globe are most frequent in myopic astigmatism. Next in frequency, a hypermetropic astigmatism is accredited with the production of a posterior choroiditis and atrophy around the disk of the optic nerve, such as is observed in myopia. Eyes of this class are, as before remarked, those that pass over and

become myopic, and usually progressively myopic. In view of these facts, it may be said that astigmatism is, in early life, a most dangerous optical defect, and that its subjects, like those that are myopic, should be most carefully guarded during the educational period. The later the earnest study from books begins, in the life of children with optical defects, the less probability of harm to the eyes. If school life, or protracted reading, writing, and drawing were never begun before the age of eight or ten, diseases of the eye or impaired vision would notably decrease.

---

#### *A CASE OF PLACENTA PRÆVIA WITH TWINS.*

BY EDWARD M. CURRIER, M. D. (B. U. S. M., '81), PRAGUE, AUSTRIA.

ON the 12th of October, Marie Kozah, a Bohemian peasant woman, aged thirty-three, presented herself at the Lying-in Hospital, at Prague, Austria, desiring to be admitted. She stated that this was her fourth pregnancy, and that the former three were perfectly normal, going the full term, and living children being born in each case. She said that her last menstruation was on the 1st of March, so that she had nearly eight weeks to continue before the full expiration of pregnancy.

At the time she presented herself she was in a somewhat anæmic state, slightly pale, pulse 108. The abdomen was distended as far up as the ensiform appendix. She came to the hospital because about an hour before she had had a sudden hemorrhage, which frightened her, as it had never occurred in any of her former pregnancies. Palpation showed that the head was in the left iliac region, and the small parts could be felt in the right hypochondrium. The examination was hurriedly made and it was supposed that there was but one foetus. Internal examination showed that the vagina was much dilated and some blood clots were felt. The neck of the womb was still projecting into the vagina. It was very tender and the external os was sufficiently dilated to admit of the passage of two or three fingers. The cervix uteri was not yet effaced. Its channel was about five centimetres long, and the inner os was forming a contracting circle which would scarcely allow the passage of two fingers. The channel of the cervix was filled with blood clots and a globular portion of the placenta was slightly projecting. As far as the finger could reach, the inner os was covered by the placenta. The membranes were so thick that it was impossible to tear them with the fingers, so that the operator was obliged to use a uterine sound to rupture them. Then the right foot was seized with two fingers only and version easily effected by the bi-manual method

of Braxton Hicks. The extraction was made very slowly in order to dilate the inner os for the passage of the breech and head. The extraction being made, the uterus was less diminished than usual, and the presence of a second foetus was easily diagnosticated. The hemorrhage recommencing, it was necessary to deliver the woman instantly. Two fingers were again introduced into the uterus, the membranes of the second child ruptured, a foot seized, and version and extraction made in the same manner as before. Then the placenta was detached from the inner walls of the uterus and a warm water injection was made to stop further hemorrhage. The uterus contracted and no further hemorrhage followed. The children were both male. The first one delivered weighed 1,885 grammes and was 44 centimetres in length. The second weighed 1,700 grammes and was 41.1 centimetres in length. The placenta weighed 800 grammes.

---

#### DIAGNOSIS OF HUMAN BLOOD-STAINS.

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

DRS. J. G. RICHARDSON and J. J. Woodward, both eminent microscopists, have for several years been in (only) apparent antagonism on the question, Can human blood be positively distinguished from that of the various domestic animals? Our own microscopist, Prof. J. Edwards Smith, has taken part in this controversy in his usually interesting manner. The whole subject is reviewed — and set at rest, we may believe — in an explanatory article which may be found in the "American Journal of Microscopy" for June, 1881. The sum of the matter is, that the blood of animals usually slaughtered, owing to smallness of globules, can be microscopically diagnosed with accuracy; that of certain others, not usually slaughtered, cannot be, owing to the superior size of the globules, approximating the human very nearly indeed. *Per contra*, small human globules are common in anæmia.

Again, corpuscles are changed in size, by yielding their contents to, or absorbing any fluid which may be used to suspend them, unless it be carefully adjusted to prevent this. For this purpose, Dr. Richardson uses a  $\frac{3}{4}$  per cent solution of common salt.

Further, when micro-photographs, like those presented by Dr. Woodward in the Hayden murder trial, are used, it is important to exclude all but the central parts of the same from comparison, since the photographic lenses are not free from spherical aberration, which enlarges the periphery of the figure, or plate. — *Dr. Piper.*

Lastly, be it remembered that mosquitoes and other insects

may convey typical human blood to the person or clothing of an accused individual, misleading justice.

This important matter is complicated by a variety of circumstances, and on one of these I wish to make a point; viz., that in disease the size of the globules often varies from the standard of health. In acute exacerbation of goitre, and in pernicious anæmia, the globules, according to my observation, are often remarkably small, which would bring them into similarity with those of other mammalia. As it is truth and justice, not the prisoner's interests alone, which lead to expert labors, this fact should be considered when the small size of globules in a blood-stain promises acquittal.

---

*MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.*

REPORTED BY HERBERT A. CHASE, M. D., REC. SECRETARY.

THE semi-annual meeting was held in the Meionaon, Tremont Temple, Boston, Wednesday, Oct. 12, 1881. It was called to order at 10.30 A. M. by the president, J. T. Harris, M. D., of Boston.

The records of the last meeting and of the meetings of the Executive Committee were read by the secretary and approved.

The following were elected to membership: Frank J. Fesler, M. D., D. D. S., of Lowell, and Annie E. Fisher, M. D., of Boston.

The following amendment was offered by the treasurer, H. C. Clapp, M. D., of Boston: "To Art. XXV. add the following: 'Newly elected members shall not be liable to assessment during the year of their election.'" Referred to Drs. Clapp, Smith, and Whittier, to report on at the next annual meeting.

The Committee on Surgery presented papers as follows: "Hydrocele," by J. H. Sherman, M. D., South Boston; "The Uses and Abuses of the Probe in Surgery," by I. T. Talbot, M. D., Boston; "Incised Wounds," by J. K. Warren, M. D., Palmer.

The Committee on a Homœopathic Insane Hospital reported\* through J. Heber Smith, M. D., of Melrose. On motion of N. R. Morse, M. D., Salem, the following resolutions were adopted:—

*Resolved,* That the Massachusetts Homœopathic Medical Society heartily indorses the report of its Committee on a Homœopathic Insane Hospital, and considers that the time has fully come when the State should furnish to its dependent insane the more efficient as well as more humane treatment of homœopathy.

\* See Report on page 339 of our November number.

*Resolved*, That the Committee be requested to prepare and circulate petitions to the State Legislature, and that the members of this society, homœopathic physicians generally, and the friends of homœopathy in Massachusetts be earnestly requested to use their influence with the press, the people, and the Legislature, that this want be provided for at the earliest possible moment.

The Committee on Gynæcology presented the subject of Uterine Displacements, embodied in papers as follows: Pathology, S. M. Cate, M. D., Salem; Ætiology and Symptomatology, Laura M. Porter, M. D., Boston; Treatment, H. K. Bennett, M. D., Fitchburg.

F. W. Bradbury, M. D., of Providence, R. I., was present as a delegate from the Rhode Island State Society, and made a brief address.

At 1 P. M. the society adjourned for lunch.

At 2 P. M. the members reassembled and listened to the annual oration, delivered by John L. Coffin, M. D., of West Medford. It was a very able effort and was heartily applauded. The Committee on Zymotic Diseases presented a paper on the "Use of Water in Typhoid Fever," by W. B. Chamberlain, M. D., Worcester.

The Committee of Arrangements reported that it was impossible to obtain any reduction in the price of the Meionaon, even if it were taken for a term of years. On motion of H. L. Chase, M. D., Cambridgeport, it was voted to hold the annual meeting in Wesleyan Hall, Bromfield Street, Boston.

A paper on "Obesity" was presented by J. H. Sherman, M. D., of South Boston.

Adjourned at 3.30 P. M.

---

#### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

REPORTED BY FRED. B. PERCY, M. D., SECRETARY.

THE regular monthly meeting was held at the college building Thursday evening, Dec. 8, when thirty-two members were present. The censors reported favorably on the names of J. R. Boynton, M. D., East Boston, and J. F. Lindsay, M. D., Boston, and they were elected members.

The following were proposed for membership: James H. Utley, M. D., Newton; W. O. Ruggles, M. D., Neponset.

#### SCIENTIFIC SESSION.

The subject for discussion was Typhoid Fever. Dr. J. H. Payne read a very interesting paper on the history of this disease.

Dr. F. D. Stackpole followed with an exhaustive paper on

the Ætiology. He said that investigation as to the causes had proved somewhat futile. Whether the disease always arises from a specific poison produced by a parent case, and conveyed either by water, air, or in some as yet undiscovered way, from one case to another; or whether it may arise spontaneously, — that is, irrespective of contagion or infection, — has not yet been decided. Dr. Budd and his followers firmly maintain the former opinion, of a specific poison produced by a previously existing case; while Dr. Murchison believes in spontaneous development. The history of several epidemics was given by Dr. Stackpole, the majority of which went to prove the views of Dr. Murchison to be correct. He quoted from a monograph on typhoid fever by Dr. Waring, and discussed the contagiousness of the disease *in extenso*, and maintained that it was not contagious. He then considered the three principal modes of propagation:—

*First.* By drinking water made foul by the decomposition of any organic matter, whether animal or vegetable, and especially by the presence in such water of excrementitious matters discharged from the bodies of those suffering from typhoid fever.

*Second.* Propagated by air contaminated by any form of filth, and especially by water-closets, cesspools, pig-sties, manure-heaps, rotten vegetables in cellars, leaky or obstructed drains.

*Third.* Propagated by emanations from the earth, occurring especially in the autumn months and in seasons of drought.

Dr J. E. Kinney read a paper on the Course and Symptoms of typhoid fever.

Dr. G. E. Percy read a carefully prepared paper on the Diagnosis and Prognosis.

Dr. H. C. Clapp then spoke without notes on the treatment. This he divided into three parts, — hygienic, dietetic, and medicinal. In regard to the hygienic treatment, he said the most important point was to remove and disinfect the discharges; and for the latter purpose he used various drugs, — *Bromo-chloralum*, etc. As to the cold-water treatment, which properly comes under this head, he thought it useful. Currie first introduced this treatment, which has been variously modified since. Liebermeister is very enthusiastic over it, and claims that by it the mortality has been reduced from twenty-seven per cent to eight per cent. He described various methods of using cold water.

Considering prostration the essence of typhoid fever, he thought the diet should be nutritious and of a kind to be easily digested. Feed the patient regularly and often. The most valuable article of diet is milk, which should be given freely. Broths of beef, mutton, chicken boiled a long time, and thickened with barley, rice, etc., are also to be used; cold water should be allowed *ad libitum*.



The remedies of most service are *Baptisia*, *Bryonia*, *Rhus tox*, *Arsenicum*, *Phosphorus*, *Mercurius*, and *Iodine*.

*Baptisia* has been both overpraised and too much maligned. We should not expect it to cut short the disease; many cases are abortive in their nature, and if we use any remedy we should remember this. In mild cases Dr. Clapp has had good success with *Bapt.* and *Bry.*; in cases with wild delirium he uses *Rhus*; *Arsenicum* in cases of extreme prostration; *Phosphorus* when we have pneumonia as a complication; *Mercurius* and *Iodine* for lesions in the intestinal tract.

#### DISCUSSION.

Dr. Krebs said he had tried cold-water treatment with good results. *Gelsemium* in first stage of typhoid fever is very valuable. Has treated many cases without remedies, depending upon good nursing, which he considers of paramount importance. For food he gives nothing but thinnest gruel or water, and often continues this diet for twenty-one days. If patient has no appetite, don't give any food. Sponging the patient frequently under the blanket is both grateful and beneficial to patient. Cold pack for an hour or until free perspiration begins, and then wrapping patient in blankets, the process to be repeated if necessary, is often of great service. Dr. Krebs has had only twenty-nine cases in thirty years, and lost but one.

Dr. Clapp said he always tries to give food which is assimilated before reaching Peyer's patches.

Dr. Talbot said that in typhoid fever he had never used cold water for the simple purpose of reducing the temperature. In a case of pneumonia, accompanied by sudden and severe congestion, with rise of temperature to 107° and danger of immediate fatal termination, he immersed the patient in a bath of 100°, which he gradually reduced to 90° by adding cold water. After ten minutes in the bath the patient's temperature was reduced to 100°, and never rose above 104°, with ultimate recovery.

Dr. Talbot has found the wet sheet of great value in the early stage of this disease; but it must be applied carefully and systematically, otherwise it will do more harm than good. The patient must be enveloped in a sheet, not too wet, the air carefully excluded, and then closely wrapped in three or four blankets, great care being taken about the neck and feet. He should remain until profuse diaphoresis ensues, which usually requires from half an hour to an hour. If it does not come on fully he may be unpacked, sponged over with cold water, and repacked. Perspiration will almost always speedily follow. The doctor believes the skin thus eliminates a great deal of the poison from the system. When patient is in wet pack, he gives *Acon.* and *Bry.* at short intervals.

He cited a case where the temperature was 105°, which was reduced to 100° in an hour and a half by wet pack. Do not stuff patients; give plenty of cold water, but little food. One remedy which Dr. Talbot has found of much benefit is *Phos acid*. Wurmb, of Vienna, used it more than any other in typhoid fever.

Dr. Woodvine said he used the wet sheet a great deal, but he always placed a hot-water bottle at the feet while the patient was in the pack.

Dr. Sherman, of South Boston, said his experience was quite different from that of two physicians who had spoken before, as he had treated more cases in a single year than they in a lifetime. He believed in a nourishing diet, and milk *ad libitum*. He uses *Phos. acid* and *Ant. tartaricum* frequently. Also in later stage, when fever is excessive, he envelops patient lightly and sprinkles the sheet with cold water, thus reducing temperature by evaporation.

Dr. A. M. Cushing spoke of *Secale cornutum* as a remedy not to be forgotten.

Dr. Woodvine said he had a patient very sick with this disease, to whom he gave two quarts of milk daily. In fourteen days he was convalescent; but from exposure had a relapse, which proved fatal. In another case, profuse hemorrhage from bowels followed eating a large quantity of grapes.

Dr. Farnsworth gave a brief sketch of an interesting case, in which he allowed the patient a cup of coffee and two slices of toast three times daily, and in fourteen days the fever subsided.

---

#### WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY CHAS. L. NICHOLS, M. D., OF WORCESTER, SECRETARY.

THE annual meeting of this society was held on Nov. 9, at Natural History Hall, Dr. Brick being in the chair. Dr. Brick delivered an interesting address upon the progress and changes of the past year, and spoke of the qualities needed by a true physician. After a favorable report from the censors, Dr. Ellen M. Eastman, of Fitchburg, was elected a member of the society. The annual election of officers resulted as follows:—

*President*—S. H. Colburn, of Athol.

*Vice-President*—N. R. Perkins, Winchendon.

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

*Recording Secretary and Treasurer*—C. L. Nichols, Worcester.

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

A very instructive paper was then read on "Placenta Prævia" by Dr. N. R. Perkins. The views of Drs. Simpson and Barnes as to the source of hemorrhage in these cases, and the methods of treatment suggested by them, as well as those employed by others, were carefully considered. A case to the point from his own practice was cited by Dr. Perkins, and its favorable issue noted. The subject was fully discussed by the society, and valuable practicable points were brought out. The formal report of the Library Committee was presented by Dr. L. B. Nichols, congratulating the society upon its success in the acquisition of so large a library and its prospect of increase.

The afternoon session was occupied with the reports of clinical cases by Drs. Chamberlain and Carmichael, and an interesting paper by Dr. Carmichael upon the clinical value of *Sanguinaria* in menstrual troubles. After a discussion of these papers and the transaction of the usual business, the meeting was adjourned.

---

#### VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

BY C. A. GALE, M. D., RUTLAND, VT., SECRETARY.

THE thirty-first annual meeting of the society was held in the Pavilion Hotel, Montpelier, Vermont, on Wednesday and Thursday, Oct. 19 and 20, 1881. The profession was well represented by members from different parts of the State. The meeting was called to order on Wednesday, at 2 P. M., by the president, Dr. T. R. Waugh, of St. Albans. Dr. Geo. E. E. Sparhawk, of Burlington, acting secretary, read the minutes of the last annual and semi-annual meetings.

The report of the treasurer, Dr. W. B. Mayo, of Northfield, showed the society to be in a good condition financially.

Dr. G. E. E. Sparhawk read the necrological report, which showed that four prominent and respected members had died during the year; viz., Drs. Albert Colvin, of Burlington, Chas. H. Chamberlin, of Barre, Nathan H. Thomas, of Stowe, and Geo. W. Colton, of Woodstock. Drs. Gale, Brigham, and G. E. E. Sparhawk were appointed a committee to present resolutions on their decease. Dr. Sparhawk in his report included a brief history of each one. Dr. Thomas was formerly an allopathic physician, and practised in that manner for several years; but for many years he was a true disciple of Hahnemann. He was the oldest homœopathic physician in the State, being seventy-nine years of age, and was in active practice until a short time before his death. Dr. Brigham, of Montpelier, spoke at some length, giving a history of Dr. Chamberlin's sickness, and mentioned his high respect for

him, both professionally and socially. Remarks of the same nature were made by other members of the society.

On Thursday, at 10 A. M., the meeting again assembled. After some preliminary business, the president, Dr. Waugh, delivered his annual address. Subject: "Homœopathy and Adulteration." Dr. G. M. Ockford, of Burlington, chairman of the Committee on Marine Hospitals, submitted a report which was strongly opposed to the present system of hospitals, and advised the medical profession to lend its aid in abolishing the system.

The following were elected officers for the ensuing year:—

*President*—Dr. T. R. Waugh, of St. Albans.

*Vice-President*—Geo. M. Ockford, of Burlington.

*Secretary*—Dr. C. A. Gale, of Rutland.

*Corresponding Secretary*—Dr. G. E. E. Sparhawk, of Burlington.

*Treasurer*—Dr. W. B. Mayo, of Northfield.

*Censors*—Drs. Whittaker, of Hinesburgh, Brigham, of Montpelier, and S. H. Sparhawk, of St. Johnsbury.

*Auditors*—Drs. Hamilton, of Brandon, Clara D. Reed, of Belows Falls, and Whittlesey, of West Randolph.

Dr. Ockford, from Committee on Sanitary Science or Preventive Medicine, read an essay entitled "Impure Air." The paper was able and exhaustive, and replete with good ideas for preventing the spread of disease. It was discussed at some length by Drs. Waugh, Hamilton, and others, and defended by Dr. Ockford.

The secretary read a paper from Dr. C. J. Farley, of Fort Edward, N. Y., also on the subject of "Sanitary Science."

The treatment of areolar hyperplasia was then discussed by Drs. Brigham, Hoag, Ockford, Waugh, and others.

Dr. Whittaker, from the Bureau of Surgery, reported a case of fracture of arm in a boy, broken three times in the same place, and, by bad dressing, was left crooked. The fourth time, broken in the same place, it came to him, and, by use of proper dressing, it united and gave him a straight and strong arm.

From the Bureau of Clinical Medicine, Dr. Gale read a paper on the "Use of Defibrinated Blood for Rectal Alimentation."

The president appointed the following on bureaus for the coming year:—

*First. Materia Medica, Pharmacy, and Provings.*—Drs. Whittaker, J. M. Sanborn, and J. M. Van Deusen.

*Second. Obstetrics and Diseases of Women.*—Drs. H. C. Brigham, F. W. Halsey, Henry Tucker, Clara D. Reed.

*Third. Clinical Medicine.*—Drs. Ockford, Gale, and Morgan.

*Fourth. Surgery.* — Drs. H. W. Hamilton, A. E. Horton, and A. E. Whittlesey.

*Fifth. Psychological Medicine.* — Drs. M. F. Hamilton, M. D. Smith, and Chas. Woodhouse.

*Sixth. Pædology.* — Drs. Mayo, Waugh, and Brigham.

*Seventh. Sanitary Science.* — Drs. Ockford and S. H. Sparhawk.

Delegates to American Institute of Homœopathy: —

*First.* Dr. T. R. Waugh, *ex officio*; alternate, Dr. W. B. Mayo.

*Second.* Dr. C. S. Hoag; alternate, Dr. H. C. Brigham.

*Third.* Dr. J. M. Van Deusen; alternate, Dr. E. B. Whitaker.

Delegate to New York State Society, Dr. H. W. Hamilton. To Massachusetts State Society, Dr. G. M. Ockford. To New Hampshire State Society, Clara D. Reed.

Chairman of Legislative Committee, Dr. H. C. Brigham, of Montpelier.

The society voted, that all members who had left the State with dues paid be made honorary members.

The society is in a united, flourishing condition, and has done good work to prevent the passage of laws damaging to homœopathy. It adjourned to meet in semi-annual session at St. Johnsbury, the second Wednesday in May, 1882. Annual meeting in Montpelier, the third Wednesday in October, 1882.

---

#### AMERICAN INSTITUTE OF HOMŒOPATHY.

A CIRCULAR has been issued by the Executive Committee announcing that the next meeting will be held at Indianapolis, Ind., on Tuesday, June 13, 1882, instead of at Richmond, Va., to which the Institute was adjourned. This change is undoubtedly a wise one; for aside from the fact that the Institute met in the East last year, and many of its members naturally expect it to hold its next meeting in the West, Indianapolis has for several years cordially extended an invitation to the Institute to hold a session in that beautiful city. Richmond, on the contrary, has very few physicians of our school, and these were quite unable to provide for such a meeting in a satisfactory manner. There can be no doubt that the session at Indianapolis will be a large one, and that the members will receive a royal Western welcome. Let the chairmen of the various bureaus see to it that their reports are worthy of the occasion. \*

*BOSTON UNIVERSITY SCHOOL OF MEDICINE.*

THE Faculty of this school announce a course of lectures on Homœopathy, to be delivered at the College building, East Concord Street, on Wednesday evenings, at half past seven o'clock, as follows :—

Jan. 25. Prof. Walter Wesselhoeft. "The Rational and Empirical Methods in Medicine."

Feb. 1. Prof. Walter Wesselhoeft. "The Nature and Limitation of the Homœopathic Law."

Feb. 15. Prof. Conrad Wesselhoeft. "The Law of Similars."

March 1. Prof. Conrad Wesselhoeft. "The Dose."

March 15. Prof. J. Heber Smith. "The Leaven of Homœopathy."

March 29. Prof. I. T. Talbot. "The Past, Present, and Future of Homœopathy."

April 12. Prof. E. B. de Gersdorff. "Homœopathy."

Physicians and those interested in medical science are cordially invited. The course will be one of unusual interest and value.

---

*THE HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY, OF NEW YORK.*

THE balance sheet of this company, issued promptly on the first day of January, makes an unusually fine showing. The thrift, energy, and good management which its president, Dr. E. M. Kellogg, has exercised, should entitle him, as well as the company, to the hearty thanks of every homœopathic physician. Any company, however correct may be its principles, may, by mismanagement, result in failure. Such was the fate of the Hahnemannian at Cleveland and the Atlantic at Albany; but the Homœopathic Mutual has, by its success, — for it is now one of the strongest companies, — shown that the principle of reduced life insurance under homœopathic treatment is a correct one. Every homœopathic physician who has had any considerable experience in the treatment of disease knows this to be true; and it his duty, to the fullest extent of his ability, to aid this company, that its financial statements may make this fact evident to the world. At the same time he aids himself, in that the company not only furnishes him and his friends insurance at reduced rates, but, by the documents it circulates and the statistics it distributes, adds to the popular knowledge of homœopathy. \*

THE AMERICAN HOMŒOPATHIC DIRECTORY AND  
YEAR BOOK.

IN accordance with an understanding had with Dr. Pettet, publisher of the *North American Homœopathic Directory*, 1877-78, the undersigned will issue, early in the coming year, a work to be entitled "The American Homœopathic Directory and Year Book." It will include: first, a *Directory* of the homœopathic physicians of North America; second, *Homœopathic Societies*, national, State, and local, with times and places of meetings for the year 1882, etc.; third, *Public Institutions*,—colleges, hospitals, public dispensaries, asylums, "homes," etc., in which homœopathy is taught or practised; fourth, *Literature*,—titles of books, journals, pamphlets, etc., issued during the past year, with names of authors, editors, and publishers, and the size, style, and price; fifth, *Public Medical Service*,—homœopathic physicians acting as members of health boards, pension examiners, surgeons in the army, navy, national guard, or militia, physicians in government hospitals, prisons, almshouses, etc.; sixth, *Legislation* enacted in 1881, specially affecting the rights and privileges of homœopathic practitioners.

The completeness and accuracy of such a publication must depend almost entirely upon the aid voluntarily furnished by physicians in all parts of the country. Without an abundance of this practical sort of encouragement, he will make but sorry work of it. He therefore appeals most earnestly that each reader of this notice will *immediately* send him, by postal card, his or her full name, State, county, post-office, and, if residing in a large city, the street and number. Especially should this be done by those who have commenced homœopathic practice or changed their residence since 1877, the date of publication of Dr. Pettet's directory. It is also requested that officers of societies and public institutions will forward at once such information as is above indicated, and that publishers will likewise transmit complete lists of their publications of 1881, for insertion in the Directory.

A copy of the work in paper cover will be sent to each physician who takes the trouble to forward his name and address, or who in any other way aids in its preparation. A few copies will be neatly bound in cloth for sale at one dollar each. Application for these, with remittance, should be sent not later than Jan. 1, 1882.

Address,

PEMBERTON DUDLEY, M. D.,  
S. W. cor. 15th and Master Sts., Philadelphia.

## REVIEWS AND NOTICES OF BOOKS.

THE OPIUM HABIT AND ALCOHOLISM. By Fred. Heman Hubbard, M. D., Brooklyn, N. Y. New York: A. S. Barnes & Co. pp. 259.

Dr. Hubbard has prepared a very comprehensive treatise on the subjects of opium and its compounds, alcohol, chloral hydrate, chloroform, bromide of potassium, and cannabis indica, including their therapeutical indications and treatment. The author declares there is a great increase in the number of opium consumers in the United States within late years, and bases his assertion on the enormous increase in the importation of the drug and its corresponding consumption. He certainly seems to have had an unusually large experience with patients who have used opium to excess. He describes very minutely and vividly the manner in which the opium habit is acquired, the abject slaves it makes of its victims, and the horrible suffering experienced by them if they are deprived suddenly of its use. He has discovered and describes a mode of treatment which has proved very successful in his hands. Patients who have had the habit for two, five, ten years, and even longer, have been completely cured by him; and not only cured of the habit, but renewed activity of all the functions followed, the patients becoming healthier and more vigorous than ever before. "It appears strange," he says, "and unreasonable, and is not consistent with well-known laws of cause and effect, yet it has been proved under our observation to be a fact, that after restoration no complications present themselves indicative of permanent lesions, resulting from the habit." The history and treatment of seventeen cases of patients with the opium habit are clearly described in this book, giving a great variety of temperaments, complications, and modes of using the drug, with the appropriate treatment. Dr. Hubbard also gives a good description of the habit of using alcohol to excess, including in the term "alcohol" all beverages containing alcohol. He divides the patients into six classes, beginning with those who only go on an occasional "spree," and ending with the confirmed dipsomaniac. His modes of treatment contain some very valuable practical hints. He warns the profession against a too general and indiscriminate use of the other drugs mentioned above, describing the deplorable state the excessive use of these drugs engenders.

S.



**SUPPRESSION OF URINE. CLINICAL DESCRIPTIONS AND ANALYSIS OF SYMPTOMS.** By E. P. Fowler, M. D. New York: Wm. Wood & Co. 1881. Octavo. pp. 86.

This is a careful analysis of ninety-three clinical cases, with illustrations, tables, and diagrams, presented to the New York Medico-Chirurgical Society, Dec. 14, 1880. It is a purely scientific study of the disease, and would be interesting to any scientist or physician; but it strangely lacks all consideration of the part the physician has to play when called to a case of this or any other disease, viz., treatment. If we are not mistaken, the society to which this was presented is composed of physicians of various schools, — homœopathic, allopathic, and eclectic. We can well believe that such an essay as this could not be objected to by any physician, whatever might be his therapeutical opinions; but we cannot see how the members of the society or the readers of the book will be practically assisted in treating any cases which may come under their care. Had a little useful information regarding homœopathic indications and treatment been added to this essay, we wonder how this new and liberal society would have received it. \*

**WINTER AND ITS DANGERS.** By Hamilton Osgood, M. D. Philadelphia: Presley Blakiston. Boston: A. Williams & Co. 1881. 12mo. pp. 160. Price 30 cents.

This little pocket volume contains many suggestions and directions valuable both to the profession and to the laity. The following list of its various chapters conveys a good idea of its scope: General Considerations, Dangers arising from Errors in Dress, Carelessness and Ignorance in Bathing, Inattention to Pulmonary Food, Danger from Overheated Air, Indifference to Sunshine, Sedentary Life and Neglect of Exercise, the Dangers of School Life in Winter, Winter Amusements, Closing Considerations. \*

**FIRST ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW YORK.** Albany: 1881. Octavo. pp. 203.

A careful reading of this report would show how much may be accomplished by a State Board of Health. The prevailing diseases of the State, and especially those of local character, have received careful investigation at its hands, and many suggestions are made, which would give the physician a clew to diseases, that would aid him very materially in their treatment. Thus, six different reports on diphtheria, in seven different counties, are accompanied by sanitary suggestions of the greatest importance, while dysentery, malarial diseases, small-pox, etc., etc., are all considered in the most practical manner. One thing in the report is,

perhaps, a little remarkable. While four members of the board are allopathic physicians, one is a well-known homœopath; and yet the report reads so smoothly that one would never think of the possibility of an explosion in the board itself. In fact, as Dr. Delavan occupies a prominent position in the board as chairman of one of its important committees, it is fair to presume that his ability, as well as gentlemanly bearing, places him in pleasant relations with the other members. The experiment of having homœopathy represented on the Board of Health seems to have been as successful in New York as it has proved in Illinois. \*

**TRANSACTIONS OF THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY, Brighton Beach, June, 1881.**

This is a brochure of 79 pages, containing fourteen different articles, each of which would have proved an interesting contribution to any of our medical journals. As it is, it will go gratuitously to the twenty or thirty members of the society, and such others as choose to send fifty cents to the secretary, Dr. F. Parke Lewis, of Buffalo, New York. But we can see no good reason why all of these papers should not have been presented in the American Institute, which has a special bureau devoted to these subjects. They would then have been accessible to the nine hundred members of the Institute, without being a special tax to any one. Would it not be well for this society to consider whether it is profitable for the work in a single section done at the same time to be thus divided between two organizations? \*

**PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO. Seventeenth Annual Session. Toledo, May 10 and 11, 1881. Octavo. pp. 178.**

**TRANSACTIONS OF THE TWELFTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN. Ann Arbor, May 17 and 18, 1881. Octavo. pp. 148.**

These volumes, respectable in size, quality, and general appearance, show the working capacity of our branch of the profession in these two noted Western States. They contain a great deal of practical as well as interesting matter; and it seems a pity, when they are prepared with so much care and expense, that they cannot have a wider circulation than to the limited membership of their respective societies. It may not be practicable, but it would seem desirable, if a system of exchange could be adopted by which the members of one State society could receive the publications of other similar organizations. \*

MATERIA MEDICA AS A SCIENCE. By J. P. Dake, A. M., M. D. Nashville.

DRUG ATTENUATION: ITS INFLUENCE UPON DRUG MATTER AND DRUG POWER. By J. P. Dake, A. M., M. D. Nashville.

These pamphlets are reprints of papers presented respectively at the World's Homœopathic Convention, held in Philadelphia in 1876, and the International Homœopathic Convention, held in London in 1881. They contain the ripened thoughts of a lifetime of study and observation. \*

---

## OUR MISCELLANY.

---

### IN THE CHILDREN'S HOSPITAL.

#### THE VIVISECTIONIST.

"Our doctor has called in another: I never had seen him before,  
But he sent a chill to my heart when I saw him come in at the door,  
Fresh from the surgery schools of France, and of other lands,—  
Harsh, red hair, big voice, big chest, big, merciless hands!  
Wonderful cures he had done,— Oh yes! but they said, too, of him,  
He was happier using the knife than in trying to save the limb,  
And that I can well believe, for he looked so coarse and so red,  
I could think he was one of those who would break their jests on the dead,  
And mangle the living dog that had loved him and fawned at his knee—  
Drenched with the hellish ooralı — that ever such things should be!"

*Tennyson's Ballads and other Poems.*

CASES OF ABNORMALLY HIGH TEMPERATURE.—The *Pacific Med. and Surg. Journal* makes the following condensed extract from the *British Med. Journal*, in which Dr. Donkin reports eight cases of abnormally high temperature, all but one in females, and none proving fatal. Pain was a prominent symptom in all: No. 1, 111.6°; convalescing from enteric fever. No. 2, 108°; no organic lesions; ovarian pain. No. 3, 115.8°; great abdominal pain and excitement. No. 4, 111°; convalescing from enteric fever. No. 5, 113°; enteric fever and double pneumonia. No. 6, 112°; synovitis. This was the only male. No. 7, 112°; painful stump, with necrosis. No. 8. 117°; pyonephrosis.

A SOMEWHAT CROWDED PROFESSION.—In the Sherley will case, before the Louisville court the other day, in reviewing the medical testimony, Col. McKay, one of the counsel for the will, remarked upon the number of doctors in the world, and said that down "in his country, between the hills and the river, they are so thick that two had to ride one horse; and that a flat-boat having been stranded in the river one night, the next morning three doctors' signs were hanging out from its sides."—*Louisville Medical News.*

TUBERCULOUS DISEASES.—MILK A CAUSE.—According to Cohnheim's latest views and experiments, indorsed by Friedlander, the intestinal tract is liable to direct infection through the agency of diseased cow's milk. This leads to phthisis mesenterica so frequent in children. Adding thus the theoretical views of Cohnheim to the facts given by Fleming, there is good cause for paying close attention to the subject, and perhaps keeping supervision over our dairies and slaughter-houses.—*Med. Record.*

**RULES FOR AUTHORS.** — Dr. Billings, in his able, practical, and witty address before the London Congress, laid down the following cardinal rules for authors in the preparation of journal articles: 1. Have something to say. 2. Say it. 3. Stop as soon as you have said it. 4. Give the paper a proper title.

**A VERY SERIOUS EPIDEMIC** — which appears to be a sort of malignant type of measles — is stated to have been prevalent amongst the Esquimaux inhabitants of the Labrador coast, and has carried off nearly one twelfth of the population.

**WATER ADMINISTERED HYPODERMICALLY.** — De Ponte, in the *Medical Gazette* of Venezuela, relates his experience in several instances in which he employed water hypodermically for the relief of pain. He cites a case of intercostal neuralgia, and another of odontalgia, where permanent relief was obtained. Another patient had been suffering nine years from intense gastro-intestinal neuralgia, which baffled all remedies. Two injections relieved the pain, and subsequent tonic treatment restored her to perfect health. He proved that it was not imagination, by informing the patient of the treatment before trying it. Several hundred cases have been treated in this manner, even where morphine had been the drug previously administered, with good results.

**THE MEDICAL NEWS AND ABSTRACT**, of Philadelphia, appears, for the last time as a monthly publication, with the December number; hereafter it will be greatly enlarged, and appear as a weekly.

**AUTOGRAPHIC MEN.** — Chomel reports a class of human beings whom he calls "autographic men," who, from certain central neuroses, present a form of urticaria, which shows itself when a slight irritation is applied to the skin. The cuticle may be written on and retain the character inscribed on it for some time, through the urticaria so produced. Dujardin-Beaumetz was the first to describe this phenomenon, which is by no means rarely observed. — *Chicago Medical Review*.

**SPONGE GRAFTING.** — Dr. D. J. Hamilton, in the "Edinburgh Medical Journal" for November, has an interesting article on sponge-grafting. Pieces of very fine sponge, after having been cleaned and treated with carbolic-acid solution (five per cent), were inserted into wounds in men, and into serous cavities and intermuscular spaces in animals. The wounds thus treated were protected by careful antiseptic measures. It was then noticed that the sponge became adherent to the edges of the wound, and that its edges became indistinct and gradually melted down into the living tissues; soon, when pricked, the sponge bled, though it was not at all sensitive; and ultimately, it became completely organized and skinned over.

**LEGALIZING PROSTITUTION.** — In the late International Medical Congress, held in London, in the session of the State Medicine Department, under the presidency of John Simon, LL. D., F. R. S., the preponderance of medical opinion was strongly against government regulation of prostitution. Among its opponents were several distinguished physicians from Continental cities, who may certainly be presumed to be familiar with the practical workings of the regulation system, and who were earnest and outspoken in their condemnation of it. America would be unwise, indeed, now to undertake to adopt, as a questionable experiment, what the Old World is preparing thus to discard.

**CHARCOAL IN INFANTILE DIARRHŒA.** — M. Jules Guérin (*Med. Press and Circular*) recommends charcoal in the treatment of infantile diarrhœa. The affluence, he says, he sought to establish between the choleric diarrhœa of children and adults, led him to apply to the children the same treatment he had used so successfully with adults. M. Guérin orders the charcoal (wood) to be put into the feeding bottle (half a teaspoonful suffices at the time), and, where the child takes the breast, in a little milk sweetened; a teaspoonful to be given frequently during the day. After the first day the evacuations change in consistence and odor; from green they become a blackish yellow. From this treatment M. Guérin has seen children who were wasted by seven or eight days' obstinate diarrhœa recover their usual healthy expression in three days.

**THE MEDICAL PROFESSION AS A CALLING.** — It is strictly true that the medical profession is overcrowded, and cannot be regarded as an eligible "calling" for needy men, or indeed for men who are not practically independent of their work as a means of livelihood. The laborer is worthy of his hire, and it is in the last degree desirable

that a full and fair tariff of fees should be maintained; but we cannot recommend young men without sufficient private resources to enter the profession. It is because a serious mistake has been too often made in this matter there are in our ranks many hundreds of able but distressed practitioners who contend with eagerness among themselves for appointments of almost any class which seem to offer the means of bare sustenance. The profession labors under great disadvantages resulting from its crowded state and the impecuniosity of its members. One, though not the only, reason why the scale of payments for public services — for example, attendance on the sick poor, — is so low, will be found in the number of eager applicants for any vacant post, let the emolument be small as it may. Parents, and young men of narrow means, will do wisely to be warned, and look elsewhere for a vocation which brings adequate rewards. There is not a word of exaggeration in the statements which have been recently made on the subject, and we trust they will have a deterrent effect. — *Lancet, London.*

**CHLORAL HYDRATE IN DIPHTHERIA.**—Dr. Rokitsansky, after using the ordinary means, without avail in this disease, made a local application of a fifty per cent solution of hydrate of chloral. It was applied every half-hour, and after a few hours the membrane shrivelled and fell off. When the underlying tissue appears, a weaker solution is to be used.—*Ex.*

**THE BRILLIANT RESULTS OF MODERN SURGERY.**—Within four and a half years, seventy-five complicated fractures, in seventy-three patients, between the age of forty and seventy years, have been treated by the antiseptic method at Prof. R. Volkmann's clinic at Halle. Of this number not a single one proved fatal. Volkmann considered the mortality in compound fractures of the lower third of the thigh, before the antiseptic era, to be 38.5 per centum. He also shows that by this treatment old people with severe wounds, provided that no considerable loss of blood follows, endure them as well as younger persons.—*Ex.*

**DR. VON DÜRING'S REGIME FOR DIABETES.**—Three, or, at the most, four, daily meals, of 80—120 grains of rice, wheat flour, barley, or buckwheat grits, more seldom the oatmeal grits, because the latter become easily soured. Also, two hundred and fifty grains of fresh meat, and the inner portion of cooked apples, plums or cherries, *ad libitum*. The meat may be used raw, smoked (ham or beef), or roasted. Eggs when the condition of the stomach permits. The fruits and grains should be well washed the evening before, placed in a vessel, and covered over with water. After remaining all night, they should be slowly cooked over a moderate fire, without changing the water. The fruit should cook one hour and a half; the grains five hours; and the rice four hours. To a pound of plums or cherries is added half a teaspoonful of the bicarbonate of soda, and thoroughly stirred. The skin of the plum is not to be used. Morning: Milk, with a little coffee (without sugar). For the prevention of acidity, lime water should be added. Noon: A glass of red wine, diluted with water, or a large cup of milk containing a tablespoonful of limewater.—*Ex.*

**ANIMAL PARASITES IN THE EGGS OF THE HEN.**—A worm has been noticed lately in fresh eggs, which had a dark disjointed body, of the size of a lentil. It was by some considered as of a sucker type, while others were uncertain whether the creature in question was not a distoma, which, as a parasite, lives in the larger gut of the hens, and of which the species *D. ovatum* had been noticed in the eggs. Whether the parasite can become dangerous to man is not certainly known.—*Ex.*

**REMARKABLE INFLUENCE OF THE LIGHTNING STROKE.**—It is known that upon those struck with lightning is found a distinctly marked perfect image of a definite figure, generally of a tree, and of a reddish-brown or scarlet color. Some explained it through the influence of the light; others thought, that inasmuch as the majority of these accidents took place while the persons were out in the air, the lightning photographed, as it were, some neighboring tree upon the body of the stricken one. Now it happened lately that in the county of Leicester, England, a man was killed by a stroke of lightning, upon whose back was found, *en relief*, the picture of a bush with numerous branches, of a brilliant scarlet color, and as wonderfully traced as if done with a needle. The whole appearance resembled a fern with several branches. There was no similar bush or shrub near the place where the body was found, so that the former explanation of the phenomenon was no longer of use. Recent physical investigations have, however, through repeated experiments, demonstrated that the

clear tree-forming tracings upon the bodies of those struck by lightning depend entirely upon the direct natural influence of the electric spark, which strikes upon this spot of the body, and, after going in different directions, leaves behind, upon the skin, a picture like that mentioned. The physicist Planté, at Paris, has obtained, by means of a very strong galvanic battery, a similar effect. He used a battery of eight hundred elements, and with it was able to observe a spark twelve cms. long. At the moment when this spark, for example, was passed over an isolated portion of a mixture composed of one tenth paraffine and nine tenths resin, which was spread upon a piece of glass, it left behind the picture of a beautiful tree or shrub, which resembled each impression that had already been found upon the bodies of those killed by lightning. All these cases depend, therefore, not upon a photographic influence, but upon a natural effect in the resistance to the transmission of the electrical spark. — *Ex.*

**EFFECTS OF SMOKING ON THE HEART.** — Some years ago M. Decaisne drew attention to the fact that tobacco smoking often causes an intermittent pulse. Out of eighty-one great smokers examined, twenty-three presented an intermittent pulse, independent of any cardiac lesion. This intermittency disappeared when the habit of smoking was abandoned. He also studied the effects of smoking on children from nine to fifteen years of age, and found that it undoubtedly caused palpitation, intermittent pulse, and chloroanæmia. The children, furthermore, became dull, lazy, and predisposed to the use of alcoholic drinks. Recently he reported to the *Société d'hygiène* the results of his observations on the effects of smoking on women. Since 1865, he has met with and observed forty-three female smokers. Most of them suffered from disturbances of menstruation and digestion, and eight presented very marked intermittency of the pulse without any lesion of the heart. He gave detailed accounts of these eight cases, in which all treatment directed against the intermittency proved utterly useless, while the suppression of tobacco was invariably followed by improvement and very often by complete disappearance of the phenomenon. — *Gazette Obstétricale.*

---

## PERSONAL AND NEWS ITEMS.

---

**DRS. A. L. KENNEDY** and **HORACE PACKARD**, of Boston; **T. M. DILLINGHAM**, of Augusta, Me.; and **L. H. KIMBALL**, of Bath, Me., all graduates of the Boston University School of Medicine, are spending the winter in Vienna. After the horrible massacre in the conflagration of the Ring Theatre, they at once telegraphed home and relieved the suspense of their friends in regard to their safety.

**LEVI T. HAYWARD**, M. D. ('74), has also gone to Vienna.

**GEORGE R. SOUTHWICK**, M. D. ('81), has completed his examinations at the Rotunda Hospital, Dublin, and gone to Dresden.

**ADALINE B. CHURCH**, M. D. ('79), and **KATE G. MUDGE**, M. D. ('80), have returned from their studies in Europe.

**EDWARD O. ECKERT**, M. D. ('81), has located at Marshfield, Mass.

**REMOVALS.** — **GEORGE A. CAMPBELL**, M. D. ('81), from Allston, Mass., to Manchester, N. H. **GEORGE H. MARTIN**, M. D. ('81), from Milwaukee to 427 Gary Street, San Francisco, where he is associated with Dr. C. B. CURRIER. **C. W. GERRY**, M. D. ('78), from Roxbury to 230 East State Street, Trenton, N. J. **O. B. SANDERS**, M. D. ('79), from 511 to 459 Columbus Avenue, Boston. **R. W. SOUTHGATE**, M. D. ('81), from Dedham to Kockland, Mass. **E. B. HOLT**, M. D., from Brookline to Lowell, Mass.

**BUSHROD W. JAMES**, M. D., has returned from his extended and eventful trip abroad. He went out in the "Brittanic," which ran ashore off the Irish coast, and had a tempestuous passage on his return.

**J. P. DAKE**, M. D., of Nashville, Tenn., who was very ill after his return from Europe, has recovered. \*

THE  
NEW ENGLAND MEDICAL GAZETTE.

---

---

No. 2.

FEBRUARY, 1882.

VOL. XVII.

---

---

EDITORIAL.

---

*ARTIFICIAL FEEDING.*

So long as there are mothers who cannot, and other mothers who will not, nurse their offspring, this subject demands the most careful consideration. Pavy, Routh, and Jacobi, in their treatises on infant food, have done much to enlighten the profession on this subject, and scattered through our obstetrical and pædological literature will be found much useful knowledge; but that a perfect substitute for human milk is not yet attained, all agree, and to the individual practitioner is left the question of what must be used. That cow's milk — its purity and freshness being presupposed — should form the basis of all infant's food is conceded; but as to how much or how little it should be diluted, opinion is divided. It would seem that the difference between the coagulation of cow's milk and human milk, if properly understood, forbade the use of clear milk; but Corson and others maintain that experience proves its utility. Condensed milk, rightly prepared, is strongly commended by some, — notably Ellis, — and as strongly opposed by Pavy, Jacobi, and many others. Says Lusk, in his recent work on "Midwifery": "I have seen a number of children exclusively fed upon it, after passing through apparently a blooming infancy, develop symptoms of rickets at the end of their first year. I have, however, been in the habit of allowing its habitual use during the first three months of existence, and in the city during the hot months of summer." Ever since Liebig first introduced his infant's food, which purported to

fill exactly the physiological requirements, innumerable foods have been brought forward, each claiming superiority. Many, like Jacobi and Chambers, consider them worse than useless; while Ellis, Smith, and Lusk recommend one or other of them, as their experience in their use teaches. "Sensible people," says Dr. Chambers, "will be content to leave the recipe of Liebig's food for some coming race who may prefer art to nature." With reference to the merits of these foods, and to prove how far their claims are warranted by microscopical examination, Dr. Cutter has written an article, which appeared in the *American Medical Weekly* for Jan. 7. That the work has been well done, the writer's reputation is a sufficient guaranty; and his investigations sustain the claims of Mellin's and Hawley's Liebig's Food, and prove the absence of gluten in many which are generally supposed to contain it. Circumstances may and do occur where a change of food is imperative; and how to supply a food rich in nitrogen, and as free from starch as possible, often perplexes the physician. At such times, Dr. Cutter's conclusions may be of service; for the majority of physicians have not the time, if the opportunity, to make such investigations for themselves. †

---

#### VACCINATION.

"IF," says Marson, "a little operation, — little apparently in practice, but very important in its results, — well performed, can save many lives, as most certainly it can, and prevent much suffering and sorrow, it should surely always be done with the greatest care and in the best known way." To physicians, at the present time, these words furnish food for much reflection. Jenner himself insisted that for the proper performance of this operation, not a general knowledge, but a particular knowledge of vaccine inoculation was needed. How many physicians have conformed to this requirement? We dare say, without fear of contradiction, that the proportion of those qualified would be pitifully small. The reason for this is not far to seek; the simplicity of the operation explains it all. That this excuses the physician, no one will admit; and though the penalty of his neglect is slow in coming, it is none the less sure. A careful study of Seaton's "Hand-Book of Vaccination," and a half-day at a vaccine



establishment, would do much towards dissipating the prevailing ignorance, the adoption of greater care in the method of vaccinating, and a more careful discrimination between the true and false vesicle. †

---

*A GOOD MOVE.*

It has long been the custom at the opening of the London School of Homœopathy, for one of the professors to deliver a lecture upon some subject pertaining particularly to our school of medicine, or its peculiar tenets; and a most cordial invitation was extended to all physicians to attend. The result has been to diffuse information, not otherwise attainable, upon many difficult points, and to stimulate all to a more thorough study of the fundamental principles of homœopathy. At the Boston University School of Medicine, a course of lectures with the same ends in view has recently been started, and "physicians and those interested in medical science are cordially invited." That they will prove interesting and instructive, no one who knows the physicians who constitute the corps of lecturers will question; and every physician in Boston and vicinity should make a strenuous effort to be present. Much as has been written upon the dose, the limitations of homœopathy, etc., differences of opinion do and will exist; but it is none the less profitable to hear from others the reason for the faith which is in them. †

---

*SOME CASES AT THE ROTUNDA HOSPITAL, DUBLIN.*

BY G. R. SOUTHWICK, M. D.

DURING the last few months of my stay here, a number of rare and interesting cases have occurred. Have sent reports of a few, thinking they might be of interest to the readers of the *GAZETTE*. No one knows positively but that the next case he attends may be a similar one. Thus a knowledge of their treatment by the Dublin school might prove of service. There are few comments made. The facts are stated as they occurred, leaving it to the reader's judgment to form his own opinion. Will first relate a fatal case of *post partum* hemorrhage in a primipara.

Lucy McCrum; age, nineteen; admitted into the hospital Oct. 25, was delivered Oct. 26, at 11.15 A. M. She was an anæmic,

delicate woman, showing traces of disease. The first stage was protracted, owing to a very rigid os. This was treated by warm baths, the water being syringed against the cervix. The second stage was accompanied with much pain and constant vomiting. She was chloroformed (a dose of *Ergot* was given at this time), the forceps applied, and, with some difficulty, the head extracted. Hemorrhage immediately followed the birth of the child, requiring expression of the placenta without delay. The blood, which was now of an arterial color, spouted out more freely than before. Examination showed its source was not from the bulbous portion of the urethra, as is sometimes the case in a delivery with forceps. The pulse, which was eighty-five, became one hundred and forty and soon uncountable; her face, blanched; the breath and extremities, cold; and, occasionally, a little subsultus. The uterine injection of hot and cold water failed to control the hemorrhage. Only a partial and weak attempt at uterine contraction was produced. The patient was now in a state of collapse. For this, a drachm of ether was injected deep into the gluteus maximus, and an enema given of beef tea, brandy, and tincture of opium (five drops to the ounce). She then rallied enough to ask, "Was the child born?" and to take a little of the same mixture by the mouth and rectum. Meantime, as a last resort, *perchloride of iron* was injected into the uterus (one part of the *fortior* to three of water). After this, there was no more blood lost. In a short time, collapse again occurred in spite of ether and other stimulants. The unfavorable symptoms grew worse, ending in death at 1.45 P. M., notwithstanding every effort was made to rally her, including transfusion, although she was then pulseless. A weak solution of the phosphate and chloride of sodium was added to the defibrinated blood injected.

*Post-mortem.* Body much blanched in appearance. Left tibia thickened and arched forward. Marks of subcutaneous injections over right hip and breast; vein in front of right elbow exposed; abdomen opened; only uterus and kidneys examined. *Uterus* large; not contracted; two vertical ruptures of cervix, one on each side of the os, about one inch in length, that on the left side being the more extensive. In this last, a medium-sized vessel (artery) was apparently torn across. There were, also, a few short fissures of the lips. Uterine cavity filled with firmly clotted blood, mixed with some, more or less, fluid blood; vessels in the walls patulous; some mucous cysts in the mucous membrane inferiorly. *Kidneys*, right much larger than the left; some cloudy swellings of the cortex. This patient was an exception to the general rule that *post-partum* hemorrhage does not occur with primiparæ. It might have been better if the iron and transfusion had been resorted to earlier. Pressure on the abdominal aorta might also have been serviceable.

The foot of the bed was raised; air freely admitted. Hot jars were put to her feet. If an Esmarch's bandage had been at hand, it would have been used to drive the blood from the extremities into the body. Many of the symptoms of hemorrhage were masked in this case by the chloroform.

The next case is an unusual one. Ellen Bridgeman; age, thirty-six; has had six children previously. Her fifth pregnancy terminated in a miscarriage at the seventh month. She was first seen on Nov. 11, at nine A. M. She was then very pale and weak, with quick, small pulse; disinclined to speak or move. At this time it was impossible to learn anything definite from her, except that she had been in excellent health, and was out the night before. Later, we found out she had been lifting heavy furniture. On examination, the os was found high up; the cervix thickened, somewhat hard, yet having the feeling of pregnancy. The external os admitted the point of the index finger. The internal os was closed, consequently no presentation could be diagnosed. Something hard was found, anterior to the cervix, receding on pressure. The patient was sure she had felt the child till the previous day. There was no bleeding externally. At five P. M., a messenger was sent to the hospital, saying she had been losing blood for an hour and a half. Found her in a condition similar to the morning, no weaker; pain in the back continuous and severe, extending round to her groins; still ghastly pale; hemorrhage slight, becoming serous, and ceased in an hour and a half. The assistant master was then sent for, and her previous condition confirmed. External examination showed a hard tumor, feeling like a fibroid, a little smaller than a pregnant uterus at full term, and freely movable, lying on the right side of the abdomen, about two inches of it being on the left. No relaxation could be felt, nor anything like foetal parts distinguished. Neither foetal heart nor uterine souffle was audible. Her breasts were enlarged, flabby, and contained a little milk. The os was softened and relaxed. As the woman was anæmic, and could not afford to lose more blood, a stilet was passed to rupture the membranes, without effect. *A uterine sound was then introduced to a depth of nine inches. This rotated freely in all directions, and the uterus moved easily upon it. Nothing could be felt except an indistinct sensation, like membranes, at the fundus.*

At 7 P. M., Dr. Atthill examined her, but could form no definite conclusion, only that he thought something was in the uterus. What was the diagnosis? The vagina was plugged, lest hemorrhage should recur, and half-drachm doses of *Ergot* given internally.

She was seen again on Nov. 12, at 11 A. M. No further bleeding had occurred. The os had contracted and receded still more. A serous discharge followed the removal of the plug.

Patient was feeling much better, and moved about in bed easier. On Nov. 13, at 8 P. M., a messenger came, saying she felt faint. Found her in a condition similar to the first visit. She was pale, weak; pulse nearly as rapid; had retched frequently during the day; foetal head was in the vagina; membranes unruptured. Later they broke, and a few ounces of liquor amni were discharged. An hour later, a large dead child was expelled with the placenta. After expulsion, the uterus remained large, extending to the umbilicus. Slight pressure expressed a clot much larger than an ordinary placenta. Accidental hemorrhage had taken place, separating the placenta and destroying the child. This may have been on the anterior surface, and, with the tetanic contraction (the cause of the hardness and small size of the uterus), might have interfered with feeling the child, and hearing the uterine souffle. The free movement of the sound of the uterus is not so easy to explain. It did not rupture the membranes, and probably passed into a mass of blood not yet coagulated. This produced a cavity, allowing the sound to move in a fluid medium, and meet with no resistance. The woman made a good recovery. One similar case is on record. In this, there was complete placenta prævia. The membranes were very tough and completely attached over the internal os. The woman died from internal hemorrhage, no blood escaping from the uterus.

As a case of accidental hemorrhage has just been given, it may be well to follow it with one of unavoidable hemorrhage, or, in other words, placenta prævia. The attachment was lateral, more often known as the partial variety. Fortunately, the complete or placenta centralis is rare. Mrs. B—; previous history unknown. On July 15, she had a sudden attack of bleeding from the uterus. She was seen soon afterwards, but a correct diagnosis was not made and *Opium* given, thinking it a threatened abortion. She continued to lose blood at intervals during the night. The clinical clerk saw her in the morning, discovered the cause, and sent for assistance, meanwhile partially separating the placenta with his finger. At this time the hemorrhage was severe. When the assistant master arrived, the woman was nearly insensible and perfectly blanched. The radial pulse could not be felt; her breath and extremities were cold. Death seemed imminent. Stimulating injections and ether were used, as in the above case of *post-partum* hemorrhage. She was carefully covered, hot jars put to her feet, and, at times, her extremities rubbed towards the heart, to promote the very feeble circulation. The placenta was detached still more; a stilet passed, and, with some difficulty, the membranes were ruptured. Extract of ergot was injected into the gluteal muscle to arouse uterine contractions. As they did not ensue, a binder was put on tightly, and the fundus uteri supported

externally by the hand. This kept the head in close contact with the cervix. No more hemorrhage occurred. Turning the child, and bringing down its body in the cervix, as is recommended by some authors, was not practicable. The patient was so weak, the shock probably would have been fatal. The use of stimulants was continued as before. As the woman rallied, uterine action set in and expelled a six and-a-half-months' foetus two hours and a half after the rupture of the membranes. No hemorrhage followed. She made a good recovery, but had symptoms of anæmia for some time.

Cases have now been given of the principal hemorrhages connected with pregnancy and illustrating the treatment adopted here. The next case is one of funis and head presentation. Mrs. D——, mother of ten children. All her previous labors were easy. After being in labor sixteen hours, she was seen by an attendant at the hospital. Thinking he had a funis presenting, he sent for me. Found a dilatable, but not dilated, os; the membranes unruptured; the head not engaged, and a small loop of funis pulsating posteriorly. Her pains were of moderate strength. At once sent for assistance, put the patient in the knee-and-chest position, and retarded labor by not allowing her to bear down, etc. When the assistant arrived, she was chloroformed, the membranes ruptured, and the forceps applied. Great care was necessary not to include the funis. Strong extractive force was used, but they slipped, and, after repeated trials, were given up. Why they did so is not known, unless the blades were applied to the poles of the occipito-frontal diameter, the head being in the transverse diameter above the brim. They were carefully put on. The cord was not included. The blades locked without trouble. When it was found the head would not enter the brim, podalic version was at once performed. The breech was easily delivered, but the head stuck fast at the brim. Forceps were necessary to extract the after-coming head of a large dead child. The woman made a rapid recovery. This might have been a case of missed labor; but nothing could be learned from the patient of the duration of her pregnancy. Perforation should be considered in a similar case with a child which must have died before version from the pressure on the cord during the efforts to bring down the head.

The case is interesting, showing a head will enter the pelvis in the bimastoid diameter which will not in its bitemporal. Reposition of the cord is here considered useless, as the attempt is apt to bring down more of it than before. The treatment is usually turning.

Will close this article by relating a similar case of breech and funis presentation not engaging in the brim.

Eliza Cooke; age twenty-four. Breech arrested above a contracted brim. Conjugate diameter, three inches. Patient admitted at 11 P. M., Nov. 11. Stated she had previously been delivered of a dead child after a very tedious labor. On examination, the cervix was one and a half inches long; os, patulous; promontory of sacrum easily reached. No presentation could be felt. She had had slight pains since morning. Slept at intervals during the night. No change in the condition of the cervix. On Nov. 12, 7 P. M., the membranes were ruptured. The funis presented, pulsating very high above the brim. On external manipulation, found the foetus lying obliquely; head in right side beneath the liver; breech in left iliac region. Foetal heart was most audible at the right side of, and a little below, the umbilicus. No uterine action followed rupture of the membranes. She slept the whole night; vagina painful. The next morning (Nov. 13) her pulse was 120° and the temperature in the vagina 104° F. The cervix was still long, the os admitting only the index finger, but dilatable. The vagina was syringed with lukewarm water, containing a little Condy's fluid (permanganate of potash). Dr. Atthill then slowly introduced his left hand, patient under chloroform, and tried cephalic version, with a view to perforation, on account of the contracted brim and impossibility of a living child. Failing, he brought down the left foot. The cervix became quite rigid. An injection of warm water was kept playing against it, which gradually gave way. Gentle and steady traction on the child was kept up meanwhile. The brim admitted the hand in the conjugate diameter, which was considered three inches by Drs. Horne and Atthill. In delivering the head, the body of the child was drawn far back to round the curve of the false promontory (see "Barnes's Obstetric Operations"), after passing which there was no further difficulty. The placenta, which was of the battledoor variety, came away in a few minutes. There was no hemorrhage. Immediately after delivery, the temperature and pulse fell to normal and remained so. This case is interesting, showing that rupture of the membranes does not always bring on labor pains; that it is sometimes necessary to operate with an undilated os; and the benefit of warm water in such cases. The immediate fall of temperature is also noticeable. The fingers were used in preference to other methods for dilation, such as Barnes's bags, on account of the necessity for terminating labor quickly. It may be that some would prefer to call this a case of transverse presentation. If so, would merely say it was not considered so here.

*HOW TO ELEVATE THE MEDICAL PROFESSION.*

READ BEFORE THE R. I. HOMŒOPATHIC SOCIETY BY T. H. MANN, M. D.

THE question is constantly rising before the minds of physicians as to the best means to suppress the illegitimate practice of medicine, which is especially prevalent in this country, and to control the enormous sale of so-called patent medicines.

It is a well-known fact that a very large class of the diseases to which we are called to minister are caused by, or much aggravated by, self-administered medicines, purchased from the grocer or druggist, or taken under the advice of irresponsible persons.

The number of persons made sick by so-called medicines would make a very respectable proportion by the side of the number of those injured at the present time by malaria, crowded tenement-houses, and defective drainage; and, while the popular press as well as the medical press throughout the country is just now alive to the discussion of sanitary science pertaining to the last-mentioned detriments to health, it utters not one word of warning to the millions who swallow patent pills and mixtures with unaccountable recklessness.

It was a far-reaching truth which our famous American showman uttered and reiterated, that "The American people love to be humbugged." Its import strikes one as comparatively harmless when applied to the results of his particular profession, but when applied to the results of the thousands of mixtures palmed upon the public, and taken as medicines, its harmlessness is not so apparent.

It is too much to expect of the popular press of the country, except the medical profession take the initiatory step, that they will conscientiously discuss and represent to the public, through their columns, the great amount of harm done by this great traffic in medicines, when we know that many of the periodical publications of the country would be obliged to discontinue their daily and weekly issues if their medicinal and questionable professional advertisements were discontinued.

With the exception of the advent of, and popularizing of, the new school of medicine, the daily and hourly bulletins from the bedside of our late lamented President Garfield did more towards popularizing the advancement of the science of medicine and surgery than anything else in this country during the present century. Not because the bulletins were so explicit, truthful, and full of the eagerly sought information, but because they set the masses to inquiring into medicine and surgery. Herein lies our hint towards the only course which can be taken by the medical profession, if it would minister to the health of the community.

by the suppression of illegitimate doctors and patent nostrums, — the public and popular discussion of medical art and science through the popular press of the country, in the same manner, and by the same means used by the professors of other sciences. The study of the arts and sciences by the masses is becoming popular; and, if we propose to retain the dignity of our profession, we must make educated medicine popular with the masses through free discussion; by it we must educate the people to that degree in the science of medicine that will take them out of the reach of its unscientific practice and sale. We must insist upon the thorough teaching of anatomy, physiology, and hygiene in our public schools with the same persistency that is now applied to English grammar, — and its study should commence with the grammar schools.

Physicians, as a class, are remarkably reticent in relation to their science. Their reasons, so far as their pockets are concerned, have been good. To illustrate, let me give the following incident, which occurred not very long ago:—

I chanced to meet a smart, brisk genius of a Yankee pedler, who was driving a very fine pair of matched horses and elegantly illuminated carriage. He was peddling throughout the country a well-known patent medicine. After an introduction he remarked, "Doctor, I suppose I injure your business some here in town, for I believe I have sold over a thousand dollars' worth of my medicine during the past week." The above remark was made for the benefit of those who were standing by, at my expense. My reply stopped any further conversation upon that subject: "I beg your pardon, sir, but you are mistaken; your business increases mine."

The legitimate physician, like the legitimate priest, has the good of his people at heart, and does not wish to swell his business at the expense of their health.

The reticence of the physician in relation to his science does not add to his dignity, but really causes the masses to class him with the humbugs. The medical profession are to blame for the medical humbugs of the day and of the past centuries. Its members were the first to practise it, continued its practice for several hundred years, and the masses of the people have taken the cue from them.

Every important truth in medical science for the past three hundred years, when proclaimed, was ridiculed by the profession, its discussion interdicted, and, in many instances, its discoverers banished. Need we wonder that the people care so little for the science of medicine, but will seek that which promises most? They can obtain no real information of the *science*, so they try the *art*.



Our doctors, for the past few years, are waking up to their losing dignity, and, as a result, our medical journals and societies are discussing legislative enactments; committees are lobbying with the legislators to induce them to pass laws which shall restrict the practice of medicine. Through their urging, in some of the States, laws regulating the practice of medicine have been passed, all of which does not and will not amount to a row of pins in value, towards the suppression of quackery, or help raise the dignity of the profession.

That profession which commands the most dignity, the largest fees, and the greatest popularity is that of law. The principles of law are discussed by the masses more than any other science, its precepts and practices are better known. When medicine is as well and popularly diffused among the people as it should be, and eventually will be, its educated and deserving practitioners will be as well paid, protected, and popular.

An exclusiveness has been thrown about the medical profession by its own practitioners, so that no truth may enter except it be *ex cathedra*. The old-time physician entered the sick-room, with life and death in his saddle-bags, with the awful, mysterious air which the musty lore of ages conferred upon him, giving the impression that he knew all about it, but, by law, was forbidden to tell. Instead of intelligently discussing the disease, its causes and means of remedy, with the patient or his friends, he now leaves a nauseous compound, the more sickening and disagreeable the better, which will puke or purge, or a few cabalistic hieroglyphics.

Medicine, with its different schools and practices, principles and claims, should be freely discussed throughout the popular press of the country, — as freely discussed as politics or religion, for that is the genius of our free institutions; then the people will soon learn who are the quacks, and the dignity of the profession will find a level equal to its attainments.

Steps in the right direction have already been taken by the advanced members of the profession, and quite a number of our popular periodical publications contain weekly and monthly articles, from their pens, of great value. The new school has led the van for the past twenty-five years, and will continue to lead until some more scientific practice arises.

The old school of medicine, as it existed twenty-five years ago, and as it still exists in some places, is the class that fear public discussion. They fear their trade will vanish if *regular*, intelligent, scientific medicine is made popular. Not all of this class are included among the so-called old school, but some of them are found in the ranks of the new school. It is a small mind that fears for his practice and professional standing because the

popular mind is being educated towards the science and art which he professes.

A physician of this State has made the remark many times within the past four years, that "the physician who had preceded him for four years had spoiled the practice." The physician that he referred to had done all in his power to educate the people above the use of quack and patent medicines, and to observe the well-known sanitary laws which govern health. True, he had reduced the practice from \$4,000 to \$2,000 per year, but he had stamped typhoid fever out of his practice, and reduced the sale of medicines by the grocery stores two thirds.

Suppose the same results could be accomplished all over our country, would it lower the dignity of the profession, or raise the illegitimate professional to greater prominence?

As the doctors were thinned out by that kind of practice, who would be the first to leave the ranks?

---

#### PLACENTA PRÆVIA: CASE.

REPORTED TO THE RHODE ISLAND HOMŒOPATHIC SOCIETY BY ROBERT HALL, M.D.

WAS called about the 8th of July last to see Mrs. S—, aged thirty-six years, six months advanced in her second pregnancy. She had been married twelve years, and her first child was ten years old. I found her suffering from an "aching" in the pelvic region, which had troubled her more or less for some days previous. On the 10th, the membranes ruptured, but other conditions remained unchanged until the morning of the 15th, when there was quite a profuse hemorrhage. Digital examination made at this time showed no dilatation had occurred. I prescribed rest and *Secale* 1<sup>ʳ</sup>.

Early on the morning of the 16th I was informed that several hemorrhages had occurred since my previous visit, but she had scarcely experienced any labor pains. Examination revealed an os, sufficiently dilated to allow the finger to pass through with difficulty, and thus the placenta was discovered lying across the internal os. The nature of the case was now made known to the husband of the patient. I immediately called on my friend, Dr. I. W. Sawin, to whom I related the symptoms, and of whom requested assistance in escaping from the difficulty in which I had found myself; for, if anything is horrible to me, it is to discover in the commencement of labor a presenting placenta, and life-blood flowing rapidly away.

We were soon at the bedside, when his examination confirmed my diagnosis, and it was at once decided to use Barnes's dilators, and await results. After six or eight hours, the os was sufficiently

dilated to enable Dr. Sawin's very delicate hand to pass, and he accordingly delivered. As the breech presented he was not obliged to turn. When the hand entered the uterus, it went by the left margin of the placenta, which was thereby partially turned to the right, affording a comparatively free passage for the infant. After delivery, there was but slight hemorrhage, and the placenta was removed with usual ease. The uterus was immediately irrigated with warm water, for the purpose of preventing further serious hemorrhage. The mother's convalescence was propitious; the child lived five days.

---

*TABES DORSALIS.*

*Treated by Nerve Stretching, in the General Hospital at Prague,  
Wards of Prof. Süsssenbaum.*

REPORTED BY E. M. CURRIER, M. D.

ANNA MÜLLER; age, forty-six; married. The patient, in her tenth year, had small-pox; since which time the cornea of the left eye remained clouded, the result of a corneal ulcer which she had at that time. In her fifteenth year the patient had typhus fever, and was sick for six weeks; and again, in her nineteenth year, she is said to have had typhus fever, remaining with it in the hospital seven weeks. In her twenty-second year, she miscarried in the sixth month of pregnancy, and has not been pregnant since. The present affliction began twelve years ago, and is said to have been caused by repeatedly taking cold in washing and carrying water. At first, pain in the right hypochondrium was noticed spreading toward the middle line, and afterward extending toward the shoulder; later, the pain spread to the left side, and appeared at last in the lower extremities. Burning and stinging pains appeared alternately in the right and left side, often lasting for twenty-four hours. The bones were said to be the principal seat of these pains. During the period of pain, the patient had to be either sitting or lying down; yet when free from pain she could walk about again. Finally, the pains appeared in the whole body, especially in the upper extremities (decided statements of time were not made by the patient). The head is said to have been always free from pain. The pain increased from year to year, so that walking, and even putting the feet on the ground, became very difficult, as the legs seemed to slip. During the last two years all the symptoms have been greatly aggravated: the violent pain becoming almost continuous, and the power of walking gradually diminishing. In walking, the legs were thrown to and fro, trembled and slipped easily, so that

the patient fell down. From the beginning of the pains, sensation in the feet was gradually lost. For one year the patient has not felt the ground under herself at all; the legs appear to her as though made of wood. The sensibility of the upper extremities was also impaired, with loss of the sense of touch, for the last year. The body, also, feels as though made of wood. The bowels were sluggish, often many days passing without a movement. Micturition infrequent, though the bladder was often found to contain much urine. The urine is never passed in bed involuntarily.

Hereditary circumstances: The father of patient died in the fortieth year of his life with tuberculosis. Of ten brothers and sisters, seven are said to have died from lung troubles.

The patient menstruated for the first time in her seventeenth year, and since then regularly every three weeks, until May of this year. During menstruation the pains increased.

Present state, taken on the 14th and 15th of November: The patient is of large size, with a weak osseous system, poorly developed muscles, rather tender and somewhat dry skin; hair somewhat gray, and the fat of the cellular tissue under the skin deficient. The patient complains of violent cutting pains originating in the hip joint and extending to the soles of the feet; also of a steady burning at times in the region of the scapulæ; but of pain in the spine there are no complaints. She complains of difficulty in micturition and defecation. The skull is small, round, and symmetrical; in the face no anomalies to be noticed. The eyes are placed symmetrically, and move symmetrically in all directions. The sight in left eye impaired ever since the disease of the cornea, which caused the corneal opacity. At first, also, the right eyesight was impaired, but within one year has become far-sighted. There is no restriction of the field of vision to be detected. The tongue can be stretched out straight, and there is no disturbance in swallowing or speaking. The *supra-clavicular* cavities equal; thorax long, broad, flat; the right *infra-clavicular* space deeper than the left.

The palpitation of the heart is not to be felt. Auscultation shows, on the left side vesicular breathing; on the right side below the clavicle, uncertain inspiration and bronchial rales. No anomalies about the heart, except a blowing sound, which will have to be pronounced anæmic with the existing anæmia. The patient sits up. Now, we see the muscles of upper extremities are weakly developed; the power of muscles deficient, and movements take place slowly. In approaching the tips of the fingers, a slight wavering of the extremities is noticeable, and the longer the finger tips are kept approaching, the more the wavering of the extremities increases. With closed eyes, the finger tips missed the

prescribed point, and trembling is very distinct. The pricking of a needle, as far as the upper third of the upper arm, is felt but little. On both shoulders and on the neck the feeling of pain is normal. On the trunk, the feeling of pain on the right side, beginning from the third rib, and on the left from the fourth rib, is decidedly weakened. The patient does not react at all in these parts, while the reaction is very marked at the upper part of the chest and the neck. The finger sensation of touch on both sides of the trunk in front is wanting, beginning with the fifth rib; coarse touching, however, is plainly felt and localized. Above the mentioned regions, the feeling of touch is a normal one. On the posterior portion of thorax, the weakening of the sensation of touch is perceptible, beginning at the height of the fourth vertebra. A disturbance of temperature, either here or anteriorly, is not to be felt. From the fifth vertebra downwards a very strong pressure must be made in order to be felt. This is especially so in the gluteal region.

*Lower Extremities.* Stretched out straight, we observe no abnormal position of the feet. The muscles everywhere are limp. Both extremities can be lifted from the couch, but with difficulty, and with much trembling. The bending of the feet, the bending and stretching of the knee-joints, take place slowly and hesitatingly, with perceptible trembling. The patient has no consciousness whatever of the situation or relation of her extremities, and is perfectly anæsthetized in the parts, except that percussion of the tibia is said to be felt. This absolute anæsthesia reaches behind as far as sacrum, and in front to the umbilical region. No reflex action, in fact, is to be noticed anteriorly below the abdomen. In the abdomen, however, reflex action can be produced, especially in the left side. The patient is able to stand up only when completely supported.

Operation, Nov. 7. Anæsthetic, chloroform. Patient vomited twice during operation. Operation with the patient in abdominal position, with raised pelvis. An incision was made about twelve centimetres long in the middle of a line, beginning between tuber ischii and trochanter major. After severing the skin and cellular tissue down to the fascia lata, the lower edge of the gluteus maximus was raised and the fascia slit, and the ischiatic nerve reached between the biceps femoris on one side, and the semimembranosus on the other. After severing the nerve sheath with anatomical pincers, and laying it bare towards the upper portion, three tractions were made on the raised nerve, at first toward the centre, then toward the periphery.

After thorough cleansing of the field of operation with five per cent carbolic solution, a short drainage tube was inserted in the lower portion of the wound, and the wound sewed up.

The wound was dressed after Lister's method. This operation was repeated on the other limb. (After the tractions, the ischiatic nerve appears considerably lengthened ; it can easily be lifted up from the wound, and remains lying loosely on the bottom.) The pulse, which had ninety to ninety-six vigorous beats at the beginning of the operation, did not change its frequency during the tractions ; but directly afterward an increase of the beats to one hundred and sixteen to one hundred and twenty was noticed. In the breathing no alteration was perceivable. Duration of the operation was one hour, including application of bandages.

CONDITION OF PATIENT ONE HOUR AND A HALF AFTER THE OPERATION.

Woke up completely free from pain in every part of the body, and the sensibility of the lower extremities had returned. She feels plainly somewhat forcible touching of the soles of the feet ; feels a fine touch of the lower part of thigh and foot, and localizes it accurately. Prickings with a needle are felt somewhat like burning or simple touching, and localized accurately. The dulling of the sense of pain in the trunk appear, however, unchanged.

At 6 P. M., the patient so far has had no return of the pains, states of her own accord that she has lost the wooden feeling in her legs, and there exists a feeling like the running of ants on the soles of her feet. Movements of the foot and toe joints are completely free, and are made vigorously on both sides. A delicate sense of touch exists now in both extremities. *Sense of temperature*: cold and slightly warm objects are accurately distinguished ; also, in the soles of the feet the power of distinguishing is found. Now, in the trunk, the sensibility has completely returned. In the gluteal region, of course, no examination can yet be made.

Nov. 8. Sensibility everywhere completely returned ; no trace of lancinating pains. Movements of the lower extremities are now quite vigorous ; the legs can be kept raised a long time without trembling.

Nov. 9, A. M. Up to date, no trace of pains. The patient praises, especially, the feeling of freedom and movability in the back ; no pain in back ; repeated examinations of sensibility show a complete restoration of the same ; fine sense of touch in soles of feet ; perfectly normal movements of the toe joints. The two feet can be raised on high, and kept elevated for some time without any trembling. Movements of the upper extremities decidedly more sure. The wavering on approaching the tips of the fingers only slightly to be noticed. With closed eyes the patient

misses the finger tips, but less pronouncedly than before the operation. Subjective state of health and appetite excellent.

Nov. 10 The patient has of her own accord made an attempt to stand; and can do so with but slight support.

Nov. 11. Quite free of pain; stool and urine normal. The patient is able to remain standing, with the feet not far apart, for a long time without assistance; shows with it, however, a slight wavering which, with closed eyes, would cause her to fall. She can walk well with assistance, stumping with the heels; hyperflexion in knee joint; raises the toes; the feeling of having the floor under her is perfectly normal.

Nov. 13. The patient is able to go a few steps without any assistance at all. With closed eyes, a wavering is still present when patient is standing.

Dec. 7. Patient seems quite well. All the functions are normal; appetite good. The patient can walk some distance without much fatigue; no pain.

Dec. 12. Patient walks daily for from half to three quarters of an hour, and is but slightly fatigued; appetite good; functions normal, etc.

---

### TUBERCULOSIS CONFINED TO ABDOMINAL ORGANS.

BY CHARLES A. BARNARD, M. D., OF CENTERDALE.

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

YOUR attention is directed to this obscure pathological condition, not with the expectancy of adding light, but rather of diffusing that already possessed by the profession. Dr. Geo. D. Wilcox has granted me material aid by loaning reports of cases from the Berlin and Vienna hospitals, and also extracts from his German works. Passing, without reference, those vexed questions, ætiology and pathology, I shall confine myself to the more practical matters of symptomatology and diagnosis.

From careful and extended research I deduce the proposition that cases in which tubercles occur only in the abdomen are very rare, and that as the number of organs which are affected lessens, so does the number of cases.

When the peritonæum alone is affected the course is very similar to that of chronic peritonitis from other causes.

Prof. Romberg, of Berlin, says the essential symptoms consist in painfulness of the abdomen, dulness of sound on percussion, and not unfrequently effusion in the abdomen; and it is worthy of notice that the children have pain in evacuating the bowels when the stools are hard, as constipation is usually present. In

fact chronic peritonitis of children is mostly of a tuberculous nature.

To this opinion the following case from the Medical Clinic in Berlin seems apropos. June 22, '47, a girl five years of age was brought to the Clinic. The abdomen was large, and below the naval the percussion sound was flat and did not change by change of position. No fluctuation could be detected. The distention of the abdomen had existed four years. A year before the child suffered from measles, since which time the distention had visibly increased, but without any marked emaciation. The child passed daily from one and a half to two quarts of urine, very pale, becoming rapidly ammoniacal, of a specific gravity of 1005, and not containing any abnormal constituents. The normal solid constituents were diminished, and the case must therefore be regarded as one of diabetes insipidus. This increase in the quantity of urine was the more remarkable as there was no thirst.

The exhibition of iron and baths was followed towards the beginning of winter by decided improvement. The urine became normal in quantity, and the child well nourished and of robust appearance, but the distention of the abdomen remained unchanged.

Jan. 27, 1848, the child came again to the Clinic, presenting a marked change for the worse. There was extreme emaciation, and increased distention of the abdomen, which was now sensitive throughout, shrunken skin and hectic fever, which soon terminated fatally. The autopsy revealed old and new adhesions, studded with tubercles and gluing the intestines together, with here and there interspaces filled with serous or purulent fluid. In front of the vertebral column was a mass of mesenteric glands united by tubercular deposit to the size of a child's head. The intestines were healthy. The lungs, bronchial glands, and spleen were tubercular.

Dr. Hennoch, in his treatise on the "Diseases of Abdominal Organs," says that chronic peritonitis is a disease of far more frequency than is usually supposed.

It is found in its most decided form in children from four to ten years of age. The commencement is often so obscure as to be entirely overlooked. Frequently recurring colicky pains, irregularity of the bowels, constipation alternating with diarrhoea, diminished appetite, sickly countenance, and gradual emaciation are symptoms which may be supposed to be caused by the presence of worms. After a few months, beside increasing emaciation, there is afternoon fever, thirst, and accelerated pulse. If the disease is suspected, early careful examination of the abdomen will reveal tenderness; and usually the sensitiveness will be in



circumscribed spots and not general. It is particularly to be observed that the children seem to be in pain and cry when a hard stool is expelled, owing to the necessary pressure of the abdominal muscles on the sensitive peritoneum and the increased peristaltic action of the bowels. In the latter stages of the disease the abdomen usually becomes enormously distended in marked contrast to the emaciated limbs. Dilated veins are often observed coursing over the surface of the abdomen.

The distention is mostly from gas, although there is occasionally fluid effusion.

In regard to the frequency of tubercular peritonitis we find Niemeyer in marked opposition to Dr. Hennoch. Recognizing but one form of tubercle (the miliary), he says tuberculosis of the mesenteric glands and intestines occurs by no means as frequently as is taught. He regards the infiltration of the peripheral and bronchial glands as scrofulous, and says the condition is found mostly in children. He regards the widespread error that scrofulous ulcers of the intestines are due to tuberculosis, as easily explained: firstly, the caseously infiltrated solitary glands have the greatest similarity to cheesy miliary tubercle; and secondly, on *post-mortem* examination we often find miliary tubercles in the portion of the peritoneum corresponding to the ulcers of the intestines. But if we examine them free from prejudice, we shall often come to the conclusion that the ulcers have existed for years, and that the tubercles have been deposited a short time before death. His description of patients thus affected is similar to that I have just given from Dr. Hennoch.

Eustace Smith, of London, in his treatise on "Wasting Diseases of Children," would seem to support Niemeyer in this opinion, and his description of children affected with the tubercular and scrofulous diathesis is very graphic and complete. He has, however, articles on tuberculization of bronchial and mesenteric glands.

Regarding the presence of tubercles in the mucous membrane of the intestines, Dr. Kafka says the most important symptom is diarrhœa. The number of stools in the twenty-four hours is not large, the motions are yellowish, brown, and greenish, mostly of an offensive odor, and often containing lumps of mucus and blood. The defecations are often accompanied by tenesmus. The abdomen is seldom distended; most frequently it is sunken, and in parts of its surface is sensitive. The appetite is usually bad. Night sweats ensue, the patients emaciate, become anæmic, the strength fails, and the lower extremities become edematous.

In an article on "Ulceration of the Intestines," Bristowe says tubercular disease of the mucous membrane of the intestines is one of the most frequent forms in which the tubercular diathesis

reveals itself. It occurs in rather more than one half the cases of pulmonary consumption, and rarely ever independently of it. Peyers patches and the solitary glands are primarily affected. The large and small intestine is affected with about the same frequency. Diarrhœa of a watery consistence and foul odor, if the small intestine is affected, and dysenteric stools, if the large intestine is affected, are the prominent symptoms.

The deposition of tubercles in the mesenteric glands is usually known as "tabes mesenterica." Ellis regards the disease as a rare one, and especially so prior to the fifth year. Pain is the prominent symptom, so that the child lies with its legs drawn up to the belly. The bowels are irregular, and the stools often clayey and offensive. The diagnosis cannot be made with certainty until the tumor, made by the enlarged glands, can be felt. Except the peritoneum be affected, the abdomen will probably be retracted, when the tumor will be readily made out. This will be hard, roughly noded, and somewhat movable.

The close of the scene is much the same as with tubercle elsewhere. Hectic fever, rapid pulse, emaciation, profuse night sweats soon lead to death, by exhaustion, or some intercurrent disease steps in to hasten the demise. Deposition of tubercle in the liver, spleen, or kidneys is always secondary, and leads to no disastrous results.

Wishing now to call your attention to the prominent symptoms, and fix in your minds the difficulty of recognizing the presence of tubercles in the abdominal organs, I will read a number of interesting cases, taken from autopsies, observed in Vienna. You will readily see that the afternoon rise of temperature, and the gradual but sure emaciation, are the only constant and reliable symptoms. The abdomen may be distended, natural, or retracted. There may be pain, or no pain. There may be constipation or diarrhœa. A tumor may be appreciable, or otherwise; tubercles may be present in the lungs, or not. There may be times of apparent improvement in the condition of the patient. There may or may not be ascites.

On the 7th of February, 1850, a boy, aged seven, was brought to the Clinic in Berlin, who, in October, 1849, had had an inflammatory affection of the abdomen, from which he had never recovered to be quite well. The abdomen was enormously swollen, of a globular shape, with large veins spreading over it. The size of the abdomen stood in strong contrast to the emaciated body. Pressure over the abdomen was not particularly painful. Sonorous percussion tone in the epigastrium and in both hypochondria. From about two fingers above the umbilicus to the pubis, the percussion tone was flat in the upright position. Lying down, the percussion tone changed according to the position of the body. Fluc-

tuation was somewhat obscure. Urine was plentiful, without albumen; appetite normal; disposition to diarrhoea. Although the definite signs of tubercles were not present, and the boy had not had any scrofulous symptoms, yet the anæmic condition and the emaciation led to the suspicion of tubercular deposits. No appearance of fever was at any time present. Application of iodide potass. ointment to the abdomen and iron internally cured him completely in the course of a year.

#### AUTOPSIES OBSERVED IN VIENNA.

A young man, not much emaciated, had some febrile symptoms and ascites of moderate extent. Was in the habit of drinking. Diagnosis, cirrhosis of liver. Autopsy, tubercular peritonitis, fatty liver. No tubercles elsewhere.

A woman aged thirty, moderately emaciated, with distended abdomen and pleuritic effusion in the right chest. Miliary tubercles were found in the pleura; the intestines moderately red and adherent, forming one mass; a small quantity of colorless serum; and a few tubercles in apex of left lung. Peritonitis existed for six months. There had been no pain in abdomen.

Was seen during life (from Duchek's) a girl twelve years old, suffered from tubercular peritonitis, who had been sick five weeks. The abdomen had been distended, but not very tender, with dullness in percussion in places, which did not change with change of position. The autopsy revealed an abdomen containing a large quantity of sero-purulent fluid; the intestines, omentum, liver, and stomach glued into a mass and filled with tubercles; tubercles in the uterus, but none in the lungs.

A man thirty-six years old. Diagnosis, internal incarceration of intestines. Details of the case not learned. Abdomen extremely tense and distended. The malady was occasioned by adhesion of the intestines from tubercular peritonitis. A small quantity of sero-purulent fluid was found in the abdomen.

#### FROM PROF. BAMBERGER'S CLINIC.

A man aged forty-nine. Diagnosis, chronic tubercular peritonitis; appearance, extremely emaciated; abdomen not particularly distended, and rather conical in form. Had experienced no pain nor tenderness. Temperature variable; at one time normal for the twenty-four hours, then for a day or two increased. Near the close of his illness he was observed to become rapidly anæmic. The lungs were, with the exception of a few scattered tubercles in the apex, healthy. The abdominal viscera were adherent in one mass. The omentum was a solid mass of tubercles, with extensive deposits of false membrane which had given rise

to hemorrhage. The abdomen contained a quantity of fluid blood mingled with clots, which accounted for the sudden anæmia.

If you will pardon a further trespass upon your patience, I will now give you the history of a case which came under my notice, and in which there was a question as to diagnosis.

In the spring of 1879, Dr. Budlong and myself attended the children of Mr. E——, while sick with scarlet fever. Among the children was Mabel, a nursing babe. They all seemed to make a good recovery. At that time Mabel was a well-nourished, healthy child. Aug. 3 of that year, Dr. Budlong was called to see her, and found her suffering with an attack of dysentery; or rather, I should more properly say, colitis, as there seemed to be no epidemic prevailing at that time. The illness was a severe one, and left her emaciated, feeble, and peevish. The attendance continued until Aug. 21, covering a period of eighteen days. The recovery was slow, but seemed complete.

Nov. 22, three months after the last illness, I was called to see her and found her vomiting and passing large, putty-like stools, which were accompanied with a profuse discharge of water per rectum. The child was excessively peevish, pale, haggard, and very thirsty. The vomiting soon subsided, but the diarrhoea resisted all treatment for three weeks.

She was seen during the time by Drs. J. C. Budlong and I. W. Sawin. At the suggestion of Dr. Sawin, we administered *Morph.* and *Rheum.* This caused the stool to change slightly, and for a short time only. About this time *Bovinine* became known to us, and we tried it. So far as we could determine, it came through the child unchanged. At the time recovery set in she was taking *China tinct.* strong enough to color the water pretty thoroughly.

The attendance lasted until Dec. 30, 1879. The little sufferer was extremely weak and wasted. The recovery was very slow and imperfect. She remained feeble and anæmic, having thin legs and arms for a long time. The anterior fontanelle remained open; once during the spring the cervical glands became swollen, but readily yielded to treatment, and, in fact, she presented a complete picture of mal-assimilation. During the next six months, up to July 9, 1880, being in the neighborhood a good deal, I saw the child repeatedly. As warm weather approached, she seemed to improve more rapidly. She ate and slept well, gained some flesh and color, and became playful.

July 9, we find our little patient suffering with another attack of colitis, not so severe as the one of a year ago, and lasting thirteen days. July 22, the mother went with the child to the seashore for a change of air. She only remained three days, because, as she afterwards told me, the child was seized with empty retching, which alarmed her. July 26, we were called again. By this

time the empty retching had given away to frequent vomiting of undigested curds and whey. The alvine evacuations were frequent and changeable in character. They consisted for the most part, however, of undigested food; were accompanied by a large amount of water, and had the property of changing to a green color upon exposure to the air. The child was very peevish, hot, excessively thirsty, and had a very sunken countenance. From this time until Aug. 13 the arrow of death seemed to waver to and fro over our little patient. On the morning of the 13th, finding her much worse, I called Dr. Geo. D. Wilcox in consultation; but nought could avail. Death ensued on the morning of the 15th. No autopsy could be obtained. What shall be assigned as the cause of death?

We have had, first, a distinct attack of dysentery or colitis, followed by complete recovery; secondly, an attack of diarrhœa, in which the liver seemed to be the principal defaulting member. Six months after we have another attack of dysentery, followed by what?

It is the hottest summer month; the child is seized with empty retching, profuse vomiting, and diarrhœa, intense thirst; has sunken countenance, mucous membrane of mouth covered with aphthæ, lies with half-closed eyes, and limbs stretched out, refuses nourishment, and passes highly acid stools. The consideration of these facts, as well as the circumstance that we were at the same time attending other cases of the same malady, seems to me to warrant the diagnosis of cholera infantum.

I have only to add, considering the very important facts, that there was no reason to suspect a tubercular diathesis on account of the family history; that there was no reason to suspect the presence of tubercles in the other organs; that the attacks of intestinal disease were so far apart that, according to Smith and Niemeyer, the infiltration of the cervical glands was rather scrofulous than tubercular; that at no time had there been either distention, retraction, or tenderness of the abdomen, and that no abdominal tumor was ever discoverable, — was the suspicion of tuberculosis unfounded?

It is to be regretted that the presence of tuberculosis was not suspected early enough to have obtained the thermometrical history of the case, and that no autopsy could be obtained.

---

A most interesting article by Austin Flint, M. D., on the antipyretic treatment of typhoid fever, appeared in the January number of the *Medical News*. This is only one of the many good things in this magazine, which is a new candidate for favor, as a weekly journal, by the profession. It is published by H. C. Lea, in a most attractive form, and we bespeak for it a most prosperous career.

**HOMŒOPATHIC MEDICAL DISPENSARY, BOSTON.**

REPORT OF PATIENTS TREATED DURING THE YEAR 1881.

	New Patients.	Prescriptions.
<i>Central Dispensary, 14 Burroughs Place :</i>		
Medical Department . . . . .	1,110	3,812
Out-patients . . . . .	463	2,280
<i>West End Branch, Charity Building :</i>		
Men's Department . . . . .	1,328	3,606
Women's Department . . . . .	1,260	2,030
Out-patients . . . . .	287	1,107
<i>College Branch, East Concord Street :</i>		
Medical Department . . . . .	1,442	3,299
Surgical Department . . . . .	634	1,531
Women's Department . . . . .	822	2,117
Dental Department . . . . .	831	930
*Eye and Ear Department . . . . .	375	1,780
*Heart and Lungs Department . . . . .	593	1,505
†Children's Department . . . . .	556	1,255
*Skin Department . . . . .	304	774
*Throat Department . . . . .	276	913
*Nervous Department . . . . .	22	115
*Ear Department (Discontinued) . . . . .	28	77
Out-patients . . . . .	1,531	10,043
 Total . . . . .	 11,862	 37,174

H. C. CLAPP, M. D., *Subt.*

† Open four times a week.

\* Open twice a week. All other departments are open every day except Sunday.

**ANNUAL MEETING OF THE BOSTON HOMŒOPATHIC  
MEDICAL SOCIETY.**

THE annual meeting of this society was held at the College Building, East Concord Street, on Thursday evening, Jan. 12, 1882. Something over thirty members were on hand, and, though fewer invited guests presented themselves than at the annual meeting of the previous year, the evening passed most pleasantly. In the absence of Dr. Hemenway, the vice-president, Dr. Krebs, presided.

The election of officers for the ensuing year resulted as follows : Secretary, Fred. B. Percy, M. D.; treasurer, J. E. Kinney, M. D.; censors, C. H. Farnsworth, M. D., Conrad Wesselhoeft, M. D., M. L. Cummings, M. D.

Dr. Talbot made an appeal in behalf of the Providence Fair, which is held to raise funds for the Rhode Island Homœopathic Hospital. He referred to the generous support accorded by the people of Providence at the time of our own fair, and said that now

we had an opportunity to show our appreciation of their efforts. A Boston table was assured, and, being in the hands of the Ladies' Aid Society, it could not fail of success. A cordial invitation was given to all to join in an excursion to Providence on Tuesday, Jan. 17, when the fair would be formally opened.

The report of the censors being favorable, the following were elected to membership: James Utley, M. D., W. O. Ruggles, M. D.

Charles Leeds, M. D., was proposed for membership.

The report of the committee appointed to investigate the sources of our water supply was read by Dr. Sutherland, as Dr. Wesselhoeft, the chairman of the committee, was absent.

Dr. Talbot spoke at some length upon the impurities of Pegan Brook, and exhibited specimens of water taken from different parts of it. He also showed specimens of the *Spongilla fluvialis*. Dr. Talbot had never been able to get from it the fishy odor or cucumber taste, no matter how it was treated. Dead fishes and clams found on the shores, he thought, contributed to the bad taste. The importance of an organized system of sewerage for Boston and places within a radius of twenty miles was forcibly presented.

Dr. Woodvine also made a few remarks.

A committee of three was appointed to revise the fee table and report at the next meeting.

Drs. Jackson, Woodvine, and Hastings were the ones selected. The society then adjourned to the supper-room, where a bountiful repast was spread, and an hour or more was profitably spent in discussing viands of many kinds.

---

#### REPORT OF COMMITTEE TO INSPECT COCHITUATE WATER BASINS ABOUT SOUTH FRAMINGHAM.

[Read before the meeting of the Boston Homœopathic Society, Jan. 12.]

In this report your committee has not alluded especially to the peculiar taste and odor of the Cochituate water, as noticed previous to the time when the improvements were undertaken. We have every reason to believe that the "cucumber odor" of the water was due to the presence of the sponge found by Prof. Ira Remsen, and described by him in his report copied in the daily papers,\* especially as that particular taste and odor have mostly subsided since the water no longer flows through Farm Pond, where that sponge mostly abounded. The inspection of the water supply was not undertaken by your committee for the purpose of investigating the growth or presence of the sponge, but

\*Boston Daily Advertiser, Nov. 22.

...in order to determine the general condition of the water; ... Prof. Henssen. The following ... the water ... in process of ... the water ... the water is collected from the ...

... Prof. ... would be no ... of having ... But ... is ...

On Monday, Jan. 12, your committee, Dr. C. Wasselboeft, ... Dr. ... Dr. ... having been ... of the water supply of Boston ... at which point ... from ... Although it was ... your committee had sufficient opportunity for ... concerning the nature of the sources ... from which the drinking water comes to the city, as well as ... which observations are herewith offered to this society.

Proceeding from South Framingham along the railroad about a quarter of a mile, the southern end of Farm Pond is easily reached. This pond is the last of a series of natural basins, through which the water flows before entering the large conduit which leads it to other artificial reservoirs (Chestnut Hill, etc.).

Chestnut Lake is situated nearer Boston, and will be spoken of separately.

Beginning, then, with Farm Pond, we found this to be a shallow pond of several acres, with very shallow banks, from which the water had been drawn away for the purpose of cleaning the bottom, upon which grew manifold water weeds, besides the sponge (*Spongilla fluviatilis*), spoken of in the reports contained in the newspapers. Much of this sponge had been removed, together with the mud and aquatic plants, laying bare a gravelly bottom so far as the water was drained away. But various large clusters or bunches of the now ripe and dried sponge were still scattered along the banks of Farm Pond, and specimens pre-



served. Of these plants and their effect on the water, very little was to be observed at this season of the year and stage of the work at the time being carried on around this pond. As stated in other reports, the water is not taken from this pond, but is conducted around it through a newly constructed canal.

The water in this canal is of a dark-brown color, bearing with it dead leaves and coloring matter; although it has no decidedly bad taste or odor, it tastes of decomposed vegetable matter, and has a faint odor of the same, evidently requiring much purification before being used for drinking purposes.

When we take into consideration the impure state of the water in which it enters Farm Pond, we at once are forced to the conclusion that, as long as it was conducted through the latter, it must have become still more impure and charged with decomposed vegetable and animal substances.

It is a matter of minor consequence of what the aquatic vegetation in the pond consists, whether sponges or other organisms, while the conditions for their growth are so very favorable. These conditions consist in the shallowness of the pond. It seems plain on inspection that, from fifty to one hundred feet around the pond, the depth of water could at no time exceed one to five feet at the most. There are undoubtedly deeper places in the middle, but these do not prevent the abundant vegetation on the bottom and along the shallower places, where, even when the pond is full, the sunlight has ample access to the bottom; and, as it is light on which vegetation depends, this grows there most profusely, as grasses and shrubs do on dry land. Now every year these plants, growing mostly from perennial roots, die, decay, and decompose, only to be followed by a new crop each year, precisely as land plants do. The latter, in decomposing, furnish nutriment for the following crop; while decomposed water plants of Farm Pond are carried off by the current of water to be used in the city.

We were told by persons engaged in work around the pond that it abounds in fishes (perch, hornpouts, pickerel, and eels, likewise frogs and turtles). There is a theory that fishes purify the water in which they live,—a theory easily controverted by any aquarium, which easily becomes soiled and turbid, not only by the excrements of fishes, but also by the excessive increase of microscopic organisms growing therein.

Such is Farm Pond. Having examined this in its present unused condition, we proceeded in the direction of the conduit connecting Farm Pond with the large new basins. These receive the waters of Sudbury River and Stony Brook, which, being dammed up at longer intervals, form a series of basins or large ponds extending for several miles.

Although these sheets of water have added much to the beauty of the landscape, they produce another impression when viewed as reservoirs of drinking water, and as having the same disadvantages as Farm Pond.

In the first place, as is well known, the bottoms of these basins are meadow land, covered at the time of their inundation by *loam*, upon which grew a rich crop of meadow grass and shrubs. The water of Sudbury River and of Stony Brook, traversing just such country, and already saturated with vegetable matter, after reaching these basins is necessarily still more enriched by soluble matter of immense areas of meadow loam and decomposing herbage. This is easily ascertained from the color and taste of the water in these basins.

Another great disadvantage arising from the present condition of these basins, like that of Farm Pond, is the shallowness of their shores, great tracts of which exhibit a boggy or marshy appearance. Reeds and water-grasses may be seen to grow in many places, extending for several rods from the margin towards the middle, marked by the tops of grasses protruding above the surface of the water. In other places, black hummocks and stumps rising above the water give evidence of the insufficient depth of water in these basins, even after copious rains.

It is particularly this shallowness to which we desire to draw your attention. The light penetrates easily through the water and encourages rich crops of aquatic plants in place of the meadow grasses. It is from several of these water plants that the taste and odor of the water is derived; and when the sponges spoken of in other reports shall have spread over the other basins, the condition of the drinking water will be worse than it is now.

The present color and odor of the water is, however, not owing entirely to the dissolved crops of deciduous larger water-plants, but also to vast growths of microscopic organisms of vegetable and animal nature, for whose development and reproduction the water of these basins, already impregnated with organic material, forms a rich nutriment.

(Want of time has prevented careful and detailed study of the microscopic organisms, but will be completed at no distant day.)

The situation and extent of Cochituate Lake near Natick is too well known to need description. It is a long, narrow, irregular sheet of water, reaching several miles north from the town of Natick, and is known to be clear and pure, mostly of sandy and gravelly bottom; but it is said to have become impure lately from vegetable growths and vegetable sediment. Your committee were unable on this day to inspect this lake carefully, but gave their attention to *Pegan Brook*, lately so much spoken of.

Your committee inspected this brook, beginning near the rail-

road station at Natick, after traversing that town. It is at this point above three feet wide and several inches deep at that time, and attracts attention by its color. The filth which floats on it settles at its bottom and is deposited along its margins. Its color at this point is that of dilute soapsuds, dirty-gray; the blackish slime coating sticks, and leaves on its bottom a decomposing sewage, and imparts the odor of the same to the water of the brook, which odor is very noticeable at a considerable distance.

Crossing and recrossing beneath the railroad embankment, the brook passes several factories and many houses, all of which discharge their sewage directly into the brook, as may be plainly seen at the mouths of drains emptying into it. Several outhouses are built directly over the brook; also stables in very close proximity, whence filthy fluids from manure heaps may be seen to contaminate the brook, which is neither more nor less than a sewer of Natick.

This Pegan Brook, so called, after leaving the town and crossing a road, flows across a piece of pasture land, where, following its course, its offensive odor is intolerably perceptible, as specimens herewith exhibited will testify.

After traversing the pasture, the brook is intercepted by three successive dams, above each of which it forms a pond. These dams appear to have been constructed for the purpose of filtering the brook water before entering Cochituate Lake. But this filtering process is very imperfectly performed. If, as seems to have been intended, all the water of the brook could be made to percolate through the gravel and charcoal of which the dams are said to consist, the object of purifying the water might possibly be attained; but, as each dam overflows directly into the next basin, and as the third and last, although perhaps two acres in extent, overflows directly into Cochituate Lake, the brook water in all its impurity is added to that body of water.

Unquestionably the water of the brook, mingled with that of the lake, undergoes a process of purification, and the dangers from it are still more reduced by the fact that the outlet of the lake, as we were informed, is situated about three miles from the point at which the brook discharges itself into the lake. But, if the brook discharges daily, as we believe, about half a million of gallons of impure, filthy water, this is no inconsiderable quantity, even in proportion to the size of the lake.

Now, your committee do not consider their statements as an exaggeration of existing facts, neither do they underrate the attempts made by the Water Board at abating all possible sources of pollution of the water; but they must insist that these means and precautions are far from sufficient.

Taking it for granted that the waters of Sudbury River and Stony Brook, together with those of Cochituate Lake and Farm Pond, are the best available water supply for this city, it causes no surprise that the water is at the outset not so pure and limpid as desirable, though perhaps the best obtainable. But, being so, certain radical measures are urgently called for and to be demanded, which shall tend to render the water far more pure and fit for drinking than is actually the case. And while your committee do not claim to be experts in regard to the construction of basins and reservoirs for the collection and purification of drinking water, they would urge the necessity of making certain changes in the form of those basins, as follows:—

In the *first* place, their loamy bottoms with all decaying vegetable matter should be removed by dredging or otherwise.

*Secondly*, their shallow places, with their boggy portions, should be dug out and deepened at least ten or twelve feet.

*Thirdly*, the shallow banks of the basins should be converted into *steep embankments* constructed of stone.

*Fourthly*, the bottoms of all these basins should be filled with gravel in place of the loam and water weeds now there.

That these or similar improvements are necessary is beyond doubt, quite as much as the certainty that in the near future the impurity of the water will increase to such an extent that very serious danger will arise with regard to the health of the community, of which some unmistakable symptoms are even now more than a matter of suspicion.

The expense of the necessary changes here suggested is not a question to be considered by your committee. It is, however, probable that several millions of dollars might profitably be expended for the welfare of the community without depriving it of the equally great benefit of public parks now in process of construction; and we do not join in the opinion of those who think that, for the sake of economy, the great benefits of public parks should be abandoned on account of the improvement in the means of supplying the city of Boston with pure water.

C. WESSELHOEFT,  
*Chairman.*

January 11, 1882.

---

*RHODE ISLAND HOMEOPATHIC SOCIETY.*

REPORTED BY THE SECRETARY.

THE thirty-second annual meeting of this society was held at the Narragansett Hotel, in Providence, on Friday, Jan. 6, 1882, at 5 P. M. The president, Gen. J. C. Budlong, of Centredale,

occupied the chair. P. F. Walker, M. D., a graduate of the Medical School of Boston University, and a resident of that city, was admitted to membership. The name of Joseph M. Thompson, M. D., was presented, referred to the Board of Censors, and reported on favorably by them, but, under the by-laws, could not be acted upon before the next meeting.

The secretary reported that 1,192 prescriptions had been given to 732 patients at the Homœopathic Dispensary; that 127 persons had received more or less attention from the dentist connected therewith; and that the overseer of the poor had issued 438 orders to the four physicians employed by him in the City Dispensary during the year ending Dec. 1, 1881,— the first year homœopathic physicians had received appointments, — which were distributed as follows: to the allopathic physician on the east side, 158, to the homœopathic, 76; to the allopathic physician on the west side, 163, to the homœopathic, 41. He directed attention to the fact that the homœopaths were not expected to attend but one third the total number of patients, their remuneration being but one half that of the allopaths.

The officers of the preceding year were re-elected to their several positions as follows: President, J. C. Budlong; vice-president, Robert Hall; secretary, Geo. B. Peck, Jr.; treasurer, Charles A. Barnard; censors, I. W. Sawin, Wm. Von Gottschalck, Mary D. M. Matthews.

Dr. Robert Hall reported a case of placenta prævia, which recently occurred in his practice. Dr. I. W. Sawin followed with a similar report. Dr. Geo. D. Wilcox detailed a case of Addison's disease. Dr. T. H. Mann presented an essay on "The Best Method of Elevating the Medical Profession." Dr. Peck briefly but emphatically indorsed the general principles of the essayist. Dr. I. W. Sawin considered the familiar question, "What is Homœopathic Practice?" An animated discussion ensued, but no action was taken committing the society, intellectual as well as religious liberty being considered every Rhode-Islander's birthright. Dr. Budlong's presidential address on Homœopathy, its Origin, Progress, and Means of Perpetuation, concluded the literary exercises of the evening. Most of the above papers will appear in the GAZETTE. One or more essays that had been prepared for this meeting were deferred for want of time.

Leverett Bishop, M. D., of Sequoit, Oneida County, N. Y., now in the ninety-first year of his age, was introduced and gave some interesting sketches of the trials of the pioneer homœopaths of Western New York. Dr. T. A. Capen, of Fall River, was introduced as the accredited representative of the Massachusetts Homœopathic Medical Society, and made some timely remarks.

The supper hour being near at hand, the doors of the adjacent

parlor were thrown open, and an opportunity afforded for an exchange of greetings with the invited guests, which included Governor Littlefield and lady; also the wives of a number of the physicians. At a few moments past nine, the company repaired to the dining-hall, where ample refreshment was found awaiting them. When the half-dozen or more courses had been fully accomplished, the president made a brief address of welcome, and introduced the secretary as toast-master. He announced the following sentiments, with such explanatory remarks as seemed necessary, which were duly replied to:—

The Providence Plantations: their *fields*, though *little*, are rich. His Excellency, Alfred H. Littlefield.

The City of Providence: her children are well bread(ed). Hon. Nicholas Van Slyck, City Solicitor.

The Clergy: skilled teachers of the virtues commencing with their A. B. C.s. Rev. Alexander B. Carver, of the Episcopal church.

The Providence Pulpit: well tailored. Rev. James M. Taylor, of the Baptist denomination.

Manufactures: the corner-stone of our national prosperity, vigilantly to be protected. Hon. A. O. Bourn, State Senator from Bristol.

Woman: her approving smile earth's richest reward. Rev. George Harris, of the Trinitarian Congregationalist denomination.

At ten minutes before the close of the day, the exercises were declared closed. Forty-nine plates had been covered at table. For the benefit of foreigners, it should be remarked that the official designation of the smallest State in the Union is "State of Rhode Island and Providence Plantations"; also that the present mayor of Providence is the junior member of that old and enterprising firm, Rice & Hayward, bakers; and finally, that the clerical Taylors of Providence have been neither few nor undistinguished.

---

## PERSONAL AND NEWS ITEMS.

---

REMOVALS.—DR. J. W. HOBART, B. U. S. of M., Class '75) has removed from Townshend, Vt., to Merrimac, Mass.

DR. E. P. WHITE, of Merrimac, has sailed for Nassau.

DR. I. W. RADCLIFFE, late of Lynn, who is now in Colorado, is improving in health.

DR. J. P. DAKE, of Nashville, whose recent illness was the cause of much solicitude on the part of his many friends, is now much improved; but he says any literary work is out of the question for many months.

THE  
MEDICAL  
NEW ENGLAND MEDICAL GAZETTE.

No. 3.

ASSOCIATION  
MARCH, 1882.

Vol. XVII.

EDITORIAL.

*A WORD OF WARNING.*

WE received not long ago a communication from a Western colleague, containing an exposé of a charlatan calling himself William Mullen. This man, it seems, has had the daring and assurance to go about offering to individuals of the medical fraternity, for the sum of fifty dollars, the sole right to use, and in turn to sell again, a wonderful specific for rheumatism and neuralgia. He claims this specific, of course, as his own discovery. Its principal ingredients, it seems, can only be obtained from himself.

We should hardly consider it worth our while to give space for the mention of so obvious and absurd a piece of charlatanism, had we not seen it gravely stated that the man had met with a certain measure of success, and that, too, among physicians calling themselves homœopaths.

What has been, may be; and we would speak this word of warning concerning Mr. Mullen's character and claims, to any of our young brethren (it would seem that they must be *very* young brethren, in homœopathy at least!) who may be tempted by his seductive offers. To all such we would offer a more serious word of warning, against turning aside from the faithful study of the principles of homœopathic therapeutics, of our rich materia medica, and our abundant and trustworthy clinical records, in vain quest of any "*specific*," — that will-o'-the-wisp which has led so many earnest seekers after truth into the marsh-lands of erroneous theory and hurtful practice. †

*MEDICAL PODSNAPPERY.*

It is a never-ending surprise to those of us who are lovers of Dickens, to find ourselves constantly meeting, in the walks of every-day life, the characters to whom he has introduced us. It was a day or two ago only, that this familiar reflection occurred to us, as we chanced, in the pages of a great and influential medical journal, upon words which seemed to have a familiar ring. Our perplexity in indentifying them lasted but for a moment; and then, with the exclamation, "Why, yes, certainly! We were sure we could not be mistaken in that voice!" we looked up to behold our old friend Podsnap, seated, — where, of all unlikely places, but in the editorial chair of the London "Lancet"! It was with the same "peculiar flourish of the right arm which he had acquired in clearing the world of its most difficult problems by sweeping them behind him," that he was just giving forth the majestic sentiment, "For half a century has been shown the impossibility of medical men who follow the teachings of science and experience, co-operating with those who take for their sole guide in therapeutics the absurd and discredited dogmas of Hahnemann. *It is but fair to ask for the dissolution of all homœopathic societies, and the abolition of the name and designation.*" (!)

The very same voice we used to know so well! The very same Mr. Podsnap (surely no other could speak in that well-known voice!) who used, in the dear old days of our first knowledge of Dickens, to stand on his own hearthstone, his left arm under his coat-tails, his right raised to sweep behind him "Asia, Africa, and America," and "all topics at which his gorge rose," with one final flourish. "For he had settled that whatever he had put behind him, he had put out of existence; and there is a dignified conclusiveness, not to add a grand convenience, in this way of getting rid of disagreeables."

It is vastly comforting to remember that Asia, Africa, and America, though swept on that memorable occasion behind Mr. Podsnap's back forever, still continue to exist and flourish, with no perceptible blight upon them; for we may, from this fact, draw happy augury that the "absurd and discredited dogmas of Hahnemann," against which Mr. Podsnap's voice is thus sono-



rously uplifted in the "Lancet's" editorial, may not utterly wither away under his majestic displeasure. It gives us good cause to hope that in the future, as in the past, they may serve as a light to guide earnest and thoughtful men in their selection of those remedial agents on which we rely as weapons in our never-ending combat with disease and death. It adds strength to our certainty that these "absurd and discredited dogmas," acknowledged and loved as the truest therapeutic principles the world has ever known, shall hold their honored place in the "good time coming," when in college and hospital, medical society and editorial chair, "Podsnappery" shall have given place to a clear-sighted, conscientious, and tolerant search for truth. †

---

#### GUARDIANS OF THE PUBLIC HEALTH.

IN the minds of the majority of the citizens of this and other commonwealths, there is established a respect for, and confidence in the medical profession, which finds one of its expressions in bestowing upon physicians the title of "guardians of the public health." If we are to accept the phrase in good faith, it would seem that what with our elaborate public system of health guardianship, our sanitary commissions, our boards of health, hospitals, dispensaries, diet kitchens, etc., and the very great number of private practitioners, representing so many different theories and systems of medicine, the "public health" should be very effectively "guarded." And in the main, we are willing to believe that the phrase has a solid foundation in fact, though there are times and places when its application would seem to verge on the ironical.

There is one point (and we observe it with profound satisfaction) on which public opinion is beginning to sharply question these "guardians of the public health" (we may surely be excused for repeating a phrase which should be so suggestive and significant), as to whether they have done their duty by those who have put unsuspecting confidence in them; nay, more, as to whether, under pretext of duty and science, they have not grossly abused that confidence, to the detriment of public health and morality. We refer to the danger, to a sense of the reality of which the public mind seems surely if slowly waking, involved in the reckless use of large doses of powerful drugs, whereby, oftentimes, the lives of patients are endangered, for the sake of giving them a few short hours of unconsciousness. One of the chief functions of the physician is to alleviate suffering, to palliate

pain ; it is this his patients expect of him. Too often, for the sake of pleasing his patients or retaining them, he allows himself to use, for the purpose of quieting or soothing, a narcotic of seductive charm, the frequent use of which is only too apt, in certain natures, to excite an appetite that becomes afterward ineradicable.

That these subjects are attracting general attention is evident from the fact that books and articles on such topics as the following are constantly appearing : "Morphiomania," "Opium Smoking," "The Opium Habit and Alcoholism," etc. Under these titles, various authors have depicted with wonderful accuracy and vividness the enslaving habits mentioned ; their origin, growth, and sequelæ. They are word-pictures of intense force and power, and in their awful reality call loudly on all who have ears to hear, — the ignorant and the educated, the patient and the physician, — demanding the consideration due their importance. Should any one doubt that public opinion is becoming alive to their importance, let him read, for instance, the article in a recent London periodical on "The New Horror born into the World with the Hypodermic Syringe," in which the effect of the "fatal fascination" — morphiomania — is described ; the immediate effects and the remote personal consequences, as well as those to be bequeathed to later generations, such as "the heritage of insanity, of inebriety, of imbecility," which "will in future be traced back to those tiny tubes, which hold but a drop or two, and to which men once looked as to a blessed means of relieving pain, forgetting that blessings and curses go hand in hand in a crooked world. Dipsomania has now a powerful rival, speedier in its results than its own revolting process, and eventually as degrading." These are not the words of a rabid homœopath or of a fanatic. The world at large, and finally the only acknowledged "medical world," are now beginning to *discover* for themselves what was told them in the early part of this century by one who could read facts ; by one who saw that doses just this side of the poisonous quantity, doses "not quite large enough to kill," were in reality rather too large doses to administer to delicate or sick persons with any idea of curing. The discoveries of Hahnemann are now being rediscovered by those who practise medicine in accordance with the highest and most favored principles of the "rational school."

It is a matter for congratulation that, even at the eleventh hour, some of those rationalists are beginning to see the errors of their ways : and there is perhaps reason for hoping that in the near future every physician will deserve the title "guardian of the public health," in that he is able to foresee consequences, before they are forced, in all their terror, upon him ; in that he

holds the *absolute safety* of his patient above all other considerations ; in that while he is willing and desirous, if able, to palliate pain, alleviate suffering and distress, bring ease and comfort with him, he is still unable to forget that the physician's highest aim should be the restoration of *health* in the "shortest, most reliable, and *safest* manner."

It is to be hoped that public opinion will continue to mould and influence the present traditional and rational methods of treating the sick, and that eventually any injury done a patient by an inefficient physician will be considered, treated, and punished as an offence against the law ; that soon the time may come when no plea of ignorance, in one whose responsible position makes ignorance on such vital questions a crime, will be powerful to shield the professed healer from the just demands of those injured by his recklessness or inefficiency. Ignorance has too long been a good legal excuse for malpractice ; and if those who wilfully expose themselves to the dangers of that treatment which claims that only at such risks as attend the use of morphia and kindred narcotics can pain be alleviated, — if the adherents of such practice consider they have just cause of grievance when suffering under the evils such practice entails, — what plea is too strong to offer for those who, realizing and dreading its evils, yet perforce must send their friends, on whom has fallen the terrible affliction of insanity, to those hospitals where such treatment holds full sway ? Surely those of us who realize the fatal effect of narcotics on an enfeebled mind, trembling in the balance between possible restoration and utter wreck, may well long to write over the doors of our insane asylums as they are to-day, "Who enters here leaves hope behind !" There is an injustice here which appeals not alone to the friends of homœopathy, but to all lovers of just dealing everywhere.

While we wait with what patience we may, for the slow dawning on the minds of the rational school and its adherents, of the light of those truths to which the hand of Hahnemann pointed us long ago, let us not cease to work and plead for those rights and privileges which are justly ours. Let us not rest content until we have within our control wide and fair fields of opportunity, wherein, laboring in the light of those high truths we believe to be ours, we may help to bring forth the fruits of a better public health.

"Guardians of the Public Health !" This is indeed a grand phrase, and should be to the conscientious physician at once a warning and an inspiration. Let us eagerly hail any sign that the duties and responsibilities implied in such a phrase are being more deeply recognized, not only by physicians but by the people at large.

## WHAT IS HOMŒOPATHIC PRACTICE ?

BY I. W. SAWIN, M. D.

*(Read before the Rhode Island Homœopathic Society.)*

WE sometimes hear pretty good jokes at the expense of persons of our faith, alluding to their disregard of their own teachings, when at the banqueting table. Reference is had of course to our general advocacy of small doses. If we were to make a serious reply to these witticisms, we should say that they were entirely misdirected, that we do not take *doses* of food.

But while of course no one would seriously apply the rule to eating, there is, I believe, an entire misconception of the exact limitation of the rule "similia." It refers only to questions of essential disease, and of course no case can be successfully treated on that principle, unless the likeness of the disease can be produced by drugs. It is entirely inapplicable to cases when the difficulty is due to a cause constantly operating, as to bad hygienic surroundings, to malaria, to parasites, to mechanical obstructions, or chemical action. It is also equally powerless with every other system of drug administration to remove many forms of new growths. All these must if possible be remedied or removed; and the physician is not restricted in the means he will employ for these purposes, because he believes in "similia" as a guide in the selection of an appropriate remedy in other cases. Healthful circumstances will be promoted, such drug and in such quantity as will destroy the germs of malaria will be administered. He will eradicate the parasite, will antidote or render harmless chemical poison, and remove, by the physiological action of medicine, or by the knife, if necessary, mechanical obstructions and tumors. *Pilocarpin* in large doses is of advantage in some cases of hydro-pericardium and pleuritic effusion, not because of *similia* or *contraria*, but by removing a portion of the effused fluid; distension, which is an obstructing factor in the case, is relieved, and the cure progresses more favorably, just as it does after a partial aspiration, and for the same reason. Intestinal accumulations, either gaseous or fecal, frequently become an impediment to cure; when they should be removed; and it is the physician's province to determine how it can best be accomplished. If, in his judgment, the physiological action of a drug is the most safe and certain means at his command, his duty is to so use it.

A surgeon removes an ovarian tumor. A few days afterwards, finding the abdomen distended and the patient in danger therefrom, he administers, perhaps, *Oleum ricini*, or other medicinal substance, which removes the complication. Neither act is in obedience to the rule of homœopathy, nor are they opposed to it.

They are beyond its legitimate field, and one no more so than the other. Should we attempt to correct the constitutional derangement which has for a result torpor of the alimentary canal, by cathartics, we should be following the precept "contraria," while remedies like *Nux vomica* would be according to the opposite theory. Pepsin from the stomach of animals is used where it is found to be deficient in that of a patient. In wasting diseases, in addition to the proper therapeutic agents, it is necessary to furnish to the system a pabulum which will most certainly restore the loss; and if oil from the liver of a fish is the best known available article of food for the purpose, the disciple of Hahnemann uses it; if in anæmia the system is deficient in iron, it is supplied in the form found best adapted for assimilation, not as a medicine perhaps, but as an aliment.

In none of these cases has the practitioner betrayed his trust; he has neither been dishonest nor inconsistent. Some doubtless believe that he is so; but it is because they are not correctly informed, and fail to make the proper distinction.

---

#### PARVULES.

UNDER this name, derived from the Latin *parvulum* ("not much"), Messrs. Warner & Co., pharmacists, of Philadelphia, are issuing minute pills, sugar-coated or otherwise attractive. Their announcement is very funny, accompanied as it is by constant protestations that "they are not homœopathic." "Oh, no, perhaps not neither," as the younger Mr. Weller would say. They are indorsed by sundry allopathic physicians, who are evidently beginning to find great advantage in their employment. They have at last made the astonishing discovery that "a small dose frequently repeated will very often be crowned with more brilliant success than a single large dose." The authority of Dr. S. Henry Dessau, of New York City, is given. Referring to his recent address before the New York Medical Journal Association, they say, "The statements are not entirely new. It has long been known to some medical practitioners that there is great potency in small doses given at short intervals. Dr. Dessau has really done a service to the practice of medicine by giving prominence to some of the advantages of diminished doses, and has shown that they should be frequently repeated, so that their effect may be sustained until a cure of the patient has been secured. He strongly disavows *homœopathic tendencies*; is a believer in large as well as moderate doses, and has seen the advantage of each."

Parvules must not be regarded as homœopathic, *because*, "for instance, a parvule of *Morphia* containing  $\frac{1}{60}$  of a grain, given

hourly, would amount to  $\frac{1}{2}$  a grain per diem." Evidently the writer supposes the sole difference between the allopathic and homœopathic schools of medicine to consist in the size of their respective doses. But the last quotation is from the "Pharmacist"; Dr. Dessau knows better. Let us hear him further:—

"Upon the appearance of that now indispensable little work, Ringer's 'Hand-Book of Therapeutics,' my attention was particularly attracted to the frequency with which he recommends small doses of medicines that we have been accustomed to use in much larger doses for *entirely different diseases*. [The *italics* are not in the original.] Some of these medicines were recommended so strongly that I was induced to give them a trial, more especially as my practice among children impels me for many reasons to administer as little unpleasant-tasting medicine as possible. Their use with children having been found satisfactory, my position in connection with the New York Dispensary afforded me the opportunity to further test their value in numerous cases of adults.

"Parvules of *Cor. sub.* ( $\frac{1}{100}$  grain), given in a form of diarrhoea in children likely to be mistaken for dysentery, when there are mucous stools, with or without blood, will be found to render most satisfactory service in effecting a cure.

"In that form of 'sick headache' due to disturbance of the gastric functions, great benefit is to be derived from parvules of *Nux vom.*

"There is a form of bronchitis seen among children, where a large number of mucous rales produce loud wheezing, with an asthmatic quality of cough. The wheezing is the symptom the mother is most likely to complain of, and together with the cough, is most intense at night, both almost entirely disappearing during the day. Such cases may readily yield under the use of *Tart. em.*, given in solution in proportion of a grain to a pint of water. . . . Parvules of *Tart. em.* contain  $\frac{1}{100}$  grain."

"Minute doses" of *Merc.* are recommended by Dr. Dessau in obstinate syphilitic headaches; and of *Ergot* in retarded menstruation,—the latter in "drop doses" of fluid extract, given hourly.

"*Aconite* receives the highest recommendation, especially for the purpose of reducing temperature and checking inflammatory processes, from both Ringer and Bartholow. The latter speaks of this medicine as a powerful agent, which will produce manifest results in small doses."

Finally, while vehemently disavowing "homœopathic tendencies," Dr. Dessau says:—

"If I am asked to explain on what principle these small doses act in certain diseases, I reply, On the principle, as far as known, of actual experience. This is all we know about it. [! !]

“Trousseau and Bartholow attribute it to a *substitutive* action, or as the latter writer expresses it, *the therapeutical action is the physiological antagonist of the disease action*. It will, I think, be found that the frequent repetition of the small doses will be in direct ratio to the acute or chronic character of the complaint. Hourly doses will be indicated in acute cases, both to impress the disease quickly and maintain the effect of the remedy; while in chronic cases a more chronic treatment is advised.” F. N. P.

[The above facts, so clearly set forth, speak so forcibly for themselves that no comment could strengthen the effect they must produce upon any just and intelligent mind. We cannot refrain, however, in this connection, from calling attention to an editorial in the New York “Medical Record” of Jan. 21, 1882. The recent resolution by the Royal College of Physicians of England is under consideration, and the comment is made that if the “resolution means anything, it means that a man may believe in homœopathy and practise it to his heart’s content, but he may not call himself a homœopath, etc.” It is further said:—

“What could have induced the Royal College to adopt a resolution so contrary to all its precedents for the last thirty years, it is not easy to say. Is this concession to liberty of opinion and practice due to the influence of Ringer, whose writings contain not a little clandestine homœopathy? Is it due to the influence of Phillips, who for fifteen or twenty years was a professed homœopath, and whose writings clearly indicate his special training in homœopathic therapeutics? These questions we cannot answer.”

And yet the “answer,” surely more than suggested in the questions themselves, does not seem to us far to seek.] ‡

---

#### HOMŒOPATHY: ITS PROGRESS AND THE MEANS OF ITS PERPETUATION.

BY J. C. BUDLONG, M. D.

[*The Annual Presidential Address delivered before the Rhode Island Homœopathic Society.*]

WHAT is homœopathy? Who was the originator of this peculiar and startling science? Homœopathy is a law of cure discovered by Samuel Hahnemann, who was born A. D. 1755, at Misnia, in Upper Saxony. He was a man of great learning and thoroughly scientific attainments, exhibiting at an early age traits of a superior genius.

After obtaining a thorough academic training, he studied medicine at Leipsic and other universities. He also became a thor-

ough chemist, and soon proved himself a most accurate observer, a skilful experimenter, and an indefatigable searcher after truth. He appeared formed by nature for the investigation and improvement of medical science. Soon after commencing its study he became disgusted with the mass of contradictory assertions and theories which then prevailed respecting therapeutics. He found everything in this department obscure, hypothetical, and vague, and at one time resolved to abandon the profession; but while engaged in the translation of the *materia medica* of the illustrious Cullen in 1790, in which the febrifuge virtues of Peruvian bark are described, he became animated with the desire of ascertaining its mode of action. Whilst in the enjoyment of the most robust health he commenced the use of the substance, and in a short time experienced the symptoms of intermittent fever, similar in every respect to those which that medicine was known to cure. Being struck with the identity of the two diseases, he immediately descried the great truth which has become the foundation of the doctrine of homœopathy; *Similia similibus curantur*.

Continuing his experiments, he investigated the effects of the mercurial preparations. Comparing them with the symptoms of secondary syphilis, he found again a remarkable similarity. The action of *Nitric acid* resembled certain cutaneous diseases; of *Nitrate of potash* some urinary diseases and fever; of *Hyoscyamus niger*, vertigo, delirium, stupefaction, somnolency; and thus the relation to disease of a host of other drugs was indicated, until we see the structure which he commenced rapidly advancing towards completion. The history of homœopathy commences under the experiments of Hahnemann about 1794. His experiments, according to his biographer, extend from about 1794 to 1810, when homœopathy may be said to have fairly entered into life.

It now remains for us to go on adding to the structure of which our noble leader laid the foundation, and for which we surely shall be held accountable.

Has this structure progressed as rapidly as might be expected? Let us examine the facts for a moment. Its progress was, and is indeed, very slow in Europe, not because the Old World did not investigate, but because of the difference in the institutions of the Old and the New.

The lamented Dr. Carroll Dunham, in that masterly address delivered before the World's Homœopathic Convention, held in Philadelphia, June 26, 1876, said:—

“ Things identical or analogous hindered, and still hinder, the advancement of homœopathy.

“ Reforms are not favored or furthered by governments, and venerable corporations. These institutions are, from the nature of



things, conservative and repressive. Reforms of a practical nature are received first by the people, adopted and cherished by the people, and, if governmental acceptance be necessary, *forced* on the government by the people.

"The history of homœopathy shows that in countries in which the government is absolute, in which education and the exercise of the liberal professions, and the arts connected therewith, are under the control of self-perpetuating boards or corporations, there our colleagues have found it difficult to obtain freedom to practise and wellnigh impossible to gain liberty to teach.

"In proportion as the government, whether of the realm or of corporations, being in a degree representative, stands nearer to the people to whom the reform is a matter of vital interest, do our colleagues enjoy comparative freedom to practise and to teach.

"In our own land, where the liberty of the individual is limited only by the liberty of his neighbors, where order is maintained by a government '*of* the people, by the people, and for the people,' we practise and teach without hindrance; and the advancement of homœopathy has been rapid and solid beyond precedent, because the people have willed it."

This is the reason why her progress was slow in other lands, but not slow when she reached America's more genial clime.

Homœopathy was introduced on this continent about 1825, by Dr. Gramm. Since that time, it has made most wonderful progress. To-day the doctrines of Hahnemann and Gramm are followed and taught by thousands and patronized by millions. Our colleges and institutions are known and honored throughout the length and breadth of the land.

There is hardly a town in the country which has not at least one popular and respected homœopathic practitioner. We have nearly 6,000 homœopathic physicians. We have many dispensaries and hospitals supported by private charity; fourteen or fifteen medical colleges enjoying equal privileges with any medical institutions in the land; two State universities and several State hospitals, in which we have representatives in the faculty and on the staff respectively.

This rapid growth of our science in this country, which is unparalleled in any, was made possible by the freedom to practise and to teach secured by our grand and noble institutions.

Thus we may say that the tiny spark kindled in the humble home of Hahnemann at Leipsic, and brought over to this country by Gramm, has become a great beacon, illuminating every quarter of the earth.

Having now considered homœopathy and its progress, what shall I say of the means to preserve and perpetuate it? Will this

beautiful structure, whose increase has no parallel, cease to grow and fail to fulfil its beneficent mission? Or is it destined to go on in all its magnificent proportions until the whole world shall acknowledge its benign influence? There can be no doubt of the result unless we misunderstand those great truths laid down by the founder and perfected by his followers, or fail to remember that the science of medicine is a *progressive* one, and that we must keep pace with its advance. Most schools of medicine have perished with their founders, or a little before them.

Not so with this; seventy-two years have passed since the discovery was promulgated, and thirty-five years since the founder of our school entered into his well-earned rest. Our growth in numbers and influence has been steady, and never so rapid as in the last decade. But we must not forget that homœopathy, as established by Hahnemann, in 1810, is not necessarily the homœopathy of to-day. It would indeed be strange if all other sciences had progressed, and this alone had remained stationary. Shall we, through the veneration we feel and ought to maintain for the author of this great blessing to mankind, forget or fail to enforce this truth?

It seems to me (if danger there is) that our greatest risk consists in being too easily satisfied with the faith of a century ago, and in not advancing with the related sciences. The thought might be illustrated from many discoveries; but a single one will suffice. It is not detracting at all from the credit due to Watt, as the discoverer of the power of steam, for us to avail ourselves of the improvements subsequently made in its application. The discovery remains the same; but its uses have been wonderfully increased. So it is with our own science. Shall we continue to use the old machine as first discovered by Hahnemann, or shall we venture to improve and perfect it? There can be no doubt as to what course *should* be pursued.

In the attempt to perfect our science, there may be dangers to encounter, quicksands to be avoided. But as the skilful mariner pushes out into the trackless sea, let us, guided by the experience of the past, push boldly on toward our goal. A threatening danger is the condemning of the pathology of our day, because Hahnemann condemned that of his. But did he really condemn pathology, or only its inconsistencies? It seems to me the latter is the case. Dr. Dunham says, "Should we heed some self-appointed champions of Hahnemann, we might suppose that this illustrious physician denounced all medical science save that which he especially taught, and discouraged its acquisition by his followers. Were this indeed true, the reproach of our adversaries might have some foundation: that homœopathy is a system which a layman might practise as well as a doctor. Again,

if we listen to those brethren who seem to arrogate a special knowledge of Hahnemann and of homœopathy, we might suppose that Hahnemann proclaimed his *Organon* and later works to be the alpha and omega of medical science, rendering all other medical knowledge superfluous. Very far is either of these propositions from the truth. He never declared the ladder superfluous by which he had climbed, or denounced the bridge which had carried him safely over his perplexities." I will not attempt to follow in detail Dr. Dunham's carefully prepared argument on homœopathy, but will pass to what he says on pathology. "Pathology, which hardly existed as a positivescience in Hahnemann's day, has been diligently elaborated by ingenious and exact experimentation, until to-day it holds no mean rank among the positive sciences. It has been held to be the criterion of true natural science, that new discoveries, new sciences, extend and enrich it, unite with it in amplifying the horizon of human knowledge and power, but never contradict or supersede it, nor are ever indifferent to it. This is an expression of the unity of true science. If, then, our science of therapeutics be not capable of adapting itself to, of dovetailing with, or making subservient to its uses, any exact related physical science, is not that fact the condemnation of our therapeutics? Pathology is the science of functions as modified by disease; and pathological anatomy the science of tissues as modified by disease. Using the word 'symptom' in its largest sense, as a modification of function, or tissue, or both, pathology is, therefore, the science of symptoms. And, taking this view of the subject, I do not hesitate to say that the strict Hahnemannian, if, with complete medical culture, he investigates and treats his case in the spirit of Hahnemann's doctrine, is the best and profoundest pathologist."

In view of all this, it is evident that the study of pathology, though by many of our school ignored, is necessary to our advancement, and not incompatible with the teaching of Hahnemann. That *some* homœopaths of the present day *do* recognize its importance is sufficiently apparent to any one who is at all conversant with our current literature. We may particularly cite the annual address of the last retiring president of this association, the purpose of which was to impress us with the importance of, and to urge upon the profession the duty of promoting a public sentiment which should require the physician to "make a necroscopy in every fatal case occurring in his practice"; and this sentiment was heartily indorsed by the president of the American Institute of Homœopathy, who was present, as well as by visitors from other States, and was unanimously adopted as the judgment of this society.

Ladies and gentlemen, I have, I fear, already taken too much

of your time, and will not, therefore, detain you much longer, but will simply refer very briefly to the ground we have been over. I have attempted to show of what our well-beloved science consists, its unparalleled progress, the number of its adherents having increased from tens to thousands and even millions; how its disciples in this country have, or are fast obtaining, representation in all institutions of learning and science, and positions of honor and trust; that this rapid growth of homœopathy in America, excelling anything of the kind the world has seen, was made possible by the freedom to practise and to teach secured by our free institutions, and that it became a fact through the indomitable perseverance and self-sacrificing action of our fathers. Let us devoutly thank God for such a country and for such ancestry!

I have also attempted to show that, in order to preserve and perpetuate what we have gained, we must work on with the same firm purpose, the same indomitable will and perseverance, the same unselfish spirit that our fathers exhibited in gaining for us the proud position we now occupy.

Can we then, in view of the grand inheritance left to our charge, prove recreant to our trust? No! by the grace of God we will continue to improve and enlarge it until the "tiny spark kindled by Hahnemann at Leipsic" shall show forth as the brightness of the sun at noonday. Then may we hear the glad tidings, "Well done, good and faithful servant, enter thou into the joy of thy Lord."

---

#### PSEUDO-HELMINTHIASIS.\*

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

By this term is meant the presence within the alimentary canal of the grubs or larvæ of aerial insects; these, in contradistinction to the true intestinal worms of helminthiasis proper. Flies and beetles of various species and genera are mentioned as thus inhabiting the human intestine in the larval or wingless state. Indeed, some forty genera have been (perhaps without due accuracy) noted in this connection. In America, however, no beetle-larvæ, only grubs of flies (maggots) have been discovered. In Ireland, a woman who had superstitiously drunk daily of water mingled with clay from the graves of two priests, passed 1,205 larvæ of the graveyard beetle, besides one pupa and one mature insect (*Blaps mortisaga*); and, in addition to quantities of round worms (*Ascaris lumbricoides*), likewise passed a specimen of the *A. mystax*, whose usual habitation is the stomach of the cat.

---

\* Vide "Abnormal Entozoa in Man," by Rev. Samuel Lockwood, Ph. D., American Journal of Microscopy, January, 1881.

The true entozoa, or intestinal worms, propagate in the manner known as parthenogenesis ; that is, the ovum expressing its first life-stage, being dropped from or contained in the flesh of a previous host entertaining the mature sexual form, advances, when swallowed by a different animal, to its second life-stage ; this being repeated until complete maturity is reached. For instance, the ovum of the *tænia solium*, as found in pork, is secondarily developed into a hydatid cyst, with its contained cysticercus, or immature tape-worm, in the dog ; and when thus advanced, this domestic animal readily finds his way to human food, which he contaminates with his discarded guests, and which in the human intestine take on the mature sexual form, becoming the many-jointed typical tape-worm ; or, on the other hand, if the man ate the pork himself in the first place, the second or hydatid stage would be his, as the peculiar multiple cystic tumor would show.

Quite different from this is the life-history of the grubs, which is more obvious, easily traced, and usually without the entertainment of living hosts, the deposit of the ova being commonly on putrifying, hence non-edible matter, which develop into the winged insects in due time under ordinary circumstances of external exposure.

All rules, however, have exceptions, and so here. The skill of the mother-insect does sometimes contaminate food. The horse is particularly liable to such an accident, so that, indeed, it becomes the rule with that animal to often entertain the grub of the bot-fly (*æstrus*), and he is vulgarly said to have "the bots." The occurrence is due to the animal endeavoring to relieve himself of the irritation caused by the mother depositing her ova upon his hide, by biting the spot, thus swallowing them to develop internally.

Human beings of various ages have swallowed other larvæ with their food or drink. Thus, according to Leidy, a child vomited the maggots of the blue-bottle fly (*Musca vomitoria*). Again, a medical man suffered a severe attack of cholera-morbus, and discharged a number of the grubs of the flower-fly (*Anthomyia*). These are of two kinds : one, brown, hairy, and flat ; the other, round and smooth. Another fly, infesting the urinals of Paris, has its maggots represented in this record ; viz., *Teichomyza fusca*, evacuated by a woman after no little suffering.

Dr. Lockwood describes a case which came under his own observation, and was attended with great physical distress, where a young man passed grubs of the brown flower-fly (which seeks vegetable matters, growing plants, etc.), and also those of the meat-fly (*Sarcophaga carnaria*), which were "white, smooth, and round" ; he had eaten exposed meat and cabbage. He calls attention too to the fact that the meat-fly deposits its offspring

as grubs or maggots; whereas the true blow-fly lays eggs. In either case, exposed food may easily contain the deposit and be transferred to the human stomach, not to become mature flies, but to create intense irritation until evacuated.

The mites of cheese, of flour, and of milk are all of the same species, which includes also the dysentery-mite (*Acarus dysenteriae*, Linn.), so called, because it caused dysentery in Roland, a student of the great naturalist.

Besides these "abnormal entozoa," occurring in man, the observations of Leidy and others show that the true intestinal worms may find their way into the human intestine by abnormal means, that is, by other means than transfer from other animals. Thus, the thread-worm (*Mermis*) has been found repeatedly in the core of an apple which a person was eating; and even more remarkable, a tape-worm (*Tænia solium*) in a mature state was taken from a well of clear, cold water. In each of these instances, we must confess a puzzling anomaly, but are permitted to conjecture that winged insects or birds may convey the immature or germinal forms to the unusual situation, — *e. g.* the *Mermis*, to the blossom, or the young fruit; the more, as the newly liberated young of the true helminths are "great bore[r]s" (Lockwood).

In this country the flat worms, armed with suckers, and called "flukes" (*Distoma*, etc.), are but rare indeed in the human subject, so far as known; but may be suspected in any case of unexplained anæmia. In Egypt and elsewhere, they assume a prime importance. They are particularly to be thought of when a patient has been living in a district infected with the "sheeprot," which depends on these parasites, or when he has been addicted to the consumption of the esculent frog, in whose organs *Distoma* may sometimes be found.

This genus (*Distoma*) has also a representative sometimes found encysted in the muscles of the black bass, as the fishermen are aware. It were well to keep a sharp lookout for them.

Prof. Perroncito, of Turin, however, gives reassuring information, viz., that no parasitic larva can withstand the temperature of 50° C., *i. e.*, 122° F., continued, as in cooking, for three hours, and gives a record of experiments in which he proves that large masses of meat, cooked in the usual ways, are protectively heated to the innermost parts. (*Vide* "American Journal of Microscopy," July, 1881.)

---

A RECENT article in the "British Journal" refers to a test, advocated as a certain one by Drs. Boyd and Ripanel, for ascertaining if life be wholly extinct. It is claimed that if pressure be applied to the eye from two opposite points, the pupil will, after death, change its shape under such pressure, becoming oval or irregular; but while any life remains, the pupil will retain its circular form. — *Annales d'Hygiène Public.*

## A CONTRIBUTION TO THE PATHOLOGY OF THE BRAIN.\*

BY JOHN A. ROCKWELL, M. D.

THE pathology of the central nervous system has as yet been very little elucidated, for the simple reason that its minute anatomy has not as yet been fully understood.

The reticulum in the gray substance, first described by Gerlach of Erlangen, and by L. Mauthner of Vienna, twenty years ago, has been considered to be nervous in nature, as both observers saw this reticulum in direct communication with axis cylinders. Quite recently, however, this assertion has been contradicted by S. Stricker and L. Unger, who claim that the reticulum is an elongation of the pia mater, and therefore of connective-tissue nature.

So far as my experience goes, I must coincide with the views held by Gerlach and Mauthner. I invariably succeeded in staining the reticulum of the gray substance violet with a solution of chloride of gold, the same as the nuclei which are scattered throughout the gray matter, and the ganglionic elements, whose nervous nature cannot be questioned. Moreover, I saw the reticulum in connection with axis cylinders, which we also know to be positively nervous elements.

It seems to me that the question, What is connective tissue and what is nervous structure in the gray substance? will never be certainly answered, as the connective-tissue offshoots of the pia mater, upon reaching the finest ramifications, lose their glue-yielding basis substance and become protoplasmic in nature, the same as the nervous structure itself. Besides, a fatty degeneration, as also a waxy or amylaceous degeneration of the ganglionic nerve elements, is known to occur. C. Wedl, of Vienna, was the first to maintain that a waxy degeneration may also invade the capillary blood-vessels, resulting in the formation of shining homogeneous cords, ramifying like blood-vessels and freely supplied with pedunculated, bud-like, stratified projections.

The amylaceous corpuscles have, for a long time, been known to occur in the gray substance of the central nervous system, where they represent bright, stratified, apparently structureless masses, containing sometimes in their central portion an unaltered plastid.† Such corpuscles are so common both in the gray substance of the brain and the spinal cord, and in the arachnoid of each, that some histologists have asserted that they

\* Read before the New York Homœopathic Medical Society, Albany, Feb. 14, 1882.

† The word *plastid* has been used (suggested by Dr. L. Elsbery, of this city, and adopted by Heitzmann and others) for a lump of living matter, in place of *cell*, etc.

were normal formations,—for instance, Frey, of Zurich. They occur either singly or in double or multiple formations, clustered and partly coalesced.

Their designation "amylaceous" originated with Virchow, who, upon applying iodine and dilute sulphuric acid, could in some instances produce a bluish tinge of these corpuscles. Upon the authority of Virchow the name "amylaceous corpuscles" has been accepted, although the bluish color after treatment with iodine, which feature reminded Virchow of starch corpuscles of plants, by later observers could not, or only in a very slight degree, be produced. Evidently, the bluish color, wherever it occurs, is nothing but the complementary color of these highly refracting bodies to the yellow-brown neighborhood after the application of iodine. I consider this reagent of no value.

What the intimate nature of the amylaceous corpuscles, or the waxy degeneration in general, is, we do not know. Dickinson, of London, maintained that the waxy material is dealkalized fibrine; but the assumption is merely hypothetical, and not as yet chemically proved. This much is certain, that the formation of these corpuscles, as well as the waxy degeneration itself, is closely connected with chemical alteration of the plasma of the blood, inasmuch as in almost all instances the waxy change is known to first invade the blood-vessels. In the spleen and the kidneys the muscle coat of the small arterioles is, as a rule, the first to exhibit the waxy change. In the brain the capillaries are unquestionably the first invaded formations, as recently proved again by J. Baxter Emerson, of New York, in his able paper, "Periencephalitis" (*Journal of Nervous and Mental Diseases*, April, 1880).

This observer, in one case of encephalitis, observed in both hemispheres of the cerebellum "ramifications, closely resembling those of the capillaries, with sharp, well-defined, fluting outlines, colorless and of a high refracting power. Such groups were found principally in the granular layer, but extended somewhat into the contiguous layers. There were also numerous isolated, highly refracting bodies scattered throughout the whole cerebellum, but mainly in the granular layer. With the higher power of the microscope, peculiar changes of the capillaries were shown; namely, the capillaries were transformed into either single or double rows of brilliant, colorless globules, or completely transformed into a glistening, rod-like mass, with fluting outlines and numerous partly pedunculated buds." "Exceptionally," Emerson says, "I found the cells of Purkinje, with their offshoots, presenting the same glistening, highly refractive appearance as the capillaries and the corpora amylacea."

The case from which my specimen has come was one for two



years under the care or observation of Dr. E. H. Linnell, of Norwich, Conn., and published in the "Archives of Ophthalmology," Vol. X., No. 4, December, 1881.

"Mr. T—, aged sixty-three, of nervous temperament and thin habit, first consulted me," says Dr. Linnell, "for failing vision, in November, 1879. His avocation had been that of a photographer, until ill health, which he attributed to the constant handling of chemicals, obliged him to relinquish it. Inquiry elicited the following facts: For the past eight or nine years he had been subject to frequent attacks of neuralgia, affecting his head and limbs; he had been habitually constipated; his urine had been somewhat increased in quantity, light-colored, and passed frequently; and for four years he had had paralysis agitans affecting his right arm and leg, but more markedly the arm. This tremor developed gradually, and was attended with partial anæsthesia, denoted by numbness and tingling sensations in the affected limbs, and by general debility. In other respects he enjoyed good health until the fall of 1879. During the night of Sept. 27 of that year, he had a sudden severe attack of pain in the head, extending from vertex to chin, accompanied by total blindness, and followed by vertigo, nausea, and slow pulse. *Digitalis* was prescribed, and after twenty-four hours the intensity of symptoms was moderated, and his sight began very gradually to be restored, but was never fully recovered. He continued to suffer with neuralgic headache and vertigo, and his gait became halting and uncertain. His mental faculties, however, remained unimpaired, and the paralysis agitans, or the difficulty of locomotion, did not increase. When I first saw him,  $VOU = \frac{3}{5}$ , refraction Em. He had, however, left-sided binocular hemianopsia. . . . In the latter part of April, 1880, he had another sudden attack of complete blindness. This attack was unattended by pain, and was of shorter duration than the first." During the following year, Dr. Linnell says, "his sight seemed to fail gradually, until he could with difficulty distinguish large objects. He complained much of dizziness, but suffered less pain; walking became more fatiguing, the right leg seeming heavy, and as if too long. He retained the use of all his faculties, and could converse intelligently, although his mind seemed to lose some of its natural vigor. In the latter part of June, 1881, he was suddenly seized with a general tremor of the whole body, afterwards becoming more pronounced upon the right side. This was not attended with pain, and he apparently recovered from the effects of it; but had a similar seizure, July 2, accompanied with constriction of the post-cervical muscles. The rigidity increased, he soon became unconscious, and was apparently entirely blind. After a few hours he

partly regained consciousness, and had perception of light. From July 4 to 8, he seemed to improve somewhat. From this time he gradually failed both in intellect and strength, until he became comatose, in which condition he remained for several days, and died July 19."

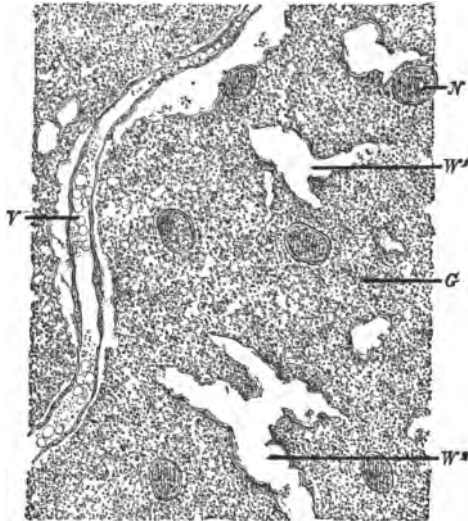
An autopsy was held in the afternoon of the day of his death, with the following result:—

"The dura mater was so firmly adherent that the calvarium could not be removed without cutting through it; and in so doing, several ounces of dark fluid blood escaped from the sinuses. Both it and the arachnoid appeared healthy. The pia mater was much injected, the veins being distended with dark blood. The entire weight of the brain was 2 pounds 15½ ounces. The cortical substance of the cerebrum was of normal consistence; but upon section of the right hemisphere, a large and firm coagulum was found in the medullary substance. It was nearly circular, and measured approximately 4 cm. in diameter and 2½ cm. in thickness. It was situated a little anterior to the centre of the hemisphere, and did not anywhere encroach upon the cortical substance. The contiguous brain substance was softened for a thickness of about two lines, but the clot was removed almost entire, and there was no serum, pus, or other indication of inflammation or of extensive degeneration. No pathological changes could be discovered in the left hemisphere. The fluid in the ventricles was not appreciably increased in amount, although there was more serum upon the left than upon the right side. The velum interpositum and choroid plexuses of the ventricles were highly vascular, the veins being turgid and swollen, and this was more marked upon the left side. The tubercula quadrigemina were manifestly degenerated, and presented the appearance described as white softening. This condition was much more evident upon the *left* side, but it was not limited to these bodies. It also extended laterally and anteriorly, involving the corpora geniculata, the posterior and inferior portions of the optic thalamus on the *left* side, and also, to some extent, the floor of the fourth ventricle. A portion of the left optic tract and the adjacent under surface of the thalamus was removed for microscopical examination. This was so soft as to require very careful handling to prevent crushing."

Dr. Linnell kindly sent me a portion of the under surface of the left optic thalamus, which came to me a few days after it was removed from the corpse, preserved in alcohol. The specimen exhibited a grayish-yellow discoloration, as if fatty. It was placed in a very dilute (one fifth per cent) solution of chromic acid, and after a few days was sufficiently hard to be sliced with

a razor. The sections were mounted in glycerine, and even those which went through the treatment with alcohol and oil of cloves were again introduced into water and mounted in dilute glycerine.

Incidentally, I wish to say that for three years I have been pursuing microscopical studies in the laboratory of Dr. C. Heitzmann, of New York, and by repeated trials have become convinced that the mounting of specimens in glycerine is far superior to mounting in Canada balsam or Damar varnish. Comparative mountings in these liquids, especially for specimens of the nervous centres, have resulted in the conviction that the balsam or varnish mounting ought to be wholly abandoned. Unquestionably one, if not the main reason why our knowledge as to the pathology of the brain and the spinal cord has progressed so slowly for the past twenty years, is the mounting in balsam. By this method, the specimens in a short time clear up to such an extent that the minutest details fade, and the specimens become unfit for research with high amplifications of the microscope (800 to 1,200 diameters), which are the only possible means of revealing the minutest normal as well as pathological features.



WAXY DEGENERATION OF THE GRAY SUBSTANCE OF THE THALAMUS OPTICUS AT 800.

V. Capillary blood-vessel, containing a granular mass, compressed at its upper portion, surrounded by a layer of the waxy mass.

G. Gray substance, the meshes of the bioplasson enlarged by the waxy material, which collects into branching, irregularly contoured, shining fields, W<sup>1</sup>, W<sup>2</sup>.

N. Nucleus of the gray substance; a part of the periphery, surrounded by a waxy mass.

All the specimens obtained exhibited a peculiar change of the gray substance. This consisted in the presence of homogeneous,

grayish fields of greatly varying size and configuration, mostly with fluted outlines, scattered throughout the gray substance. With lower powers of the microscope, I was satisfied that these shining fields either accompanied capillary blood-vessels, or were distributed without any regularity in the gray substance, or lastly, represented more or less straight tracts in closely lying parallel or in diverging fan-shaped courses, in the direction of the axis cylinders. The latter feature was especially pronounced in the neighborhood of the optic tract.

The shining fields are doubtless in close relation to the capillary blood-vessels, inasmuch as they appeared by the side of the capillaries, as if in the perivascular space, without at first invading the endothelial coat itself. With advancing degeneration in the neighborhood of the blood-vessels, they, also, became destroyed to such an extent that the direction of the glistening tracts was the only indication of the course of the former capillaries; though also in such tracts, occasionally, a small portion of the original capillary was found embedded. The numerous straight tracts following the course of the axis cylinders were evidently due to a degeneration upon a large scale.

Owing to the tolerably high degree of refraction of these fields, my first impression was that a fatty degeneration of the gray substance had taken place. The treatment of the specimens, however, with strong alcohol and oil of cloves, at once revealed the fact that these formations could not be fat, for they were not perceptibly altered by those reagents. A second full proof of their not being fat was the treatment with a one per cent solution of osmic acid, which we know to be the most trustworthy reagent for fat, and which should in a few moments stain the fat black. No such thing occurred in my specimens.

The next question was, Could the waxy nature of these fields be proved by the application of different reagents? To answer this question I applied the following reagents: Carmine, iodine, hæmatoxylin, fuchsine, violet methyl-aniline, picro-indigo, and chloride of gold. Among those, picro-indigo was the only one which, in Emerson's case, yielded a positive result, where the waxy blood-vessels and globules were rendered by it a bright green. In my case no one of these reagents, not even the picro-indigo, yielded positive results, as all the hyaline fields remained unchanged in their color.

Nevertheless, I am satisfied that this change is materially a form of waxy degeneration; somewhat different from the degeneration in Emerson's case, but kindred to the waxy degeneration which, two years ago, J. B. Greene ("American Journal of Obstetrics and Diseases of Women and Children," Vol. XIII., No. 2, April, 1880) described in the placenta as the most common cause of abortion and premature birth.

This certainty as to the nature of this degeneration could be obtained by a study with high amplifications of the microscope, such as 1,000 to 1,200 diameters. The best specimens for the study with such high powers I obtained by the treatment with a one half per cent solution of chloride of gold, in which solution the specimens were placed for one hour and twenty minutes, after having been thoroughly soaked in distilled water. By this, the blood-vessels were rendered dark blue violet, and the gray substance, with its nuclei, purple, while the shining fields remained unaffected. Here I could see the first change into the shining, homogeneous mass before mentioned, at the periphery of the capillary blood-vessels, and in the mesh spaces of the bioplasson reticulum. By the transformation of the liquid contents of a mesh space into a semi-solid shining mass, the space became enlarged and the neighboring reticulum was pushed apart. By coalescence of neighboring shining formations, larger clusters with fluting outlines originated, in the middle of which often a faint trace of bioplasson was recognizable in the shape of a few delicate granules and their connecting filaments. Whether or not the reticulum of the bioplasson within the homogeneous masses was destroyed, I am unable to say. Not quite infrequently I met with small clusters of the homogeneous mass around nuclei of the gray substance, as if ensheathing them. In the further progress of the degeneration, a great many capillaries became destroyed; probably first by pressure, and later by transformation. These blood-vessels, free of the change just described, looked, especially in their transverse sections, as if compressed and engorged with blood corpuscles.

The result of my researches perhaps is a very small one, if it simply proves that there are waxy degenerations going on in the brain tissue kindred to the waxy degeneration in other organs, such as the spleen, the liver, the kidneys, and the placenta. The intimate reason of this degeneration is not known, nor do we understand its intimate chemical construction. One thing is certainly of interest in the case examined; namely, that the blood-vessels being destroyed to great extent by waxy degeneration, the circulation of the blood in the brain is interfered with, and an encephalitic process may in consequence ensue; or the walls of the blood-vessels, being rendered brittle by the waxy degeneration, may give way the same as in fatty degeneration, and give rise to cerebral hemorrhage.

---

IN the "Medical Bulletin" for January, a brief article, translated from a German periodical, recommends as an infallible cure for sea-sickness, painting the epigastric region with several coats of collodion. It is said to act here, as in acute peritonitis, as an anti-emetic.

## REVIEWS AND NOTICES OF BOOKS.

AIDS TO RATIONAL THERAPEUTICS. By J. Milner Fothergill, M. D., M. R. C. P.

This little book is the latest in the Student's Medical Series, and will give one a very good idea of the present method of prescribing in the school to which the author belongs. †

SENSATION AND PAIN. By Charles Fayette Taylor, M. D. New York: G. P. Putnam's Sons.

To the painstaking scientific physician, there is no study more fascinating and, at the same time, more difficult than that of psychological phenomena. Progress in the prosecution of this study is always slow if sure; but the rewards are great in the better understanding of that ever-increasing class of so-called nervous diseases to which our countrywomen are especially subject. To such a physician, this little brochure cannot fail to prove instructive. It was written because the author had something to say on this subject, and in it are embodied his own views as gleaned from his own practice, supplemented by those of the best physiologists and psychologists of the day. The author begins with a short sketch of the physiology of the nervous system, as seen in the lowest forms of animal life, and then proceeds to the discussion of the same in man. Sensation, what it is, and how it originates, the author clearly explains, and then considers the difference between simple and conscious sensation, peripheral and central sensory excitation and sensory impressions, subjective and objective sensations, and pain. To quote from the book would give but an inadequate idea of its worth, and we must leave our readers to enjoy it themselves. †

OPHTHALMIC THERAPEUTICS. By Geo. S. Norton, M. D. Second Edition. Philadelphia: Boericke & Tafel.

This book needs no introduction to our readers, for in the original shape it has filled a place in the library of most of our physicians, and has been an ever-ready help in his ophthalmic practice. The new edition has been eagerly looked for, and, now that we have it, we feel fully repaid for our impatient waiting. Dr. Norton assumes the responsibility of the present volume, and it shows throughout most careful revision, while the additions, and numerous they are, add immensely to the value of the book. The uniform use of the Latin nomenclature of diseases is a decided change for the better, and the glossary and index, so

much missed before, are among the improvements. As surgeon-in-chief to the New York Ophthalmic Hospital, and the ophthalmic wards at Ward's Island Hospital, Dr. Norton has had opportunities unequalled for the prosecution of this work; and the last six years have been most fruitful ones for it. We have nothing but words of praise for it, and would declare it indispensable to every progressive physician. †

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. Vol. I. New York: Wm. Wood & Co. 1881. Royal octavo, pp. 717.

These enterprising publishers have again laid the medical profession under obligation, by the publication of a work the want of which many have felt. The lack in medicine has been recently and well filled by Ziemssen's Cyclopædia; but in surgery, with the exception of Holmes's System, we have never had any extended treatise upon this subject. Those who have had occasion to refer to that work will remember how unsatisfactory and antiquated was much of the substance, especially as little that has transpired during the past twenty-five years was therein noted. True, we have recently had a new edition, but it is mostly a revision of the old authors.

The work before us is an entirely fresh production, by some of the most noted of modern writers; the pathology and treatment brought down to recent date. The first article, by Stricker of Vienna, translated by Alfred Meyer, M. D., of New York, is upon "Disturbances of Nutrition; the Pathology of Inflammation." Those who are familiar with the laborious and sometimes obscure translations of Billroth and Niemeyer can well understand and appreciate the merits of this translation; for the subject, though somewhat heavy in itself, is made so clear and pointed as to render it extremely interesting. Stricker is Cohnheim's old opponent, and now comes forward with a new theory on the process of inflammation, overthrowing the migration theory. From the year 1855 to 1867, Virchow's theory of inflammation — the so-called suppuration theory — was almost universally accepted. The pus-corpuscles were said to be formed from the connective-tissue cells. At first the nuclei of the cells, and then the cells themselves, were supposed to subdivide, and by means of these subdivisions the pus-corpuscles were believed to be produced. In 1867 Cohnheim contradicted this theory. The pus-corpuscles, he said, are migrated white blood-corpuscles; as the blood current in the vessels becomes slower, the white blood-corpuscles escape from their proper channels by means of their amoeboid movements, into the tissue. Cohnheim concludes that "all such corpuscles as are formed in the first stage of an acute inflammation certainly originate from the vessels," but admits that they do not

enable us to arrive at any determination of the question whether or not pus-cells originate in other ways in the later stages. Stricker sums up his ideas as follows :—

“The inflammatory changes of tissues may be described in a few words. As soon as an inflammation occurs, the tissues return to their embryonic state. In the embryo, the entire organ consists of amœboid cells. The inflamed tissue of older animals, which is normally composed of more rigid cells and intermediate substance, is again converted into amœboid cells ; or, I should prefer to say, into *amœboid substance*, in view of my most recent researches. The subdivided amœboid substance, or the amœboid cells of an inflammatory focus, are called *pus-corpuscles*. It is accordingly the tissue itself which is transformed into pus-corpuscles.”

This ingenious theory, supported as it is by an abundance of proof, will unquestionably work a change in present opinions, and will suffice until it is itself overturned by newer discoveries.

An article on “Inflammation,” by Wm. H. Van Buren, M. D., of New York, follows. In the treatment he refers to aconite as having been extolled for its anti-inflammatory virtues, and many excellent practitioners believe in its salutary influence ; “but this faith is waning.” So aconite is now to be relegated by the old school to the realm of obscurity, along with blood-letting.

The work contains, besides, exhaustive articles on “Erysipelas,” by Alfred Stillé, M. D., Philadelphia ; “Pyæmia and Allied Conditions,” by Francis Delafield, M. D., New York ; “Hydrophobia and Rabies,” “Glanders,” “Malignant Pustule,” by Wm. S. Forbes, M. D., Philadelphia ; “Scrofula and Tubercle,” by Henry Trentham Butlin, F. R. C. S., London ; “Rachitis,” by J. Lewis Smith, M. D., New York ; “Scurvy,” by Philip S. Wales, M. D., U. S. Navy ; “The Reciprocal Effects of Constitutional Conditions and Injuries,” by A. Verneuil, M. D., Paris ; “General Principles of Surgical Diagnosis,” by D. Hayes Agnew, M. D., Philadelphia ; “Shock,” by C. W. Mansell-Moullin, M. A., M. D., Oxon., F. R. C. S., London ; “Traumatic Delirium and Delirium Tremens,” by Wm. Hunt, M. D., Philadelphia ; “Anæsthetics and Anæsthesia,” by Henry M. Lyman, A. M., M. D., Chicago ; “Operative Surgery in General,” by John H. Brinton, M. D., Philadelphia ; “Minor Surgery,” by Chas. T. Hunter, M. D., Philadelphia ; “Plastic Surgery,” by Christopher Johnson, M. D., Baltimore ; “Amputations,” by John Ashhurst, Jr., M. D., Philadelphia. The work, judging from the first volume, will be a very valuable one. The type is large and clear ; the illustrations are good, nearly all new, and only those which truly illustrate are introduced. There are two colored plates, showing a lung and a liver with pyæmic abscesses in various stages. ||



MARRIAGE AND PARENTAGE. New York: M. L. Holbrook & Co. 1882. pp. 170.

It may not be the scant praise that it at first appears, to say of the book which is the subject of this brief notice, that it is much less objectionable than most of the works bearing similar titles, and written with the same ostensible aim. Though somewhat superficial and inconclusive, it seems to have an honest purpose as its *raison d'être*, and is at least free from the weakly vulgar suggestions which, under the cloak of physiology and hygiene, work (in so many volumes of this sort) incalculable mischief among that large, ignorant, and credulous class in the community, whose prurient curiosity eagerly seizes upon any book treating of marriage and the procreation of children.

We can hardly venture to share the author's "sanguine hope" (expressed in his Preface) that "this work may be beneficial in its influence"; for those who have given these subjects the serious thought they demand of every conscientious man and woman will find little that is new or helpful in its pages, while those who drift through life at the mercy of their appetites and passions will hardly be influenced by any considerations there presented. †

SYMPATHETIC DISEASES OF THE EYE. By Ludwig Mauthner, M. D., Vienna. Translated by Warren Webster, M. D., and James A. Spalding, M. D. New York: Wm. Wood & Co.

This little volume of 220 pages, though the first of a series intended to embrace the whole province of ophthalmology, is complete in itself. The ætiology, pathology, and pathogeny of the many accidents and diseases having a tendency to endanger the usefulness, or interfere in any way with the vision of the healthy eye, are clearly and concisely presented to the reader. The section headed "Therapeutics" is devoted almost entirely to a review of the history and discussion of the merits of enucleation: the operation is described, the dangers, disadvantages, and benefits connected therewith are forcibly presented, and the statements and conclusions are abundantly supported by illustrative cases. Neither neurotomy (optico-ciliary) nor the production of purulent choroiditis, as substitutes for enucleation, have his support. Abscission of the cornea and blepharoraphy for a similar purpose are briefly dismissed. Iridectomy receives the consideration its importance demands. Aside from "operative measures," very little is offered in the section on therapeutics. Drugs, as remedial agents, receive but little attention, the entire list containing only atropia, morphia, mercury, potassium iodide, eserine sulphate, and pilocarpine muriate. †

DALTON'S PHYSIOLOGY. Seventh edition. Philadelphia: Henry C. Lea's Son & Co. 1882. pp. 722.

The new edition of this well-known text-book has made its appearance, and will be examined with interest by those previously acquainted with the work, as well as by the student whose path to knowledge may lie through its pages. One noticeable contrast exists between this and the last edition: while that was characterized by enlargement, to the extent of nearly fifty per cent, this exhibits a careful condensation. Not only have we a hundred pages less, but many familiar illustrations have disappeared from view. These changes have been most judiciously made, however; the text, which is largely rewritten, preserves all that was of greatest value, and presents, in addition, the results of six years' progress in physiological science. The missing illustrations have also, in some instances, been replaced by others which are superior; while a number, quite new, refer to discoveries of recent date. The arrangement of the work remains essentially the same as before, the principal modifications appearing in the classification of the albuminoid substances, and in the position allotted to bile among the digestive fluids. The most important additions refer to the vaso-motor nerves, a subject singularly neglected in the previous edition; and to the localization of function in the brain and spinal cord, which has been so much aided of late by the study of microscopic sections and nervous degenerations. These additions make the book more valuable than ever, particularly for the physiology of the nervous system; but it is still to be regretted that the student must seek elsewhere for a knowledge of the muscular system. The work is written in the easy style which has always been commended, and will be read with the same interest as heretofore; while an improved index makes it still more available for hasty reference. §

THE DISEASES OF WOMEN. By A. W. Edis, M. D., F. R. C. P., etc., London. Philadelphia: Henry C. Lea's Son & Co. 1882. pp. 563.

The author has admirably succeeded in adapting this book (as was his intention) to the needs of "the student and the junior practitioner." Among its many recommendations we may mention the following: It is not cumbersome; the illustrations and diagrams (excepting, perhaps, those of the assumed genu-pectoral position, by Campbell, on p. 107) are notably well drawn and natural; the cuts representing the different instruments are unusually good. Special attention is paid to diagnosis; and directions for making the various examinations by means of which a correct diagnosis is obtained (directions so useful to the student and inexperienced practitioner, and which are so

seldom found in larger works) have here a prominent place. Mechanical appliances and instruments figure largely in the book ; but it is to the end that the reader may become familiar with them, and learn how and when to use them.

The latest theories concerning ovulation, menstruation, dysmenorrhœa, etc., here have a clear and admirable exposition ; and one has opportunity of contrasting them with the former ideas on these subjects, which are also given. In short, the whole work, as to diagnosis, prognosis, and treatment (according to old-school methods, of course), is thoroughly up to date ; and is, moreover, so well and wisely condensed, that the principal points are easily found, and impress themselves on the memory.

To the student and general practitioner, especially if he is yet lacking in the manual dexterity so necessary in gynæcological practice, this will prove a valuable assistant. †

**OPIUM SMOKING.** By H. H. Kane, M. D. New York : Geo. P. Putnam's Sons. Boston : A. Williams & Co. 1882.

This is a fascinating little work of 156 pages, excellently well gotten up, containing within its flexible covers a vast amount of entertaining and useful knowledge concerning this most seductive and fatally injurious habit. Our ideas on this subject have been obtained principally from novel writers, and the exaggerated statements of those most desirous of abolishing the custom ; but evidently Dr. Kane "knows whereof he speaks," and also possesses the happy faculty of presenting to others, in a clear and interesting manner, his beliefs and the reasons for them. His experience has taught him that the habit, "contrary to the general belief, when undertaken on scientific principles, can be rapidly, painlessly, and safely cured." But we refer our readers to the book itself. It will well repay reading ; and the homœopathic physician especially will be more than repaid if he carefully study the typical cases, and the results of scientifically conducted experiments, there recorded. †

**ILLUSTRATIONS OF DISSECTIONS.** Vol. I. By Ellis and Ford. New York : Wm. Wood & Co.

This, the January number of "Wood's Medical Library" for 1882, consists of a series of twenty-eight colored anatomical plates, illustrative of special dissections made by Prof. Ellis, of University College, London, accompanied by brief explanatory descriptions. It is a volume of over 230 pages, and in general appearance, distinctness of type, and neatness of binding indicates that the enterprising publishers intend that the library for this year shall in no way fall behind its predecessors. †

MEMORANDA OF PHYSIOLOGY. By H. Ashby, M. D. (London).  
New York: Wm. Wood & Co. 1882.

A vest-pocket treatise, consisting of the latest physiological theories as well as facts, condensed in a most thorough manner. ‡

FACTS AND FICTIONS OF ZOÖLOGY. By Andrew Wilson, Ph. D.  
New York: J. Fitzgerald & Co.

Another one of the "Humboldt Library of Popular Science"; a brochure of sixty-five pages. Herein one may find all his cherished superstitions concerning sea-serpents, etc., mercilessly overthrown by the unsympathetic hand of science. Price, 15 cents. ‡

DIRECTORY OF HOMŒOPATHIC PHYSICIANS IN THE STATE OF PENNSYLVANIA. 1882. Compiled and published by L. J. Knerr, M. D. Philadelphia, Pa. 8vo. pp. 36.

This is in pamphlet form, with paper covers, and 5,000 copies are distributed gratuitously. It contains the names and addresses of six hundred and ninety-seven homœopathic physicians in the State of Pennsylvania. These are again arranged in counties, and we find in Philadelphia County two hundred and eighty-six; while Allegheny, the next in point of numbers, has fifty-three. There are, moreover, nine medical societies, five medical clubs, seven hospitals, four dispensaries, a medical college, two medical journals, and three miscellaneous associations in the State.

If a similar work could be done in every State, and the whole combined into a general directory of the homœopathic physicians of our country, it would be very valuable as well as convenient, and should be in the library of every physician. Could not some plan be devised by which this might be accomplished? \*

THE POPULAR SCIENCE MONTHLY (Appleton & Co., New York), in the three numbers issued for January, February, and March, 1882, gives good promise of maintaining and adding to its high and merited reputation; which is no small thing to say. "Epidemic Convulsions," "Muscular Expression of Nervous Conditions," "Soda a Remedy for Burns and Scalds," "Sanitary Relations of the Soil," "Dreams and the Making of Dreams," "The Practical Study of the Mind,"—these are titles of a few articles which cannot fail to be of interest to the members of the medical profession. And the busy practitioner, who has no time to devote to large volumes on such subjects, may here acquaint himself, in a form adapted to his scant leisure, with what science is doing in spheres apart from his own. ‡

## OUR MISCELLANY.

A WRITER in the "Annales d'Hygiène Public" suggests that the white glare of the electric light, so disagreeable and possibly injurious to the eyes of many, may be tempered by the use of globes of tinted glass.

### A TRIOLET.

When the head 's worse from wine  
It is well to give *Zincum*;  
Pains increased if he dine,  
(Always worse after wine!)  
Pupils shrunk to a line,  
Eyelids stiff if he wink 'em;  
When the head 's worse from wine  
It is well to give *Zincum*.

LONDON SCHOOL OF HOMŒOPATHY.—The winter session of this school was inaugurated at the Homœopathic Hospital, Great Ormond Street, London, by an address from Dr. Richard Hughes, who took for his subject "Hahnemann as a Medical Philosopher," as exhibited in his "Organon of Medicine." This exposition and vindication of his therapeutic method, the lecturer said, appeared in five editions between 1810 and 1833, and it was designed to recall Aristotle's treatises on logic and Bacon's great reform of philosophical inquiry. The method set forth in this work was to be a new instrument for the discovery of specific remedies, a substitution of patient observation and experiment for the theorizing prevalent at the time. Referring to the motto at first prefixed to it, the lecturer commented on Hahnemann's hope for the future of medicine as based on his faith in the goodness of God, and contrasted this with the hopeless scepticism of the present day, as illustrated by the conspicuous absence of therapy from the proceedings of the late International Medical Congress. Passing on to the "Organon" itself, Dr. Hughes described it as divisible into two parts, in each of which three subjects were discussed—in the former doctrinally, and in the latter practically. These constituted the three elements of his method, and were (1) the knowledge of disease; (2) the knowledge of medicinal powers; and (3) the knowledge how to choose and administer the remedy. The knowledge of disease which the physician needed for curative purposes was declared by Hahnemann to consist in a full and minute perception of his patient's symptoms, to the exclusion of all hypothesis. This position was vindicated against the charge that it ignored pathology by showing that symptoms were themselves a living pathology, revealing disease at a stage when it might be remediable, whereas the morbid anatomy which now went by the name exhibited only the ultimate results of disease in incurable disorganization. Hahnemann's mode of ascertaining the virtues of medicines was by "proving" them on the healthy human body, a proceeding now generally recognized, and to some extent adopted. He might fairly be styled "the father of pharmacology." The treatment by homœopathy was harmless, inexhaustibly fertile, complete, and paramount. The lecturer then proceeded to meet objections which had been made to this argument of Hahnemann's, the only one which he regarded as valid, that it was too exclusive. As to the question of dose, it was simply directed to be so small as to avoid needless aggravations and collateral sufferings, its precise amount varying with the medicine used. Could Hahnemann have foreseen the medicine of to-day, how much there would have been to gladden his heart! The change wrought even in the practice of the old school would be a matter for great thankfulness on his part; but how his spirit would have bounded when he looked upon the band of his own followers! The few disciples made during his lifetime have swollen into a company of some ten thousand practitioners, who daily, among the millions of their *clients*, in their scores of hospitals and dispensaries and charitable homes, carried out his beneficent reform, making the treatment of disease the simple administering of a few mostly tasteless and odorless doses, and yet therewith so reducing its mortality that their patients' lives could be assured at

lower rates. The medicines which Hahnemann created played their glorious parts on an extensive scale, robbing acute disease of its horrors, and chronic disease of its hopelessness. He would see his method ever developing new remedies, and winning new victories. He would see his principles gaining access one by one to the minds of physicians at large — the proving of medicines, the single remedy, the fractional dose already accepted, and selection by similarity half adopted under other explanations and names. The destinies of the human race, in respect of disease and its cure, were completing it, and would be yet more profoundly modified for the better as that completion went on. In conclusion, Dr. Hughes said that with these thoughts he committed the fame of Hahnemann as a medical philosopher to the impartial judgment of the great profession he had adorned.

---



---

## PERSONAL.

---

A FRIEND of the GAZETTE, in a letter, informs us of a good location for a wide-awake young homœopath not far from Bangor, Me.

DR. E. A. DAKIN, Hahnemann Medical College, Philadelphia, Class of 1881, has recently been elected city physician and a member of the Board of Health of the city of Brockton, Mass.

THE publishers of the GAZETTE have received several subscriptions for the present year, unaccompanied by name or address. Any of our subscribers failing to receive their receipt would do well to assure themselves that it is not to their own oversight that such an undesirable result is due.

---



---

## OBITUARY.

---

STEPHEN MADISON GALE, M. D., died of heart disease at Newburyport, on Jan. 26, 1882, aged seventy-two. He was born at Kingston Plains, N. H., Oct. 20, 1809, and was the grandson of Josiah Bartlett, M. D., one of the signers of the Declaration of Independence. He belonged to a medical family, there being no less than eighteen of his immediate relatives, including five brothers, his father, and both grandfathers, who were physicians. He graduated from Harvard Medical School in August, 1837, and settled in Methuen, Mass., where he acquired a successful practice.

In 1850 his attention was directed to the subject of homœopathy. Becoming convinced of its truth and importance, he adopted it, and the same year removed to Newburyport, where he resided till his death. He was elected a member of the American Institute of Homœopathy in 1859, was one of the original members of the Massachusetts Homœopathic Medical Society, and was the first president of the Essex County Homœopathic Medical Society.

It is a singular fact that his grandfather was expelled from the Medical Society for certain innovations and changes which he made in the then "regular" practice, but which he lived to see adopted by the majority of the profession, and his membership was restored to him. The grandson was also expelled for his practice of homœopathy, which the so-called "regulars" are to-day adopting, little by little. The esteem in which Dr. Gale was held in the town where for thirty-two years he had been devoted to his profession, was shown by the fact that though an arbitrary rule prevented his allopathic associates from meeting him at the bedside of the sick, yet every physician of the town of Newburyport, without regard to schools or opinions, united at his grave in honoring his memory. Representatives from a distance were present from the various medical associations of which he was an esteemed member. He leaves a wife and two children; a son, Mr. George H. Gale, and a daughter, the wife of Hon. E. Moody Boynton. \*

THE  
NEW ENGLAND MEDICAL GAZETTE.

---

---

No. 4.

APRIL, 1882.

VOL. XVII.

---

---

EDITORIAL.

THE FALLACIES OF HOMŒOPATHY.

IN the March number of the *North American Review* appeared an article entitled "The Fallacies of Homœopathy," by Prof. A. B. Palmer. Of the writer of this article nothing need be said, since principles, not individuals, are concerned, except that the branch of knowledge taught by him is, we trust, neither history nor logic. Of the article, little need be said, since its statements are inaccurate and unfair, and its conclusions — for they can hardly be called arguments — fallacious. But when any discussion of our principles appears in the *North American Review*, it behooves us to remember that this Review has a great reputation, a wide circulation, and much influence from its efficient editors and able contributors in the past.

The present management has been quite freely criticised for descending in so many cases to wordy controversies by inferior writers, and attempting to pander to the desire of a class eager for something new, rather than for true advancement in knowledge. The article of which we speak is one of this class. The science of therapeutics could not be explained in a popular, readable manner with any justice to the subject, nor could the claims of any of the methods now employed — homœopathic, rational, or empirical — be properly discussed in such a review. In the present instance we find the article to be unfair, untrue, and illogical.

That it is unfair may be seen in the cunning with which the author has combined the great essential principles of our system, the truth of which no homœopathist hesitates to affirm, with the non-essentials, like extreme potentization, about which there exists in our ranks much difference of opinion. By this means he adds to the unfortunate dissensions already prevailing in our midst, and may thus render less vigorous and effective the answer which ought to be made to his fallacious assertions.

That it is untrue is seen in the insulting sketch of Hahnemann's life, not one statement of which is wholly true, and which is summed up in the description of Hahnemann as "a restless, ambitious, vain, perambulating visionary, embittered by want of success"; in the statement of our claiming "the discovery of an *entirely new* and essentially true system," whereas the "Organon" refers to every previous author who suggested the idea, Hahnemann only claiming to have first taught it as a principle founded on induction, and in his opinion a universal law. Again he says, "The homœopathic writers seem to regard diseases as *material substance*, having such qualities as attraction for particular remedies or correspondences with certain principles in medicines," the falsity and absurdity of which statements are too apparent to require an answer. Each one of these is entirely false in history, and rests solely upon the basis of perverted quotations, which, taken apart from their necessary connections, are useless as arguments.

That it is illogical is proved by the fact that the author uses the shafts of ridicule and the opinion of the majority of his educated brethren as chief arguments. In justification of the latter he writes, "It is inconsistent with the laws of character and the springs of human action, that the great mass of modern scientific physicians, — men whose education and training have tended to excite in them a love of truth and a desire for its attainment, the object of whose study has been to relieve suffering, and whose occupation has been so largely one of benevolence, — it is inconsistent with the general conduct of such men that they should be unwilling to accept any doctrine, and use any means, which, in their judgment, will tend to the accomplishment of their high purposes." Noble words these, but the whole history of science and medicine disproves them! Wrong as is the principle, the fact remains that from the time of Roger Bacon, who first attempted to introduce better methods into scientific investigation, to the days of Jenner, whose years of calumny and discouragement are known to all, almost without exception have reformers met the fate of disbelief, ridicule, and slander.

The argument against our foundation principle is, that the great mass of scientific physicians do not assent to it, and other persons are not capable of judging; that in similarity there is a difference by which evidently the cure is effected; and that the claim of only *selecting* medicines from the similarity is our last stand and one to be proved. Hence he concludes that "a system resting on so narrow a basis must topple to the ground; has, it is believed, already fallen. This conviction is confirmed by the fact, now so notorious, that in the practice of nearly all homœopaths the rule of similars is not observed in the selection of remedies."



Upon such statements and misstatements is founded the remainder of the article, while the true spirit of the question is put out of sight. The author does not note the facts that *similia similibus curantur* formulates the relationship between the drug action and disease action ; that it was the result of years of experiment upon the most varied individuals, according to strict inductive methods, and under the most accurate conditions ; that it has been and is daily applied in thousands of cases of sickness, thus presenting the conclusive test of *clinical experience*, and fulfilling the conditions of the strictest inductive philosophy, that "observation and experiment are the basis of all knowledge."

We do not attempt an answer to this article ; the readers of the GAZETTE do not require it, but we trust that the next number of the *North American Review* will contain a calm, dignified statement of our essential principles, giving also sufficient space to the answer of the false statements and fallacious arguments contained in the article, which will at once show to the reading world the injustice forced upon us. We learn that the privilege of reply has been requested by several able members of our school, and regret that there could not have been chosen for this duty one among ourselves, upon whom has fallen the mantle of him who forty years ago answered the first petty and calumnious attack upon our system in this country. =

---

#### THE SITUATION IN LEIPSIC.

WHEN Dr. Dudgeon made his report, at the International Convention last summer, upon the condition of homœopathy in Germany, he seemed to fear that the cause would languish there, were it not for the occasional violent attacks of its adversaries.

Whether there was reason for such fear or not, another shaking up is certainly going on in Leipsic. Scarcely are the attacks of Drs. Jürgensen, Koeppe, Rigler, and Liebreich out of mind, than we have our attention called to a new one, and this time from no less a man than Prof. Wagner. In one of his lectures before the students of the university, he took occasion to speak of homœopathy in such terms that Dr. Heinigke felt called upon to reply, and did so by the publication of a pamphlet. The appearance of this was the signal for a demonstration on the part of the students, who arranged a torchlight procession, paraded the streets, and proclaimed Prof. Wagner the "champion of scientific medicine." The medical society of Leipsic also hastened to give its support to the ill-used professor, and contemplates an appeal to the law on his behalf. On the other hand, the Central Homœopathic Society of Germany declares common cause with Dr. Heinigke, who will not lack support in the contest which seems imminent. §

*THE TREATMENT OF WRITERS' CRAMP BY THE METHOD OF WOLFF, OF FRANKFORT-ON-THE-MAIN.*

BY DR. ROMAIN VIGOUREUX.

[*Translated from "Le Progres Medical," by Adaline B. Church, M. D., Winchester Mass.*]

ANY new method of treatment of writers' palsy solicits the curiosity of all physicians.

Some time ago, in a conversation with Dr. Stein, of Frankfort, concerning the inefficacy of all ordinary therapeutics in this affection, he spoke of the recent success obtained in Germany by Mr. Wolff. From what was said, we decided to enter into relations with this specialist, and confide to his care, after his arrival in Paris, two patients that Prof. Charcot had sent to us for the application of electricity. These two patients, after a trial of fifteen days, appeared to be cured. We will recite briefly the history.

CASE I.—Mr. M. D——, twenty-five years of age; notary clerk; of a vigorous constitution, well-developed muscular system, with no previous diseases or apparent diathesis, was attacked five months ago with writers' cramp. He attributed the cause to a continued excess in writing during the winter, when he wrote rapidly twelve hours a day. At first he experienced a sensation of fatigue in the hand, which increased in a few days, and he was forced to abandon his work. When Mr. D—— came to us from Prof. Charcot, five months ago, he could not write, after repeated attempts, even his name.

The functional spasm rested principally in the flexor longus pollicis, the first interosseous, and the extensor carpi radialis longior and brevior muscles. The excitability by electricity (with the two orders of currents) was considerably above the average in the muscles and nerves of the upper extremity, also at the right in the first two interossei, and the flexor longus pollicis. The contraction of the anode was very near the cathode, which was not seen in the left side. The mechanical excitability was equally increased, as well as the tendinous reflex. This last condition was seen in all the members.

The patient had a certain degree of pallor of the palpebral conjunctiva, and the gencives, — no cardiac souffle. Digestion good, sleep difficult, which the patient attributed to his forced inactivity.

It may be of interest to describe the various modes of treatment to which we have had recourse in this case. First, static electricity with a view to remove the slight anæmia and the sleeplessness. These two accidents were speedily removed without

any effect upon the principal affection. Later, we had several seances of galvanization and Faradization combined. These various applications were continued for more than three months, three or four times weekly, and did not give even a shade of amelioration.

It was then that Mr. Wolff undertook the care of the case. The treatment under his direction lasted exactly fifteen days. At the end of this time the patient was able, in the presence of Prof. Charcot, to write slowly several lines without stopping (patient said he had lost the habit). He informed us that he wrote four hours a day for exercise. Mr. Wolff considered the cure accomplished, and left the patient to himself, after giving him minute instructions.

CASE II. — M. F——, twenty-seven years of age ; designer in a railroad administration ; robust appearance ; usual health good, antecedents excellent. This affection has appeared within three years. Patient has habituated himself to design and write with the left hand, which he does with facility. At the clinic of Prof. Charcot he could trace a few letters with the right hand, but slowly and indistinctly, being interrupted by spasmodic movements, which were produced principally by the muscles which move the wrist and hand upon the forearm. There were alternations of flexion and extension ; then the entire arm was in abduction, and designing was no longer easy, as he could not trace even a line continuously.

One peculiarity noticeable was the following : the functional trouble was not limited to writing and designing, but all acts which required movements of slight extension and precision of hand and fingers were impossible. Also with the right hand the patient could not turn the leaves of a book, nor twist his mustache, etc., without a spasm.

The treatment under Mr. Wolff's direction commenced Dec. 9. The 24th of same month the patient wrote before Prof. Charcot quite rapidly a few lines, and designed easily. His writing is the same as before the attack. It is useless to add that previously he had submitted to various modes of treatment without success.

These two cases of success appear more significant when we consider that Mr. Wolff has certificates signed by the principal physicians of Germany and Austria : Nussbaum, Bamberger, Benedikt, Billoth, Esmarch, etc. He proceeds with a surety really astonishing, knowing the universally recognized fact of the almost incurability of this affection. Without doubt, by various methods, some isolated cases of success have been attained. Lately Dr. Vigoureux records a case of cure by the hot iron ; another success obtained by static electricity ; and other processes have given occasionally good results. It is only with a last hope

that a spontaneous cure is realized. Thus a patient seen several years ago was attacked in the same manner as his father and uncle, and at nearly the same age, by writers' cramp, which disappeared after an uncertain time. But we repeat, these are only isolated cures, and nothing which can place the physician upon the road to a rational cure.

Here is the method of Mr. Wolff, it can be reduced to two points — gymnastics and massage.

Gymnastics both active and passive. The patient executes a series of movements of the upper extremities, three times a day, successively in all directions. These movements are generally rapid, with hands sometimes open, sometimes closed. The number of movements in each series, and the length of time of each seance, are increased gradually, according to the case. For the first patient the seance was, for the first five days of treatment, from thirty to thirty-five minutes, three times a day, besides a fourth of twenty to twenty-five minutes, over which Mr. Wolff himself presides. For patient No. 2 gymnastics were practised even longer, since he had three series a day, each one lasting one hour and a half.

The passive movements consist in the distensions more or less forced, almost the elongations, of muscles which are especially affected. It is the most delicate part of the treatment, because it is dangerous, according to Mr. Wolff, if carried beyond a certain limit. The patient himself repeats these manœuvres three or four times daily.

The exercises in writing commence from the diminution of the spasmodic actions, that is, from the early days.

The massage and the friction are also practised very carefully by Mr. Wolff every day. He insists on the importance of what we will call the tapping or patting of the muscles.

The treatment is not painful. One has no relapses, says Mr. Wolff, based on his ample experience. He has among his cases one observed by Nussbaum, where the cure was verified two years after treatment. This explains itself, for the patient can continue the treatment himself until he feels he has recovered the normal state.

As to the duration of the treatment which takes place under the immediate direction of Mr. Wolff, it is, as we have said, about fifteen days. A case which, after four or five seances, shows no amelioration should be abandoned.

By this method the essential part is the tapping of muscles too excitable; but the long seances of gymnastics and massage by percussion ought also to be of some importance.

These indications, which it would be useless to give minutely, will lead many physicians to attempt to obtain the same results

by themselves. Meanwhile it is worth considering that Mr. Wolff, with a liberality which we cannot praise too much, explains freely his procedures; he cannot, at the same time, transmit his experience or practical skill, nor especially the sort of medical instinct which has led him to find this method, and guide him in his applications.

It is necessary to add that Mr. Wolff is not a physician, and has no pretensions to pass for such. It is simply in his position as teacher of writing that he has had occasion to observe and occupy himself with writers' cramp. It is useful to know that Mr. Wolff employs, with success, his method for functional spasms in general,— the cramp of pianists, violinists, telegraphists, etc.

---

*THE RATIONAL AND EMPIRICAL METHODS IN  
MEDICINE.*

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

*[An evening lecture delivered before the students of the Boston University School of  
Medicine.]*

LADIES AND GENTLEMEN: It has been our custom in former years to meet occasionally, during the long term, in some sort of entertainment, partly for the purpose of bringing about that better acquaintance which should exist among all connected with our school, and partly to enable the Faculty to offer advice and instruction on many matters which it is impossible to discuss in the lecture-room. These meetings were pleasant, but it soon appeared that they failed to call forth that readiness to question and answer which had been looked for, and that consequently, so far as instruction was concerned, they were not what we sought. For this and other reasons they were discontinued. But the need for instruction remains. We have now, as we had then, the wish for more friendly relations with yourselves individually; but in the face of all the doubts and perplexities constantly arising in the minds of every thoughtful and earnest student, and the innumerable questions for which neither lectures, demonstrations, nor text-books can supply the answers, we also feel that the three or four years during which you remain with us are far too short to admit of our spending any time together that is not turned to the best account.

To meet your needs in some measure, and at the same time to comply with the wish expressed repeatedly by those who have escaped from the benches you now occupy, we propose to discuss from time to time, in a series of evening lectures, certain points which do not come well within the province of our regular course,

and which are yet of no small moment in determining the growth of your knowledge and the direction of your studies, as well as the relation of our school to the profession at large.

The difficulties, however, of carrying out this idea in the spirit in which it was originally conceived are by no means slight. In the first place, these lectures were to be both entertaining and instructive, in order to afford you some needed relaxation from your daily tasks. To me this demand presents difficulties of a most formidable nature; for all questions pertaining to the principles we have assumed the grave responsibility of teaching here appear to me so far removed from everything that is usually looked upon as entertaining, that it is impossible for me to treat them in anything approaching a light or pleasing vein. I fear, on the contrary, that I must appeal, first of all, to your patience in my efforts, and then to your most sober sense, to have any assurance that you will follow where I wish to lead.

A second and greater difficulty meets me in the fact that the discussion of all general principles has long been looked upon among practical people, young and old, in our profession, as mere theorizing, speculation, and idle words. I am conscious that such attempts are, in point of fact, wholly at variance with the spirit of modern medicine, which causes the best energies to be expended in the search for new data having an immediate scientific or practical interest, without bestowing much thought on those wider generalizations which alone can give to particular facts their highest value.

In the main this is as it should be; and if we look back upon the past, we may be thankful that we live in a day when, as Littré says, "the spirit of generalities has taken its place below the spirit of particulars." But, grateful as we must be to live at a time when the spirit engendered by the progress in the exact sciences dominates in all departments of knowledge and inquiry, we must not forget that the chief purpose to be served by the accumulation of new facts is to get a wider range of vision, which will show us their connection and general relations, in other words, the principles which make them intelligible and subservient to useful as well as to scientific ends.

My difficulty is, that minds eager only for facts are not easily led to recognize principles. In illustration of this, I may mention that a young physician, who recently read a paper before a medical society of the old school near by, and had occasion in doing so to deal at length with the subject of medical logic, was reminded at the end, by his more experienced colleagues, that logic would neither set a broken leg nor cure a typhoid fever. In the same spirit we have constantly to hear on our side, that the discussion of principles is the misleading occupation of doctri-

naires and visionaries, and of no weight whatever, beside the proving of a drug, or its correct application at the bedside. In a limited sense, this is true ; for what you wish to learn is, above all things, the speediest, the safest, and the surest way to relieve suffering and avert danger ; and nothing can be more reasonable than such a wish. But let me remind you that these superlatives of speedy, safe, and sure are by no means matters on which the profession is wholly agreed. In fact, doctors continue to differ as widely to-day concerning them as at any period in the history of medicine ; and the nearest approach to an agreement that has been reached is the agreement to differ amicably within party lines. Under this semblance of an agreement, however, nothing is more apparent than the determination of each individual to follow only his own notions. To the great majority of intelligent practitioners, the mere mention of principles suggests either vague hypotheses, or, what is worse, dogmas and the assumption of unwarranted authority to which no one will or can submit.

In his opening address before the recent international medical congress, Sir James Paget, the president, took especial pains to affirm that the discussion of principles is a thing to be avoided by doctors. "May we not," he asks, "declare some general doctrines which may be used as tests and as guides for future study?" And he answers, "We had better not." Nevertheless, it must be possible, after nearly three thousand years of medicine as a science and an art, to reach not only vague and loose points of agreement, but also some general standards or tests by which the soundness of doctrines and of practices may be measured, some deductions of sufficient force of which all must acknowledge the supremacy. Without them, there can be nothing worthy of the name of medical science, for a mere accumulation of facts, however accurate, is not a science ; and without acknowledged principles the healing art can never be better than a loose, disorderly mass of shifting and uncertain rules of which every practitioner's intelligence is the only measure of truth and soundness. This, indeed, is the condition of things as we find it in medicine to-day ; and I hold it to be the foremost mission of a school like ours, which has cut loose from the traditions of the profession and recognizes no authority merely for its authoritative position, to set forth those general truths which are lost sight of in the search for particulars.

It is true, that we must all be guided largely by individual experience and fall back for resources upon such ingenuity as we possess whenever established rules or clear and direct inferences from plain circumstances fail us ; and it is one of our leading tenets that every case of disease must be treated strictly accord-

ing to its individual nature. But there can be no more dangerous or obstructive fallacy than to argue, as our opponents do, from these necessities, which exist in all the arts and sciences, that individual experience and private judgment shall constitute the sole limitations of our professional responsibilities. It is this fallacy that stands in the way of all reform in therapeutics, — a reform which is acknowledged on all hands to be the most crying need of the day.\* With all the dangers clearly in view of seeing hypotheses perverted into dogmas and practical rules mistaken for binding laws, we must continue to affirm that no reform can come that has not for its starting-point definite principles; and it shall be my attempt to show that we may have sound and reformatory principles in medicine as in other sciences, — principles which are neither empty theories nor binding dogmas.

In making this attempt, however, I am conscious of the difficulties in my way, and must say at the outset that my conclusions are in no sense binding upon my colleagues of the Faculty. They are the conclusions which warrant me in belonging to a sect or party, which in medicine I recognize to be an evil, but an evil from which I see no escape until clear and incontrovertible principles are found.

Without preparing your minds for their reception, I see no way of discussing what I look upon as the fundamental principles of our school. I propose, therefore, to leave their analysis for a second lecture, and to lead you to-night to see the steps by which they are coming slowly to force themselves upon the profession. To do this, there can be no better method than the historical one; as it will enable us not only to see the origin and growth of the principles of medical science in general, but it will show us by what standards our own may be measured. It will also show us the difficulties in the way of their development, the greatest of which I will mention now, and ask you to bear it in mind throughout, — as I believe the slow growth of medical knowledge cannot be rightly understood without giving it its due weight.

It is this, that medical progress has to contend with not only the human shortcomings and imperfections which stand in the way of all knowledge, but also one peculiar to itself. I mean the urgent need for immediate action, which has preceded and accompanied every effort to inquire into the nature of the phenomena of sickness and the action of remedies.

In other walks of life, men may inquire into the secrets of

---

\* See Petersen, Hauptmomente i. d. Geschichtl. Entwicklung d. Medicin. Therapie and Martius, Principien d. Wissenschaftl. Forschung i. d. Therapie. Volkmann's Samml. Klin. Vortr., No. 139.



nature, and put their knowledge into practice with greater deliberation and with less immediate responsibility than in that which deals with pain and danger, and calls upon its votaries to deliberate and to act with the cry for relief ringing in their ears. However great the difficulties, we are never allowed to forget that opinions *must* be formed, and that *something must be done*. It is easily seen that this leads not only to quick inference and prompt and intelligent action where the case is simple and the cause apparent and easily removed; but it also leads to hasty, unwarranted conclusions, and reckless, unintelligent action where the case is obscure, and neither the cause of the danger and suffering discoverable, nor the means for its removal at hand. Out of this necessity for action in the absence of knowledge has grown confusion, conflict, and error, resulting in added danger, suffering, and loss of life to a degree that is appalling, if we look back upon the history of medicine. "There is no error of which the human mind is capable," says Förster, "which has not found active expression in medicine"; and Mill is warranted in saying "that of all reasoning, medical reasoning affords the greatest number of instances of fallacies of every kind and degree."

But you are not to conclude that all is vanity in medicine. Out of this confusion, this misdirection of energies, we can see two currents tending through endless difficulties in the direction of positive knowledge and practical helpfulness. The first of these springs from *reasoning* as applied to the drawing of inferences from data lying outside of therapeutical experience, and making these subservient to therapeutical needs; as for instance, where it is assumed that there is a spiritual essence in all nature which tends towards harmony and perfection, and hence that remedies, to be efficacious in restoring the lost harmony of the system, must themselves be of a spiritual nature; or that the phenomena of life are governed by the same laws which govern the phenomena of inanimate things: that, therefore, diseases are the disturbances of the chemical or physical relations of the constituents of the body, and must be remedied by chemical or physical measures. It is an inference drawn from data lying outside of experience; in other words, the establishing of a theory, and the drawing of a therapeutic rule from it, if men assume that a heightened temperature is the one essential feature of fevers, and that, therefore, all fevers must be treated by lowering the temperature; or, if the microscope discloses the fact that in many diseases the pathological product is characterized by the presence of minute organisms, and hence that the remedies for these diseases must be germ-destroying.

This is the rational or dogmatic current. It is rational in contradistinction to empirical, inasmuch as it reasons *a priori* and

not from experience. It is dogmatic, whether it takes for the basis of its therapeutical measures a theory concerning the nature of life derived from philosophy, or a theory of disease founded upon chemistry, physiology, or pathology, or indeed, reasons directly from positive knowledge concerning the cause or nature of disease or the action of remedies.

For the most part it reasons not from facts, but from explanations of facts, and is therefore essentially deductive, as deduction is reasoning from hypotheses, from theories, or generalizations concerning facts. It is of importance to bear this in mind, because medicine is a *conjectural* science, dealing with the phenomena of life, of which only a small part is capable of explanation while the rest is merely conjecture, and because rationalism in medicine, since it occupies itself with the causes and processes of diseases, and with drug-action rather than its results, is held by the majority to represent the scientific side of our calling.

The second current has its source in experience, and dates back to the crudest beginnings of medical knowledge. In its most primitive form, it rejects all explanations of the nature of diseases and of internal changes, but notes their outward and visible manifestations. If a remedy is known to have removed these in any case, it makes this fact, which may remain forever unexplained, the basis for a rule of treatment in all similar cases; that is, it applies the same remedy in all cases in which it has once been seen to exert a beneficial effect. It deals with the signs of disease and the effects of remedies *actually observed*, instead of such as are inferred or conjectured. Its method, therefore, is the inductive one, for induction reasons from individual facts to generalizations, or general propositions concerning many allied facts.

This, too, I must ask you to bear in mind, as in medicine, knowledge obtained from experience alone, and remaining unexplained, is supposed to be unscientific, or empirical in the offensive sense of the word. You will see the importance of keeping this distinction in view, if you reflect that all the knowledge we possess of the effects of remedial agencies on the organism in health or disease is at first empirical, that is, derived from observation and experiment.

The best illustration of the relation in which these two currents stand to each other is seen in the answer given by Robert Talbor to the members of the medical faculty of Paris, before whom he was summoned to demonstrate the efficacy of cinchona (his secret remedy), at the bedside of a duke, whose intermittent the learned had vainly tried to subdue. When reproachfully asked by the *doyen* how he, who knew not the nature of a fever, could profess to cure it, he said, "This is just the difference

between yourselves and me ; you know exactly the nature of the fever, but are unable to cure it, while I know not its nature, and yet can cure it with certainty, — otherwise I should not be here.”

These two currents of medical knowledge, the rational and the empirical, we see constantly changing in force and direction ; constantly tending to unite, and again to separate from some impulse given to one by a new discovery, a new system of philosophy, a new theory ; causing it temporarily to flow more swiftly until it is lost in the swamps and quagmires of error and dogmatism, to be overtaken and purified again by the other.

The history of medicine is the history of these two currents of thought and inquiry. Eighteen hundred years ago Celsus wrote : — \*

“ Since we meet from the beginning a divergence of opinions ; since one side will admit no authority but that of facts, while in the eyes of the other experience is inadequate, if to it is not joined the intimate knowledge of the human body and of nature, I will show the principal arguments put forth by both sides, in order the better to state my own opinions.

“ The partisans of rational medicine rest upon the principle that the physician must have knowledge of the causes remote and proximate, as well as of the visible causes of disease ; he must know, moreover, the natural processes ; and, finally, he must know the composition of the internal organs. They call ‘ occult causes ’ those which follow from the inquiry into the principles of the body, and into that which constitutes good and ill health ; for it seems to them impossible to devise any treatment for diseases of which the origin is unknown. It is impossible to question that the treatment must be different, if the disease is admitted to have for its cause — according to some philosophers — the excess or the absence of the four elements. It will be different if the morbid principle is placed in the fluids (humors), with Herophilus, or in the ‘ pneuma,’ with Hippocrates ; different again, if, as Erasistratus says, the blood overflows into the veins destined to contain the spirits, thus producing inflammation ; nor will it be the same if, as Asclepiades holds, the circulating atoms are arrested in the imperceptible pores of the body, causing obstruction. But he will cure with the greatest certainty who recognizes most clearly the first cause of the disease.

“ The necessity of experience is also recognized by these dogmatics ; but, say they, one cannot arrive at experience without the aid of reasoning.

“ By visible causes they mean the effect of heat and of cold, the

---

\* Littré, *Médecine et Médecins.*

abstinence or excess of food, or any other similar circumstances to which may be ascribed the invasion of the malady. For, if it is possible to reach directly the source of the evil, they agree that it will be easy to prevent its consequences.

“By the natural processes of the body, they mean the phenomena of respiration, of deglutition, and of nutrition. They claim to know also, the reasons for the alternate rising and falling of the pulse and the arteries, and the causes which produce sleeping and waking. Without the knowledge of these causes, they hold that no one can either cure or prevent the maladies resulting from them.

“Furthermore, pain and diseases of various kinds may invade our internal organs. If the structure of these latter is unknown, they ask, how shall it be possible to restore them to their integrity? hence the necessity for devoting one's self to the opening of dead bodies in order to scrutinize the viscera and the entrails. If an internal pain occurs, is it possible to designate its exact seat if one knows not the position of the viscera and the internal parts? And how shall a disordered organ be treated of which it is impossible to form an idea?

“Those, on the contrary, who call themselves empirics, inasmuch as they rest upon experience, although they recognize how necessary is the knowledge of visible and evident causes, yet they maintain that it is idle to agitate the question of occult causes and of the actions and processes of the body, for the reason that nature is impenetrable. And the proof that nature is incomprehensible is to be found in the discord which reigns in this discussion. Neither philosophers nor physicians have ever been able to reach an agreement on these points.

“Why, then, take sides with the opinion of Hippocrates rather than with that of Herophilus, or with that of Herophilus rather than with that of Asclepiades? If reasonings or argumentations are to be regarded, they all appear equally plausible; or, if the number of cures is to serve as proof, all physicians have restored the sick to health. It is impossible, then, to reject either the objections or the authority of one side or the other.

“If the art of reasoning could make physicians, there would be none greater than the philosophers. But these possess the science of words rather than that which cures. It is much better to disregard the manner in which digestion is carried on, and to know *that* which is the most easily digested. In place of inquiring into the causes of respiration, it is preferable to seek the means to overcome oppressive shortness of breath; and rather than ask whence comes the beating of the arteries, we are called upon to study the value of the signs furnished by the variations of the pulse. This knowledge, therefore, comes to us from experience.

"Similar reasons lead us to see how useless is the dissection of dead bodies. This operation, to be sure, is not cruel, but it is repulsive, and for the most part does not exhibit anything but organs modified by death, while the treatment of diseases teaches all that can possibly be known concerning them during life."

I have ventured on this long quotation to show you that, two thousand years ago, physicians stood face to face with the same difficulties which, in spite of our boasted progress, confront the profession to-day; and I will remind you that four hundred years before Celsus wrote, Hippocrates had already pointed out the wide discrepancies between theory and practice, the futility of the methods of treatment derived from deductions, and the advantages of those gained by observation and experiment. Since his day, the alternating predominance of one or the other of these two methods characterizes the various stages and phases of the growth of medical knowledge; and it is easily shown that to the neglect of this fundamental principle of empiricism, clearly pointed out by the great master, may be traced the confusion, the error, and the conflict which even now remain as blots and stains upon our calling.

We cannot enter into the consideration of the physiological and pathological views of the ancients, which originated largely in vague philosophical or metaphysical speculations concerning the nature of life and the forms and substances of nature, or in the mysticism and superstition inspired by the awe with which men stood before the unknown. We must content ourselves with such a hasty outline of the past as will enable us to note the most prominent features in the rise and growth of both of the rational and empirical views and practices which constitute the variegated fabric of both popular and scientific medicine to-day, in which there are few threads which have not been spun for ages.

It is the transcendent merit of Hippocrates to have emancipated medicine in a great degree from the pernicious influence of the mysticism and superstition which were fostered by the priests, who claimed to hold the key to the secrets of nature, and to the designs of the deities who controlled the destinies of mortals, sending sickness and death. He showed that diseases arose from natural causes, of which the responsibility lay in a measurable degree with man, and that the observation of nature with a clear eye and an unbiassed mind is the first requisite to the knowledge by which alone health is to be preserved or restored. He was the father of enlightened empiricism; and few have reached that perfection of judgment and discrimination which characterized his practice, or that almost intuitive insight which enabled him to leave descriptions of diseases, which even to-day

would stand as models for the recording of cases. But in his time, intellectual development had reached a height beyond which it is forbidden to rise except by slow degrees, and only after great and repeated retrogressions.

In spite of his teaching, the observation of nature, the most difficult of human tasks, was neglected for the construction of theories, and rationalism gained the ascendant for many centuries. Nearly six hundred years after him, that is, in the second century after Christ, came Galen, who, though he encouraged the investigation of the body, and gave an impetus to scientific inquiry in anatomy and physiology, was no practitioner as Hippocrates had been. He may be described as the father of medical theorists. In his extensive works, the ancient notions of the humors or fluids of the body, the mucus from the brain, blood from the heart, yellow bile from the liver, and black bile from the spleen, were laid down as the source and origin of all diseases according to their absence, excess, or admixture; and bleeding, purging, vomiting, starvation, with inunction and all manner of external applications, were recommended for their correction. These writings continued to be the ruling authority during the dark ages which followed the fall of the Roman Empire and the decadence of Greek and Roman civilization. It would be easy to show how, in a hundred medical terms and popular notions which constantly force themselves upon the profession and become confused with the scientific views, the influence of Galen remains with us, in the same way as the pagan feasts and rites are perpetuated in Christian festivals and ceremonies to our own day.

It was not until the sixteenth century that medical theory began to suffer any modification from renewed inquiries into the structure of the body or the researches into natural phenomena. The theories of Galen had, it is true, been scrutinized by learned monks, and later, on the foundation of universities, by the scholastics who revived the learning of the ancients; but the changes they introduced from comparisons with other ancient writers, or from their own speculations, were anything but changes for the better. The spagyrics, however, and the alchemists who, in their search for the philosopher's stone, and their endeavors to convert base metals into gold, learned the properties of many substances, had paved the way for new conceptions of natural bodies and forces. Vesalius, too, had had the hardihood, on the strength of most exact dissections of the human body, to attack the anatomical teachings of Galen, which were based in part upon the dissections of apes and swine, but largely, too, upon mere tradition and conjecture.

This was the beginning of the new departure in rational medicine, which, from this time forward, evinces a growing ten-

dency to drift away from purely metaphysical speculations, and to construct its hypotheses from which to deduce rules of practice upon data derived from the investigation of nature. It was no sudden change, however, and in no sense a change of principle, that was set on foot by the birth of the natural sciences in the sixteenth century and their rapid growth in the following. The change was not only slow and fitful, but dogmatism remained the ruling idea. The progress was like that made by an infant which has discovered the use of its limbs, led by a feeble and tottering grandmother. Since all investigation into natural phenomena was necessarily crude and superficial from lack of exact means and methods of inquiry, the dogmas and practices resulting from them could not be otherwise than crude and harmful. We see the young sciences, as they arose successively, not only drawn upon for new theories and rules of treatment, but serving in turn as the foundation for complete systems of medicine in which one central idea dominated all that existed of physiology, pathology, and therapeutics, interwoven as these continued to be with philosophical traditions and speculations.

Such were the systems of the *iatro-chemists* (Sylvius), the *iatro-physicists* (Borelli, Bellini), and *iatro-mathematicians* (Robert Boyle), who, prompted by the progress in chemistry, physics, and the mathematical sciences, looked upon the organism either as a chemical retort, in which substances must react upon each other as they were known to do in the laboratory, or as a mere mechanical contrivance of which the forces and processes might be calculated and controlled as in any other machine. Their reign as exclusive dogmas or systems was comparatively short-lived, as the spirit of sceptical inquiry and the spread of general intelligence, set free by the Reformation, had fairly begun to assert themselves in all departments of knowledge and to leaven medicine as well. It was no longer possible for one authority or one system to rule, as that of Galen had done, unquestioned for centuries. Like the pathological notions, the therapeutical measures, and the terminology of Galen, however, those of the *iatro-chemists* and *iatro-physicists* have retained their hold upon the theory and practice of laymen as well as physicians, by sheer force of tradition, to our own day, as seen in innumerable pseudo-scientific theories, procedures, and expressions still current, against which you cannot be too earnestly warned.

(To be continued.)

COSMOLINE IN SMALL-POX. — Dr. E. Folsom, of Fargo, Dakota, in a letter to a friend in Boston, writes as follows: "I have had charge of the Small-pox Hospital here, and would say to those who have patients, Use cosmoline until the pustules commence to burst, then be sure and leave it off, and do not use it again until the scale is thoroughly dry beneath, for it will keep up the suppuration. I have treated the patients homœopathically, and although I have had confluent to fight, have brought them all through. I use corn-starch to powder with, and largely milk as food."

## A REVIEW OF THE GUILTEAU CASE.

BY SAMUEL WORCESTER, M. D., SALEM, MASS.

IN response to frequent requests, I propose to give an account of the Guiteau case, my connection therewith, and the reasons leading me to consider him sane and responsible. I do this the more willingly, not only because I hold a somewhat different view of his mental condition from that held or expressed by some of the other medical witnesses, but also on account of the historic importance of the case.

Previous to the trial, Mr. Scoville issued an appeal, giving what he represented to be a true history of Guiteau's life, of his mental condition prior to and at the time of the shooting, and of the "strong hereditary tendency to insanity," as shown in his family. He stated that the hypothetical case to be submitted to the experts would be based upon this statement, and the views of medical men were invited.

Knowing the difficulties under which he was laboring, and that the unpopularity of the defence would deter many from giving an impartial opinion, on the 2d of November, I addressed him as follows:—

"*Dear Sir,*—I am prompted to write to you, not from any love of notoriety, nor for pecuniary reward, but simply in the hope that I may help to save the American people from the disgrace of hanging an insane man, merely because the person murdered was our President.

"No one reprobates the crime more than I; but I believe also in justice, and justice tells me that it is not right to put to death an insane man for an act caused by a disease which takes away his powers of will and of judgment. I believe that Guiteau should be kept securely in an insane asylum as long as he lives, for recovery from insanity with homicidal tendencies is never permanent.

"If one half of what is said of Guiteau be true, he is insane and not fully responsible.\* . . .

"You can judge better than I whether any views or opinions of mine can be of service."

To this letter no reply whatever was made, until on Nov. 24 I received a note saying that I had been subpoenaed "to testify as an expert on behalf of the defence in the case of the United States *vs.* Guiteau"; and an hour later a United States deputy marshal served the subpoena. Not desiring to go to Washington in any such way, I consulted a lawyer, and was told both by

---

\* The omitted portion only refers to my opportunities for observing the insane, and qualifications for forming an opinion.



him and the marshal that a neglect to obey the writ would be followed by an attachment.\*

I reached Washington on the morning of Nov. 28, and from that time was in constant attendance upon the trial until the afternoon of Dec. 21. The impression received from my first day's experience was such as to strengthen my belief that the prisoner was insane. The peculiar strained look of his eyes, due to weakness of the muscles; the sinister expression of his face; the violence of his acts and speech, together with the disorder in the court room,—all tended to give the impression that the prisoner was an exception to the ordinary class of criminals: and it is noteworthy that those who, to-day, are the strongest believers in his insanity, are, as a rule, those who have only observed him for a short time; while nearly every one who watched the case through is thoroughly convinced of the sanity of the murderer.

On Tuesday, Nov. 29, the prisoner was placed in the witness box to testify in his own behalf, and his examination lasted until Friday afternoon. During the whole of this time my opportunities for watching him were excellent, as I sat about six feet in front of him and could watch every expression or emotion as depicted on his face.

The result of this examination was to make the experts practically unanimous in believing the man sane and responsible. The history of his life as related by himself; the chain of events and the motives leading to the murder; the manner of its conception and execution, and the claims set forth for its justification; the shrewdness displayed in detecting the bearing of a dangerous question, and the adroitness with which his claim of *inspiration* would be asserted as a sufficient answer at such times; the refusal to answer questions showing the malice of the act, or the shallowness of his pretences; the wonderful keenness of memory displayed; the natural but fierce outbursts of passion; the fact that none of the usual symptoms of his alleged form of insanity were present, but that all his methods of thought, feeling, and acting were entirely foreign to any form of insanity of which I had ever heard or seen,—all of these things completely shattered my belief in his insanity.

On Friday morning, before Guiteau's examination was finished, I went to Mr. Scoville at his hotel and told him that I considered it my duty to let him know that my views had changed; that I

---

\* Mr. Scoville said in his address to the jury, "When I came into the case I did not know a single expert in the country. I received the names, from one source and another, of those gentlemen who were supposed to be familiar with the subject. I subpoenaed Dr. Worcester on the ground I have given you. I subpoenaed others on substantially the same ground. I got their names through anonymous letters, or in some way, and I subpoenaed them here."

considered the prisoner responsible, and probably sane. He replied that he did not believe any direct question as to the prisoner's mental condition would be allowed by the court, but that the experts would be held to a hypothetical case. I said that he could use his own judgment, but I did not think it right to leave him in ignorance of my change of opinion. To this he made no reply. I learned later that another one of the experts wrote to him in even stronger terms, that same morning, and received as an answer that his testimony was still desired.

Sunday forenoon I visited the prisoner at the jail, and carefully questioned him for more than an hour, coming away fully satisfied of his sanity. That evening there was a meeting of the experts for the defence called at the Ebbitt House to meet and confer with Mr. Charles H. Reed, associate counsel to Mr. Scoville, and asked by him to conduct the examination of the experts. At this meeting nine of the medical experts were present, and, at Mr. Reed's request, each one gave at length his opinion of Guiteau's mental condition. Seven, including myself, closed with the words "medically sane and responsible"; one said insane, and one was undecided.

After we had finished, Mr. Reed said, "Well, gentlemen, I do not see but what you are substantially of one opinion; you all seem to have the prisoner on the border line, and a little more testimony will carry him over. I have not yet decided whether to take charge of the examination of the experts, as Mr. Scoville requests, but I shall advise him not to place one of you gentlemen on the stand until he has introduced further proof of insanity." And we separated with that understanding.

Mr. Scoville saw fit to pursue a different course; he had no more witnesses who could testify to insanity, but had summoned at the expense of the government, and there were present, upwards of twenty experts from all parts of the country. These gentlemen had examined the prisoner at the jail, they had sat in the court day after day observing him and hearing him testify, and in his opening address Mr. Scoville had referred to them and their opinions as entitled to the respect and confidence of the jury. These facts were well known, and it would never do to make such a confession of weakness as a failure to call them would be; but, on the other hand, nearly every expert believed the prisoner sane and responsible. "Ingenuity then suggested a very transparent device whereby they might appear to examine some of them and still not examine them. In other words, they interrogated them in respect of a hypothetical case. It was a clever mode of escaping from the dilemma in which the gentlemen for the defence were placed."

Upon the next morning, Monday, Dec. 5, much to my surprise,

Mr. Scoville introduced his expert testimony. Dr. Kiernan, of Chicago, was examined somewhat at length, and gave it as his opinion that Guiteau was insane. Drs. Nichols, Folsom, Godding, McBride, Channing, and Fisher were simply asked the historic and cunningly devised hypothetical question which attempts to assume the insanity of the prisoner, and these gentlemen answered as desired, one or two of them reluctantly, thus seeming to give their assent to a proposition in the truth of which they did not believe.

Not one of these gentlemen was asked the result of their examination of the prisoner at the jail, or of their daily attendance in the court, and observation of his conduct and behavior; questions that at a later period in the trial were asked every expert by the government.

Drs. Stearns, Talcott, and Dimon, together with a few others, were not placed on the stand, and Dr. Earle was allowed to go home on account of illness. These gentlemen all considered Guiteau *sane*.

Being placed upon the stand the following hypothetical question was read to me:—

“Assume it to be a fact that there was a strong hereditary taint of insanity in the blood of the prisoner at the bar; also, that at about the age of thirty-five years, his mind was so much deranged that he was a fit subject to be sent to an insane asylum; also, that at different times from that date, during the next succeeding five years, he manifested such decided symptoms of insanity without simulation, that many different persons conversing with him and observing his conduct believed him to be insane; also, that during the month of June, 1881, at about the expiration of said term of five years, he honestly became dominated by the idea that he was inspired of God to remove, by death, the President of the United States; also that he acted upon what he believed to be such inspiration, and what he believed to be in accordance with the divine will, in preparation for and in accomplishment of such a purpose; also that he committed the act of shooting the President under what he believed to be a divine command, which he was not at liberty to disobey, and which belief amounted to a conviction that controlled his conscience and overpowered his will as to that act so that he could not resist the mental pressure upon it; also that immediately after the shooting he appeared calm, and as one relieved by the performance of a great duty; also that there was no other adequate motive for the act than the conviction that he was executing the divine will for the good of his country,—assuming all these propositions to be true, state whether, in your opinion, the prisoner was sane or insane at the time of shooting President Garfield.”

I replied that, before answering, I would want to know what was considered "a strong hereditary taint of insanity"; also the qualifications which the prisoner's friends had for forming their opinion in relation to his insanity; also what interpretation was put upon the word *inspiration* as used by Mr. Scoville in this connection. Mr. Scoville refused either to explain, to modify the form of his question, or to permit any answer except *sane* or *insane*; and upon my declining to stultify myself, excused me from the stand. (See also Dr. John P. Gray's comments upon this hypothetical case as given later.)

This hypothetical question was, however, so badly shattered by the rebutting testimony introduced later, that Mr. Scoville was forced to reconstruct it himself.

With the exception of Dr. Kiernan, the prosecution waived the cross-examination of the expert witnesses for the defence, but we were directed to remain in the city.

On Dec. 8, the following note was handed me:—

"Dr. WORCESTER:

"*Dear Sir,*—As the government desires your testimony as an expert in the case of the United States *vs.* Guiteau, you are requested to remain in the city until your testimony is taken.

"Very respectfully,

"GEO. B. CORKHILL, *U. S. District Attorney, D. C.*"\*

The reasons for my declining to answer Mr. Scoville's question will be given as in my testimony when placed upon the stand by the government on Dec. 21.

Before leaving Salem, I formed my opinion that the prisoner was insane, from statements that he was actuated at the time he shot the President by an insane delusion, and that he did the act under the influence of an irresistible impulse, which was the outgrowth of that insane delusion. My views were changed by his own testimony and appearance on the witness-stand, and my interview with him at the jail.

"*Q.* (by Mr. DAVIDGE). At that meeting you communicated your change of views to Mr. Reed?—*A.* I gave my views to Mr. Reed at that meeting.

---

\* When placed upon the stand on Dec. 21, I said, "I would like to state that I appear here as an expert summoned by the government, and not to testify on behalf of the defence or of the prosecution, but simply to state my opinion on the facts, or on the condition of the prisoner as presented to me.

"The COURT.—Of course.

"The DISTRICT ATTORNEY.—I think it is due to Dr. Worcester to state, and your Honor will recollect, when he left the stand that I directed him to remain on subpoena, holding him for the government. *I had never seen the gentleman or knew anything about his opinion.* The doctor has been very persistent and earnest to get away. I deem it due to say that he has been held here by me a very reluctant witness."

"Q. Then after that you were put upon the stand to testify in relation to a hypothetical case put by Mr. Scoville, were you not? — A. I was asked a hypothetical question the next morning.

"Q. And you refused to give any opinion in relation to that case: now tell me what induced you to decline to give your opinion upon that hypothetical case? — A. I did not decline to give an opinion, I simply declined to answer without explanation.

"Q. Well, state why you desired the explanation. — A. In the first place, I considered the hypothetical case an ambiguous one, and if answered categorically, as was required, it would not express what I considered a true answer. Second, simply that I was put on the stand and sworn to tell the truth and the whole truth, and if I answered that question, unexplained, either yes or no, I should not have told the truth nor the whole truth; and so I declined to answer.

"Q. You then thought that in answering that hypothetical statement you would not be giving an honest opinion to the jury as to the sanity or insanity of the prisoner? — A. Not so far as I was concerned.

"Q. (by Mr. SCOVILLE). Will you state what there was ambiguous about that question that was asked? — A. If certain things here stated were done under the influence of inspiration or fancied inspiration, as an insane delusion, the man was insane. If they were done under the influence of inspiration, using the word as it has been repeatedly used by the prisoner, there is not the slightest evidence to my mind of insanity.\*

\* That Judge Cox makes a similar distinction is shown from the following extract taken from No. 2 of his instructions to the jury: —

"If the jury find that the defendant committed the act charged, and, at the time thereof, knew what he was doing, and that what he was doing was contrary to the law of the land, it constitutes no excuse, even if it were true that when he committed the act he really believed that he was producing a great public benefit, and that the death of the President was required for the good of the American people.

"Nor would such excuse be afforded by the fact that in the commission of the act he was controlled by a depraved moral sense, whether innate or acquired, or by evil passions, or indifference to moral obligations.

"And even if the jury find that the defendant, as a result of his own reasoning and reflection, arrived at the determination to kill the President, and, as a further result of his own reasoning and reflection, believed that his said purpose was approved or suggested or inspired by the Deity, such belief would afford no excuse.

"But it would be different, and he would not be responsible, criminally, if the act was done under the influence and as the product of an insane mental delusion that the Deity had commanded him to do the act which had taken possession of his mind, not as the result of his own reflections, but independently of his will and reason, and with such force as to deprive him of the degree of reason necessary to distinguish between right and wrong as to the particular act.

"If there was no insanity, but a mere fanatical opinion or belief, such as before described, the only impulse that could have actuated the defendant must have been a sane one, such as, in the most favorable view of it, a mistaken and fanatical sense of duty, which the law requires him to resist and control."

"Q. What is the meaning of ambiguity?—A. Of doubtful purport.

"Q. Will you explain how it applies to the word 'inspiration' in that question?—A. Because the word 'inspiration' may be used in any sense that you choose to give it.

"Q. Read the sentence.—A. (*reading*). 'During the month of June, 1881, at about the expiration of said term of five years, he honestly became dominated with the idea that he was inspired of God to remove by death the President of the United States; also that he acted upon what he believed to be such inspiration.'

"Q. Will you please explain the two meanings which can be attached to that expression, and which render it, as you say, ambiguous? Take it in that connection, just as it is used there.—A. That is where we differed, as to how it might be used there. That was the point. If you attach the prisoner's signification to the word 'inspiration,' there is no symptom of insanity about it.

"Mr. DAVIDGE.—Then the hypothetical case is a truism?

"The WITNESS.—If you take inspiration in the sense of a delusion, it is a truism.

"Mr. DAVIDGE.—Undoubtedly.

"The WITNESS.—But if you take it in a sense of inspiration as the prisoner has explained it to us, in that case there is not the slightest evidence of insanity.

"Mr. DAVIDGE.—That is what I mean.

"The DISTRICT ATTORNEY.—Doctor, in the question propounded to you by Mr. Scoville, reference was made to a divine pressure: what do you understand by a divine pressure as used by these inspired men?

"The WITNESS.—As I understand the word 'pressure' as used in this Court, if I understand it correctly, it is simply another term for the conflict going on in a man who is subject to temptation to do evil."

Among the authorities on insanity in this country, Dr. John P. Gray, of Utica, N. Y., stands undeniably as the chief; but he too refused to answer the hypothetical question for the following reasons, which may be compared with those given by me.

On Dec. 31 he testified as follows:—

"The DISTRICT ATTORNEY.—I will ask you to answer that hypothetical question (Mr. Scoville's).—A. In my judgment, that question cannot be answered yes or no.

"Q. For what reason?—A. First, it refers to the prisoner at the bar as representing the imaginary person in the question. I would not be willing to answer that question *if it applied in any way to the case of the prisoner*, with the knowledge I have of him from a personal examination. I should feel that *it would be mis-*

*leading*, assuming that it is entirely an imaginary case, and that there is no reference whatever to the prisoner. I should not be willing to give an opinion that it really represented an insane man. The *element in regard to heredity* does not state whether it was heredity in the direct line or simply collateral. A man may have parents or other relatives insane, and not be insane himself. Such transmission may not go to him at all. In regard to the second proposition, as the question is stated, there is no foundation except the opinion of other persons that he was insane; and I should not be willing under oath to give an opinion as to the possible insanity of a person on the opinion of others, *especially without knowing whether the observers who made that opinion were competent persons to observe*. In regard to the third element which this question presents, of the possibility of an insane delusion in the case as inferred from the word '*inspiration*' introduced, there is no statement in connection with it as to any disease. The motive given is a love of country, and, taken in its literal sense or reasonable sense, together with the conclusion as to the conduct of the person after the act, my judgment would be that *it would not represent an insane person*. It suggests a person who is dominated by his own idea that he is inspired by God to remove the President for the love of his country. If inspiration is an *insane delusion* then the person would be insane without reference to anything else; but if it is only inspiration and interpreted as such, it is then, as I understand, only an illumination of his mind by God as the source of all truth, so that he sees it to be his duty to remove a ruler; and in the further development it states that this amounted to a belief that it would be in accordance with the divine will to have this done. In the further development of the question, though it is stated as in the nature of a command of God, it is qualified by the expression afterward to the extent that it was a conviction, not to the extent that it was a command, because the command is qualified by the statement that it was a conviction overriding the force of his conscience and will. Finally it is stated that he was unable to withstand the *mental pressure, not any divine pressure, but mental pressure*. If mental pressure means anything, it means *reflection, thought, judgment*.

"Then if you take into consideration the fact that at the conclusion he simply felt like one who had discharged a duty to his country, you have, as I conceive, no possible indication of insanity; but it may be fanaticism. On the other hand, if it was inspiration, which is to be taken in this case as an insane delusion, then the conclusion that he had felt as though he had performed a duty when he was acting under the command of God, and that was the end of it, that it really arose with the occasion of the

idea, and closed with the accomplishment of the act, is entirely inconsistent with any idea of insanity."

The question will naturally arise, Why was I especially singled out as the target for Mr. Scoville's abuse? and the answer is simple: I was the only one of the experts summoned for the defence, who, believing in the sanity of the prisoner, and placed on the witness-stand by Mr. Scoville, who was cognizant of that belief, refused to stultify myself or prove false to my oath, and was then retained as expert by the government. Those gentlemen who answered the question as desired were not detained any further.

I will now consider the leading events in the life of Guiteau, including the incidents attending the murder, and show how inadequately they bear out the theory of insanity.

(To be continued.)

#### OCCIPITO-SACRAL POSITION: CASE IN PRACTICE.

BY PERRY MARSHALL, M. D., WEST ADDISON, VT.

It is said that of 20,517 deliveries, this position occurred but twice, and some accoucheurs doubt its existence. [*Boivin.*] (King.)

I was summoned March 2, about 1 o'clock, P. M., to the bedside of Mrs. S——, aged thirty-three years. Found her in her first labor, first stage; the os-uteri somewhat rigid and undilated, the diameter of the orifice being not more than two lines. I retired until daylight, when examination revealed dilatation enough to admit the point of the finger, the pains continuing at somewhat regular intervals. Gave *Tinct. Belladonnæ gtt. v.* At noon, the os would admit two fingers, and I was sure of a vertex presentation. Applied *Unguentum Belladonnæ* to the os, and cloths saturated with lobelia water over the abdomen. Dilatation was complete about six o'clock, P. M. Examination proved the head to be in the occipito-sacral position; the sagittal suture running antero-posteriorly; the flat surface of the top of the head forming a floor across the upper strait. The forehead could be felt distinctly above the pubis. The pains were quite regular and natural; but effected nothing except to turn the head to the right occipito-posterior position, with partial flexion and very little descent in two hours. I assured myself *positively* of the position by introducing my hand so far as to reach the fingers around the occiput, which lay at the right of the sacrum.

Introducing one blade of the forceps to the mother's left, and lifting gently but firmly, the rotation toward the right occipito-anterior position was partly accomplished. Being a stranger



to the patient, and not enjoying the fullest confidence of the family, and not able to deliver at once, I sent for Dr. B——, who arrived in about two hours, during which time the patient continued free from any severe pain, and enjoyed partial rest between pains. No examination during that time. Patient had taken during the evening *Tinct. Cimicifugæ*, fifteen drops two or three times, as the pains were not deemed sufficiently vigorous. I like the *Cimicifuga*, too, for its calming effects.

On arrival of Dr. B——, we found that the head had rotated to the right occipito-anterior position, the patient in good condition, skin moist, pulse strong, etc. ; but the stoutest pains were not sufficient to effect the slightest descent. Dr. B—— then applied the forceps, and delivery was effected in about twenty minutes, twenty-two hours after my first arrival.

The delivery was very painful on account of a little contraction, transversely, of the lower strait.

I am sorry to say that the perinæum was somewhat lacerated, requiring two sutures. The placenta soon followed. There was but little hemorrhage, and the patient made a good recovery.

MARCH 14, 1882.

---

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY FRED. B. PERCY, M. D., SECRETARY.

THE regular monthly meeting of the society was held at the college building, Thursday evening, March 9, 1882. Dr. Chamberlin of Worcester, Dr. Whittier of Fitchburg, and Dr. French of Lawrence, were the invited guests of the evening. The censors reported favorably on the names of Fred. A. Freeman, M. D., and Charles Leeds, M. D., and they were elected. The following were proposed for membership: William G. Hanson, M. D., Everett; L. A. Philipps, M. D., Boston. The election of officers resulted in the choice of H. C. Clapp, M. D., for president, and Benjamin T. Church, M. D., for vice-president.

Most unfortunately, three of the four physicians who had promised papers on the subject under discussion for the evening were unavoidably detained, greatly to the disappointment of the many members present.

The paper by E. B. de Gersdorff, M. D., on the "Etiology of Diphtheria," was a most interesting and instructive one, which we can only briefly summarize. Diphtheria is a general zymotic disease, infectious and contagious, though its main hearth of development is the throat. There are four forms of the disease: first, simple catarrhal; second, fibrinous; third, septic; fourth, gangrenous. The tendency to decomposition of the blood,



## REVIEWS AND NOTICES OF BOOKS.

HOLMES'S SYSTEM OF SURGERY AMERICANIZED. Vol. III. Philadelphia: Henry C. Lea's Son & Co. 1881. pp. 1059.

In two or three numbers of last year the GAZETTE called attention to this magnificent work; and now that the third volume has appeared, we think that the unanimous verdict of the profession must be that the American publishers have quite fulfilled the promises made in their original prospectus. This, the last volume, contains articles on diphtheria, croup, and apnoea; on diseases of the larynx, thyroid gland, breast, skin, bones, joints, spine, muscles, and nervous system; on orthopædic surgery, and gunshot wounds, anæsthetics, amputation, plastic surgery, minor surgery, parasites, venomous insects and reptiles, surgical diseases of childhood, surgical diagnosis and regional surgery, and on hospitals. The two sections in this volume which will be found to differ most from the English edition are those on skin diseases and anæsthetics, which have been mostly rewritten. We are pleased to see that the superiority of ether to chloroform, on the score of safety, is stoutly maintained, although perhaps not so much so as if the reviser had been a Bostonian. Public opinion on this subject has changed a great deal, even in England, within the past few years. It is impossible within our limits to give anything like a complete review of this great work. Confining ourselves to generalities, we can assert without exaggeration that this is by far the most comprehensive, exhaustive, cheapest (for the amount of material), and in fact the *best* treatise on surgery ever yet published. We congratulate the thirty able American surgeons who have so well succeeded, each in his own special department, in making such a careful, thorough, and searching revision of such a masterpiece, and in adapting it to the wants and practice of this country; and we advise each one of our readers, whether they ever do any surgery or not, to invest eighteen dollars in a standard work, which cannot fail at some time to be of great assistance.

DISEASES OF THE EYE. By Henry D. Noyes, A. M., M. D. New York: Wm. Wood & Co. December, 1881.

This recent contribution to ophthalmic science is the latest of "Wood's Library of Standard Medical Authors." The subject has been of necessity limited, but the author has done his work very thoroughly. He has not confined himself to the results of labor of others, but has contributed much from his own experience, that is of value. He has devoted Part I. to disturbances

of refraction and muscular functions of the eye, thus giving these precedence over inflammation and structural changes.

Muscular and accommodative asthenopia are often the *bête noire* of the oculist, inasmuch as they require careful individualization and delicate adjustment of each case. His treatment of this subject is quite exhaustive.

The text is clear, concise, and to the point. The illustrating woodcuts are well chosen, and many of them prepared especially for this work. Altogether the book will make a desirable addition to one's library. [ ]

**THE HUMAN EAR AND ITS DISEASES.** A Practical Treatise upon the Examination, Recognition, and Treatment of Afflictions of the Ear and Associate Parts. Prepared for the Instruction of Students and the Guidance of Physicians. By W. H. Winslow, M. D., Ph. D. New York and Philadelphia: Boericke & Tafel. 1882.

We hail with pleasure the advent of this work. There is perhaps no branch in the science of medicine in which there has been so little advance as in that of otology. Its importance has been recognized, but the obstacles in the way of diagnosis have been so formidable as to preclude the possibility of a rapid advance. The confined area for observation, and the difficulties of comparison of its physiological symptoms with those morbid changes as exhibited on the cadava, have been of great detriment.

Progress in the treatment of the ear has by no means kept pace with the advance in knowledge of its anatomy.

Our author has treated his subject very systematically, giving first the anatomy, then the physiology as at present understood, methods of examination, morbid changes and injuries, and finally the therapeutics. This last is of especial value to us, as our provings are singularly deficient in reference to symptoms of the ear. The means for illumination and examination of the meatus were unknown at the time of most of our provings, and thus their value in producing physiological and structural changes was overlooked. We must be guided mainly by the clinical experience of those who make a special study of this subject.

The chapter on Electricity as a Method of Cure is of particular interest. There is considerable difference of opinion among aurists of the present day as to its value in treatment. Dr. Roosa says, "I have not as yet been able to believe, judging from my own experience, that electricity is of any great value in the diagnosis or treatment, and, from repeated discouragements, I have abandoned any attempt to use the agent." Prof. Noos, on the contrary, is very enthusiastic over the subject, and quotes a very important case of "recovery from complete nervous deafness" by its use.

Dr. Winslow extols its therapeutic value in chronic inflammation of the Eustachian tube and tympanum; in those cases where there has been a thickening of the mucous membrane, and consequent immobility or ankylosis of the ossicles; also in bands of adhesion. He says it produces "great mechanical effects upon fibrous and muscular tissues," and produces many thousand muscular contractions in a few minutes, thus greatly stimulating the nutrition of the muscles, and serving in cases of paresis of the palato-tubal and tympanic muscles. Its stimulating effects upon the labyrinth and auditory nerve is also quite marked.

If the above is verified by future experience, we will in truth have a powerful factor in combating those intractible diseases of the middle and internal ear.

Dr. Winslow says, "The use of electricity in aural diseases has been too limited; and it will ever remain so, unless we all take hold of our batteries and work and write it into deserved prominence."

This book is a move in the right direction, and we earnestly hope it will prove a stimulus for other specialists of our school.

[ ]

**ILLUSTRATIONS OF DISSECTIONS.** By George Viner Ellis, Professor of Anatomy in University College, London, and George H. Ford, Esq. Vol. II., February. Second edition. New York: William Wood & Co. 1882. pp. 236.

This second volume of the Illustrations of Dissections, noticed in our March number, is a continuation of the excellent and valuable work Prof. Ellis has given to the profession. There is rather a larger proportion of surgery in this volume, which includes the important regions of the pelvis and of the groin. Its plates, descriptions, and practical remarks are equally good with those of the first volume. These two volumes of Wood's Library will be of great value, especially to students, as they bring within their reach a convenient and cheap edition of a large and expensive work.

S.

**TRANSACTIONS OF THE HOMŒOPATHIC SOCIETY OF THE STATE OF PENNSYLVANIA.** Seventeenth Annual Session, West Chester, Sept. 20, 21, and 22, 1881. Octavo. pp. 398.

This volume deserves more than a glance of commendation at its neat external appearance. Thirty-five papers, upon various subjects, are here presented to the profession, with the record of discussions which followed their reading before this society. Among these appears an unusual number which are of sterling worth, evidently prepared with great care, and exhibiting the views and experiences of men, some of whom are eminent in the profession.

§

A TEXT-BOOK OF MATERIA MEDICA: CHARACTERISTIC, ANALYTICAL AND COMPARATIVE. By A. C. Cowperthwaite, M. D., Ph. D. Second edition, revised and enlarged. Chicago: Duncan Bros. 1882. pp. 576.

This work, which was so well received upon its first appearance two years ago, has become one of the most valued text-books of our school. By its aid many a student has had his study of materia medica simplified; and many an older student has refreshed his knowledge, acquired in other works, by scanning the concise, practical sentences of this.

The usefulness which was foreseen for it has been realized, and is now to be increased. In its new form the most careful revision is evident. Characteristic symptoms are made more prominent, the references for comparison of remedies are more abundant, and symptoms of importance which did not appear in the first edition are added in this. The scope of the work is also enlarged by the addition of many remedies which formerly received no mention. Altogether there is an increase of nearly one half in the subject matter, and the typographical work is much improved. It is evident the book will be more popular than ever, and deservedly. §

---

CARBOLIC ACID IN SMALL-POX. — Dr. C. W. Thorp writes to the "British Medical Journal": "I have found the carbolic-acid glycerine of the British Pharmacopœia, diluted with four times its weight of glycerine, a most useful application in small-pox. It should be applied as soon as the pustules begin to fill, and be continued until they desquamate. Such treatment, I think, not alone renders the patient less repulsive to those about him or her, but lessens to a great extent the pitting resulting from the disease."

---

## PERSONAL AND NEWS ITEMS.

---

DR. GEO. W. GILL has located on Washington Street, Quincy, Mass.

DR. C. W. DEERING has opened an office at 143 Main Street, Woburn, Mass.

DR. M. LOUISA CUMMINGS has removed to 19 Somerset Street, Boston. Office hours, 8 to 9 A. M. and 3 to 6 P. M.

DR. C. T. MITCHEL, from Canandagua, N. Y., has removed to the "Health and Summer Resort" at Crystal Springs, Yates County, N. Y.

DR. GEO. M. OCKFORD has removed from Burlington, Vt., to Vincennes, Ind.

DR. R. W. SOUTHGATE has succeeded Dr. L. T. Hayward at Rockland, Mass.

DR. C. S. HOAG, late of Waterbury, Conn., has located at 123 Fairfield Avenue, Bridgeport, Conn.

THE  
NEW ENGLAND MEDICAL GAZETTE.

---

---

No. 5.

MAY, 1882.

VOL. XVII.

---

---

EDITORIAL.

---

*THE NEW CODE.*

It would be strange indeed if, in our modern progress, the spirit of liberality should extend to every branch of study, and to every walk in life, and fail to show its beneficent workings in the profession of medicine. The spirit of intolerance has had its reign in the past. The world learned the great lesson, after centuries of religious, political, and social upheaval, that enemies could be hated just as cordially as before and still be neither burned, beheaded, nor exiled. And now, in our day, the still greater lesson is being learned that men can work side by side in all the callings of life and not even hate each other, though their differences may be extreme. Toleration takes the place of enmity; and men agree to differ as they work on towards the same great ends, demanding of each other only honesty of purpose.

In the medical profession there are many who have come to believe that progress does not consist in dwelling upon the annals of the past, or in continuing party strife, but in taking up and working out the living issues of the present, seeking, in healthful emulation, to find the truth by an impartial comparison of results. This is not an indication of weakness, for such men hold honest and decided views, and will meet every attack made upon them with vigorous and manly defence.

We have long been familiar with exhibitions of liberality on the part of such individuals, but now our attention is called to new developments which are of far greater significance. Principles of toleration have been declared where least expected, by prominent societies of allopathic physicians. The situation in England we will not dwell upon. The recent action of the New York State Society, which is so ably discussed elsewhere in these pages, is hailed by the liberal men of all parties as a decided move in the right direction.

When we come to consider the motives, however, which prompted this move, we find ourselves upon debatable ground. If "honesty is the best policy," it is always possible, by turning things around, to find reasons of policy to explain an honest action. In this case we find no little difference of opinion, men in each school applying their own interpretation. The illiberal policy of the old school has been tried to the furthest extent, and has proven itself a failure. Whenever persecution has been most unrelenting, there homœopathy has most prospered; till eminent men in the old school have even expressed their opinion that persecution is the chief cause of its prosperity. Here, then, is one good reason for an abandonment of the old position and the adoption of a new and liberal policy which may be supposed at the same time to undermine the prosperity of the rival and to remove the reproach which is damaging their own cause in the public mind.

Again, the new school has assumed a size and importance which entitles it to a regard which was not formerly demanded. It is to the direct interest of those who practise specialties in medicine and surgery in the old school to be on such terms of tolerance, at least, with the great body of homœopathic physicians that they may receive from them patients who require special treatment, especially as such patients are likely to belong to the better classes of society. Here, then, is another reason; and it is commonly considered the most weighty of all. This is the one most frequently assigned, by physicians of the old school at least, the supposition being that the whole movement originated among the specialists of New York City, and is a mere bid for increased patronage.

But if we credit the statements and explanations which are made by those whose position enables them most fully to understand the whole movement, we must acknowledge that more liberal motives than these have at least had their influence. To quote from one who speaks with authority: "The free and progressive spirit of medicine can no more be trammelled by foolish restrictions as to the conduct of its members, than can its grand principles be made to revolve upon doctrinal points, or its legitimate aspirations be controlled by mere sectarian influences. The religion of medicine is as broad as humanity itself, and should compass it at every point; its faith, founded on facts in science, should reach out in every direction for new strength; and its mission, to cure the sick, should not stop short of the use of every means within honest reach. The darker the places beyond, the higher we should raise our torch, and the more persistently and earnestly should we press forward. The Medical Society of the State of New York has striven by its recent action



to give such a doctrine its most liberal interpretation and such a faith its most practical turn."

Let us believe, then, if we can, that, however much reasons of policy favored the adoption of the new code, the counsels of liberal men first prompted this important step, — men who found the old restrictions upon individual choice in matters of professional conduct both unbearable and unwarrantable in the light of modern progress. Let us not flatter ourselves that any concessions are intended to the truth of homœopathy as a system, but simply recognize the fact that some liberal men in the old school accord to us an honest purpose, and insist upon freedom to both give and receive assistance in the great work of our common profession.

The adoption of this code has made a profound impression upon allopathic physicians throughout the country, and occasions much animated discussion. Altogether there appears to have been no such ferment as this working in the old school for many a year; but from the homœopathic stand-point, the whole matter is regarded, as far as we can learn, with the utmost composure. Years ago it might have been different, but now we have our own men of experience for counsel, our own specialists in all departments; and growth and success have made us self-reliant. From some quarters we hear language which would make one think, to use words which many readers of the *Gazette* will recognize, that we homœopaths "have nothing better to do than to fall on our knees before our allopathic brethren and cry out, for God's sake, consult with us!" There can be no greater mistake than this. It is through no effort or influence on our part that this more liberal position has been taken by our co-workers, and we neither feel occasion for any self-congratulation nor any particular elation in consequence. Practically we doubt if it will make much difference to us, even if the adoption of such a code becomes general. But the harmony and dignity of the profession as a whole will be promoted; and, for the sake of its great ends, we can but welcome every manifestation of a liberal and progressive spirit in medicine. §

---

*"AMERICAN INSTITUTE OF HOMŒOPATHY."*

THE readers of the *GAZETTE* are reminded that the next meeting of the "American Institute" is near at hand. Last year it was decided to meet in 1882, at Richmond, Va., but since that time it has been thought best, for various reasons, to change to Indianapolis, Ind. Indianapolis is one of the great railroad centres of the West, has a number of good hotels where arrangements have been made to accommodate visitors at terms varying from \$2.50

to \$3.50 per day. Members should notify Dr. O. S. Runnels, of Indianapolis, *in advance*, stating the number of rooms required, price they wish to pay, etc., so that their rooms can be reserved for them, and they advised before leaving home where they have been placed. If attended to at once, considerable annoyance will be avoided. The session will be opened at the New Denison House on Tuesday, June 13, at ten A. M., with the address of the President, William L. Breyfogle, M. D., of Louisville, and will continue four days. Many valuable papers have been promised by men of acknowledged ability, so that this session will undoubtedly, be as interesting and profitable as any which has preceded it. ||

---

*RETIREMENT OF PROF. DOWLING FROM THE DEANSHIP  
OF THE NEW YORK HOMŒOPATHIC MEDICAL COL-  
LEGE.*

AFTER a service of twelve years, Prof. Dowling has retired from the deanship of the New York Homœopathic Medical College. Finding the arduousness of the duties and the responsibilities beginning to wear upon his health, Dr. Dowling has reluctantly felt obliged to withdraw from the position which he has so long and so well filled. Complimentary resolutions have been passed by the Faculty and Trustees, and Prof. Dowling elected president of the Faculty. The doctor still retains his chair as Professor of Physical Diagnosis and Diseases of the Heart and Lungs. Prof. T. F. Allen has been elected to the place made vacant. ||

---

*LETTER FROM NEW YORK.*

*Messrs. Editors:*—Here in New York, as elsewhere, the question that has been and is still agitating the professional mind is the vexatious one of medical ethics; and nowhere has the problem been looked more squarely in the face, nor dealt with more energetically and impartially. Underlying the bitterness and intolerance of sectarian warfare, apparently dominant, there has been a gradually increasing desire for greater freedom, for broader views, for more liberal and progressive legislation. This impulse has been quickened into active life of late, and efforts have been made here and there to establish a new order of things, as witness the addresses of Drs. Barrows, Bristowe, and Hutchinson, at the recent meetings on the other side of the Atlantic. But it remained for the Medical Society of the Empire State to be the first to break through the old bulwarks of tradition, and to strike a decisive blow in the cause of individual liberty of opinion and action. It is notorious that codes of ethics, owing to their dog-

matic and impracticable nature, have been heretofore hindrances rather than helps to the physician in the conduct of his various relations, lay and professional, and hence have been "more honored in the breach than in the observance." But the New York society has at last adopted a code that is a model of its kind, — at once liberal in tone, and clear, concise, and practical in its instructions. Naturally the section which has created the greatest amount of interest and discussion is the one relating to the "Rules Governing Consultations," the vital paragraph of which reads as follows: "Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity." There seems to have arisen in the minds of not a few physicians, allopathic as well as homœopathic, some misunderstanding as to the exact meaning of the concluding sentence, "emergencies may occur," etc., which it has been supposed was inserted for the purpose of modifying and limiting the application of the foregoing text, implying, as it seemed to do, that the old-school practitioner, when consulting with a homœopathist, for instance, does so only under protest, the extreme urgency of the circumstances serving as his excuse. Such, however, is a wholly mistaken view of the real intent of the clause, which stands simply as a recognition of the fact that the claims of humanity are ever and always paramount to the commands of the written law, and was designed to provide for those exceptional instances where a "legally qualified" physician is called upon in an emergency by one of that unfortunately numerous class of *quasi* practitioners called quacks for professional assistance. In brief, the significance of the entire text, rightly construed, is that in the matter of consultations between "legally qualified practitioners," all restrictions are unconditionally removed, while in deciding as to the propriety of meeting those not within the pale of legitimate medicine, the physician is to be guided solely by the exigencies of the case.

That the new code of ethics should have failed to receive the indorsement of the profession at large is, perhaps, less a matter of surprise than that it should have been passed at all, even by so progressive a body as the New York society. Indeed, many of the members, who anticipated a different result, claim that the present law does not fairly represent the sentiments of the majority of the allopathic physicians of the State, but was simply secured by machine tactics, and hence, it is predicted, will be repealed at a future meeting. Such an event, though possible, is not at all probable, and a glance at the late proceedings shows plainly that if

the matter were to come up again for further action the issue would be, not between the old code and the new code, but between the latter and no code at all. Moreover, the vote by which the new instrument was adopted — 52 to 18 — militates against the theory that it was a thing of sudden growth, forced into premature existence by party management, and leads rather to the conviction that the general tendency of thought and feeling, in this State at least, is wholly in the direction of reform.

It remains to be seen how the American Medical Association will deal with the problem. It is hardly to be expected that it will cast aside its own present code, and adopt in its stead the one formulated by the New York society. On the other hand, to decline to recognize the New York delegates, constituting, as they do, the very cream of the association, would, apparently, be almost suicidal. Doubtless the policy will be, under the circumstances, to evade the question for a time, pending further developments. If, as seems probable from present indications, other States should follow in the footsteps of New York, the association would be relieved of its present embarrassing position, and the question would be adjusted by the natural course of events.

The present crisis does not appear to be one that calls for any special action on the part of the homœopathic profession. Whatever may be the defects of the homœopathic system, from a scientific point of view, — and even its most enthusiastic advocates hardly dare claim for it the perfection of an exact science, — the number and merit of those physicians who have from time to time sacrificed their high places at the court of traditional medicine, for conviction's sake, to become the firm and outspoken adherents of the new medical faith, as well as the quality of much of the literature devoted to the same cause, should have been a sufficient guarantee that the new therapeutics had some basis in fact, and was hence deserving of at least a candid trial. Had such fair treatment been accorded it from the beginning, the essential truths promulgated by Hahnemann would have formed an integral part of the therapeutics of a united profession, and homœopathy as a sect deprived of its *raison d'être*. But Hahnemann was destined to share the fate of most innovators, and his ideas to meet with the same violent opposition that is meted out to all new truths which enter as a disturbing element upon the old established order of things. Homœopathy has not received impartial investigation at the hands of its opponents, but has, on the contrary, been met with ridicule and contempt, or at best with wilful misrepresentation.

The recent *début* of Prof. A. B. Palmer before the profession and the public as an exponent of the "fallacies of homœopathy," affords a good illustration of the specious manner in which these

self-constituted judges seek to imbue others with their prejudices and thus to stifle further inquiry into the subject. Good sound argument seems to be foreign to the purpose of these gentlemen, hence it is wellnigh impossible to meet them on the common ground of scientific discussion. Nor would their essays be deserving of a moment's consideration but for the circumstances under which they sometimes appear, as when an attempt is made to pervert the public mind by presenting to it an array of garbled and distorted facts, under the guise of homœopathy.

Even the leaders in the new movement, those who are contending most warmly for the exercise of a more just and tolerant spirit towards homœopathists as individual practitioners, distinctly disclaim all belief in homœopathy as a method of practice. Dr. Bristowe, in his address, said: "The rise and spread of homœopathy have been largely due to the strong antagonism it has evoked from the schools of orthodox medicine, and to the isolation which has thus been imposed on its disciples. If false, as we believe it to be, its doom will be sealed when active antagonism and enforced isolation no longer raise it into fictitious importance." The sectarian position of the followers of Hahnemann, then, is not altogether of their own choosing, but one that has been to a large extent forced upon them by the dogmatism and bigotry of orthodox medicine; nor can they be expected to disorganize their societies and give up their institutions until assured that they will be received into the main body of the profession on an equal footing, fully entitled to all its privileges and honors, and that the principles they represent will be subjected to impartial discussion and experiment. It is needless to remark that this day has not yet arrived. The changing attitude of the dominant school is not in any sense intended as a concession to homœopathy as a scientific method of cure, but is simply the result of an effort on the part of the more liberal element in the old school to rid themselves of the reproach of bigotry and intolerance which has so long and so justly rested upon them. While, therefore, it cannot fail to be a matter for general congratulation, alike to allopath and homœopath, that a more harmonious feeling is springing up between the two great medical parties, there is need of still further concessions on the part of the old school, before the homœopathic body can consistently join heartily in the work of reconciliation. The key to the situation is in the hands of the dominant school. Let them throw open the doors of their societies and the wards of their hospitals to the representatives of the new therapeutics, and invite a full and free discussion and practical application of the principles involved; let them do this in a spirit of helpful chivalry, each striving for victory, not in the name of self and school, but in

behalf of humanity and the truth, and sectarianism will no longer find a foothold in the profession, and the oneness of medical science will be vindicated. Sooner or later this day is sure to come. In the mean time, in view of this event, it behoves the homœopathic profession to crush in its incipiency all factional feeling, and to unite in developing and establishing on a firmer scientific basis the fundamental principles of homœopathic therapeutics.

Yours fraternally,

FRED F. MOORE.

NEW YORK, April 18, 1882.

---

*THE ADVANTAGES OF HOMŒOPATHY IN THE TREATMENT OF THE INSANE.*

BY SELDEN H. TALCOTT, M. D., MIDDLETOWN, N. Y.

WE propose in this paper to briefly portray, in as plain and practical a manner as possible, the advantages to be gained by homœopathic medication of those who suffer with mental aberration.

To begin with, we will illustrate by presenting a condensed synopsis of results already attained at the only homœopathic asylum under State patronage in this country, — we mean the one located at Middletown, N. Y. This institution was opened for the admission of patients in June, 1874. It is, therefore, in the eighth year of its existence and active usefulness. There have been treated at this asylum about *eleven hundred* patients; nearly *nine hundred* of these have been discharged, and the remainder — somewhat over two hundred — are now under treatment. Of those discharged, over *forty-five per cent* were fully restored to mental health. The death rate at this asylum has varied from *seven to four per cent*. During the past four years the death rate has averaged a little more than *four and one half per cent*.

Now, in considering these very favorable results, it is well to remember that the asylum is located but sixty-six miles from New York City, in one of the oldest and most populous sections of the United States. The material, therefore, which it necessarily receives is not the best or most favorable for the purpose of effecting recoveries. In more recently settled States, where the population is yet vigorous, and where the inmates of asylums share, to a considerable extent, the general vigor of the masses, there are larger opportunities for successful treatment of the insane than in those commonwealths which are burdened with a certain amount of aged, effete, and decaying humanity.

Again, the managers of the homœopathic asylum at Middletown have often been requested (and these requests have been

complied with) to admit to its wards, for treatment, patients who have for years been inmates of other asylums. This has been done (to the evident detriment of the asylum's curative records) for the purpose of accommodating those anxious friends of the insane who were clutching eagerly at the last straw of uncertain hope. It is but justice, therefore, to the homœopathic asylum, while considering its already notable achievements, to state also some of the disadvantages against which it has worked. But in spite of the fact that numerous cases, hopeless from the very outset, have been admitted to its wards, the triumphs achieved by the homœopathic asylum at Middletown have been such as to warrant the establishment and equipment of a similar asylum for the insane in every State of the Union. Not only would the cures wrought in such asylums compensate for their erection, but the competition thus excited would stimulate the managers of other asylums to better work and more scrupulous care; and thus the general effects upon all institutions for the insane would be beneficial in the extreme.

But let us proceed to an enumeration of the particular advantages that may be derived from the homœopathic treatment of the insane.

*First.* We believe that this method of treatment is safer, as well as more curative, than any other. Every physician knows the possible dangers which may arise from the administration of drugs in overpowering doses. This danger is peculiarly apt to occur in the treatment of the insane; and especially where the effort is made to subdue a disturbed patient by the use of large quantities of sleep-compelling medicines. To overcome the mental excitement of a case of acute mania by such means is a procedure that invites most unwelcome risks. Powerful medication may not only "quiet the patient," but it may likewise arrest or pervert the functions of the brain to an extent far exceeding the disastrous influences of the disease which the physician is endeavoring to combat; and thus the new pathological changes induced by the drug may prove greater obstacles to recovery than the original malady. From a careful study of their histories, we are forced to the opinion that many patients have been hurried into dementia by the unwise use of subduing sedatives, who might, under milder medication, have been permanently and safely restored to physical and mental health.

Moreover, when a patient is placed under the benumbing influences of such remedies as hydrate of chloral, or the bromides, it is impossible after that to detect with accuracy the actual condition, progress, and severity of the disease which one is attempting to treat. The work of curing the sick in such cases has degenerated to a game of blind-man's-buff. The physician's eyes

are bandaged, as it were, by his own hands, and, thus equipped for battle with disease, he blindly and vainly attempts to catch a cure. But too often, alas! for the patient, the Fates do not favor him.

*Secondly.* Patients who recover under homœopathic treatment are less liable to relapse than those who are supposed to recover under massive dosage. Nor do they suffer from the after-effects of extensive medication. We have no such camp followers or disabled veterans as "chloral drunkards," or "victims of the opium habit"; nor are our patients, once freed from the thralldom of disease, henceforth pursued by that Kakus band of brain-robbers, — the bromides.

Those who recover from their insanity by the use of homœopathic medicines regain their normal mental status gradually, but steadily and surely; and they leave the asylum with their systems unvitiated by huge potions of destructive poisons. Drug danger to the human system can hardly be overestimated. For evidence of this fact witness the vast, weary army of those who will suffer to the end of life from mercury and opium, from chloral and bromide of potash. These drugs are like fire and water, useful and obedient servants when carefully and economically applied, but most dangerous elements when turned loose *en masse* to wreak their destroying powers within the temples of helpless unfortunates.

*Thirdly.* Upon the score of economy, we may urge the establishment of homœopathic asylums and hospitals for the treatment of the insane and sick. During the year 1876 there were treated at the Homœopathic Hospital on Ward's Island, N. Y., 3,077 cases, at an average yearly cost, for drugs and liquors, of fifty-three cents for each patient. At Charity Hospital on Blackwell's Island — an institution under old-school management — there were treated 8,621 cases, at an average cost, for drugs and liquors, of \$1.53 for each patient. The saving to the city of New York, in this instance, had homœopathic treatment of these patients been substituted for the "regular" methods, would have been \$8,621, — a sum large enough to purchase *over one thousand barrels of flour!*

The death rate during that year at the Homœopathic Hospital was six and one tenth per cent. The mortality at Charity Hospital during the same year was eight and one eighth per cent. So it seems that in this instance, at least, the greater the amount of drugs used the larger the death rate became.

*Fourthly.* We claim that under homœopathic treatment the beneficial effects of good diet, of employment, of amusement, and of all measures essential to speedy and sure restoration of the insane are more favorably manifested than under a system



of practice where the forces of nature are disturbed and overpowered by the use of unnecessary quantities of deleterious drugs. The stomach that is superfreighted with medicine cannot receive and digest with its customary readiness and power the food which is necessary to recuperate a body that is worn and enfeebled by disease. A brain stupefied with narcotics cannot perform even simple tasks or engage in light amusements with that zest, enjoyment, and benefit characteristic of a brain uninfluenced by such abhorrent forces.

*Fifthly.* The administration of the laws of kindness is most readily accomplished in an institution where benign medication prevails. The patient whose faculties are uncanceled by the obliterating juice of the poppy, or unburdened by the effects of strange compounds from the pharmacy, is one who most readily appreciates the efforts made for his restoration by those around him. Though suffering from the cankering curse of disease, he is yet free from the more aggravating stupor of drugs; and in many instances he enjoys most heartily his freedom from obfuscating medicine, as well as his privileges in other directions.

*Sixthly.* In an asylum where homœopathic treatment prevails, the patients are but little inclined to delusions of poisoning; and if such delusions do arise in the minds of the insane, they are more quickly dispelled under mild than under heroic medication. To allay, by gentle measures, the fears of the insane that they are being killed or tortured by poison, is one of the happiest achievements of the earnest and philanthropic alienist.

*Seventhly.* Where mild medicines, in palatable and attractive form, are given the insane, there is usually no disgust excited in their minds; nor is hatred engendered in their hearts against their attendants. Hence little or no *force* is required in their administration. And to avoid a necessity for restraint, in the treatment of the insane, is to keep pace with the requirements of our times.

We have presented a few of the reasons why we believe homœopathic treatment for the insane to be the best that is known; and we trust that these reasons will receive the thoughtful consideration of those who read them.

---

SCOTLAND is greatly in favor of vaccination. Dr. Robertson's report of the vaccination of children born in Scotland in 1879 states that only one individual refused to have his children vaccinated. Small-pox has not caused much trouble since 1874, in which year there were 1,246 deaths. In 1880 there were only ten fatal cases. — *Ex.*

IN Madras, India, a large hospital is ventilated by means of a system of fans operated by steam power. A hundred fans, presenting an area of 2,050 square feet, are swung by a line of steel wire 1,700 feet long. The fans swing together with a steady sweep of seven or eight feet, and work smoothly and silently. The long swing and uniform motion insure the desired movement and change of air, without risk of draughts. — *Southern Climate.*

*REPORT OF THE COMMITTEE ON A STATE HOMŒOPATHIC INSANE HOSPITAL, AT THE ANNUAL MEETING OF THE MASS. HOM. MED. SOCIETY, APRIL 12, 1882.*

YOUR committee, in accordance with instructions given to them by the society, upon the presentation of their report at the last semi-annual meeting, prepared a circular with headings of petitions to the General Court, which were sent to all the homœopathic physicians in the State. About sixty of these responded, and forwarded petitions from forty-eight different cities and towns, signed by about seven thousand leading citizens in these respective places. It was the almost universal testimony of those who sent in the petitions to the committee, that time and effort alone placed limits upon the number of signers of the petition.

These petitions were presented in the House of Representatives, and referred to the joint Committee on Public Charitable Institutions. This committee consisted of Messrs. Winship of Middlesex, Hastings of Worcester, and Mudge of Essex, of the Senate; and Messrs. Burt of Boston, McSorley of Cambridge, Learnard of Boston, Tapley of Danvers, Roberts of Salisbury, Holbrook of Palmer, Ayres of Hadley, and Babbitt of North Adams, of the House. On Friday, March 10, 1882, the committee gave a hearing to the petitioners.

Your committee felt that it was of the utmost importance, as this was a subject which had never been before presented to the Legislature, and one which would require expenditure on the part of the State, that it should be thoroughly and carefully considered before the State should adopt any plan which might prove to be not the best; they did not wish to urge any special plan, which, by being rejected, should prejudice a just claim of the community upon the State, in any future application. It was therefore considered by the committee advisable to present it in its broadest form, as a right belonging to the tax-payers of the State, and leaving for further consideration the method in which it should be carried out. The chairman of this committee, Dr. I. T. Talbot, was appointed to present this subject, which he did as follows:—

GENTLEMEN: As chairman of the committee appointed by the Massachusetts Homœopathic Medical Society, it is perhaps proper that I should present to you the subject of this petition. This petition asks in general terms that the State may provide homœopathic medical treatment for the insane who are under its care, and who desire it, or for whom it may be desired. It is not necessary nor is it desirable to enter upon a discussion of the merits of homœopathy before your committee. Suffice it to say that this system of medicine, once so novel and strange, is now well known, and has been steadily increasing in the number of its believers and advocates for the past forty years. In

1840 there were but six homœopathic practitioners in Massachusetts ; in 1850 there were in round numbers fifty ; in 1860, one hundred and fifty ; in 1870, two hundred and fifty ; and in 1880, four hundred.

The believers in homœopathic medication have in the last ten years, at a cost of \$200,000, built and sustained a hospital in Boston which has taken care of upwards of 1,500 patients who otherwise could not in this State have had in any hospital the medical treatment they believed in and desired. They have sustained a dispensary which in the last twenty-five years has in this city of Boston given gratuitous treatment to 100,000 poor sick people who have preferred this kind of treatment, of whom about 12,000 have been treated the past year. They also sustain a medical school in connection with Boston University, with a curriculum of study unsurpassed in thoroughness, in which more than one hundred students are enrolled, and from which, in eight years, two hundred and fifty physicians have been graduated in medicine. It is this body of physicians, and these believers in homœopathy, who, from their own experience, feel assured that this method is the best for the treatment of disease, and who now come forward and ask you to provide for them and for their friends, if they should be obliged to go to an insane asylum, the kind of medical treatment in which they have so much confidence. Moreover, they deem it an injustice and a hardship that they, loyal citizens and tax-payers of Massachusetts, should be compelled to submit to treatment in which they have no faith, and against which they often hold a deep-seated prejudice. So firm is this conviction that many will not go or allow their friends to go to the hospital until actually compelled to do so. Then if they die they feel that it was from lack of proper medication ; if they recover, they think the recovery would have been sooner under homœopathic medication.

Whether this be true or not, such is their belief, and wherever numbers render it practicable, we doubt not your committee will consider that the State should accede to the personal rights and opinions of its citizens in a matter like this.

The petitions which you already have, together with those in the hands of the committee not yet presented to the House, contain the names of more than 7,000 citizens of the Commonwealth and residents of forty-eight different towns and cities. Among these are to be found some of the heaviest tax-payers, merchants, manufacturers, bankers, and members of almost every trade and profession. In fact there is hardly a person to be found, whatever may be his own wishes as regards medical treatment for himself, who would not desire the State to extend liberty of opinion and choice in this matter to all the citizens. When a thing to be done is clearly right, and is sustained by the people almost unanimously, it cannot be difficult to provide for it. We therefore ask your committee to prepare a bill which shall secure in the best and quickest manner the object of these petitions.

There are various ways by which homœopathic treatment could be provided.

1. By the appointment of a homœopathic physician in each of the present existing hospitals, who should have the medical care and control of all patients for whom homœopathic treatment is desired.

2. To set apart a portion of each hospital for the exclusive treatment of patients homœopathically.

Both of these methods would require friendly relations, not only with the superintendent, but also with the medical staff, to insure the greatest success.

3. The devoting of one of the existing hospitals entirely to homœopathic treatment.

4. The establishment in some favorable location and in an economical manner of a small hospital capable of providing for one hundred patients, with opportunities for enlargement as needed.

This latter plan would require no immediate outlay of money by the State, but would need careful consideration by those most interested and in connection with the State officials having charge of the insane.

Dr. J. Heber Smith spoke of the resources of our school in the use of drugs in minute doses, especially in mania from insomnia, brain fag, and the puerperal states. He dwelt especially upon the rights of our patrons as tax-paying citizens as taking all precedence of therapeutic differences; and he urged the committee to consider the rights of so large and influential a body as the patrons of homœopathy in Massachusetts.

Dr. Samuel Worcester, of Salem, said that it was the recognized duty of the State to provide suitable hospital care and medical treatment for all its insane. Thus far it has failed to do this. All the citizens of the State are taxed for the support of the existing hospitals and asylums, but the medical treatment furnished there is of such a nature as to repel rather than attract, so that many of the insane are deprived of the benefits of hospital care.

We ask simply for justice; that such a state of things may no longer continue; that we shall have what we pay for. This is no time or place to make comment on the allopathic treatment of the insane; but we ask that our rights may be respected and our claims recognized.

As hospitals for the insane are at present organized, there are many objections against introducing homœopathic treatment into any of the present asylums. It would seem better to build a hospital on the plan suggested in the reports of the Board of Health, Lunacy, and Charity, viz., to have a central administrative building, with accommodations for a limited number of patients requiring constant care and oversight, and also a suitable number of houses or cottages grouped.

In answer to questions from the committee, Dr. Worcester gave his views as to the efficacy of medical treatment in the case of chronic and acute insane, and the superiority of homœopathic over allopathic medication as shown by statistics.

Dr. Benjamin H. West made a very stirring address to the committee, in which he claimed that the State had often benefited itself by getting out of old ruts, and asked the committee to allow this new departure in order that those at least who wished to do so could have the benefit of homœopathic treatment.

No one appearing in opposition to the petition, the hearing was closed. The following report and resolve were unanimously pre-

sented by the committee, notwithstanding two of the members were allopathic physicians. The resolve was passed through both branches of the Legislature, was signed by the governor, and is now a law.

The document is as follows:—

**HOUSE NO. 238.**

**COMMONWEALTH OF MASSACHUSETTS.**

HOUSE OF REPRESENTATIVES, March 21, 1882.

The Committee on Public Charitable Institutions, to whom was referred the petition of Charles R. Codman, Alexander H. Rice, Alpheus Hardy, and others for the separate homœopathic treatment of the insane who desire it, and who are under the care of the Commonwealth, report that they gave the petitioners a hearing, but they regret that no practical plan for such separate treatment was proposed by the petitioners. Recognizing, however, the importance of the subject, they recommend the passage of the accompanying resolve.

For the committee,

GEO. E. LEARNARD.

**COMMONWEALTH OF MASSACHUSETTS.**

In the Year One Thousand Eight Hundred and Eighty-two.

**RESOLVE**

*Relating to the Separate Homœopathic Treatment of the Insane.*

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

Thus it will be seen that on its first presentation, the Legislature has, without any dissent, recognized the importance of the State's furnishing homœopathic treatment to the insane. It has directed the governor and council to consider this subject, and requested them if they consider it desirable, "to present to the next General Court some practicable plan for the establishment of a hospital for such treatment," and, furthermore, has given them special powers looking to the immediate establishment of such a hospital before a new building could be erected.

So far everything has gone more favorably and easily than the

most sanguine members of your committee had dared to hope. The committee and the Legislature have shown a disposition to favor our cause that was wholly unexpected, and it shows that the effort made by the society was not premature. But the end is not yet; and though it may sometimes be true that "a thing well begun is half done," yet it is certain that we have yet much to do before the people of our State will have the benefits of a State homœopathic insane asylum. We have made "friends at court; but it is now essential that we present a well-devised plan by which we can combine the advantages of homœopathic treatment with all the most advanced ideas regarding the care and treatment of the insane. If we can do this, and present it with wisdom, and sustain it by all the force and influence at our command, there can be no doubt of our complete success in the immediate future. The times are propitious; and it only remains for us to be true to our principles, to be firm in sustaining them on every needed occasion, to use energy and self-sacrifice in support of all our institutions, and we shall soon find opposition and prejudice will give way before the truth of our principles.

Respectfully submitted,

I. T. TALBOT, M. D.,

SAMUEL WORCESTER, M. D.,

J. HEBER SMITH, M. D.,

H. C. CLAPP, M. D.,

W. B. CHAMBERLAIN, M. D.,

D. B. WHITTIER, M. D.,

A. J. FRENCH, M. D.,

*Committee.*

---

#### CLINICAL CASES.

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

##### I. SANGUINARIA CANADENSIS<sup>6x</sup> IN DELAYING MENSES.

*First.* Miss S—, aged sixteen, complains of faintness, palpitation of the heart, weakness, and neuralgia in left chest. Cannot give any cause for these symptoms. Menstruates every five or six weeks, occasionally skipping to second month; has a slight dry cough; has been growing worse during the past year, and is now quite emaciated. *Puls.*<sup>3x</sup> and *Ferrum phos.*<sup>1x</sup> trit. for three months did very little if any good. *Sang.*<sup>6x</sup> three doses daily caused decided improvement in a short time, and in three months she was well.

*Second.* Miss G—, aged seventeen, commenced to menstruate at the age of fourteen. Was regular about a year; since then she has been irregular. Often goes three months without menstruating; emmenagogues help but little; has chills and flushing of face, a trifling cough, which causes anxiety as her father died of consumption. Has frequent neuralgic headache on right side. *Puls.*<sup>6x</sup> helped the case for three months, but she again

relapsed. *Sang.*<sup>6x</sup> caused an improvement at once, and she remained well over two years, when she got her feet wet at the time she was menstruating and skipped the following month; but a renewal of the medicine set things right again.

*Third.* Miss S—, aged nineteen, called me especially for pain in right internal condyle of femur. Upon examination I found the pain was not constant, but appeared at the time when she ought to have her menses, continuing day and night until she commenced to flow, gradually disappearing from that time. Her menses appeared every five weeks. I tried *Aconite*, *Cimicifuga*, *Causticum*, and *Pulsatilla*, all to no avail, in as many months. I then gave *Sang.*<sup>6x</sup>, which regulated the menses and cured the sympathetic pain after the second month.

*Fourth.* Mrs. B—, aged twenty-four; married two years; is subject to periodical neuralgic headaches, which are always worse at monthly period. Has always been regular until the last year. Menstruates every five weeks or thereabouts. When menstruating, has palpitation of the heart, severe neuralgic headaches, chills alternating with heat, nausea, and violent vomiting, which is persistent. For two or three days various drugs such as *Verat. vir.*, *Puls.*, *Ammo. carb.*, etc., were tried, but without material benefit until *Sang.*<sup>6x</sup> was given, which proved to be the remedy.

*Fifth.* Mrs. W—, thirty-eight; always has been well and regular except when pregnant. Has given birth to two children. Now has passed her proper time seven days. Has pain with bearing down as though she was about to commence to flow. Polyuria, transient cramps of stomach, pale, anxious face. Gave *Aconite*<sup>8x</sup> followed by *Puls.*<sup>8x</sup> for four or five days without benefit. She became wakeful, extremely nervous, grew worse and had to take her bed. All the bad symptoms continued, with pain extending down her thighs, nausea with burning of throat extending downward. I gave *Caulophyllum*<sup>1x</sup> followed by *Macrotine*<sup>1x</sup> without relief. *Sang.*<sup>1x</sup> ten grains was dissolved in three tablespoonfuls of water, and a teaspoonful given every two hours. In twelve hours there was a perceptible improvement; in twenty-four she commenced to flow, and with its continuance she made a good recovery. Next month the same thing commenced, but was promptly dispersed by the *Sang.*, and by its continuance for two months she was herself again. Three years later, from some unaccountable cause, she was taken in the same way; was not within reach of me, and after suffering three weeks, during which time she took homœopathic and allopathic drugs in succession without relief, I was sent for, and *Sang.* was given with the same relief as formerly.

With these illustrations we will give what may be considered as its *characteristics* in such cases: chilliness, followed by flashes

of heat; rush of blood to head and face; irregular action of heart, with occasional palpitation; faintness, vertigo, nausea, or violent vomiting; burning in œsophagus, neuralgia, more especially in right temple, left chest, in region of left mamma, and lower extremities; occasionally hacking cough and gastralgia are noticed; menses delayed with above symptoms appearing in place of menses. You will find it a useful remedy in phthisical cases, with above symptoms, alternated on alternate weeks with *Senecine*<sup>8x</sup> and re-enforced by the hypophosphites. Again, in cases with foregoing symptoms, where patients are amenorrhœic, and their mucous membranes show an exsanguinated spanæmic condition, it will be a good remedy with *Citrate of iron and quinine*<sup>2x</sup> as an auxiliary. As a practical hint worth remembering, never give *Iron* or *Quinine* in material doses to patients who flow profusely or have premature menses. Such cases cannot take *Iron* with impunity, except in the higher attenuation, thirtieth or above, and then upon my authority you may discard all in its favor.

## II. SANGUINARIA CAN.<sup>oo</sup> IN FLOODING AT CLIMACTERIC.

*First.* Mrs. B—, aged forty-seven. Is very much emaciated and anæmic; has not been regular for nearly two years; has attacks of flooding every two or three months, so severe that she faints at times, and does not recover her strength under three or four weeks. As she was flowing profusely at the time I was called, I gave *Trillin*<sup>1x</sup>, ten grains in three tablespoonfuls of water, a teaspoonful of this solution every fifteen minutes until better; also ordered vaginal injections of hot water. She shortly improved, and was able to sit up in three or four days. *China*<sup>8x</sup> was given for a few weeks, when in a measure she gained her lost strength. Two months later she was again as bad as ever with another attack. The same treatment was resorted to, followed by *Sulphuric acid dilute* three drops, at meals, with *China*<sup>8x</sup> morning and evening. She improved temporarily, but, although the treatment was followed for three months, she again had nearly as severe an attack as before. *Trillin*<sup>1x</sup> arrested the profuse hemorrhage, and *China* restored her strength. At the end of the fourth week I gave the patient a two-drachm vial of pellets saturated with *Sang.*<sup>200</sup>, and since then she has never had a return of the flooding. She menstruated irregularly for nearly two years later before it entirely ceased. Before taking the *Sang.*<sup>oo</sup> she weighed from ninety-one to ninety-three pounds, but immediately after she commenced to improve in health, strength, and spirits, and now weighs about one hundred and forty-five pounds.

*Second.* Mrs. P—, aged forty-nine, has alternate chills and flashes of heat; palpitation of heart; gastralgia; profuse menses,



and for the past year has had flooding every two or three months. At the time, by direction of her physician, she took *Ergot* fluid extract in teaspoonful doses every six hours for two or three days. During the intervals *Sulphuric acid* and *Quinine* thrice daily. This case I gave *Sang.*<sup>oo</sup> to be taken twice daily. She did not read the directions, and, misunderstanding me, took no medicine until she was again having an attack of flooding, when she took the pellets every two hours. I did not see her until after the second attack, when she came to my office to get another bottle of those pills. Upon inquiry I found the facts substantially as above. I said, "These pills could not check your flooding at the time, and only would benefit you when taken during the interval." She said I was entirely mistaken, and that they were more powerful than the *Ergot*. "Well," I said, "take them now as I wish you to, and perhaps there will be no more flooding." She did as directed and took the pills for the following four months, once daily, after the first month, and passed the climacteric safely and happy.

*Third.* Mrs. J——, aged forty-two, has had profuse menorrhagia and flooding for four years. It followed an abortion. She has been attended by six different M. D.s, members of both schools, and came to me through the recommendation of a friend (who was restored to health while under my care), saying, "Doctor, if you can cure me as quickly as Mrs. P——, I shall be only too happy to have your services." My answer was, "I have yet to find what ails you, at which time I may be able to tell something about the case." A day was appointed for an examination, which showed the following condition: Uterus enlarged to nearly four times its natural size. Probe entered six and a half inches, followed by considerable hemorrhage after being used with the utmost care. Cervix congested and granulated; projecting from cervix two small mucous polypi which I removed by torsion and applied *Pulv. Sang.* Just inside of cervix was another, scarcely larger than a pea, which was also removed. The internal os was dilated so that my wire curette passed it readily, and I found the endometrium studded with fungous growths, and by gently scraping the cavity I removed as much as one third of a teacupful of these abnormal growths. I applied freely compound tincture of iodine and ordered my patient to bed for four days. I now gave her fifteen-drop doses of *Viscum alb.* every two hours alternately with *Arnica.*<sup>8x</sup>

Next day felt weak and exhausted, with some pain; not much hemorrhage. Applied a tampon saturated with one drachm of *Sang. tinct.* to one ounce of *Glycerine* containing the remedies. In two or three days she was up, and did not flow for five weeks, when she had a natural menstrual period. She was taking the

*Viscum alb.*, fifteen drops three times daily, which was given to get a contraction of the uterine fibres. She was troubled with alternate chills and hot flashes, also a faint, gone sensation at stomach. So I gave *Sang.*<sup>co</sup> every twelve hours. She gradually improved, but at the end of the fifth month she again had a severe attack of flowing. Examination after the hemorrhage had been mainly controlled by hot vaginal injections showed that one of the polypi had returned. It was removed and the curette applied, removing a quantity of the fungous growth. Applied *Sang. tinct.* direct to endometrium by injection, and ordered patient to bed for the succeeding four days. She did well, and on the fifth day I made another application of the *Tinct.* of *Sang.* These applications were made at intervals of five or six days for the greater portion of two months, and *Sang.*<sup>co</sup> continued internally. During this time she did not menstruate, and gradually improved. Probe entered the womb four inches. Cervix looked well and natural, but the body of the womb was yet enlarged. At this time I left the patient with *Sang.*<sup>co</sup>, one dose daily. At the end of another month she menstruated normally, which was continued regularly for the six succeeding months, when they entirely disappeared, and for a year she has been well and grown fleshy, so that we can give it as our opinion that she has safely passed the "*grand climacteric.*" This last case was one that *Sang.*<sup>co</sup> would not have cured unaided by surgery, although it would have most assuredly helped. These cases are sufficient to illustrate its action. Although we have many useful remedies during this grave period for women, none can supplant this. It will also be useful for the neuralgia occurring at this time in many cases. *Aconite*, *Gelsemium*, *Verat. vir.*, *Digitalis*, *Lachesis*, and many others have useful places, and must not be forgotten. Again, conservative surgery has its proper sphere, and one who does without it must not expect to be the peer of the modern gynecologist.

---

A REVIEW OF THE GUTEAU CASE (Continued).

BY SAMUEL WORCESTER, M. D., SALEM, MASS.

THE only question for us to consider is, What was the mental condition of Charles J. Guiteau on the 2d of July, 1881, when he shot President Garfield? Was he sane or insane? Upon this point there is, and probably always will be, an honest difference of opinion; but thus far some of the legal and medical adherents of the theory of insanity have seen fit to heap abuse upon all who presumed to differ with them, and to brand them as venal conspirators and ignorami. This seems in bad taste, so long as human judgment is confessedly liable to error.

Had we the time and space, it would be interesting to study the collateral branches of the Guiteau family; but, so far as the mental condition of Charles is concerned, it must stand alone, for the sanity or insanity of his parents and other relatives proves nothing in regard to him. We cannot prove the insanity of the accused from its former existence in himself or his ancestors, but when evidence is given as to the prisoner's insanity, it may be strengthened by such testimony.

Insanity is a departure, more or less prolonged, from the methods of thought and states of feeling usual to the individual when in health, such departure being dependent upon and associated with disease of the brain. Hence each man must be judged by himself, and his condition at one time compared with that at another. There can be no fixed standard, and the verdict of sanity or insanity rendered according as man's mind passes beyond, or falls short of, this limit. Neither a tendency to the formation of delusive opinions, nor the inception of morbid projects,\* nor a belief in that which would generally be called false and irrational, nor a readiness to act upon such irrational, extravagant, false, and delusive opinions, is sufficient to constitute insanity. There must be, in addition, a change from health to disease; and these *unnatural*, irrational thoughts and actions must be the result or cause of such cerebral change. The term *insanity* cannot be predicated of such a condition of thought and of feeling, however strange, perverse, and irrational, where it is the gradual, orderly, and logical result of defective and pernicious education, and of wicked and disorderly habits of life, provided there is no disease of the brain. A man may be a *moral monstrosity*, and yet be sane, so long as he can distinguish between right and wrong, can appreciate the moral relations of a particular act, and has the ability to control his actions.

Charles J. Guiteau was born Sept. 8, 1841, and was therefore about forty years old at the time of the assassination. The father, Luther W. Guiteau, was a most respected citizen of Freeport, Ill., where he lived for many years, filling offices of honor and trust up to the time of his death. He was active in the cause of education, and the latter part of his life was cashier of a national bank. One witness said that he was a reliable, honest, clear-headed, straightforward, business man, intelligent to an

---

\* Dr. E. C. Spitzka, expert witness for the defence, said: "If you were to ask me whether he knew the legal consequences of acts, I should say, without any hesitation, that at least since he has been a lawyer he has always known the legal consequences of criminal acts. I became convinced in my examinations of him that the crime for which the man stands indicted was *the result of a morbid project rather than of a delusion*. Delusive opinion entered into this crime. If I had only that man's face to guide me, I would say that he might be a very depraved man or a moral monster I would not know which.

unusual degree, and with a very logical mind ; while another declared him to be the third smartest man in the county.

A man of intense religious convictions, he became a firm, almost fanatical believer in the doctrines of the Oneida Community, and a zealous adherent of John H. Noyes, its leader. In support of the view that L. W. Guiteau was insane, two witnesses testified to certain peculiar beliefs held by him, and to peculiar actions ; but all these were consistent and logical deductions from the teachings of Noyes, and accepted by his followers, and were based upon a literal interpretation of a few isolated texts in the Bible. For example, it was said that he believed he would never die ; but this was evidently the intellectual acceptance of a dogma rather than an insane delusion or conviction, for, some years before his death, he took out a life-insurance policy, and six months before his death he made his will. Again, it was said that he claimed the power of healing disease by prayer and the laying on of hands, and an instance was given where he attempted this in his own family ; but he also had a regular family physician, and one was in attendance during his last illness, and his physician, family, and neighbors are unanimous in denying that he ever showed the slightest symptoms of insanity.

No assertion has been made that Mrs. Guiteau was insane, but for a period of at least a year and a half, during which time Charles was born, she was in poor health. Nothing definite is known about her illness except that her hair was cut off.

During boyhood, Guiteau remained at home, breathing in as true the fanaticisms of the Oneida Community, whose false and pernicious teachings were daily and hourly pressed upon him for acceptance, as being essential for his soul's salvation, all else being of but little value. The *egotism, vanity, and self-love*, which is the key to his character, the thread running through his whole life, is seen very clearly when, at the early age of twelve years, he ran away from home, offended because his father had not consulted him before marrying a second time. This is the very spirit of which his father, at a later period, wrote as follows : " His condition, in my judgment, has been caused by an *unsubdued will* ; the very spirit of disobedience to authority and rule towards me, disobedience to God and the spirit of truth. I do know he has in all that matter, as well as his other acts of disobedience, been instigated by Satan and Satanic forces." No one who had much personal knowledge of the case can have failed to notice a certain love of notoriety in other members of the Guiteau family whom the trial brought into prominence, whilst in Charles this trait exists in an inordinate degree.

Feeling from his boyhood that he was destined for some great purpose, to accomplish some great mission, at the age of eighteen,

against his father's wishes, he went to Ann Arbor, for the sake of the educational advantages to be had there. For a few months he seems to have studied hard, but his natural aversion to hard work soon showed itself and his zeal grew less. He now devoted himself to reading the "Circular" and "Bureau," publications of the Oneida Community, together with long fanatical letters from his father. As a result he entered the Community in less than a year, with all the zeal of a new convert.

"This," says Dr. John P. Gray, "occurring in his nineteenth year, and at the most impressionable period of youth, was doubtless the turning-point in his life. It showed itself in an awful perversion of intellectual activity and misdirected religious thought, which shattered to fragments all the moral sanctions of human law, and all the sacred institutions of civil society, with all the guarantees of personal accountability, and made him the sport of an unbridled egotism by self-delusions, through a pretence of individual union with the Divine will and Divine authority. Pitiably as such moral perversion may be, it is simply illogical to construct out of it any theory of insanity or disease affecting the power of reason and self-control."

Shortly after going to the Oneida Community, he wrote to Mr. Scoville that, "Our position as Bible Communists is far in advance of all human government, and we have declared our *independence from the laws and regulations* of this government. We believe that this association is the germ of the kingdom of God."

His life and studies at Oneida seem to have fully developed the egotism and self-love natural to his character, and turned it into the channel of religious fanaticism, which henceforth serves as an excuse for the exercise of all his wicked, unrestrained desires and passions. His pride did not allow him to contentedly occupy a subordinate position or yield the unquestioning obedience demanded by Noyes, and he aspired to be a leader and his equal. Defeated in this for a time he confessed his mistake, saying that, "I see clearly that I have been the victim of a self-willed, self-conceited, fanatical spirit, and I hereby renounce my separation from it, and loyally yield myself to be moulded by the Community spirit."

A short time after this he secretly left Oneida, for the following reasons, as shown in a letter to his father written at Hoboken, April 10, 1865: "I have left the Community. The cause of my leaving was because I could not conscientiously and heartily accept their views on the labor question.\* I deemed it expedient to quietly withdraw. I am one, however, with them in heart, in faith, and in doctrine, and always expect to be; but I was so

\* He meant that he did not like to do his share of the work or anything beneath his supposed dignity.

certain that I could serve their cause to a vastly better advantage disconnected from any local organization, that I felt a good heart to try it at all events. I came to New York in obedience to what I believed to be the call of God. . . . And here it is proper to state that the energies of my life, are now and have been for months pledged to God to do all that within me lies to extend the sovereignty of Jesus Christ, by placing at his disposal a powerful daily paper. There are hundreds of thousands of ministers in the world, but not a single daily theocratic press. It appears to me that there is a splendid chance for some one *to do a big thing for God, for humanity, and for himself.* . . . However presumptuous it may seem, I am nevertheless constrained to confess the truth about myself. Therefore I say boldly that I claim *inspiration*; I claim that I am in the employ of Jesus Christ & Co., the very ablest and strongest firm in the universe, and that what I can do is only limited by their power and purpose."

Failing in his undertaking, he writes to the Community begging to be allowed to return, and in July, 1865, writes: "Now that I am on the ground the vastness of the work begins to illuminate my *solar plexus*, and even my audacity draws back"; and again: "For two or three years previous to my leaving the Community, I was tormented with the conviction that I had a great mission to perform, but now I am satisfied that it was a *devilish delusion* that tormented me."\*

Having remained about six years in the Community, Guiteau, for the second time, left secretly in November, 1866, with the help of Mr. Scoville; and in February, 1867, we find him in New York, a member of the Young Men's Christian Association and of Mr. Beecher's church. We have not the space to follow him in all his wanderings as lawyer, theologian, dead-beat, and swindler; suffice it to say that there is no recorded instance of his ever having done a single kind, honest act in his life; but that he uniformly displayed the same characteristics of egotism, selfishness, treachery, lying, swindling, hypocrisy, and unblushing *audacity* that marked his earlier career.

Up to this point we are unable to see any proof of insanity, either inherited or acquired, but only the unrestrained bad life of an egotistical fanatic; and the more carefully one examines the voluminous testimony, as given at the trial, the more clearly does wickedness, and not insanity, stand out as the motive power prompting all his acts.

We come now to the fall of 1880, when Guiteau "went into politics" as a hanger-on, there "being no money in theology." For his services in writing a speech entitled Garfield against

---

\* This idea of starting the *Theocrat*, instead of being an *inspiration* or a *delusion*, was stolen from Mr. Noyes.

Hancock, he thought himself warranted in asking for an office ; and his egotism would not allow him to ask for one of minor importance, but he asked for the Paris consulship. This speech was said by George C. Gorham to be "a pretty good, condensed statement of the whole situation as viewed by a good many people. It is neither remarkable on the one hand, nor ridiculous on the other."

Being treated with the civility and familiarity usual at campaign times, by such political leaders as he met at the committee-rooms in New York, he labored under the idea, so common to many ward politicians and "strikers," that he was an important man in the campaign, that he was recognized as a friend and co-worker by these political chiefs, and that an application for an office would succeed, for "all these things go by favor." Absurd, irrational, I grant, but not insane ; every prominent politician can relate similar instances. Coming to Washington, he persistently sought this appointment from the President and Mr. Blaine, having only the recommendation of Mr. Charles H. Reed, one of his associate counsel at the trial.

On May 10, 1881, he wrote to Gen. Garfield : "I have got a new idea about 1884. If you work your position for all it's worth, you can be nominated and elected in 1884. . . . P. S. I will see you about the Paris consulship to-morrow."

May 13, he wrote, "I hope Mrs. Garfield is better. Monday I sent you a note about the Paris consulship ; Tuesday, one about 1884. *The idea about 1884 flashed through me like an inspiration*, and I believe it will come true. Your nomination was a providence, and your election a still greater providence.\* . . . May I tell Mr. Blaine to prepare the order for my appointment to the Paris consulship?"

May 14, he was told by Mr. Blaine never to speak to him again about the Paris consulship ; and on the 16th, he wrote to the President warning him against Mr. Blaine, and urging his removal. On the 18th, he failed to see the President (and had an inspiration that night), and on the 23d, wrote him as follows : —

["Private."] "Gen. Garfield, — I have been trying to be your friend ; I don't know whether you appreciate it or not, but I am moved to call your attention to the remarkable letter from Mr. Blaine, which I have just noticed.

"According to Mr. Farwell, of Chicago, Blaine is a 'vindictive politician,' and 'an evil genius,' and you will have no peace until you get rid of him.

"This letter shows Mr. Blaine is a wicked man, and you ought

---

\* Compare the statement in a letter written June 20, 1881, when planning the murder: "The President's nomination was an act of God, his election was an act of God, his removal is an act of God."

to demand his *immediate* resignation ; otherwise you and the Republican party will come to grief. I will see you in the morning if I can, and talk with you."

Notice the dates, and the sequence of events : May 10, his *inspiration* about 1884 ; May 14, his rebuff by Mr. Blaine ; May 18, his failure to see the President, and in the evening his inspiration to murder him ; and May 23, his letter denouncing Mr. Blaine, and giving the President "one more chance," under penalty of "coming to grief."

The *inspiration* to murder the President came first on Wednesday evening, May 18. Guiteau said : "It was the Wednesday evening after Senators Conkling and Platt resigned. At that time there was great excitement in the public mind in reference to their resignation, and I felt greatly perplexed and worried over it. I retired about eight o'clock that evening, greatly depressed in mind and spirit from the political situation, and I should say it was about half past eight, before I had gone to sleep, *when an inspiration came over my mind like a flash*" (just like the inspiration about 1884), "that if the President was out of the way the whole thing would be solved, and everything would go well. The next morning" (he says this inspiration did not keep him awake) "the same impression came upon me with renewed force. I kept on reading the papers, with my eye on the possibility of the President's removal, and this impression kept working upon me, pressing me for about two weeks ; at the end of two weeks my mind was thoroughly made up as to the necessity for the President's removal, and the divinity of the inspiration."

About the first of June he says that he became convinced as to the divinity of the inspiration, and prepared for the murder. He claims to have prayed that if the murder was not God's will he would stop it ; but how ? He told Dr. Gray that if he had *received his appointment* before June 1, it would have shown that the inspiration was from the devil and not from God ; and again, "I saw it was a political necessity for the good of the American people. Then I became fully fixed in the idea that it was the Deity. If the political situation had not existed as it did, then I should say it was an inspiration of the devil ; but the political situation required the removal of the President for the good of the American people, *and that was the way* I knew it was the Deity and not the devil."

June 16, in his address to the American people, he said, "I conceived the idea of removing the President four weeks ago. I *conceived the idea myself*, and kept it to myself. I read the papers *carefully for and against* the administration, and *gradually the conviction dawned on me that the President's removal was a political necessity*, because he proved a traitor to the men that made



him, and thereby imperilled the life of the Republic." Again, "In the President's madness he has wrecked the once grand old Republican party, and for this he dies." "This is not murder, it is a political necessity."

At the jail he told the physician, Dr. Young, that he was inspired to do the act, but qualified it by saying that if the President should die he would be confirmed in his belief that it was an inspiration; but if not, perhaps not.

About a fortnight after the shooting, he told Gen. Reynolds, who visited him at the jail, that the situation at Albany suggested the removal of the President, and as the factional fight became more bitter he became more decided. If he had not seen that the President was doing a great wrong to the Stalwarts, he would not have *assassinated* him.

On July 18, Gen. Reynolds informed him that no statements from him had been published, and that the whole country was loathing his act and denouncing him. Learning that his supposed friends had expressed their abhorrence of his crime, he appeared to be "struck dumb," and in "great mental agony," and, after collecting himself, he repeatedly used the words "most astounding," and exclaimed, "What does it mean? I would have staked my life that they would defend me," and again repeated the words "most astounding." Then, after thinking a few moments, catching the idea "this will redound to my advantage," asked for pen and paper and wrote an address, "To the American people: I have just discovered that all the papers setting forth my motives in attempting the President's removal have been suppressed. I was almost stupefied when I discovered the fact. I have not been permitted to see a single paper since I came here. . . . I now wish to state distinctly why I attempted to remove the President. I had read the newspapers for and against the administration very carefully for two months before I conceived the idea of removing him. Gradually, as the result of reading the newspapers, the idea settled on me that if the President was removed it would unite the two factions of the Republican party. . . . P. S. Not a soul in the universe knew of my purpose to remove the President. It was my own conception and execution, and, whether right or wrong, I take the entire responsibility of it."\*

On July 9, he for the first time since the murder uses the word *inspiration*; when he hears that the President is expected to recover, "whether he lives or dies, I have got the *inspiration worked out of me*. And should he recover, and I meet him on the street, I should never attempt to remove him again."

In other words, his *inspiration to murder* would prove to have

---

\* No claim of an inspiration from God, when, if ever, we would expect to see it advanced.

been a *devilish delusion*, as was his inspiration to establish the *Theocrat*, failure or success being the criterion by which he proved the source of his "delusive opinions" and "morbid projects." We see that the claim of inspiration is not made until the 19th of July, and even then the word is used in its Oneida-Community sense, as "something that comes into one's mind."

Dr. Janin Strong asked him if he claimed to have any direct revelation from heaven, and the reply was that "*he did not believe in any such nonsense.*" He told Dr. Gray that "he had received no instructions, heard no voice of God, saw no vision in the night, or at any time; that it came into his own mind, that the thought flashed across his own mind first, and was strengthened by reading the papers."

He told me substantially the same things. I also asked him about his "pressure," as he called it, whether there was any physical sensation, such as a fulness of the head, or a feeling of weight at the epigastrium; he replied, "No, it was purely mental." He also said that he was inspired to enter the Community; inspired to leave it, inspired to attempt the *Theocrat*, and inspired to write his book, "The Truth." Speaking of the murder, he told Dr. Gray "that had he not connected the Deity with the inception and development of the act, that was his own. He did not get the inspiration until the time came for it, and that the inspiration came when he had reached the conclusion and determination to do the act."

It was the knowledge of such facts as these, derived from examining and observing the accused, that led me to consider the word *inspiration* of ambiguous meaning as used by Mr. Scoville, and caused me to decline answering the hypothetical question.

It was proved that for more than two weeks he followed the President, seeking a *suitable opportunity* to kill him, and *nerving himself up* to the deed. Once in particular his heart failed him in the presence of the President's sick wife, while another time he was restrained by the presence of Mr. Blaine, and the fact that he had made no provisions for escape if pursued by a mob that hot night. In my interview with him at the jail, I said to him, "Taking it for granted that you were compelled by your inspiration and pressure from the Deity to remove the President, am I to understand that you were left in perfect liberty to choose the time, place, method, and circumstances, and to make preparations for your safety, provided the removal was accomplished within a reasonable time?" He answered, "Yes, that is just it." I asked, "What do you mean by a suitable opportunity?" "Why," said he, "just what anybody would mean, a fair chance." He also said that if he had not made preparations for escape to the

jail, or if he had expected to be shot or torn to pieces by a mob on the 2d of July, he would have postponed the removal. Can any one having a practical knowledge of the insane see thus far any evidences of insane inspiration, irresistible impulse, or any form of insanity whatever? Lest, however, some one may say, with Guiteau, that "no one but 'an insane man would commit such a foolhardy act," we will inquire into that point also.

The man who commits a great crime is rarely clear-headed enough to view it in all its bearings; the very passion and desires which lead to the commission of the crime serve to place him in a true *impassioned state*, in which his moral sense is for the time stifled, and he becomes unable to see things except in the light of his ruling love; hence he is as it were blinded, and his judgment distorted or lost.

Guiteau was actuated by revenge, wounded pride, and the love of notoriety, three of the most intense and devouring passions that control the human soul; these passions so blinded his mind as to permit him to believe that the invectives against the President, with which the Stalwart papers were filled, reflected the true sentiments of the writers and of the people, and that the country was in danger of Rebel control if the Republican party lost its supremacy. From this it was but a step to the *conception of the idea* of removing the President, saving the country from ruin, and becoming notorious as a hero and patriot; at once winning the gratitude of the Stalwart leaders, whom his blind passions led him to consider as wicked as himself,\* and gratifying his revenge. As in his *Theocrat* enterprise there was "a chance to do a big thing for God, his country, and himself"; but again his inspiration proves to be "a devilish delusion that tormented him" (pressed upon him).

The plan of escape from punishment was a shrewd one, for at the very time he was planning the assassination he was also devising a theory of insanity, which was that he believed the act of killing was an inspired act, and as a consequence, though not medically insane, that he was so legally, and hence irresponsible. Certainly a very shrewd line of reasoning, and totally inconsistent with insanity.

In response to questions asked by Dr. John P. Gray, *previous to the trial*, Guiteau said, "I believe I am insane legally; I believe that I can show that I have a legal defence. I don't claim to be insane as a medical man would judge, what is ordinarily called insanity, but legal insanity. It is insanity in a legal sense, — an irresponsibility, — because it is an act without malice, and

---

\* To show that he was not alone in this belief, and as an evidence of how passion can blind the judgment, it is only necessary to recall the attitude of the country to the Stalwart leaders in the few days immediately after the assassination.

was a political necessity. I knew from the time I conceived the act if I could establish the fact before a jury that I believed that killing was an inspired act, I could not be held to responsibility before the law. The responsibility rests on the Deity and not on me, and that in law is insanity. I knew if I could establish that the act was one of inspiration by the Deity, it would be a complete bar."

Dr. Gray testified: "During this time in which he was considering the question, he held in abeyance his own act, his own intention. He controlled his own will, he controlled his own thoughts, reflections, and intentions to do or not to do the act pending the obtaining of the consulship, and the presence in him of judgment, reason, reflection, and self-control in regard to his act, controlled me in forming my opinion; also the fact that he controlled himself as to the time in which he should do this act of violence. All of which, in the light of my experience with insane persons who have the delusion that they are controlled, or commanded, or directed, or inspired by the Almighty, would be entirely inconsistent. In the light of my experience with insane persons of that class, laboring under such insane delusions, there would be no preparation for personal safety, and no thought of personal safety." Again, "When persons recognize a delusion as an insane delusion in themselves, and claim that the delusion is evidence of insanity, they cannot be insane. No man who has such a delusion and is insane recognizes himself as anything but sane or recognizes that delusion as anything but an evidence of his sanity. Whenever he recognizes it as a delusion, and as a false belief, and as a false conception in his own mind, and reasons upon it, he ceases to be an insane man."

I have tried to give a clear statement of some of the reasons for believing that Guiteau was sane on the 2d of July, 1881, and consequently why my opinion was changed from that based upon newspaper report.

SALEM, April 18, 1882.

---

## REVIEWS AND NOTICES OF BOOKS.

---

AMERICAN HOMŒOPATHIC PHARMACOPŒIA. New York: Boerliche & Tafel, 1882. pp. 490.

It is with pleasure that we introduce this as the first homœopathic pharmacopœia published in America, and not only on this account is it commendable, but chiefly because a new work of this kind is much needed in consideration of the very large additions which the materia medica has received in the last

decade. Gruner's and Schwabe's pharmacopœias could scarcely now meet the demands of the pharmacist or of those practitioners who prefer to prepare their own medicines. The later custom has been abandoned to a good degree by physicians, partly on account of the dimensions of the *materia medica* itself, and also because able and reliable pharmacists take the arduous task of preparing medicines out of the hands of the busy physician. Yet the student and beginner in practice needs precisely such a work as this before us, as it will greatly lighten not only the labors of the student, but also those of contractors in pharmaceuticals at our colleges.

Part I., on special homœopathic pharmaceuticals, names all the utensils to be used, as well as the "vehicles" for the preparation of medicines, rules for procuring medicinal substances, preparation of dilutions and triturations, and the rules to be observed in the preparation of tinctures. To one unacquainted with the fundamental principles of homœopathy, simplicity, and safety, it may seem strange that all this has been given on twenty pages, which contrasts with the voluminous descriptions of a multiplicity of methods of the old-school pharmacopœias. But as simplicity and uniformity are and should constitute the foundation of medicine, the brevity of space devoted to the subject is not a disadvantage. We commend to the reader particularly the practical classification of the methods of preparing tinctures, as this is based on the varying proportions of "drug-power" extracted by alcohol of uniform strength.

In behalf of those who may prefer to make their own triturations, we could wish that a little more space had been devoted to the description of mortars, and the advantages and disadvantages of larger and smaller mortars, as very different results are obtained by want of attention to the quantity to be triturated in proportion to the size of the mortar. A concise allusion also to the recent observations on the limits of communication of hard as well as to those of soluble substances would, no doubt, have been welcome to many readers.

Part II., comprising the bulk of the work, the principal remedies now in use are described. The botanical and common names of each plant are given, as well as its natural order, and the method of its preparation for medicinal use. The same course is observed with regard to elements, compounds, animal substances, etc., so that the reader, by referring to individual substances, is never left in doubt as to what course to pursue in case he wishes to prepare his own medicines.

As the various substances treated of are arranged in alphabetical order, the publishers have probably thought an index superfluous. We merely mention this as an excuse for not having

counted the medicinal substances named in the book, but should think that about a thousand had been described; in all respects a safe limit for practical purposes.

An *appendix* contains a list of "such preparations as are frequently called for, yet are not entitled to a place in the pharmacopœia proper." Among these are the so-called *norades* like "carcinomin," "odontonecrosine," etc.; but the reader is left to surmise their nature and their use.

Next follows an enumeration of *resinoids*. Plummer's pills and koumiss are also mentioned, as well as a number of useful cerates and ointments. A table of weights and measures closes the volume.

Aside from some omissions, and the naming of some apocryphal subjects, which naturally must be set to the credit of an enterprising firm, anxious to satisfy weary readers, we heartily congratulate the publishers on the successful issue of their book, and gladly recommend it to the profession and medical colleges.  
C. W.

---



---

## OUR MISCELLANY.

---

ACCORDING to the German military authorities, the health of the German army is greatly superior to that of the French. Of 1,000 men under the colors, France has a daily average of twenty-five invalids, and Germany but eleven. The French soldier, on the average, loses seventeen days every year by illness, while the German is unfit for duty only thirteen. The rate of mortality in the French army is double that in the German. — *Boston Journal*.

---



---

## PERSONAL AND NEWS ITEMS.

---

A HOMŒOPATHIC physician is called for at Meridian, Miss. For particulars address F. H. Dickson, Esq., at Meridian.

THERE are said to be many favorable openings for homœopathic physicians in Alabama, Mississippi, and Texas.

DR. W. S. GEE, ex-surgeon to Hahnemann Hospital, Chicago, has located at Hyde Park, Ill.

THE twenty-seventh annual session of the Illinois Homœopathic Medical Association will be held in Chicago, May 16, 17, and 18, 1882.

DR. FRED. B. PERCY has removed from Harvard Street to Cypress Street, between Cypress Place and Gorham Avenue, in Brookline.

DECEASED. — Thomas Potts James, bryologist, at Cambridge, Mass., Feb. 22, 1882. Age seventy-eight years. Mr. James has long been distinguished as a botanist, and at the time of his death was engaged in the preparation of a "Manual of North American Mosses." Mr. James was the uncle of our esteemed colleague, Dr. Bushrod W. James, of Philadelphia.

THE  
NEW ENGLAND MEDICAL GAZETTE.

---

---

No. 6.

JUNE, 1882.

VOL. XVII.

---

---

EDITORIAL.

---

A PLEA FOR CLINICAL CASES.

DR. FRANCIS BLACK\* writes, "It requires no great insight into the present condition of medicine to see that before long a keen discussion will arise as to the *modus operandi* of drugs which must have all-important bearings on our therapeutic formulæ." What was true of England in 1881 is still more to be expected in 1882, and especially in our own country. And it is not unlikely that the popular interest in medical topics so much vaunted at present, together with the clumsy attempts of the dominant school to appear fair and free from bigotry, will at no far-distant day bring about that investigation of our principles which we have always demanded and from which we would never shrink.

The proving of drugs on the healthy is quietly gaining ground, and is even now acknowledged by all the best thinkers as the surest basis for a system of therapeutics. The difference, however, between the method of the rational school and that of the followers of Hahnemann's teaching, lies in the manner of recording the drug phenomena observed.

They attempt to arrange under certain arbitrary divisions, recognized by the present development of pathology, all symptoms noted, deducing from these by their artificial system the probable *modus operandi* which alone serves as a guide for selection and use in disease. On the other hand, recognizing the incompleteness of the present system of pathology and feeling the necessity of a foundation which is capable of infinite progress, and will at the same time be unaffected by changes in these artificial classifications, we record, in the carefully expressed statements of the provers themselves, all drug phenomena, subjective and objective, that may be presented.

---

\* British Journal of Homœopathy, page 342, October, 1881.

The insufficiency of the former method is manifested in a striking manner by a book recently published in Berlin, entitled "The Incidental Effects of Drugs," or, as the French term it, the *inconveniences* of drug action. Recognizing the difference in action of many drugs upon different persons, the author attributes the cause to variations peculiar to the individual, his organs and-tissues, or else to temporary changes in the secretions induced by the disease processes. While the attempts to explain these cases are of little value, the fact that such variations are beginning to be noted, and their existence acknowledged, is very significant of an approach to our own standpoint. Such being the case, it behooves us, as believers in the true system, setting aside all minor differences of doctrine or methods, to work together with the utmost energy and carefulness to establish more accurately the wonderful system of therapeutics we have at our command. The various compilations which have been prepared for our use, the untiring labors of many of our best men in revising and purifying this material, and the attempts now being made to arrange this in a more perfect and scientific manner, all tend to accomplish this great end in view. But, beside these labors in behalf of pure *materia medica*, there is an opportunity for all those who have less ability or inclination for work in this direction. It is possible for each one of us to labor in the field of *therapeutics*, the complement of the former, and advance and strengthen the common cause by the presentation of carefully observed cases and clinical verifications.

The basis of civilization is mutual help and obligation, and other duties rest upon us than simply to live along in our own ruts, learning from others what we can without ever giving out any of the experience which may fall to our lot. There are in New England over seven hundred physicians who call themselves believers in the law of similars, and who are daily placed in a position to observe the action of our remedies. If each were to record a single case of undoubted value and accuracy in every month, how soon could we find it possible to present to our opponents a clinical argument which would be unanswerable, and would render the final issue of the coming struggle a certain victory for ourselves and the truth! =

---

#### THE BACILLUS OF TUBERCULOSIS.

A GREAT discovery, the importance of which it is not easy to overestimate, has recently been made, and is now attracting the earnest attention of the medical profession of the entire civilized world. Although the fascinating experiments in connection with



the inoculation of tubercle, first instituted by Villemin, and subsequently conducted by many others, had done much towards settling that vexed question "IS CONSUMPTION CONTAGIOUS?" and towards putting on a more scientific basis the *zymotic* character of the disease, so shrewdly foreseen by Dr. Budd, and although lately Schüller, Klebs, and Aufrecht had discovered with the microscope, in the tubercle which had been so successfully inoculated from one animal to another, peculiar micrococci, which they thought were the specific germs of tubercle, yet until now the assumed relationship of these micrococci to the tubercle has been merely conjectural. It has remained for Dr. Koch,\* the government adviser in the Imperial Health Department of Berlin, to prove that his minute organisms of rods are really the specific parasites of tubercle by skilfully isolating them from their gross surroundings, by cultivating them generation after generation, for months in special culture fluids, and thereby invariably producing the disease in animals by inoculating the cultivated parasites, the simultaneous inoculation in other animals of the same culture fluid *without* the parasites always resulting negatively.

This new parasite, called, from its rod-like shape, *bacillus*, is less than one half as long as a red-blood globule, and is found in greatest abundance wherever the tubercular process is going on with the greatest activity. It was separated by Koch from the adjacent material by a carefully devised method of staining.

To prove that it was really the bacilli, and not some virus in which they were imbedded, which reproduced the disease after inoculation, he cultivated them artificially outside of the animal body in a blood-serum gelatine fluid (which he found, after many experiments, best suited to their nutrition and propagation), kept constantly at a temperature between 86° and 108° F., at which only they will thrive. After one portion of the fluid had been infected by the parasites, which multiply therein at the proper temperature, a very minute part was introduced into a portion of fresh nutritive matter (more culture fluid), thus producing another brood. Generation after generation of bacilli was in this way developed without the intervention of disease, and the cultivation extended over a period of from six to eight months. At the expiration of this time, the purified bacilli, when introduced into healthy animals, even those which are not naturally susceptible to the disease, always produced tuberculosis. Koch's experiments also settled a question over which there has been much contro-

---

\* Berliner klinische Wochenschrift, April 10, 1882. The London *Lancet*, for April 22 and 29, contains in two long editorials quite a full abstract of Koch's paper with very favorable comments thereon.

versy. The infectious cattle disease *perlsucht* is identical with human tuberculosis. He also found in a vast number of cases the bacilli tuberculosis in the expectoration—either fresh or dried and kept for weeks—of phthisical patients, but never in the expectoration of others. One must be blind not to see the very practical connection of this latter demonstration with the contagiousness of consumption.

While contemplating the importance of this great discovery of the bacillus of tuberculosis and its artificial cultivation, it is impossible for us not to speculate on the future probability of preventing, by its inoculation in a modified form, that disease which is the greatest scourge of mankind; nor is it merely an idle invasion of the province of dreamland thus to speculate. Pasteur was lionized more than any other man at the International Medical Congress at London last summer, because of his brilliant achievements in preventing the fatal splenic fever in cattle by inoculating its bacillus modified by cultivation, and thus producing the disease in a mild and harmless form. Vaccination itself many now regard as simply inoculation with the bacillus of small-pox, modified by its transmission through the bovine race. The opinion seems to be rapidly gaining ground that the other eruptive fevers, which are most likely due to the growth within the body of minute parasites, generically called "bacilli," may be forestalled at some future time by the designed production of very mild forms of them by the inoculation of their bacilli altered by cultivation. Dr. Koch in his experiments hitherto has only cultivated the tubercle bacillus in its original virulence; but of course now many other investigators, who think they can forecast the signs of the times, will vie with him in eagerness to cultivate these parasites in diminished intensity, and grapple, full of hope, with one of the greatest problems ever offered to the physician, the prevention of consumption. The prevention of splenic fever, about which there has lately been such a furor, beside this problem is dwarfed into insignificance.

Although it is freely admitted that these views on the future *prevention* of consumption are as yet merely speculations growing out of facts actually discovered, yet they are something more than the wild vagaries held only by a few enthusiasts. Their supporters are to be found among many clear-headed authorities. To mention only one, the editor of the *Philadelphia Medical News*, as ably conducted as any journal in this country, writes:—

"No one can fail to be profoundly impressed with the painstaking skill of the discoverer and the far-reaching consequences of the discovery. In the facts laid before our readers may be the solution of the problem so long regarded as insoluble,—the

cure of tuberculosis. If Pasteur's culture experiments have led to the discovery of a method by which the poison of splenic fever is rendered harmless, and the disease prevented by the timely inoculation of the modified virus, may we not hope that the time is not distant when the ravages of consumption will be prevented by the inoculation of a modified bacillus? The medical profession of the whole civilized world will now await, with the keenest interest, the developments which may be expected from the further study of the bacillus tuberculosis."

Until Koch's experiments have been more fully confirmed, however, we ought, not to allow ourselves to become too sanguine of success; but when we see such bright, even if small, rays of light beginning to dawn upon us, we may well be pardoned for getting just a little excited. ¶

---

#### THE NEW CODE.

It might be inferred from a perusal of the editorial in the last number of this journal, and from the letter from New York, that the new code of ethics of the New York State Society was very favorably looked upon by a large number of the allopathic physicians of the country, and that other State societies were very likely to follow the lead of the Empire State. Such, however, is not the case, or at least does not appear to be the case at this stage of the controversy. Of the States in which the State Medical Society has met, namely, Alabama, Kentucky, Maryland, California, Mississippi, North Carolina, South Carolina, Tennessee, Pennsylvania, Indiana, Texas, District of Columbia, Rhode Island, and Kansas, only the last two have failed to pass very strong resolutions condemning the action of the New York Society. Rhode Island took no action upon the matter. Resolutions were offered in Kansas but not passed, although resolutions offered in favor of the code were voted down. Resolutions were passed condemning the code by county societies in States where the State societies have not yet met. Some of the societies have even gone so far as to instruct their delegates to oppose the admission of the New York Society to the American Association. The Texas Society passed the following resolution:—

"*Resolved*, That this association send its delegates to the American Medical Association to meet in St. Paul, Minn., in June next, instructed to use the vote of the Texas Association in sustaining the dignity, fellowship, and ethics as formulated in the code of the American Medical Association."

If we turn now to see what the medical journals say, as these

are the true mouth-pieces of the profession, and offer almost the only means by which the opinions of physicians can be learned, we find that with four exceptions the journals are unanimous in their condemnation. These four are the *New York Medical Record* and *Medical Journal*, the *Therapeutic Gazette*, and the *Chicago Medical Review*.

Nor are the journals of the old school the only ones that condemn and ridicule the new code; many of our own school distrust and oppose it almost as strongly. In order to show that the millennium of medical tolerance has not yet arrived, and that there is no probability of favorable action being taken upon this code at the meeting of the American Association, we will give a few extracts from journals in different parts of the country.

Whatever the motive with which it was conceived and executed, we have the clearest conviction of its ill-advisedness and reprehensible character. It will not elevate the standing of the regular profession, whilst it will give credit and respectability to quackery and professional irregularity. Nor can the result, as we believe, be in doubt, since the American Medical Association, backed by all the other State societies, will be able to maintain an attitude of firmness, and resist the encroachments of the ill-advised and unwarranted authors of such innovations. Encouraged by such support, the better thinking men of the New York profession will probably band together to form another State society in affiliation with the national body and its branches, and seek to elevate rather than pull down the noble profession to which we all feel proud to belong. — *Maryland Medical Journal*.

But, surely, "the times are out of joint" most strangely when a medical society representing the professional dignity and intelligence embodied in that of the State of New York can, by a two-thirds majority, adopt a code of ethics expressly abandoning the clauses which forbid participation in the farce of consultation with the dogmatists of any exclusive therapeutic sect or school, and when a medical journal of the standing and previous respectability of the *New York Medical Record* can be found not only to connive at, but to defend, the action. — *The Canadian Journal of Medical Science*.

It looks as if the profession of New York had outworn the code instead of outgrown it. It is hoped in this region that they may reconsider their ill-advised action, and not be lost to their friends and fellows in other States. — *Louisville Medical News*.

From the profession of almost every State and section, as reflected by the medical journals, come the earnest protests against the attempted innovation of the New York State Medical Society upon the code of ethics. Some of the comments are extremely vigorous, and some even caustic. The unanimity of opinion, however, is remarkable. . . . It gives us renewed faith in the honor and integrity of the profession. — *Atlanta Medical Register*.

It is our belief that, however the commercial spirit may dominate the profession of the State of New York, it will not dominate every other State. — *The Detroit Lancet*.

The sole object in view in the adoption of this code seems to have been to open the doors for consultation with irregulars. — *The Physician and Surgeon*.

Philadelphia, Boston, and Detroit unite with the smaller towns of the West and South, with few exceptions, in opposition. New York stands almost alone, and possibly New York City, for there is no doubt that a portion of the State will coincide with the general opinion. — *The Medical Annals, Albany, N. Y.*

Most unwise, ill-timed, and injurious, both to the interests of the profession and of the community, . . . untenable in every aspect in which it can be viewed, and is not sustained by the action of any other respectable body of medical men in Europe or America. — *The Chicago Medical Journal and Examiner*.

The leaders of this movement in New York have ample reason to feel uncomfortable. In their own school they are almost universally condemned; by homœopaths they are ridiculed; but few outside of their own clique approve of their action, the *best* members of the profession uniting in the openly expressed hope that the innovating society shall be debarred from participation in the deliberations of the American Medical Association. — *Medical and Surgical Reporter*.

The door might thereby be thrown wide open for the entrance of numberless abuses, and the result be a perceptible lowering of the whole standard of medical ethics, already none too high. — *Buffalo Medical Journal*.

These two clauses, concerning consultations, contain all the originality of the new code, which, with this exception, is but a rehash or an abbreviation of the old, and on these two hang all the law and the profits. — *The Southern Practitioner*.

The *New York Medical Record* and the *New York Medical Journal* both favor it of course. With these exceptions we have

not seen a single journal, from North, South, East, or West, that did aught but condemn the action in no uncertain sound. And these utterances are the true index of the feelings of the profession. Fifty-two doctors at Albany, reckless of honor but greedy for gold, undertook to sell out the regular profession, but only succeeded in selling themselves, and very cheap at that. . . . The fees which those men hoped for they will not get, while the honorable name which has been heretofore accorded to them is theirs no longer. — *Ohio Medical Journal.*

At the regular stated meeting of the Homœopathic Medical Society of Lancaster County, Pa., the following resolution was unanimously adopted:—

*“Resolved,* That it is the sense of this meeting that since the practice of homœopathy has established for itself an honorable position in the estimation of the community against all opposing forces that the old school could bring to bear against it, that there is no advantage or prestige to be derived by homœopathic physicians in consulting with allopaths, and therefore the recent action of the Allopathic Medical Society of the State of New York in resolving in future to consult with them was entirely gratuitous.”

S.

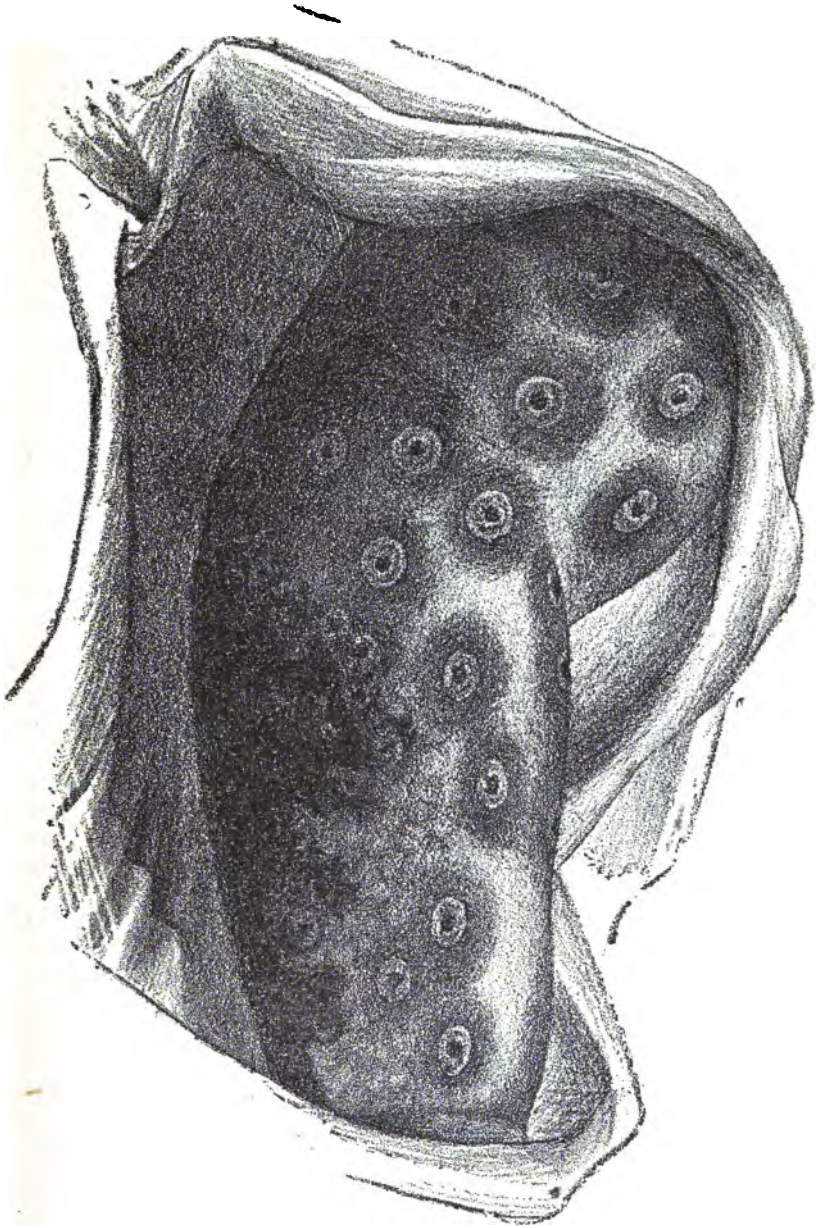
---

*A CASE OF TRUE VACCINIA IN A CHILD, FOLLOWING  
THE VACCINATION OF THE MOTHER.*

BY J. T. HARRIS, M. D., BOSTON.

On the 13th of February, 1882, I called at the house of Mr. G——, intending to vaccinate his two children, one about three years old, the other a seven months' babe at the breast, whose head, face, arms, and legs were covered with eczema, *crusta lactea*, from which it was suffering severely. Fearing an aggravation of the humor from complication with the vaccination, I declined to operate, giving as my reason that I thought the child was suffering enough already; that she would be more feverish, irritable, and would require greater care if vaccinated than at present. Although the three-years-old child was troubled with the same form of humor, I vaccinated her, and also the mother. Both vaccinations took, and ran the usual course without much constitutional disturbance. The fifth day after the operation was Mrs. G——'s sickest day. She then had headache, backache, fever, and chill. The vaccination developed normally, but more rapidly than usual.

On the first day of March the baby was more restless and feverish, requiring constant care. On the second day the mother noticed a number of little red pimples upon the child. These



increased rapidly upon the face, arms, and legs. I was called to see the little patient on Saturday, the 4th of March. The little pimples at this time were very numerous, had increased in size; the areola quite red; some swelling; baby feverish; temperature 102. To the question, "What is it, doctor?" I frankly answered, "I don't know, it is not small-pox nor chicken-pox. I shall have to wait until it is more fully developed."

On Sunday morning, the fifth day since the fever, the vesicles were forming and more or less filled with lymph, and in the afternoon some were umbilicated. Fresh eruptions were also developing, and upon the face, arms, and legs — those portions of the surface most severely marked with the eczema — the new eruption had become confluent, the whole character of the eruption resembling that of small-pox. There were without doubt between four and five hundred well-defined circular vesicles upon the child during the course of the disease. I invited Dr. Miles to see the case on Sunday afternoon. After a careful examination, we concluded that it was a case of vaccinia, communicated to the child through the mother's milk. That there should be no mistake, however, I called upon Dr. McCullom, the city physician, reported the case, and invited him to see the patient with me, which he did on Monday morning. Dr. Martin of Roxbury, and Dr. Cutler of Chelsea, also saw the case, and were much interested in it.

On Monday, Tuesday, and Wednesday, the sixth, seventh, and eighth days, there was much swelling of the face, arms, and legs, where it had taken on the confluent form. The little patient was quite feverish and restless. On the seventh, eighth, and ninth days was quite hoarse, and had some difficulty in swallowing. All the symptoms gradually diminished after the ninth day, and many of the scabs were rubbed off. On the seventeenth day very few adherent scabs remained. *Acon.* and *Tart. emetic* were the remedies used.

At the present time, May 14, the child shows many pits, not deep however. The parts where the eruption was confluent are still quite red. The eczema, however, seems to have left for good, and I am in hopes of seeing a good, clear skin before many weeks. Although the diagnosis the first few days was obscure, all doubt was removed, and it was pronounced a case of vaccinia communicated from the mother. You will note that on the fifth day after the revaccination of the mother, the paroxysm of fever occurred, and ten days after the baby was feverish, and the eruption made its appearance one day later. We can therefore call it fourteen days from the time the babe first took the milk impregnated with vaccinia from its mother. If the system can thus be so thoroughly impregnated with vaccinia, may we not also



fear various and worse evils from the milk of unhealthy and unclean nurses?

Dr. W. C. Cutler, of Chelsea, being much interested in this unique case, had a photograph taken on the eighth day, from which he had the accompanying cut made, and, through his kindness, we are able to reproduce it for the benefit of our readers. It represents the right thigh and part of abdomen of the child. — ED.

---

*PHYSICAL EXAMINATION OF THE ABDOMEN AS A  
MEANS OF DETERMINING THE POSITION OF THE  
CHILD IN UTERO.*

BY G. R. SOUTHWICK, M. D., DRESDEN, GERMANY.

In this short article neither the differential diagnosis of pregnancy from the various forms of abdominal tumors will be considered, nor the operations of external manipulation. Its aim is to call attention to a method scarcely mentioned in most of the text-books on midwifery used in the United States. The reason of this may be that these are usually English works, and external examination is not common in the English school. In Germany, all patients admitted to lying-in hospitals are examined in this manner. Valuable information as to the position, condition, and size of the child can be obtained some time before labor, and, according to recent writers, mal-positions rectified. It is also very useful during epidemics of zymotic diseases, or in cases of danger of infection through other causes. Vaginal examination gives more information regarding the mother, abdominal regarding the child; and the two combined will often enable the *accoucheur* to form an opinion at a much earlier period in labor than if used separately. Mal-positions, as in transverse presentation, may be detected, and, if version be decided upon, the time of operating can be selected, instead of being compelled to turn with a shoulder driven down in the brim, the membranes ruptured, and the uterus contracted, — conditions which make it a dangerous operation, especially in unskilful hands.

There is an objection raised that it requires an expert to practise external examination successfully. Where the uterus is tightly contracted, the woman long in labor, or an excessive amount of fat present, the method is often difficult. In the majority of cases, however, when the uterus is relaxed and the physician knows *what to look for, where and how to find it*, the task is an easy one. Especially, if it be compared to that of distinguishing, *per vaginam*, the anterior or posterior position of the occiput.

It may be objected, moreover, that women will not submit to it. The examination need not be painful, nor should enough force be used to make it so. There is little exposure, and it seems hardly probable that a sensible woman would refuse that which might be the means of relieving her from much suffering.

The best literature recently published on this subject will be found in Schroeder's "Text-Book of Midwifery," 1882, — I believe the last edition is not yet translated, — Playfair's "Science and Art of Midwifery," 1881, "Monographs," by Dr. Paul F. Mundé, of New York, — reprinted from the *American Journal of Obstetrics*, — and by Pinard of Paris. The last is probably the most complete.

The patient must lie on her back, the thighs partially flexed, and the bladder emptied. All clothing must be loosened, particularly corsets, or anything forming a tight band about the body. The abdomen should be bare, as anything between it and the hands greatly increases the difficulty of distinguishing clearly the parts. If the patient gives trouble by holding her breath and contracting the recti muscles, she may be instructed to keep her mouth open and breathe naturally, or kept in conversation during the examination.

The child may be felt at the sixth month, but the most favorable time for determining its position is during the last month of pregnancy, before strong labor pains have commenced. The means at our command for diagnosis are, inspection, mensuration, percussion, palpation, and auscultation. By inspection, we notice the size and contour. A large uterus may contain, 1st, a large amount of amniotic fluid (Hydramnios), so distending the organ that it cannot contract to advantage, thus giving rise to a common cause of tedious labor; 2d, plural pregnancy; 3d, a very large child. A large uterus may be simulated by one of ordinary size with thick, fat abdominal walls, or by pregnancy complicated with extra or intra uterine tumors. The normal contour is oval and a little prominent. A very prominent uterus may be the result of relaxed abdominal walls and a thinning or separation of the recti muscles. It may even overhang the pubes. The uterine axis is thus thrown out of relation to that of the vagina, forming an acute angle with it. The force from above, chiefly from the diaphragm, is directed against the back of the fundus uteri instead of the upper surface. The acuteness of the angle is thereby increased, the presenting part driven against the sacrum instead of in the axis of the parturient canal, and a very tedious labor results. A prominent uterus often indicates a contracted brim, which the head cannot easily enter. There is usually seen associated with it a transverse furrow in the abdomen, midway between the pubes and umbilicus. This

furrow may be simulated by a distended bladder; but if the golden rule be followed, of keeping the bladder empty during labor, such a mistake will not be made. The indication for treatment is to restore the uterine axis to its normal relations. This is best accomplished by a well-applied binder, which raises the uterus to and keeps it in its proper position. In the case of contracted brim, steadying it so the patient can use all her strength to the most advantage, and drive the head if possible into the pelvis.

In plural pregnancy the diameters of the uterus are enlarged, its surface somewhat flattened from side to side, and sometimes a furrow or depression is seen. When the long diameter of the child is not parallel with that of the uterus, or in other words, when there is a transverse presentation, the transverse diameter of the uterus will be lengthened according to the position of the child.

Mensuration is of little practical service except in pelvic deformity. Attempts have been made to ascertain the length and size of the child by a pelvimeter, so constructed that one pole is applied to the os, the other to the fundus uteri. It is very useful in determining the period of pregnancy. At the fourth month the fundus is at the symphysis pubis; at the fifth, between it and the umbilicus; at the sixth, at the umbilicus; at the seventh, midway between the latter and the ensiform cartilage; at the eighth, at the ensiform cartilage; in the ninth month the fundus sinks again between the latter and the umbilicus. Perhaps it may be easier to remember that odd months are half-way points between the symphysis, umbilicus, and ensiform cartilage.

Percussion is of little value. Sometimes an area of increased dulness may be found over the child.

Palpation gives the most reliable information. The most important points to be learned are the positions of the head, breech, and feet. The operator should take care that his hands are well warmed, otherwise he might cause a contraction of the uterus, which greatly hinders success. He stands at the side of the patient, facing her. Placing his hands flat on the sides of the abdomen, gently pressing them together and combining pressure with a slight side-to-side movement, he finds a long body, one side of which gives more resistance than the other. This is the body of the child, usually nearly parallel with the long axis of the uterus; the side of greatest resistance is the back. He will next proceed to examine the ends of this body. Changing his position to the opposite direction and placing his fingers on each side and just behind the symphysis pubis, he presses backwards and inwards, endeavoring to bring their ends together. In doing so he will probably find between them a smooth, hard, round

mass, somewhat larger at one side, and lying in a transverse or oblique position in the pelvis. This is the head. It may also be found by facing the patient and pressing the thumb and forefinger of one hand in behind the pubis, thus grasping the head between them. The physician again faces the patient, and tracing the back upwards examines the other extremity. If it be a breech, he will find a large, firm mass, lacking the globular, regular shape and stony hardness of the head. If the abdominal walls are thin, he may be able to find the cleft of the nates. Sometimes he can trace the thigh, and feel the depression between it and the body. Occasionally, by thrusting the fingers quickly and deeply into the abdominal wall over the breech, he will find it rebounding; in other words, ballotment will be perceived. This is more often found with a small foetus and much liquor amnii. To one side of this body, in the upper half of the uterus, he will find one or two small projections, easily movable, and sometimes giving a little blow against the examining hand; these are the feet. Frequently the woman may complain of a small tender spot there, and tell you it is the place she has lately felt the child. It is important to bear in mind, considering the child's attitude in utero, that the feet must always be opposite to the back, and consequently on the side opposite the occiput. Occasionally small parts are felt in the lower part of the uterus, not necessarily on the same side as the feet; these are the hands or elbows. A uterus containing a dead foetus has often a relaxed, soft feeling, very different from the resistance given by one containing a living child.

Auscultation vies with palpation as a means of physical diagnosis. Some think that more positive information can be gained by the latter than with the former. The three chief sounds heard are those of the foetal heart, the funic souffle, and the uterine souffle.

The foetal-heart sounds are heard as early as the eighteenth week and distinguished by rapidity and a distinct double beat. It is always well to compare it with the maternal pulse at the same time. If the latter be very rapid, it might closely simulate, through the aorta, those of the foetus, but would lack the double beat. The frequency of the beat ranges from a little below one hundred and twenty to a little over one hundred and sixty per minute. They are increased by foetal movements and uterine contractions. It is said by some, that in a large proportion of cases one can tell the sex by the number of beats; that in females they are more rapid; that with a foetal heart beating one hundred and forty-four or more to the minute, we may predict a female, and if under one hundred and thirty-two, a male. If an examination is made for this purpose, it should be done before

labor has commenced and before palpating, as these will increase the number of beats. Have examined a very large number of cases with respect to this sign, and question very much if it is at all reliable. I have counted distinctly one hundred and sixty beats per minute, and a male child was born; again, I have counted one hundred and twenty beats, and a female was born. It is said the number of beats depends more on the size than sex; that males have a slower beat because they are larger. I have not made sufficient examination of this to express any opinion. Sometimes the existence of twins can be determined by a stethoscopic examination. If two hearts can be heard at opposite points on the abdomen, if they are not synchronous in action;—and this fact is established by two observers, examining simultaneously, — twin pregnancy may be diagnosticated, otherwise not with certainty. The foetal heart may be heard in a limited or extensive area on the abdomen. This will be in proportion to the surface of the child's body in contact with the uterus; consequently, with a very small child or a large amount of liquor amnii, it will not be so distinct. Foetal-heart sounds, growing weak or irregular, indicate its life is in danger. As a rule, the sounds are heard most distinctly on the same side as the child's back. An exception to this is in face presentations. Here the sharp-pointed chin is felt, a sulcus between it and the breast, which is thrown forward against the uterus. The sounds are usually reflected from the back, as the small parts of the child being flexed in front of it prevent the breast coming in contact with the uterine wall. They are heard most often a little below and to the left of the umbilicus, corresponding with the first position. The funic souffle is supposed to be caused by the friction of the blood in passing through the funis. It is a blowing sound or murmur. The impulse is synchronous with the foetal heart, but not double. It is not always heard, and when distinct, is said to indicate the cord is around the neck, and that the sound arises from increase of friction. But it should be remembered that it may arise from any pressure on it, for the same reason.

The uterine souffle, also known as the placental souffle, is usually heard most distinctly in either inguinal region, and in advanced pregnancy is not heard over the fundus. It is very variable, from a soft, cooing murmur to a harsh, rasping sound. It is distinguished from the foetal sound by being synchronous with the maternal pulse, and differs from arterial by the absence of impulse. A very similar sound is heard sometimes with uterine tumors, and thus it might be an aid to diagnose them from similar tumors of the ovary. It was called the placental souffle because it was supposed to indicate the site of the placenta; but, as it has no fixed relation to the latter, being heard at various places

in the same case, and often where the placenta is seldom attached, the idea has been abandoned. Applying the means given to determine the child's position, we find the following peculiarities of the various presentations: the child in utero assumes an ovoid form; the arms folded on the chest, the legs drawn up on the trunk, the body slightly flexed. In the first cranial presentation, the most frequent of all, the occiput is at the left side of the pelvis near the ileo-pectineal eminence. The back is in front and a little to the left of the median line. The breech is to the left of the fundus. The small parts (knees or feet) are felt backwards at the opposite side. The foetal heart will be heard most distinctly near a point half-way in a line drawn from the umbilicus to the left anterior superior spine of the ileum.

The second cranial presentation is the converse of the first, and therefore explained by substituting right for left in the above description.

In the third cranial, the occiput is backwards near the left sacro-iliac synchondrosis, the chin is to the right, the back is posterior and to the left of the median line, the breech is at the left of the fundus. The small parts are to the right, more anterior, and more easily distinguished than in the first position. The hands or elbows are also more often felt. The foetal heart is often very indistinct, owing to the intervening liquor amnii, and is best heard laterally, and more to the left side than when the back is anterior. As the second cranial presentation is the converse of the first, so the fourth is of the third; and the same description will apply by substituting again right for left.

Breech presentations are chiefly distinguished by the head at the fundus, and the foetal heart nearly or on a level with the umbilicus. In the first breech presentation, the sacrum is near the left ileo-pectineal eminence, the back anterior and to the left side. The head at the fundus uteri is recognized by its very hard, smooth, globular shape and a sulcus between it and the body. Small parts are not usually felt. A breech is smaller, of irregular shape, not so hard, and can be traced along the back as one mass continuous with the body. The foetal heart is heard to the left and nearly level with the umbilicus. The second breech is the converse of the first and needs no description. The main points in determining third and fourth presentations from the first and second are, absence of the hard back in front, small parts more easily felt. If the abdominal walls are thin, it may be possible to feel the chin. The foetal heart is often indistinct and best heard laterally, right or left, according to the position of the back. In transverse presentations the head will be felt at one pole of the diameter, the breech at the other. The foetal heart will probably be heard at the side to which the head is directed. If the back

is anterior, we feel it and hear the foetal heart distinctly. If posterior, it is indistinct and the small parts are more easily felt. The chief points for diagnosis of the various presentations have been briefly described, and it is thought, if a fair trial be given, the method will meet the approval of many. Perhaps not all the points will be distinguished in the first attempt, any more than one finds everything the first time he makes other examinations; but a little careful practice will suffice to make it easy in most cases.

---

OUR LONDON LETTER.

MESSRS. EDITORS :

The *Lancet*, on homœopathy for the year 1881, forms an interesting subject for reflection, and no apology is necessary on reverting once and again to what the most conservative of medical journals has had to say of the devotees of *real* progressive medicine during the past twelve months. It has been urged, even by the *Lancet*, that homœopathy was long ago dead; yet we find that during the past year this journal devoted to its consideration no less than ten leading articles and eight editorial notes, as well as admitting to its pages a bulky correspondence on the same subject. If evidence were necessary to prove the vitality of homœopathy, surely we should find it here. It need hardly be stated what were the objects of such stupendous editorial effort; suffice it to say, that for the purposes of the *Lancet*, the doctrines of homœopathy were proved erroneous, and its existence in practice all but denied, while its practitioners themselves were put down as dishonest men, because either they did not practise scientific medicine, or if they did, then they retained a name which could have no meaning save to delude the public. It is not a little amusing to observe the different phases the editorial mind passed through in order to arrive at these conclusions.

The subject was introduced by the Beaconsfield incident; and in commenting upon that, and indorsing the refusal of Sir W. Jenner to meet Dr. Kidd in consultation, the *Lancet* first posed as the guardian of the honor and dignity of the profession. Homœopaths do not practise the regular system of scientific medicine (although at this moment we are not told what this regular system is), therefore they are not honest men and cannot, as a matter of course, be met in consultation. The opinion of the *Lancet* respecting Sir W. Jenner's conduct not being the universal opinion of its contemporaries, the editor deemed it necessary to follow with a vindication of his position in a refutation of homœopathy. Such refutation was based on a cursory glance at

Hahnemann's "Organon," with a fixing on the doctrines of the vital force and the dynamization of medicines as the foundation of the law of similars, and without further argument the assertion was made that "the claims of homœopathy, that is, of Hahnemannism, have been tried at the bar of scientific criticism, and have, in every instance and degree, been disallowed." Nothing was said about the trial of those claims at the bedside, where alone an appeal can be made for judgment on all therapeutic systems.

In another article our editor is much disturbed in spirit on account of the many unfavorable comments of the lay press, which were made, both on the conduct of Sir W. Jenner and on the attitude of the *Lancet* itself. Having assumed before, in tones of lofty pride, the guardianship of the honor and dignity of the profession, as well as laying claims to being the only trustworthy source of the scientific truth of medicine, now we cannot but observe the injured tone of the persecuted one writhing under the lash of the master, Public Opinion. Now, also, so late in the day, apparently for the purpose of bolstering up the former assumptions, we are treated to a definition of "scientific medicine." It is necessary to quote this in order that one may see to what it really is that homœopathy is so much opposed. We are told that "scientific medicine is the science and art of healing based on a patient and ever-progressive investigation of the laws of life in health (physiology), and of the causes and effects of disease (pathology), side by side with which there is a ceaseless search for new remedies, new methods of treatment, and new light on the action of known drugs and old modes of treatment."

After such a misrepresentation of homœopathy, and such a bold declaration of the orthodox creed, homœopaths were not unnaturally desirous of sustaining their own position—indeed they were invited to do so—and expressing the doctrines of homœopathy in their true order and value. Thus it marks an era in the progress of our system, that in 1881 several letters dealing with the subject were admitted to the *Lancet*, and many of them were replied to from time to time in a perfectly fair spirit. Drs. Flint, Dudgeon, Dyce Brown, and others contributed to the discussion, upholding the doctrines and practice of our system in a manly and independent style. In the course of his replies to these, the editor was led into making some very startling assertions and contradictions. For instance, we were told that there is one universal law of therapy,—the opposite action of drugs in large and small doses,—which was not to be found written in any work, but at the same time recognized by all. Yet, forsooth, there is to be a ceaseless search for new methods of treatment.

Or, again, to prescribe according to the rule *similia* was wrong, because to select a drug by an inverse process of induc-



tion from its supposed effects could never be safe, notwithstanding all homœopathic experience to the contrary. And what was more, if the drugs were so selected, according to the "universal law of therapy," they did not act homœopathically but antipathically. It was granted, however, that drugs should be tried in the healthy before being used in disease; but it was forgotten that the effects of the medicinal dose of many drugs on the healthy being *nil*, it was impossible to prescribe according to the "universal law of therapy," except by the rule *similia*. The fact was also quite lost sight of that the word "tonic" could have no place in pathogenesis, since it was impossible to make a healthy organ more healthy; therefore, thus to explain homœopathic cures, which is the usual way with our opponents, is to deal only with effects, not with modes of action of drugs, and accordingly to beg the question at issue. Contributors from our side expressed themselves extremely pleased with the way the subject has been dealt with so far, and pointed out that homœopaths never contended that drugs *acted* homœopathically. Indeed, many agree that their action is antipathic, but the rule *similia* was simply a guide for the selection of the remedy, and it was the only reliable guide if we recognize the "universal law of therapy." The crushing effect of this argument was too much for the *Lancet*, and, alas! fair discussion is once more deserted for misrepresentation and absurd denunciation. The following are its concluding words at this period: "It is a matter of perfect indifference to the sick man how a physician selects his drugs. The only practical question at issue is how he treats his cases and in what manner the drugs act." In the light of such a statement it would be interesting to know what *explanation* the orthodox practitioner would give of the action of *Aconite* in fever, *Arsenic* in gastritis, *Cantharis* in strangury, *Corrosive sublimate* in dysentery, etc.

Two or three months afterwards some of the results of the former controversy were foreshadowed in the addresses of Dr. Bristowe and Mr. Hutchison at the British Medical Association. These, you will remember, called forth the loud denunciations of the *Lancet*; indeed, it went so far as to say that there must have been a preconcerted plan on the part of the authors of the addresses to give a helping hand to homœopathy and the homœopaths. Such a base insinuation having been instantly denied, the council of the association is then cautioned, and admonished to pass resolutions condemning the addresses, and to look out and see that there are no homœopaths among its members; for "if there are," says the *Lancet* in notes of solemn warning, "all honest practitioners of scientific (?) medicine will feel it their duty to withdraw from the connection." It is well known that several

homœopaths are members of the British Medical Association ; but up to the present time (March, 1882) no notice has been taken of the warning, either by its council, members, or by its official organ.

The leading article, which concludes all notice of the subject for the year, leaves no stone unturned in denunciation of charlatany and quackery. Homœopathy is, of course, included in these terms, although only a few months before possibly the same writer was content to meet the upholders of that system and to discuss it fairly with them. We are now informed "that a perfectly just and truthful conception of the science of medicine must bar the recognition of systems or cures of any class or description," although not six months previously we were enlightened by the evolution of a "universal law of therapy." Now, also, the "art of healing" is described as simply "an intelligent application of the laws of health in the remedy of disease"; whereas, not long before, there was to be a ceaseless search for *new* remedies and *new* methods of treatment. The design of these writers is patent in their equivocation, and we must leave their words to recoil on their own heads.

But there is another attitude which the *Lancet* bears to homœopathy besides that of opposition and misrepresentation. It is that of appropriation. In the examination of patients one of the cardinal points insisted upon by Hahnemann is that every care shall be taken to ascertain the mental condition of the individual under consideration, such condition forming an important clew to the selection of the remedy. It would be difficult to find this point insisted on in any allopathic text-book or by any allopathic clinical teacher, yet the *Lancet*, in a leader side by side with one condemning homœopathy, dwells on the great importance of such examination. These are its words: "The man who should leave the mind out of consideration in the study of disease in the concrete, or disregard it in the plan of treatment he adopts, would be closing his eyes to *half* the task he undertakes, and throwing away *half* the means in his power by which it is to be accomplished." The *Lancet* here copies a proposition enunciated by its contemporary the *Spectator*. To be a good physician a man must be a psychologist, although there is little doubt of its original source. In an exhibition notice the following (homœopathic) drugs are extolled as being of great value and destined to find a place in the pharmacopœia, viz.: *Hydrastis*, *Actea racemosa*, *Cocculus Indicus*, *Thuja*, and *Bryonia*, although it is not stated under what new method of treatment they are found so serviceable. *Hamamelis* also is described as having the power of arresting many forms of hemorrhage, and as being almost a specific in bleeding piles, although it is not men-

tioned whether its action is according to the "universal law of therapy." Perhaps, however, this ought to be understood.

The foregoing is the substance of the *Lancet's* dealings with homœopathy in 1881. Surely Dr. Drysdale's prophecy is approaching fulfilment, that "in this country homœopathy will eventually be absorbed into general medicine."

GILES F. GOLDSBOROUGH, M. D.

*MICROSCOPICAL STUDIES IN YELLOW ATROPHY OF THE LIVER.*

JOHN A. ROCKWELL M. D., NEW YORK.

[Read before Connecticut Homœopathic Medical Society, May 16, 1882.]

DR. C. HEITZMANN of this city recently handed me, for examination, two pieces taken from livers of persons exhibiting distinct signs of yellow atrophy.

One of the cases was of an acute character, the person dying eight days after the first appearance of jaundice; while in the second case, two weeks before death, severe symptoms characteristic of yellow atrophy set in, though the clinical symptoms for several weeks previous had been those of interstitial hepatitis with cirrhosis.

In specimens obtained from these two cases, a difference was noticed in accordance with the clinical history. In the first-mentioned case all the evidences pointed towards a very acute destructive process in the liver, without any other complications; in the second case, the features pointed toward an acute catarrhal or interstitial hepatitis, combined with the features of yellow atrophy. In fact, some observers have claimed that both these processes are so far identical that yellow atrophy must be considered merely as a very acute interstitial hepatitis. This view, however, I cannot fully corroborate.

Sections obtained from the first case, when brought under the microscope, exhibited as the most striking feature the want of calibers throughout the portal system, the intralobular capillaries, and the hepatic veins. The second striking feature was the more or less marked reduction of the size of the lobule of the liver. The third point was a partial engorgement of the capillary blood-vessels of some lobules, combined with extravasation of blood. The fourth point was the disappearance of the lobules and the transformation of all constituent tissues of the liver into a granular mass, the so-called *detritus*. In addition to these points a fifth was present in the second case, comprising the phenomena of acute interstitial hepatitis.

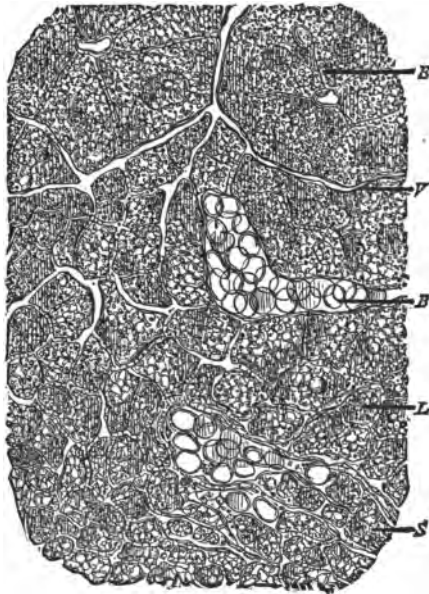
Whereas, in normal liver tissue the portions between the lobules abound in large veins belonging to the portal system, in yellow atrophy such vessels are either wanting or, if present, considerably changed in their aspect. Portal veins which were still recognizable as such presented an irregular, seemingly jagged, bordering line surrounding an angular, as if compressed, caliber. This, instead of containing blood, held only a brown granular mass composed of shrivelled, partly disintegrated blood corpuscles. The branches, springing from such portal veins, their calibers considerably reduced, were stretched to a narrow slit, which was bounded by medullary corpuscles and, outside of these, by the so-called structureless layer, present beneath the endothelia in the normal condition. The stretching of the vessels of the portal system to such a degree that their calibers were entirely lost was observed in all places in which the disease had reached a high degree, though still in its initial stage. The former caliber was marked by the presence of endothelia, partly broken down into medullary corpuscles which were closely attached to each other, and on either side were seen a somewhat denser tract of connective tissue corresponding to the walls of the vein. The capillaries exhibited the same feature; most of them were compressed to such a degree that the endothelia of either side touched each other. Such thoroughly compressed capillaries were in communication with less compressed ones, filled apparently with detached endothelia and medullary corpuscles, evidently sprung from endothelia, and with scanty red-blood corpuscles.

The interstitial tissue was everywhere augmented and composed of a large number of globular or irregular elements, such as we observe in the inflammatory process. But, while in simple acute inflammation the globular, homogeneous elements, composed of solid bioplasson, are largely prevailing, in yellow atrophy they are much less numerous, — the finely granular bodies being largely in excess. Also, the constituent elements are divided into lumps of small size, showing, with high powers of the microscope, a scanty reticulum of bioplasson in clusters, which are separated from each other by narrow, light rims, though still interconnected by means of delicate, grayish filaments. In most places, the tracts of the former fibrous connective tissue could only be recognized by the rows of such split-up medullary corpuscles.

The bile ducts in the interstitial tissue were well preserved, still being lined by columnar epithelium, both in longitudinal and transverse sections. The calibers of the bile ducts were invariably compressed. Further changes of the epithelia of the bile duct consisted in the disappearance of the nucleus, and in the

division of the epithelia, partly into homogeneous, shining, partly into finely granular lumps, which, by their regular arrangement in rows, reminded one of their origin from former bile ducts. At last, all differences between lumps sprung from the connective tissue and those arisen from bile ducts faded away.

The lobules of the liver were considerably reduced in size: in some places to one half, to one third, to one tenth of the former diameter. This was the result of a transformation of the liver epithelia into medullary corpuscles, as is observed in inflammation generally. The gradual changes of the epithelia, resulting in this destruction, were as follows: First, the nucleus becomes invisible, due, as revealed by high amplifications, to its splitting up into the bioplasson reticulum constructing the epithelial body. Next, the ledges of cement substance between the epithelia disappear, and a number of epithelia coalesce into granular masses containing a varying number of granules and globules of fat. In this stage the rows of the liver epithelia are still recognizable. With higher powers we recognize the granulation of epithelia to be due to the presence of their bioplasson reticulum, which is very much more marked in these diseased epithelia than it is in the normal



Yellow atrophy of the liver. Magnified eight hundred diameters. *E*, confluent epithelia; *V*, compressed capillary blood-vessels; *B*, capillary vessels engorged with red blood corpuscles; *L*, epithelia dividing into smaller portions; *S*, small, irregular pieces, exhibiting a wide bioplasson reticulum, commingled with red-blood corpuscles.

condition. This distinctness of the reticulum is due to an increase of the size of the meshes by means of scanty new formation of bioplasson within the epithelia. In fact, coarse granules of bioplasson, and homogeneous, shining lumps are found in the clusters of the liver epithelia exceptionally only. The next step in the destruction of the epithelia is that, within the cluster, new lines of division appear, which split up the clusters sprung from former epithelia into numerous, irregular, medullary elements, all of which are composed of rarefied bioplasson reticulum, none of which has a nucleus.

In some lobules, which were likewise decreased in size, the blood-vessels were engorged with blood corpuscles, and the interstitial tissue was crowded with red-blood corpuscles. The changes of the epithelia of such lobules were the same as before described. As the engorgement of the capillaries and the extravasation of blood in some places occupied quite extensive fields, I cannot help suggesting that what the authors have termed red atrophy of the liver, combined with yellow atrophy, is only due to an engorgement of the blood vessels and an extravasation of blood.

In the highest degrees of the disease the lobules of the liver had entirely disappeared, and, as a residue of the former liver tissue, nothing was left but an accumulation of medullary corpuscles, between which were seen small tracts composed of spindles, besides a varying number of fat globules. The most marked feature in this tissue was the absence of new formation of living matter. In fact, only a few larger lumps, composed of a somewhat coarser reticulum of bioplasson, could be seen, while the main mass was an aggregation of small reticular lumps, indistinctly bordered by light interstices and marked by the absence of nuclei and the presence of an extremely rarefied bioplasson reticulum. The connection of the lumps and of the reticulum itself was *nowhere broken*, so that this remnant of the former liver tissue still deserves the name of tissue and cannot be called *detritus*. Where the living matter of the constituent tissues of the liver, which is so noticeably decreased in amount, has gone to, I am unable to say. Nevertheless, I am positive that the reduction of the size of the whole liver is entirely due to a loss of its living matter.

As before mentioned, in the second case which I examined, there were marked features of acute interstitial hepatitis. The interstitial tissue in some places was crowded with globular inflammatory corpuscles of a coarsely granular or homogenous appearance, several of which were enclosed in a mesh of a delicate fibrous reticulum. At the border of the lobule the stages of transition of liver epithelia into medullary or inflammatory

corpuscles, as described by C. H. Müller,\* could be plainly seen. In other places, the breaking down of the liver epithelia proceeded nearly simultaneously from the epithelia of the lobule left, with the result that instead of shining, homogeneous, only finely granular, irregular, medullary corpuscles were seen. The result was materially the same as in the first case, although of much less intensity, and there was also present a more decided inflammatory new formation than in the first case. In the interstitial tissue, exhibiting marked inflammatory symptoms, there were observed in some places numerous bile ducts, while in other places these ducts were entirely absent. Whether or not these bile ducts are, in part at least, newly formed, I am unable to decide.

The results of these researches may be summed up in the following statements:—

1. Yellow atrophy consists in the breaking down of all constituent elements into irregular lumps of medullary elements, accompanied by a considerable loss of living matter.

2. The disease has one feature in common with inflammation, *i. e.*, the reduction of the constituent tissues into inflammatory elements; but the essential feature of inflammation, namely, the new formation of living matter, is absent.

3. Fatty degeneration is no characteristic sign of yellow atrophy, as in both of these cases fat was present only in a small amount.

4. There are combinations of acute catarrhal or interstitial hepatitis with yellow atrophy, but in what causal relation to each other I have not determined.

5. Red atrophy combined with the yellow is very probably due merely to a partial engorgement of the capillaries and extravasation of blood.

6. Most of the vessels belonging to the portal system of the liver being collapsed, the conclusion is admissible that the disease is due to an impeded circulation in the larger portal vessels. The partial engorgement of the capillaries and the extravasation of blood could be explained by an impeded circulation in the hepatic artery.

One of the most recent writers, J. Dreschfeld,† gives the following summary of the present condition of this subject, "briefly stating the main points about which authors at present disagree:—

"1. As regards the icterus, many believe it to be of the hepatogenic, others believe it to be of the hematogenic kind.

---

\* "Ueber interstitielle Leberentzündung, Sitzungsbe, der Kais. Akad. d. Wissensch., 1877.

† On the Morbid Histology of the Liver in Acute Yellow Atrophy. *J. Anat. and Physiol.* London, 1880, 1881, XV., 422-430.

"2. While all are agreed that the chief lesion in the liver, whether acute liver atrophy be considered a general disease (as most observers believe), or primarily a local disease, consists in a fatty degeneration of the liver cells, some writers (*e. g.*, Winiwarter, *Wien. Med. Jahrb.* 1872) think that the first change consists in an inflammatory process in the interlobular areolar tissue, which only secondarily causes fatty degeneration of the liver cells." Again, according to Levitski and Brodowski (*Virch. Arch.*, Vol. LXX., p. 421), there is, prior to the cell degeneration, a cell proliferation in some parts of the liver lobules, these observers having seen numerous liver cells three or four times smaller than the normal liver cells in those parts of the liver parenchyma which had not yet undergone degeneration.

"3. As to the relation of the red to the yellow atrophy, most pathologists now believe that the red atrophy is only a more advanced state of the yellow atrophy, and is found in cases which run a slow course (Zenker, Perls, etc.); while Klebs, on the other hand, believes the two to be essentially different processes.

"4. The red atrophy is characterized by a more complete disintegration of the liver cells, by the presence of an interlobular embryonic tissue, and of rows of cells resembling glandular tubes, supposed by some to be proliferating biliary ducts (Cornil and Ranvier), by others to be the surviving columns of hepatic cells (Thierfelder, in *Ziemmsen's Cyclopædia*, Vol. IX. p. 254).

"5. Lastly, some observers (Waldeyer, Zander) have discovered bacteria in the atrophied liver. In Zander's case, however, the autopsy was not performed until fifty-eight hours after death."

In 1854\* and 1862,† H. Lebert gave a careful analysis of seventy-two cases, together with an abstract of the literature of acute yellow atrophy from 1660 to 1862. This subject has since been treated at length by A. Thierfelder,‡ who brings down the discussion to 1877. I have examined twenty-eight contributions, published since this last date, which, with the exception of the able paper of Dreschfeld,§ I find to consist chiefly of clinical reports of cases observed or treated, and not calling for especial mention here.

This microscopical study has been pursued in the laboratory of Dr. C. Heitzmann, to whom I am indebted for valuable suggestions.

---

THERE is ground for hoping that some thorough system may be adopted for the disinfection of old rags used in manufacturing paper, etc., since cases of small-pox have again lately been shown to have had their origin in this source of infection. The rags imported from Egypt and Asia Minor should be especially looked after. — *Boston Medical and Surgical Journal.*

---

\* *Virch. Arch.* 1854, VII. 343.

† *Achv. génér. de Méd.* 1862, I. 431.

‡ *Ziemmsen's Cycl.* IX. 254.

§ *Loc. cit.*



## REVIEWS AND NOTICES OF BOOKS.

---

ELECTRICITY IN SURGERY. By John Butler, M. D. New York : Boericke & Tafel. 12mo. pp. 111.

Dr. Butler tells us that this brochure is "intended as a practical guide for the use of the specialist and general practitioner. . . . The scope of the work precludes the possibility of more than cursory allusion to clinical cases, but is based almost entirely upon the author's own personal experience."

The introduction treats of the subject of electricity and the progress made in the knowledge of it during the past twenty years. After some general directions in regard to electro-surgical operations, special considerations are given of some forty-two different surgical conditions, such as synovitis, hydrocele, ovarian cysts, stricture, aneurism, nævus, tumors, ulcers, ascites, hemorrhoids, fistulas, hernia, etc. Each of these subjects is replete with interesting and practical suggestions drawn from the author's experience, and which every physician can peruse with pleasure and profit. The last twenty pages are devoted to a consideration of the various kinds of instruments, and we would advise any physician who designs to purchase a battery, or who wishes to learn its uses, to first peruse this little book. \*

THE INCIDENTAL EFFECTS OF DRUGS. By Lewin, Berlin. Translated by W. J. Alexander, M. D. Wm. Wood & Co.

This is a valuable book, and ought to be found in the library of every true homœopath. Its value, however, lies, not in its newness, for it can teach *us* little ; nor will it enrich our *armamentarium* ; but it is a virtual acknowledgment by the best authorities of the other school of the truth of the homœopathic doctrine. From the introductory explanations of these anomalous drug actions upon individuals to the last section of the book, we find statements and symptoms authenticated by their most careful observers, which, though new to themselves, are to be found already presented in the "Materia Medica Pura" of Hahnemann, or the later compilation of Allen. The book seems to us important for still another fact. It leads the way towards a truer and more comprehensive observation, in that it takes more accurate note of location, character, and concomitants of drug phenomena, on which alone can rest a materia medica that will endure the changes and developments of time. While only an elementary work for the homœopath, it is the

advance guard of a movement which will eventually overrun the region of pure drug action still unconquered by the so-called regular physician. =

LECTURES ON VENEREAL DISEASES. By W. F. Glenn, M. D. Nashville, Tenn.: Wheeler & Osborne.

The author of this little work on venereal diseases has given us a very readable book, putting the facts in a simple, practical manner, which bears the stamp of experience. He gives his opinion decidedly in favor of the dual nature of the poisons of syphilis and chancroid. Am sorry he does not approve of mercury in the treatment of chancroids. Would suggest the use of this remedy in small doses. Although syphilis is said to have existed among the Chinese two thousand years before Christ, it is commonly supposed to have first made its appearance near the close of the fifteenth century. Dr. Glenn thinks that it existed long before the "Italian epidemic" among the Jews, and that "Job was surely a victim of syphilis. It is strongly probable also that David was syphilitic, though the symptoms are not so accurately described." ||

AN INDEX OF COMPARATIVE THERAPEUTICS. By Saml. O. L. Potter, M. D. Second Edition. Milwaukee.

The second edition of this admirable little reference book has been published in a remarkably short time. Very little change has been made in this edition, except in the correction of the typographical errors, and the addition of a very few remedies with their indications in diseases, like diphtheria, which have been more recently investigated. The objects of the book, "comparative study and quick reference," are well accomplished, and while of interest to us rather as showing the amount of material borrowed from our writers, — a proceeding to which we never object if properly acknowledged, — it must be of very great value to the practitioner who has never had the advantage of definite indications and pure drug effects in the treatment of his clinical cases. The author has presented to the profession a very fair view of our therapeutics, and we can commend his book to all readers, both as an interesting study and as a reference book in those cases in which a more exact symptomatology may not be needed. =

HOMŒOPATHY IN THE NORTH AMERICAN REVIEW.

Prof. A. B. Palmer's article on the "Fallacies of Homœopathy," in the March number of the *North American Review*, has received a very satisfactory answer in the June number.

Omitting severe criticisms of the previous article, and leaving out all philosophical discussion, and the many arguments favorable to our system which might have been presented, Dr. Dowling has offered a plea of far more influence with the public, to whom it is addressed, by giving many appropriate selections from the writings of the best men in the ranks of the "regular school." To suit the pages of the *Review* this answer was cut down one half, and may have thus lost somewhat of its unity, but, as it stands, it is worthy of the writer and our school. It may interest the readers of the GAZETTE to learn that two hundred physicians asked for the privilege of replying to Prof. Palmer's article. =

LEUCORRHOEA: ITS CONCOMITANT SYMPTOMS AND ITS HOMŒOPATHIC TREATMENT. By A. M. Cushing, M. D. Boston. 1882. pp. 163. Published by the author.

The full title of this book is somewhat misleading, as it seems to claim more than a close inspection of the contents of the work justifies. Using the word "symptom" in its narrow and restricted sense, the symptomatology contained in the work is very satisfactory. One hundred and seventy-four remedies are given, and one hundred and seventy-two of them are credited with the power of causing a leucorrhœa among other disturbances in the female economy; this effect is not claimed for water, or the "habitual use of morphine." But with very few exceptions, only so-called "subjective" symptoms are given, such, for instance, as the color, consistence, quantity, odor, time, sensations, etc., of the leucorrhœa, the "concomitant symptoms" being the noticeable variations in menstrual, renal, or alvine discharges, and the mental condition, as related to the (for the time being) prominent and important *symptom*, leucorrhœa.

With such an extensive field as one hundred and seventy-four remedies offer, from which to choose a remedy for a given case, it would seem almost impossible not to be completely successful in practice. For cases which might be called merely functional in their origin, such as come often only incidentally to the knowledge of the physician, it will perhaps suffice to take the mere statement of the patient in regard to the external manifestation of the trouble as the basis of treatment. In such cases reference to this work might be serviceable. But in more serious, long-standing, and inveterate cases the mere statements of the patient, however accurate and reliable they may be, are insufficient indications for treatment; her answers to questions may be truthful, but it is not to be expected that in her ignorance of anatomy and pathology she will be able to give the desired information, — the structural or organic changes, — which can only be demonstrated

by the necessary intelligent and proper examination. Leucorrhœa, then, being simply a symptom common to many and various functional and structural or organic changes, recognizing local and constitutional causes, it would seem necessary that a work with the above title should contain some references to the more occult phenomena of the disease; an occasional reference perhaps to the *cause* of the morbid discharge. We find, however, that only about twenty remedies out of the one hundred and seventy-four contain symptoms relating to organic conditions, objective symptoms; and even those mentioned are evidently the statements of the provers, and to an extent unreliable; for instance, under Curare, we find "inflammation of the womb with swelling"; under Phytolacca, "hypertrophy of . . . uterus"; under Baptisia, "ulceration of the os uteri and vagina," a condition not yet produced by a proving of the drug; under Robinia, "hard swelling of the womb, eruption and ulcers like herpes on vagina and vulva," etc. But this is after all only saying that the book has its limitations, and that these are easily discoverable; within these limitations the author gives evidence of painstaking and diligent work; and the book offers to the general practitioner many facts of practical value in a pleasantly accessible form.

A blank space is left after each remedy for "additions or alterations." And *apropos* of alterations, we would suggest changing "pruritis vulva" to "pruritus vulvæ," as the termination *itis* is used to signify inflammation, and the word is properly pruritus.

Following the symptomatology is a very exhaustive index of sixty-three pages, alphabetically arranged under sections, headed Leucorrhœa, Menses, Urine, Stool, and Mind. The work contains much useful matter, and that the present is a second edition, rewritten and greatly enlarged, is in itself a commendation. ‡

LECTURES ON DISEASES OF CHILDREN. Henoeh. Wm. Wood & Co.

This forms the March number of Wm. Wood's medical library for 1882. We can only congratulate ourselves on the valuable material thus presented to us year by year, and trust it will always continue. We should of course prefer to see the quality of paper and type improve, as well as the exterior of these books. This could be done, without doubt, if more of our physicians would subscribe and thus increase the chance of profit. The book before us is valuable in that it is the clinical experience of Dr. Henoeh, whose opportunities in private dispensary and especially hospital practice at the Charité have been very great. His treatment of the subject in the form of lectures, while very pleasant for reading, renders the book less valuable for students, as the diseases are not treated with

completeness, nor is the classification very well marked, Part II., for instance, belonging more properly under the special headings which follow. He discusses very fairly the prevailing theories, *e. g.*, tubercle, bacteria, etc., and his conclusions, drawn from clinical experience, seem to be very just and sensible. While not as well arranged nor as readable as the work of J. Lewis Smith, with which it can well be compared, as this also is compiled from clinical experience, the book is well worth owning, and will repay a careful perusal. =

---

## PERSONAL AND NEWS ITEMS.

---

### AMERICAN INSTITUTE OF HOMŒOPATHY.

THE following titles of papers were received too late for the general circular:—

*Bureau of Microscopy*, J. Edwards Smith, M. D., Chairman. John C. Morgan, M. D., "Hyaline Tube Casts."

*Bureau of Surgery*, A. R. Thomas, M. D., Chairman. Geo. A. Hall, M. D., "Carcinoma of the Rectum"; I. T. Talbot, M. D., "Antiseptic Surgery"; N. Schneider, M. D., "Cystitis"; C. M. Thomas, M. D., "Rapid Lithotripsy"; H. I. Ostrom, M. D., "Relation between Waste Cells and Pathological New Formations, with Special Reference to Neoplasms of the Breast"; C. L. Green, M. D., "An Emergency in Surgery"; J. E. James, M. D., "Osteotomy."

*Bureau of Anatomy*, Wm. von Gottschalck, M. D., Chairman, "Mola"; Wm. Owens, M. D., "The Vaso-motor Nerves; Their Origin, Functions, and Relations to Morbid Processes"; G. H. Wilson, M. D., "Perinephritis, with Suppuration, in a Boy Three Years Old"; H. P. Bellows, M. D., "Some Interesting Effects produced by the Action of Attenuated Drugs upon the Growth of Protophytes as observed by the Microscope"; R. Van Artsdalen, M. D., "The Uterus, Its Anatomy"; John Malin, M. D., "The Uterus, Its Physiology"; N. Homer, M. D., "The Uterus, Its Pathology."

*Bureau of Psychological Medicine*, S. Lillienthal, M. D., Chairman. O. P. Baer, M. D., "Psychological and Clinical Observations on Insanity"; T. L. Brown, M. D., "When and Why are We Insane?"; P. G. Valentine, M. D., "Tapeworm; Its Relation to Insanity"; J. O. Guernsey, M. D., "Imperfect Hygiene of the Sexual Function in Women as a Cause of Insanity"; J. R. Haynes, M. D., "The Responsibility of the Insane."  
J. C. BUGRHER,  
*General Secretary.*

GEO. A. CAMPBELL, M. D., has removed from Suncook, N. H., to Manchester, N. H.

G. W. SHERBINO, M. D., has removed from Waynesburg to Scottsdale, Pa.

MARY E. WEBB, M. D., B. U. S. of M., has located at Dover, N. H.

DR. JOHN A. ROCKWELL has removed from New York to Norwich, Conn.

DR. W. O. HARDY has removed from Grafton, Mass., to Winchester, N. H.

W. R. McLAREN, M. D., formerly of Woonsocket, R. I., has located at Detroit, Mich.

DR. LELIA G. BEDELL, B. U. S. of M., Class of 1878, has removed to No. 306 LaSalle Avenue, in Chicago.

EDWARD E. PHILBROOK, M. D., has removed from Gorham, Me., to Taunton, Mass.

A MEETING of the Massachusetts Surgical and Gynæcological Society will be held at the Hawthorne Rooms, No. 2 Park Street, on Wednesday P. M., June 14, to which the profession generally is invited. Subject for discussion: "Abnormal Conditions of the Female Bladder and Urethra." Papers on Etiology, Pathology, Diagnosis, Surgical, Electric, and Therapeutic Treatment will be read, as well as reports of various clinical cases.

DOCTORS TRADING UPON A CODE. — "In your telegraph report of the doings of the medical meeting in Memphis, yesterday, the chief transaction seems to have been the passage of a resolution denouncing the State Medical Society of New York for having modified its code of ethics so as to allow its members to consult and co-operate with educated and respected medical men outside, regardless of theories and systems. The code of that society, like that of the American Medical Association, which the forty doctors assembled at Memphis would now reassert and glorify in preamble and resolution, was intended to make of the society a sort of medical trades-union, for the protection and advancement of its members.

"A single glance at the old code reveals to the intelligent reader an effort on the part of the society to persuade the public that all practitioners of medicine, outside the ring, are unqualified and unworthy of patronage, and that there is no safety except with the members of the one trades-union.

"The assumption is plainly made that all medical knowledge and skill and trustworthiness are confined to the followers of the code, and that other practitioners are in great need of, and very anxious for, their recognition and assistance. The attitude of holding such pent-up skill, and of exercising their gifts of healing only in behalf of each other, would make a profound impression upon the people, and keep the terrified sick snugly within their care, but for the fact that the whole affair is known to be a stupendous sham, an assumption, a promise, and a threat, as false and futile as ever conjured up by a lot of designing and selfish men.

"It is well known that, outside of such arrogant and illiberal associations, educated and skilful practitioners are found, able to exercise the highest gifts of healing and bound by no narrow code of ethics; and it is also well known that no greater medical ignoramuses and imposters are found than may boast of membership in such organizations. In darker ages, orthodoxy was life and heterodoxy death — authority was everything and science nothing — and the people had naught to do but obey the priest and doctor and swallow theological tenets and drugs without thought and in defiance of reason; but such ages are past, and the people will think and investigate and choose for themselves, without fear of codes and recommendations.

"The British Medical Congress and the New York Medical Society have simply yielded to the progress of medical light and the necessities of the times, in the modification of their codes. Their members, associated in various ways for the good of the sick and promotion of public health with medical men outside, have demanded the removal of the bars that formerly forbade what was actually and daily practised by them. The forty members of the Tennessee Medical Association desire to keep up the old bars, and the intelligent public will ask *cui bono?* — while medical men outside will laugh in contemptuous pity over their silly and harmless efforts."

J. P. DAKE.

*Nashville Banner*, May 12, 1882.

DR. WALTER WICKHAM, superintendent of the small-pox hospital at Plaisted, strongly advocates ("Lancet," Jan. 21) the vaccination, even after small-pox has unmistakably declared itself, of patients unvaccinated at the time of infection. He says: "It may tend, even so late, to modify the disease; and I think, if on the appearance of the premonitory fever, vaccination were at once resorted to (in unvaccinated persons), the heavy percentage of deaths would be marvellously reduced: for then the vaccination would be matured before the tenth day, so generally fatal in this type."

ERRATA. Through an oversight, several mistakes were not corrected in the review of the "American Homœopathic Pharmacopœia" in the May number.

Page 159, tenth line, read "instructors" instead of "contractor."

Page 159, thirty-third line, read "comminution" instead of "communication."

Page 160, sixth line, read "nosodes" instead of "norades."

THE

# NEW ENGLAND MEDICAL GAZETTE.

---

---

No. 7.

JULY, 1882.

VOL. XVII.

---

---

*THE OUTLOOK.*

It is the custom with thrifty business men to take "account of stock" at least once a year. May not we, as professional men, adopt with advantage a similar plan, or, at least, occasionally pause to consider what our progress has been, what is our present position, and what are our prospects? There is, perhaps, no better time for this than the anniversary of our national association.

The last meeting of the American Institute of Homœopathy, a report of which is contained in this number of the GAZETTE, was in many respects one of unusual interest and value. The number in attendance, though less than last year at Brighton Beach, was yet quite large. About two hundred physicians from various parts of the country represented our different societies and institutions. The number of papers presented was greater than usual, and of more than average value; the discussions were animated and interesting, and often developed new and original ideas. Throughout the meeting there prevailed a spirit of earnestness, harmony, and courtesy, which certainly was gratifying and augurs well for the future.

The admirable address of the president contained many important suggestions, which the Institute seemed ready to enforce. The brilliant and successful efforts of Professors Conrad Wesselhoeft and J. Edwards Smith in analyzing homœopathic medicines have led to the establishment of a bureau of pharmacology, which may do much to secure a better quality in our medicines, and ferret out the gross abuses through which impure and unreliable medicines have been in many instances foisted upon the profession, and, without being detected, have been often suspected.

The cause of medical education has also received an impetus by the formation of a committee, not connected with the various schools, who can judge of educational questions without bias or fear of college or faculty connections. The intercollegiate com-

mittee has been unable to accomplish anything, and last year found itself completely handicapped, when it reported adversely to a bogus college, by the cry of "jealousy towards a new and struggling institution."

The reports from all parts of the country, and from the various institutions, showed activity and healthy growth. The number of homœopathic physicians has increased more than ten per cent the past year. Our colleges, with 1,267 students, have graduated 421 physicians; our hospitals report a large increase in the number of beds and patients; our dispensaries have given to the poor upwards of a quarter of a million of prescriptions. The societies, State as well as local, show increased activity and work, while medical clubs are forming in all the larger cities for special purposes.

So far, then, our record for the year is one of unequalled progress, and our position was never so strong as now. Already we have, as homœopaths, established those institutions which constitute the adjuvants and surroundings of the profession, and, compelled by the bigotry and ostracism reared against us, we have made great progress in the specialties of medicine. Moreover, we have compelled our prejudiced and bitter opponents to accept principles which they formerly denied, give remedies of which they were ignorant, and prescribe doses which they scornfully derided.

Our code of ethics, founded on the Golden Rule, gives us no trouble and requires no change. We can hold consultations *whenever the good of the patient requires it*, while our opponents are quarrelling over the "dignity" of the profession, placing it above the calls of humanity. We can well afford to look down upon such wrangling, content that we have no part therein.

What, then, are our prospects? That we have made the greatest change in the medical practice ever known goes without the saying. That the whole profession is gradually adopting salient points of our system is also true. But are not such adopted measures pure empiricism likely to give way before a dogmatic assertion of a different character? Is it not true also that many of the so-called homœopathic prescriptions are made upon the say-so of others? The great merit of homœopathy in medicine is that it is based upon an unchanging law; and the better this law is understood, and the more closely it is followed, the greater will be the results attained. It becomes imperative, then, if we would advance our school and improve the practice of medicine, that we should closely study this law and its application; and that we should bring a true pathology in juxtaposition with a true *materia medica*. Let this be done, and there can be no doubt of the result.



Believing as we do in the truth of the homœopathic law, and seeing as we do its great efficacy in disease, do not our duties to the profession and to humanity demand that we should use every energy and spare no effort for its promulgation? There are now seven thousand homœopathic physicians where there should be seventy thousand; there are fifty homœopathic hospitals where there should be five hundred; there are twelve hundred homœopathic students where there should be twelve thousand. What are the duties and responsibilities of every physician and every layman in bringing about this desirable change? Let each one realize therein and act accordingly, and however brilliant may have been our success, or however great our progress in the last year or last ten years, the next decade will far exceed all this. \*

---

#### THE AMERICAN ASSOCIATION AT ST. PAUL.

ACCORDING to all reports, the late meeting of the American Association at St. Paul was not a happy one in every particular. Strange as it may seem, things did not go exactly to suit them. The New York State Society was the offending member, and they have set their august brows to frown it down. Exceptions were taken to the action of the New York Society at its last meeting, whereby the code of ethics was so modified as to admit of consultation of its members with that troublesome class known as homœopaths. The New York delegates were dutifully forwarded, but, on presenting their credentials, were refused admittance. The Judiciary Committee reported that they should not be entitled to present action; and, this report being accepted, it leaves the question of representation open until next year.

"T is strange indeed such difference should be  
"Twixt Tweedledum and Tweedledee."

[ ]

---

#### BACTERIA IN TUBERCLES.

[Paper by DR. R. R. GREGG, *refuting Koch's Theory of Bacteria as the Origin of Disease, read at the recent Convention of the American Institute of Homœopathy, at Indianapolis.*]

You have all heard much in the last few years of bacteria in diphtheria, splenic fever, chicken cholera, typhoid fever, etc., and now comes the claim by Prof. Koch, of Berlin, heralded to the world through the *London Times*, by Prof. Tyndall, that he (Koch) has discovered bacteria in tubercles. But it seems to me that, notwithstanding the high scientific standing of these men and their positive assertions, we lesser mortals have the

right to investigate these matters in our own way, and, if need be, to call in question the possibly hasty conclusion of such great scientists, in the best interests of that very science of which they are such ardent devotees. Indeed, as physicians who have to deal practically with human life, it is our duty to investigate this subject most thoroughly for ourselves, and not accept every or any mere theory, unless it be first demonstrated to be true, and to be relied upon to the extent of being safely carried into practice.

As many of you must know, I have myself given some attention to bacteria the last few years, and I assert here positively, as I have repeatedly done elsewhere, that the three classified forms of so-called bacteria in disease are never, in any case, anything more than the three forms of coagulating fibrine, which develop in every inflammatory disease and in every locality where congestion and inflammation manifest themselves as results of morbid causes.

These three forms of coagulating fibrine are, first, granules; second, fibrils; and third, spirals. These granules of fibrine are of the same size and exactly of the same form as the alleged micrococci, or spherical bacteria of disease, — both standing “upon the very borders of the visible” under the highest magnifying power. The fibrils of fibrin are precisely like the assumed bacterium termo, or rod-like bacteria of disease, and demean themselves the same under similar conditions; and the spirals of fibrine are also precisely like the so-called spiral bacteria of disease, and they, too, act similarly under all similar circumstances.

As to proportionate numbers, moreover, there is a similarity throughout. The bacterists tell us the micrococci are far in excess of the other forms of bacteria; indeed, almost infinitely so. And so it is and must necessarily be with the granules of fibrine as compared with its fibrils. Hundreds of granules of fibrine join together to form one fibril; so the former must be hundreds of times in excess of the latter. And the spirals of fibrine are much less in numbers than the fibrils (as spiral bacteria are said to be far less than the rod-like), for the reason that the fibrils readily secure attachments of their ends in or upon any living part which holds them straight; while it would only be the few fibrils that did not secure such attachments that would contract upon themselves, under their firmer organization, and thus be curled into the spiral form.

Again, in color the granules and fibrils of fibrine are the same as bacteria. Prof. Cohn says that bacteria are white; and we all know that coagulated fibrine is white. And still again, the two correspond fully in places of abode, for wherever bacteria are said to be found in disease, whether in fluids or solids, on surfaces or

infiltrated into the substance of tissues, in tubercles or within tubercular cells, there also are found granules and fibrils of fibrine under inflammatory conditions.

So, look where we may, institute the most careful scrutiny we possibly can with reference to these two sets of forms or bodies, the comparisons and similarities between them are complete and as exact as the most rigid scientific requirements could demand.

And here we come to the strangest and most unaccountable fact in all this field of research, or, for that matter, in all the range of science. Notwithstanding these similarities are so exact throughout between the respective forms of these two sets of organisms, not a scientist, not a microscopist, not a pathologist, the world over, has ever, so far as I can learn, called attention to the facts, when discussing bacteria, and told us that here were these forms or fibrine, swarming in hundreds of thousands, in every instance, and in the very places where the bacterists claim their parasites to develop and multiply in such enormous numbers. Throughout all the recorded discussions and the entire literature of the subject, not a word from them is to be found telling us that forms of fibrine, in great numbers, are present under all such circumstances, or even hinting at their existence.

What kind of science is this? A world full of scientific men, many of them of the highest order, but not one of them stops to think and apply to the solution of their great mystery one of the most simple and best known of physiological and pathological facts, namely, the various steps that extravasated fibrine must go through in every instance of its exudation and organization in all forms of inflammatory disease. Instead of this, they go on mystifying the mystery until they have made the world stand aghast with fear and trembling as to who shall be the next victims to those terrible destroyers, "bacteria," or vegetable parasites, which cannot develop and could not live a day within the precincts and under the dominion of animal life.

And now comes Prof. Koch, with his claim of having discovered bacteria in tubercles, to still further frighten us out of this world and into the next, at the idea that we nearly all must, or may, have something gnawing at our vitals, which nobody but scientific men have the ability to comprehend. But let us maintain our senses a little longer, and see if we also cannot discern some of the beauties of this wonderful creature, and tell what he is made of and how he looks. It seems to me we may be able to do so, if we do not go insane just yet over this new bacteria craze; at least, let us try.

Every tubercle has fibrine in a fluid state, extravasated from the blood into and around it during the progress of its organization, and then the said fibrine coagulates into granules and fibrils, to

furnish Prof. Koch with his bacteria in the organizing stage of tubercles. This assertion of fibrine being extravasated into and around tubercles is no mere guesswork. It is a great scientific fact, and an absolute necessity in nature's watchful and unceasing, conservative care over us, for which, however, Prof. Koch seems not to make the slightest allowance.

The fibrine exuded into the tissues around tubercles becomes condensed and organizes (under the inflammation that softens the tubercles) into the firm and impervious wall that outlines and divides its putrid contents from the surrounding healthy tissues.

The fibrine extravasated into the tubercle and upon its immediate surface, and there organizing, is what gives us the fibrous stage of all tubercles that have such a stage. Then, when the tubercle softens, the organized fibrine in it softens with the rest; that is, undergoes retrograde metamorphosis, or breaks down in the exact inverse order of its original construction by separating into fibrils, and these fibrils breaking up into segments, or the so-called rod-like bacteria, while the segments separate into their original granules, or the assumed micrococci, and furnish Prof. Koch with all the bacteria he claims to exist in tubercles.

So much for bacteria in general in tubercles. Now we come to another and more specific point, that may seem to many difficult to surmount. Prof. Tyndall quotes Koch on the following point: "It was," he says, "in the highest degree impressive to observe in the centre of the tubercle cell the minute organism which had created it." And the editor of the *New York Medical Record* says, in speaking of Koch's "minute bacillus" of tubercles: "It is rod-shaped, and from one fourth to one half the length of a red blood corpuscle." These are specific and positive assertions as to the form, size, and nature of the bodies which Koch claims to have seen: and let it be understood that no question is here raised as to his having seen such bodies. He has undoubtedly given us the facts correctly upon that point, but it is his assumption as to the nature of these objects that is disputed, and to understand this we must again digress to other matters.

Many times during the last twenty years have I asserted that every tubercular cell is nothing but a decolorized red blood corpuscle, and with this paper I submit a sheet illustrating this fact. The causes of this change of the natural healthy cells of the blood to the most deadly of all morbid cells that prey upon organized life is as far removed from bacteria as heaven is from that place to which the writer expects to be speedily consigned for having written this paper.

It is the circulation of the colored blood corpuscles in the too watery blood of the consumptive that decolorizes many of them;

that is, the older and weaker of them, just as other organic structures of color are bleached when having to exist in a medium that is too watery for their nature. Then they (these decolorized blood corpuscles) are deposited or congested in the capillaries, and fibrine is poured out around them, where it coagulates to enclose the mass, and the whole becomes an organized tubercle. In many, if not in all, cases, in the first stage of the disease, other blood corpuscles, not decolorized before their deposit, become also congested along with those that are, and many times independently of them, under the strong congestive tendencies of some tuberculous subjects, after which such corpuscles are also decolorized by the chronic or subacute inflammation which they excite, have fibrine extravasated and organized around them, and they, too, then become tubercular corpuscles, and constitute in mass a tubercle.

Here, then, is the simple story of the immediate cause of the organization of all tubercles wherever formed in animal life, and with which bacteria has no more to do in any case than they have to do with the creation of healthy blood corpuscles in the first instance, or than we had with the creation of the world.

A little further explanation of facts, and then we will be prepared to understand Prof. Koch's bacteria within the tubercle cell, as well as those distributed through the tubercular mass outside of the individual cells, which has already been explained. We all know the fact that fibrine is held in perfect solution in the serum of the blood, and also that it passes through the walls of the capillaries, while thus held in solution, without the slightest apparent hindrance, or as readily as it would through a sieve; and we further know that the serum and whatever is in solution in it, fibrine and all, pass just as readily through the walls of the blood corpuscles inwardly to mingle with their contents as they do through the capillary walls. Indeed the liquid contents of the blood corpuscles are the same as the serum of the blood, with hematine added thereto, to give them their color. And still again all know, or ought to, that wherever blood stagnates under congestion, and especially so under inflammation, the fibrine in the serum commences at once to coagulate into granules which soon unite to form fibrils. Lehmann says, this coagulation of the fibrine "goes on within the vessels of the living body as soon as the blood ceases to circulate."

Well, then, what happens to the fibrine held in solution in the serum which is retained in the congested vessels, must also happen to the fibrine held in solution in the serum retained within the walls of the blood corpuscles; that is, it must be coagulated first into granules, which soon join together into minute fibrils within the corpuscles. There can be no other possible result,

because wherever fibrine stagnates, and especially when brought under inflammatory action, as in all softened tubercles, there it universally coagulates.

Then, all tubercular corpuscles being simply decolorized blood corpuscles, and nothing else, which hold within them fibrine in solution, this must be coagulated in the way above pointed out, and thus furnish Dr. Koch with his bacteria here, too, the same as throughout the mass of tubercle outside the special cells. You will remember the point in this connection already given from the editor of the *New York Medical Record*, that the tubercular bacteria of Koch "is rod-shaped, and from one fourth to one half the length of a red blood corpuscle," which would be the exact condition of the fibrils of fibrine coagulated within the blood corpuscles, as just described.

And here, as it seems to me, is all there is of this much-talked-of discovery, which has led, or is rapidly leading, to a new bacteria craze, which, unless stopped, must still further divert the minds of physicians from disease as it really is in nature, and from their true duty in healing the afflicted, by creating bugbears that they know nothing of or how to combat, and which only leaves them helpless in the midst of doubts and fears that have no foundation whatever in fact.

---

#### OUR LONDON LETTER.

A SPECIAL general meeting of the governors and subscribers of the London School of Homœopathy was held on the 15th of December last year. It was called for the purpose of receiving the report of a subcommittee which had been appointed to revise the rules and laws of the school, and for the transaction of other business connected with the reconstruction of the school. There were seven medical governors present, five being a quorum, out of a total of thirty or forty. The necessary business having been completed, Dr. Hughes, without previous notice, proposed the following resolution: "That any student who has diligently attended the lectures during one winter and one summer session of the school, and who has passed satisfactorily an examination in the principles, *materia medica*, and practice of homœopathy, and who has passed a clinical examination in the wards of the hospital, shall be awarded the diploma of 'Licentiate in Homœopathy,' and shall be entitled to add 'L. H.' to such titles, qualifying him to practise, as he may possess or may hereafter obtain." This resolution was carried, on the understanding that it should apply only to students who possessed a qualification to practise medicine in Great Britain or in the country to which they might belong;

and then, that the new diploma might at once obtain a standing in the homœopathic profession, the following resolution, proposed by Dr. Bayes, was carried: "Physicians and surgeons of good repute, who have practised medicine or surgery for five consecutive years preceding the 25th of December, 1881, may be elected, without examination, to the title of 'L. H.,' provided they apply to medical council of the London School of Homœopathy before the end of December, 1883, and are elected by a majority of the council."

Thus was set on foot quite a new extension of the aims and scope of the London School of Homœopathy. The objects of the promoters of the scheme are stated to be, —

1. To offer additional attraction to students to attend the instruction of the school. Hitherto the authorities have been crippled in such attraction, having had no power to grant a diploma or qualification signifying that the student had diligently applied himself to the study of homœopathy.

2. To assist young homœopathic practitioners in opening up new fields of homœopathic practice. A diploma would at once secure the confidence of the public who desired to be treated homœopathically. And —

3. As a guaranty to the public that the practitioner selected is qualified by study and examination to practise homœopathy.

Whether the institution of this diploma is the best means to attain these ends, whether in itself it is a legal institution, and whether its adoption is likely to conduce to the best interests of homœopathy, are points which have been keenly discussed amongst homœopaths the last few months.

The first open sign of opposition came from the British Homœopathic Society; and it will be agreed that a condemnation of any movement in connection with homœopathy coming from the leading homœopathic society ought to have some weight with the promoters of that movement.

At an unusually large meeting of the members of the society, held in March, by a majority of two to one, the diploma was declared to be "contrary to the spirit of the laws of the society and calculated to damage our position as members of the medical profession." Since that time the poor "L. H." has been assailed from all quarters and in all manner of ways, so much so that at a recent meeting of the governors of the school any further action in the matter of granting the diploma was deferred for six months. It ought to be mentioned that, prior to the vote of the society, a circular was sent by the honorary secretary of the school to two hundred and sixty-nine practitioners of homœopathy in the country. In this circular the advantages of the "L. H." were set forth in detail, and each practitioner was invited

to apply for it; or, if he objected to its being instituted, he was invited to state his objections. Much sport has been made of this circular by the opponents of the diploma, and it must be confessed that when the "L. H." had become an accomplished fact it was somewhat late to invite objections to it. As a result of the canvass, however, eighty-five applied for the diploma, twenty-nine sent objections, while one hundred and fifty-five expressed no opinion. In view of this, after the vote of the society, and after all that has since been said and written upon the subject, it is very difficult to form an idea on which side would be ranged the majority of homœopathic practitioners; but one fact is clear, the greater number of influential men stand as opponents of the scheme.

The chief objection that has been raised to the "L. H." is that it is illegal. The School of Homœopathy is not a chartered institution, but only a private body, having a definite object,—the teaching of homœopathy. It cannot therefore grant a license except it be of a bogus character; and those who know the dislike which medical men in this country hold to anything bearing such a character will easily understand the force of this objection. Indeed, it was because of this objection on the part of many friends of the school that the granting of the diploma was deferred for six months, so that in the mean time application might be made for a charter of incorporation for the school, and all doubts as to the legality of its diploma be removed. It is more than doubtful, however, that such an application will be successful, especially as a charter for granting medical degrees has recently been refused to the new Victoria University at Manchester. The whole system of licensing and granting degrees is undergoing reconsideration in high quarters; and there appears to be a convergence of opinion in favor of the establishment of the "one portal system," or a state examination for all candidates for medical qualification. Thus many friends of the School of Homœopathy wish that the diploma scheme may be set aside for the more modest plan of simply certifying a man's knowledge of homœopathy after examination, and for a united homœopathic body to aim at securing, in the event of the "one portal system" being adopted, the compulsory education in homœopathy of all medical students.

Another objection offered to the new diploma is, that, as a designation, it is calculated to mislead the public. A license to practise homœopathy is not necessary. According to our laws, a man otherwise qualified cannot be prevented from adopting any particular theory or practice of medicine or surgery.

One of the arguments put forward by the promoters of the "L. H." in favor of that particular designation has given rise to



another objection. It was said that an analogous instance of the granting of such a diploma could be found in the power which certain corporate bodies exercise when they confer the licentiate-ship in midwifery. This power is possessed by the Royal College of Surgeons of England, the St. Stephen's Hospital, Dublin, and some others. The analogy of the "L. H." to the "L. M.," however, holds good only in name. Every practitioner is entitled to practise midwifery irrespective of any distinctive title in that department, and, what is more, the "L. M." itself is not held as of any real value by those who possess it. The best obstetricians do not hold it; at least, if they do, they do not publish it in the "Medical Directory" along with their other qualifications, and none of the public requiring an obstetric physician, or even an ordinary practitioner of midwifery, takes the trouble to inquire whether he is possessed of the title or not. No one would wish a diploma in homœopathy to become such a dead letter as this.

On another important point the analogy of the "L. H." to the "L. M." has been shown to be at fault. Midwifery is a special branch of ordinary medicine and surgery, and bears no relation to therapeutic theory or practice. On the other hand, homœopathy is not a specialty in the ordinary sense; it cannot be conscientiously practised alongside of allopathy; it must take the place of the latter or be itself superseded. Therefore, as we believe homœopathy is destined to hold supreme sway over all other therapeutic doctrine, to give its practitioners a designation analogous even in name to that given to an ordinary specialty in allopathy, must undervalue its importance and impede its onward march.

Other objections of minor importance have been offered to this diploma scheme. It has been stated by some that to adopt such a title would be forcing ourselves more into the sectarian position in medicine than we are at present, although it does not appear that by refraining from adopting it we shall be able the sooner to persuade our opponents of the old school that they are the sectarians and not we. Others have argued that it would be trading on a name to assume a title which has no legal authority; but these do not seem to see that it would be less trading on a name to practise homœopathy after being qualified so to do than it is at present without such qualification.

These are the arguments which have been put forward against the new diploma by both liberals and conservatives in the homœopathic camp, and they are such as will most likely lead to its abandonment in its present shape. No one, however, doubts that the motives of those who brought it forward are in the best interests of homœopathy, and both friends and foes of the school are agreed that every practitioner of homœopathy ought to be

qualified in its principles and practice. The interest taken in the discussion has rallied many supporters of the school, whose energies were beginning to flag, and has brought several new ones to its side; while if the diploma is set aside, as suggested, it is not improbable that many who have hitherto held aloof, or even actively opposed it, may henceforth extend to it their willing aid.

One important event must receive notice, in conclusion. Dr. Bayes has resigned the honorary secretaryship of the school. This on many grounds is to be regretted; for it is to his efforts that the institution owes its origin and its continued existence in its distinctive character as a school of homœopathy. On the other hand, as he has been one of the foremost in the advocacy of the institution of the diploma, and has carried on that advocacy with a vehemence which was perhaps unwise in one holding such high authority, it is better that henceforth he should give his aid in an unofficial capacity, especially as he has been succeeded in office by such an able organizer and champion of homœopathy as Dr. Pope.

GILES F. GOLDSBROUGH, M. D.

---

*ACETIC ACID: CLINICAL EXPERIENCE WITH.*

BY H. N. GUERNSEY, M. D.

WHEN the three symptoms — viz., intense and constant thirst, the passing of large quantities of pale urine day and night, and marked debility — all stand in a group in a given case, we may be very sure this remedy will be of priceless value in restoring such a case to health.

In diabetes no remedy equals this when presenting the above as the most characteristic symptoms. In a few days the diminution of thirst shows a marked improvement, the urine decreases in quantity, chemical analysis shows a decrease of sugar, the strength increases as well as the weight of the patient, and, finally, perfect health is restored.

Also in dropsy, where the abdomen and legs are badly swollen and the above three symptoms are the most characteristic.

In diarrhœa of children, old chronic cases, with bloated abdomen, œdema of the lower extremities, undigested stools, with the above characteristics.

In myelitis, characterized as above, particularly if the patient must lie on the abdomen to find relief of pain in the back.

In constipation, with the above characteristics.

Also in cancer of the stomach, much complaining of the stomach, with distress, burning nausea, vomiting, etc., with the characteristic symptoms as above.

In all my experience with this remedy, which has been large, I have never used it below the thirtieth potency, and have not

given more than three doses, twelve hours apart, before waiting a few days to see the effect, and have often waited two and three weeks without repeating it, so satisfactory has been its action. I make it an invariable rule *never* to repeat the dose so long as I can perceive the least improvement. In this way I make many cures with this invaluable remedy that could not be made in any other way. What I have written above in regard to the uses of this remedy I am responsible for only when used in accordance with our law of cure. For the fullest symptomatology extant of this remedy, see Hering's "Guiding Symptoms."

---

*ABIES NIGRA: CLINICAL EXPERIENCE WITH.*

BY H. N. GUERNSEY, M. D.

A FEW symptoms or groups of symptoms are very characteristic of this remedy, and equally reliable when they stand out distinctly as such: viz., total loss of appetite in the morning, but great craving for food at noon and at night; sensation of an undigested hard-boiled egg in the stomach; continual distressing constriction just above the pit of the stomach, as if everything were knotted up, or as if a hard lump of undigested food remained there; a painful sensation, as if something were lodged in the chest and had to be coughed up. No amount of coughing is able to dislodge the painful object, the cough rather increases the suffering, waterbrash often succeeds the cough, and often quantities of mucus are expectorated, but the offending object remains, causing much distress and profuse lachrymation. The trouble is really in the stomach, and after a while subsides, to reappear the next day or night, and so it continues for years until *Abies nigra* comes to the rescue.

Either of the above group of symptoms, when well marked, may become suggestive of a remedy that will work a wonderful cure that nothing else can. When these stomach symptoms are the most characteristic in a given case, two or three doses of *Abies nigra*, not lower than the thirtieth potency, given twelve hours apart, will be sufficient to remove not only these symptoms, but a host of others, if they exist, such as dysuria, constipation, old chronic coughs, headaches, etc., etc., by waiting patiently on these three doses from five to eight weeks, or longer if necessary. Let the doubtful members of our profession try this method faithfully if they wish to know for themselves. *Abies nigra* should not be repeated oftener than once per week or two, and not then if improvement still continues, for it is a very powerful and long-acting medicine. The idea to be *distinctly* perceived in this matter is *not* a sensation of *weight*, but a *lump*, as of a hard-boiled egg, or a three-cornered substance, — something that hurts.

*A CASE OF FUNGUS HÆMATODES OR MEDULLARY CANCER.*[Read before the *Maine Homœopathic Medical Society.*]

BY DR. L. H. KIMBALL, BATH, MAINE.

THE following case is to me of peculiar interest. On the very day when my modest shingle first glistened in the sunlight, a lady, comparatively young, had the kindness of heart to intrust herself to my professional care. I have been grateful to her ever since.

And for yet another reason is the case of peculiar interest. My good preceptor, Dr. William E. Payne, an honest believer in the efficacy of the high potencies, had of course impressed me, in a measure at least, with a belief in the curative power of highly attenuated drugs. I confess it was somewhat mystical to me. I could not then understand, nor can I to-day satisfactorily explain, by any of the trains of thought or methods of analysis peculiar to this materialistic age, their *modus operandi*. Facts, however, are far more potent than merely theoretical objections and plausible theories, and the clinical experiences, even in my own short practice, have since engendered in me a firm and abiding faith in the curative action of attenuated drugs; and no one case contributed so generously to this result as did the following, occurring as it did in the very beginning of my practice.

The patient was a Miss S——, some thirty-five years of age perhaps, of a nervous temperament, subject to neuralgic headaches, and suffering from some spinal irritation and functional derangement of the heart. In the fall of 1876 (some months before I had the pleasure of seeing the case, which was in the following spring) she noticed, according to her own statement of the case, a little hard bunch, sore to the touch, on the lower edge of the chin. This remained stationary for about one month, when she observed a little swelling just under the chin, almost on the very edge. This in a short time showed evident signs of suppuration, when she, of her own accord, pricked it and pressed out a little bloody matter. It would then heal over, and in a week or so would go through the same process again, the discharge of blood being a little increased each time. This continued till about the middle of December, when she noticed what she thought was "proud flesh" growing out from the centre of the little boil, as she had imagined it to be. At that time she began to feel that perhaps her diagnosis of the case was not correct, and called in Dr. William E. Payne, who pronounced it a *fungus hæmatodes*. From that date till the time of his decease, in the following spring,

she continued under his professional care, and received, according to his books, *Thuya*<sup>200</sup>, at first in solution and afterwards in powder form. In the mean time there was a constant growth in the fungus, which presented a red, raw-beef like appearance. It would bleed profusely at times, from no apparent cause, and always from the slightest contact. Occasionally it would seem to heal over, in a measure, then break again, discharge a little more purulent matter with the blood than usual, and for a few days show signs of an improved condition. Immediately, however, a new growth would start up from the very centre of the old, and progress more rapidly than before.

I first saw the patient on the 10th of March, 1877, just a day after the decease of Dr. Payne, and found a reddish, spongy-looking growth extending downward from under her chin, almost on the very edge, to the extent of three quarters of an inch. She complained of a good deal of itching in it, and also a constant pricking sensation, as from little splinters in the flesh. As *Thuya* had been tried for so long a time with apparently no permanent improvement in the condition, and as a symptom quite characteristic of *Nitric acid*—a pricking sensation as from a splinter—was now present in the case, decided to give that remedy a trial. On March 10, 1877, prescribed *Nitric acid*<sup>5m</sup> in powder form, and continued the same remedy till about the first of May. She would take one or two doses each day, for a week or ten days, and then *Placebos* for the same length of time. She also received intercurrently for her heart difficulty occasional doses of *Arsen.*, *Kali c.*, *Nat mur.*<sup>3c</sup>, always of course discontinuing the *Nitric acid* for the time being. In the mean time a change for the better had been slowly taking place. There was a gradual cessation of the bleeding and an increased discharge of purulent matter. The growth itself became more dry and brittle and more loosely attached to the chin, and, finally, one morning about the first of May, it dropped off of its own accord, without occasioning any bleeding, or leaving any soreness behind. There was at first a small, hard bunch, which gradually disappeared, leaving merely a slight depression to mark the point of the attachment of the fungus.

Her general health seemed considerably improved, and continued so, no signs of a return of the trouble becoming visible till last October, nearly four years after the disappearance of the original growth.

She then noticed some swelling and soreness on and under the chin, and, on making a further examination, found a little tumor, very red and sensitive, about as large as a split pea, at the exact point of the former growth. She also experienced in this a constant pricking sensation, as from a splinter.

She applied to Dr. James W. Savage (I was in Vienna at the time), and received from him *Nitric acid*<sup>200</sup> in globules, to be taken each day. This seemed to check the further progress of the growth, as it entirely disappeared in the course of two or three weeks. At the present time her health is better than formerly, and there are no evidences of a return of the trouble.

---

### CASES FROM PRACTICE.

BY A. M. CUSHING, M. D.

MRS. N——, aged eighty-four, has ossification of the arteries near the heart, also the valves of the heart; so diagnosed by several able physicians. She has pain in chest, short breath, worse by motion; *severe pain* in the feet at night; cannot sleep. Gradually growing worse. As Dr. Price of Baltimore advised a friend to give buttermilk in similar cases, and having no buttermilk, I gave *Lactic acid* in water, strong enough to have a pleasant sour taste, a dose of one teaspoonful once in two hours, and gave a dose of the third attenuation at night. Also for the pain in the feet I gave *Coccus cacti* to take when the pain was severe. She took none of the *Coccus*, as she did not need it, and the *acid* has made her *very much more comfortable*.

Mrs. E—— when nine years of age had the itch. She received the prevailing rational treatment of being anointed with sulphur ointment well heated in. Since that time (for thirty-five years) she has had dry, cracked, sore fingers; dry skin; never perspires; scaly eruption on head, and *very cold* feet. She took *Natrum carbonicum*, and in one week was better, and in one month she said she was well.

Mrs. P——, aged twenty-five, was suffering from renal calculi, passing with her urine much sandy deposit and small calculi, some as large as peas, frequently a half-teaspoonful at one time. Besides the pain in the back, she suffered fearfully while urinating. I gave her *Apocynum androsemifolium*, and she was relieved at once, and for twenty years has had no trouble from that source, but at that time died from heart disease following acute rheumatism under old-school treatment.

Mrs. E——, aged fifty-nine, has been suffering since nine years of age; has urinary trouble or inability to retain her urine. Twenty months ago she went to the Massachusetts General Hospital and had calculi crushed and removed from the bladder, and, as they told her that was all to be done, she returned to her home. April 27, 1882, I was called to see her, and found her pale, weak, confined to her bed. Since her return from the hos-

pital she has suffered severely from the calculi ; has been so low, at one time some preparations for the funeral were made. She was passing but little urine, and with it blood and pus, and large quantities of calculi and sand, some every day, and quite often large ones. One measuring seven sixteenths of an inch in diameter she assured me was much smaller than many she had passed. Believing the first and best thing to be done was the removal of the cause, I gave her *Apocynum androsemifolium*, and they soon diminished in size and quantity. Still she suffered severely, and referred the worst pain to the region of the meatus, also near the anus. As she said a digital examination without ether was entirely out of the question, Dr. J. B. Bell saw her with me on May 19. A digital examination without ether was made by Dr. Bell and nothing discovered but a violent contraction of the vaginal walls—vaginismus. It was difficult to introduce the finger at all, the contractions were so great, like the sphincter muscles of the anus ; and to these parts she referred much of the pain, more especially between the vagina and anus. This trouble could not have been detected if ether had been given. Dr. Bell recommended daily dilatation, and if that did not give relief, send her to the hospital. Dilatation gave but partial relief, and on June 5 she went to the homœopathic hospital under the care of Dr. A. Boothby. Ether was administered and a sound introduced into the bladder, but no calculi discovered. Without much trouble the finger was introduced into the bladder and no calculi found except a few small ones adherent to the walls of the bladder. These were removed, and no more seemed to collect, and with the removal and disappearance of the calculi the vaginismus disappeared. — *Query*: Do calculi produce vaginismus?

---

#### ANNUAL ADDRESS.

[Delivered before the Maine Homœopathic Medical Society.]

BY W. T. LAIRD, M. D.

JUNE 6, 1882.

*Fellow-Members of the Maine Homœopathic Medical Society:*— According to time-honored custom, an annual address by the president has become an indispensable part of the proceedings of every well-regulated medical association. In this society, however, for the past three years, the custom has been “more honored in the breach than in the observance”; and while I would gratefully acknowledge the honor conferred upon me, I cannot avoid the suspicion that I owe my election largely to the

delinquencies of former presidents, and the fixed determination of my colleagues to have a speech this year at all hazards.

On the present occasion I shall depart to some extent from the ordinary standard of medical addresses. I shall speak to you upon a subject which is too rarely mentioned in our societies. I shall plead with you for neglected pathology.

Do not misunderstand me. He who prescribes for the *name* of a disease allows pathology to usurp the field of therapeutics, and violates that law of strict individualization, which is the very essence of homœopathy; yet it is equally true that he who ignores the teachings of pathology voluntarily surrenders one of his most effective weapons.

The early disciples of Hahnemann devoted all their energies to the development of the *materia medica*. The other branches of medical science were first neglected and then despised. The spirit of the older practitioners is well illustrated by the reply made by one of them to a patient who asked the nature of his illness and the medicine administered: "The name of the remedy is none of your business, sir, and the name of the disease is none of mine." This contempt for the allied branches of medicine was studiously inculcated among their patrons, and was fostered by the pernicious system of "domestic practice," which made a "box and book" equivalent to a thorough medical education. It is only a few years since a layman wrote to the editor of a leading medical journal, asking if there was any college where his son could be taught *materia medica* and therapeutics without being obliged to waste his time on anatomy, physiology, pathology, and other *non-essentials*!

For several decades this doctrine held undisputed sway; but at length there came a reaction. Physicians began to doubt whether pathology was merely "a scientific plaything." They claimed that the discoveries of the old school in pathological anatomy, microscopy, physical diagnosis, and chemical analysis could be successfully utilized in homœopathic practice. They even asserted that, while it was undoubtedly the first duty of the physician to heal the sick, he was none the worse homœopath for knowing *what* he cured, and *how* and *why* the cure was effected. Who can picture the amazement, the wrath, the outburst of "holy horror" with which this heresy was greeted? As the old theologians used to fear that the light from the stars would put out the Sun of Righteousness, and the hammer of the geologist break the Rock of Ages, so the leaders of our school seemed to be apprehensive lest the revelations of the microscope should dim the light of homœopathy, and the study of pathology sap the foundations of their faith. Liberty of opinion meant to them what it did to the old Puritans, — liberty for



themselves, persecution for their opponents. Like the Puritans, too, they

“Proved their doctrines orthodox  
By apostolic blows and knocks.”

What has been the result of this suicidal policy? Bigotry has begotten opposing bigotry. Absurdity on the one side has been followed by equal or greater absurdity on the other. Contempt of pathology has given rise to pathological therapeutics. The credulity which accepted unquestioned the mythical provings of the nosodes and the high potencies of ice and snow, of sunshine and moonshine and mackerel, has been confronted by the Milwaukee Test and the scepticism which denies all medicinal power above the twelfth decimal attenuation. Intolerance and exclusiveness have been met by dogmatism and license. We would not cast reproach upon our pioneers, nor pluck one leaf from their well-earned laurels. It needed men like these — earnest, enthusiastic, fanatical — to lead the new crusade against the conservatism which blocked the wheels of medical progress. We admire their genius and their heroism; but we cannot commend their narrow-mindedness, nor accept their teachings as infallible.

What are the arguments against pathology advanced by those who style themselves the champions of Hahnemann? The chief one is founded upon the opening words of the *Organon*: “The first and sole duty of the physician is to restore health to the sick.” As the proposition stands we admit it; but we deny the forced interpretation, that in order to cure, knowledge of symptomatology is all-sufficient. If this were true, then indeed would the sneer of the allopaths that “anybody can practise homœopathy” be well founded. Hahnemann himself did not claim it. “The *Organon*,” says Dunham, “is strictly what its name implies, — an instrument of the rational art of healing, an exposition of therapeutics, or that branch of medical science which concerns itself with healing disease by means of drugs; and its author assumed that those who would use it would be men already versed in medical science. In four of the terse and weighty sentences which characterize this book, Hahnemann takes it for granted, as a matter of course, that every sensible physician, before applying the law of cure which he is unfolding, will first make certain investigations and take certain steps, which investigations and steps really comprehend all that we now comprise under the heads of etiology, semeiology, and hygienic management.” Knowledge of *materia medica* alone may make a successful prescriber; but thorough acquaintance with *all* branches of medical science, broad and generous culture, tact, common-sense, and knowledge of human nature are the essential requisites of the ideal physician.

Prof. Helmuth, in his inimitable manner, tells the story of a practitioner who was called in a case of dislocation of the jaw. He was an ultra-Hahnemannian, who believed that *his* "first and sole duty was to restore health to the sick" by means of potentized drugs. Surgery, diagnosis, and pathology he left to the allopath. With *Symptomen Codex* in hand, he gravely "looked up the case" under the various rubrics of "mouth open," "features distorted," "pain in the ears," etc., selected a remedy, and dropped a few pellets on the tongue of the sufferer. Now this man (I will not call him a doctor), who attempted to set a dislocated jaw with medicine, was guilty of no greater absurdity than a recent writer on gynecology, who claims that every dislocated uterus can be replaced and held in position by a high potency of a properly selected remedy. The danger to homœopathy lies not in the opposition of its enemies, but in the fanaticism and folly of its professed adherents.

The second great argument of the anti-pathologists rests upon the sixth paragraph of the *Organon*: "For the physician the totality of the symptoms alone constitutes the disease." In a limited sense, — the sense in which Hahnemann used it, — this is true: in others, it is false. Homœopathy deals with therapeutics alone. It does not and cannot include the allied branches of medicine. It is the keystone of the arch, but not the arch itself. Every attempt to bring under our law of cure cases which properly belong to toxicology, operative surgery, hygiene, or sanitary science, is "homœopathy misapplied." In the great majority of instances — those which by common consent are properly relegated to the domain of therapeutics — we admit that, for the practical purpose of prescribing, "the totality of the symptoms" does constitute the disease. But we insist that the word "symptoms" shall be used in its widest signification. It must be broad enough to include not only all subjective sensations, but all objective phenomena as well. Everything that physical diagnosis or chemical analysis can teach us, everything that we can learn by the aid of the stethoscope, the microscope, or the clinical thermometer must be accepted as integral parts of the disease-picture; and, for the purpose of obtaining this very "totality," which forms the basis of every sound prescription, pathology is not the enemy of therapeutics, but its most efficient ally. Where the mere symptomatologist sees only dropsy accompanied by subjective sensations, few in number, and often indefinite, the skilled pathologist interrogates the liver, the heart, and the kidneys, and elicits from these organs important symptoms which complete the "totality" and aid in the selection of the remedy.

"It has been held to be the criterion of a true, natural science," says Dunham, "that new discoveries, new sciences, extend and

enrich it, unite with it in amplifying the horizon of human knowledge and power, but never contradict or supersede it, nor are ever indifferent to it." If, then, homœopathy, the science of therapeutics, be hostile to pathology, the science of disease, this fact alone would be its condemnation.

We need better pathology in our text-books. In everything save treatment, the old school works are far superior. In etiology, semeiology, and differential diagnosis, we have no Practice equal to Niemeyer, Reynolds, Watson, or Ziemssen; no Obstetrics worthy to rank with Cazeaux, Ramsbotham, Leishman, Meadows, or Playfair; no Gynæcology comparable with Thomas, Emmett, Barnes, or Scanzoni; no work on Diseases of Children worthy of mention beside the magnificent treatise of Meigs and Pepper. In surgery alone, we are not obliged to blush at the contrast. It is idle to plead in extenuation, that our rivals have the accumulated experience of twenty centuries, while we have not yet reached our first centennial. We are "the heir of all the ages" as well as they. Our writers can go to the same sources of knowledge and drink from the same fount of medical lore, if they will. The researches of Tessier upon chronic aortitis, and of Dr. Blackley upon hay-fever, are only an earnest of the success which awaits us in the field we have too long neglected.

We need better pathology in our journals. Many of the cases reported as models of therapeutic precision are, in reality, examples only of pretentious ignorance and conceit. Men who openly boast that they know little and care less about pathology, whose writings all prove that their diagnoses are superficial and unreliable, demand that we accept unquestioned their reports of cures, which may well be styled miraculous. "*Berberis* has never failed me in fistula in ano," shouts one. "*Nux* is my grand specific for strictures of the urethra," cries another. "Beware of *fatal errors*," growls a third. "Study your *materia medica*, and leave pathology to the allopaths and mongrels. With one dose of *Lyco*<sup>cm</sup> I brought on the menses in a woman seventy years old. In three weeks, with three doses of *Puls.*, high, I cured a case of abdominal typhus characterized by pain in the stomach, vomiting of blood, obstinate constipation, clean tongue, and a pulse of eighty." (!) "Avoid expedients; trust to the indicated remedy," shrieks a fourth. "With one dose of *Silic.*<sup>tm</sup> I pierced an imperforate hymen. With *Phos.*<sup>70m</sup> I dilate organic strictures of the œsophagus and the rectum." If men who write such *trash* as this are, as they claim to be, the exponents of pure homœopathy, we may well echo the prayer of the Rev. Dr. Sunderland, when chaplain of Congress: "Give us more brains, Lord. Oh, give us more brains!"

We need better knowledge of pathology in our every-day practice. True, it may, in homely phrase, take the conceit out of many of us. It may teach us, that some of our most remarkable cures were errors in diagnosis. It may inspire us with greater respect for the *vis medicatrix naturæ*, and lead us to think less highly of our own eminent abilities. Nevertheless we need it. Surrounded by vigilant enemies eager to detect the slightest flaw, we cannot afford to neglect it. Without it, diagnosis and prognosis are but the wildest guesswork; and if we make gross blunders in these, no matter how judicious the treatment may be, our reputation, our practice, and the cause of homœopathy will suffer. If we fail to recognize a contagious disease in its early stages, and allow the malady to carry desolation to other homes, no amount of therapeutic skill will serve as an apology for our criminal ignorance. Upon the accuracy of our diagnosis often hang the issues of life or death. In purely medical cases, we may cure our patients without knowing the exact nature of their diseases; but if we fail to recognize a surgical malady,—if, for instance, we confound concealed, strangulated hernia with enteritis or peritonitis and rely upon drugs when we should use the knife,—the result will inevitably be fatal. Better knowledge of etiology will explain the failures of the past and guide us to more brilliant success in the future. We have often failed to cure dysmenorrhœa, because we did not discover the cause of the suffering,—a contracted os and cervix, which no medicine could dilate,—a mechanical obstacle demanding mechanical treatment. Many a case of chronic constipation and piles, which has baffled our skill, would yield like magic to the indicated remedy, if we first replaced the retroverted uterus and thus removed the pressure upon the rectum and the hæmorrhoidal veins. Especially do we need to study the wonderful complex phenomena of reflex symptoms. Pneumonia of the upper lobes in children may simulate meningitis so closely as to deceive even experienced physicians. An excruciating pain in the hip may be only the reflex manifestation of a chronic endometritis. Neuralgia, headache, dyspepsia, and spinal irritation may all arise from uterine displacements, and require for their cure not the pellet but the pessary. Thorough acquaintance with pathology will inspire us with judicious scepticism. It will teach us that *post hoc* is not always *propter hoc*. It will enable us, in any given case, to decide whether the favorable change is due to the action of a remedy or to the natural course of the disease. Enthusiastic credulity will give way to intelligent judgment. Reasonable certainty will take the place of doubt.

Let us then summon to our aid all the resources of medical

science. Let neither the ridicule nor the abuse of the self-appointed champions of Hahnemann deter us from doing right; for we hold with Father Hering, that, "In the world of science, through conflict and trial, we come to the possession of truth."

*THE THIRTY-FIFTH ANNUAL MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY*

Took place at the Grand Opera House, Indianapolis, Ind., June 13th, 14th, 15th, and 16th. There was a large attendance, delegates being present from every State in the Union.

Dr. W. L. Breyfogle, of Louisville, Ky., presided.

Mayor Grubbs made the address of welcome, as follows:—

Mr. President, and Members of the American Institute of Homœopathy, — The people of Indianapolis are proud to welcome to their midst a body of men so intelligent and so skilful in their profession as are those who compose the membership of this Institute.

These annual assemblages of the medical and other professions, bringing together as they do the best men and the best thought of the country, cannot but result in great good to those who are thus brought into contact. Each member brings here and relates some matter of personal experience, and much that is valuable and not to be found in the books is thus given to those who participate in the proceedings.

I do not know whether this Institute has a code of ethics or not. If it has, I am sorry for it. The code never made a sick man well or set a broken limb. It never soothed a pain or brought rest to a disordered brain. But it has produced quarrels, discord, and delay, and left men to suffer and to die when prompt action might have brought relief. Men whose profession it is to care for and preserve the lives of others have no right to discuss technicalities while their patients suffer and perish. The call of humanity is stronger and more sacred than any clause of any code, and that school which resolves to listen only to the call of duty will find the calls coming at all hours and from the best classes of people. . . .

And now, gentlemen, as you are here in the interests of progress and advancement, — for the interchange of thought which may result in great benefit to the profession and to afflicted humanity, — I take great pleasure in welcoming you to our beautiful city, and trust that the time spent together may prove pleasant and profitable to every member of the Institute.

Your profession is a noble and sacred one. It takes you to the bedside of the sick and suffering. It brings you into close relation with husband, wife, and child, and often opens to you the sacred recesses of homes which are closed to all the world beside. If you take with you into those homes a cultivated mind and a pure heart, not only will the sick be relieved, but when death comes, which surely comes to all, you can do much to comfort those whose sorrow you vainly strove to avert.

Again, gentlemen, I welcome you, and trust that at the conclusion of your deliberations you may be safely returned to loving hearts and happy homes.

Dr. C. J. Corliss then, in behalf of the homœopathic physicians of the State, also extended an address of welcome, in concluding which he said:—

You have come up here to-day, not so much for rest and recreation, though these may be incidental, as to counsel together as to the best methods of improving the sanitary condition of man, woman, and child.

Accept the renewed assurances of the high appreciation which we feel for the distinguished honor you have conferred upon us in convening at this, the metropolis of our State, an association, the wisdom of whose teachings and practice will be felt upon the world's great heart until intelligence shall have died out of the race and mankind shall have returned to primeval barbarism. Ladies and gentlemen, I might

say more ; less I could not have said. In conclusion, permit me to say that he who occupies the chair to-day, as the honored president of the American Institute of Homœopathy, William L. Breyfogle, doctor in medicine, of Louisville, Ky., is a gentleman of sterling integrity, sound in doctrine, of varied learning, and of acknowledged executive ability. The Indiana Institute of Homœopathy is proud to own him as one of its most distinguished members, and into his hands, with confidence, we commend the best interests of this association, knowing that everything, with your assistance, will be done decently and in order. Again we bid you welcome.

In behalf of the association, the president, Dr. Breyfogle, responded gracefully, and then delivered his annual address, which is one of unusual interest, even to those who are not believers in the teachings of Hahnemann. The suggestions made show the result of careful investigation, and the address is written in excellent style, and was received with much favor by the convention.

After thanking the members for the honor conferred upon him, he referred to the past year, and said,—

In casting our thoughts back over the time that has elapsed since our meeting at Brighton Beach, we are confronted with an array of facts that at once stamp the year as a memorable one in the history of medicine. It is safe to say that during this time medical doctrines and medical ethics have been more generally discussed, both in and out of the profession, than ever before. In Europe, the meeting of the two international medical conventions brought forth delegates from all parts of the world to participate in the discussion of scientific questions and to assist in advancing the practice of medicine. Our medical literature has teemed with the reports of these meetings, and with discussions of the subjects brought forward in them, and, in consequence, every reading medical man in the world must have felt a revival of the interest within him. . . .

Among the laity, especially in our own country, the character and progress of medicine have also been subjects of earnest discussion. The various announcements of national and State boards of health, the numerous legislative acts in regard to medicine and sanitary measures, and above all, the sad illness, the anxious watchings with alternate hopes and fears, and at last death, of our President, have made the art of healing a familiar subject of criticism and comment in nearly every household. Exactly what effects such discussions have had, it is difficult to determine. True measure of public opinion is full twelve inches to the foot, and may demand of us what we cannot furnish, an exact science, and the medical profession may have lost in one direction as much as it has gained in another ; but we are safe in predicting that medical science, in the end, loses nothing by public discussion.

Public opinion may seem at times to deal unjustly, but in the main it is nearly correct, and medical science to-day owes more of its advancement to this cause than to all the accumulated wisdom of the medical priesthood. It is to a great extent due to this fact that homœopathy occupies its present high position. An intelligent public, impressed with the fact that it was compelled at times to take medicine, determined to take as little as possible, and seemed ready and anxious to adopt a treatment which Hahnemann had proclaimed to be successful in curing disease without the necessity of hazardous measures. The people cared less for the philosophy of Hahnemann's particular method than for practical results, and, believing success to be the test of merit, they have continued to encourage it with liberal support and patronage until its influence has been felt throughout the entire civilized world. Its practitioners have not been idle, but grateful for such generous encouragement. They have made every effort to perfect the new system of medicine and prove themselves worthy.

How well they have accomplished their part, let its proud position to-day in the United States testify. Witness its magnificent hospitals and asylums ; its numerous and active societies ; its eleven successful colleges with crowded lecture-rooms, and its thousands of volumes of medical literature. Witness the large appropriations made by State legislatures for supporting its institutions, and the appointment of its pro-

fessors in State universities. Witness the official recognition given homœopathy by appointments on national, State, and municipal boards of health. Witness the fact, that its practitioners are numbered by thousands and its clients by millions among the most cultivated and intelligent of the people, and then say if homœopathy has progressed.

Public opinion has also done much for the old school. It has forced its practitioners to abandon old ruts, and to travel in modern paths; to leave behind, with heroic medication, the little instrument with which Dr. Benjamin Rush claimed to have drawn enough blood to float a seventy-four-gun man-of-war. So great has been this pressure upon traditional medicine that it has utterly demoralized its followers. Without a guiding principle in therapeutics, some have discarded medicine, and given themselves to the more definite and fixed methods of surgery; others have become sanitarians, while the major portion, wrangling over conflicting theories, has become divided into the dogmatic and rational, or, as sometimes designated, the heroic and expectant, schools of medicine. The one claims, by right of inheritance, to be the representative of traditional medicine. Its practice has been well described by Sir Astley Cooper, "as founded on conjecture and improved by murder." The child reflects the image of the parent, and although divested of all its former grandeur, it stalks forth in its naked imbecility, and with the lash of bigotry and intolerance would drive out every medical theory which conflicts with the doctrines handed down from their ancient masters. Its un pitying, relentless malice toward its opponents is nowhere better illustrated than in the obituary notice published in the *Dublin Medical Press*, at the death of that great physician, author, and philosopher, Samuel Hahnemann. It says: "It appears that old Hahnemann, the inventor of homœopathy, is dead, having prolonged his existence by infinitesimal doses of nothing to eighty-eight years, greatly to the consolation and edification of the patrons and patronesses of quacks and quackery."

The only real progress made by the allopathic profession in therapeutics during the last century has been by the rational school. This so-called "chip from the old block" is a modern school, and, while it retains in its features many of the marks of its antique progenitor, still presents many new and promising traits. Its practitioners, observing the successes attending Hahnemann's method of treatment, have gradually grown into the belief that homœopathy, as a reform in medicine, had accomplished its object, and must of necessity cease to exist. Deluded by this idea, they have swept down upon a supposed victim, like certain historical ornithological specimens, only to find a most lively corpse. The revelation brought a miracle, and the rational school of medicine, which was to absorb Hahnemann's method of treatment, has become simply a feeble imitator in the eyes of an intelligent public, and a detestable time-server as viewed by the medical dogmatists.

In speaking of the progress made in hospital practice, he said:—

We note the surrender to homœopathy of the Binghamton Insane Asylum in New York, which, together with the State Homœopathic Insane Asylum at Middletown, N. Y., gives us ample opportunities and accommodations for the treatment of this distressing malady. A movement was set on foot some months since, which has grown rapidly in favor, to establish a National Homœopathic Hospital at Washington, D. C. A new homœopathic hospital has also been established in Kansas City. Our hospital at Pittsburg is to be enlarged with the sum of \$50,000, recently appropriated by the Pennsylvania Legislature. The Hahnemann Medical College at Chicago has greatly increased its hospital facilities, and the Chicago Homœopathic Medical College has secured a portion of the Cook County Hospital, one of the finest hospitals in the United States. The Homœopathic Hospital at Brooklyn, N. Y., has also added sixty beds to the already existing eighty. A number of dispensaries have also sprung up in the larger cities, while those already in existence have greatly increased their means of usefulness.

He touched upon the affairs of the Institute in the following manner:—

The little plant so tenderly set out just thirty-eight years ago has become a giant of the forest, its branches extending in every direction, and throwing its protecting

influence over a vast area. Time has only improved its vigor, and each year has added new beauties. Storms and vicissitudes have left its strength unimpaired.

As our national organization has grown in dimensions, so has it extended its influence until it is felt in every part of the world. It is to-day the largest association of homœopathic physicians in the world. This should make us more careful, if possible, in our utterances, and the committee on publication more particular to examine the material that enters into our annual transactions.

He offered a number of suggestions, among others, —

That the American Institute instruct the Bureau of *Materia Medica* to revise and condense our pathogenesis, and, as soon as practicable, to furnish this body a full report of their labors. We can then publish a condensed *materia medica* in a separate volume, at an additional cost to the members and others sufficient to reimburse the Institute. Through this bureau a system might be perfected for the more thorough proving of drugs, the necessity for which is growing daily more apparent.

I would also urge upon you the necessity of separating pharmacy from *materia medica*, giving it a separate bureau, which shall take upon itself the work of examining into, and reporting to the Institute the value of the drugs and attenuations sold by the various pharmacists, and of suggesting some method by which reliability and uniformity can be secured. I am moved to offer this suggestion, not through any ill-feeling toward dealers in homœopathic medicines, nor with a desire to impugn their motives, — for, as a class, I believe them to be generally honest in their dealings, — but because science has at last demonstrated, what many of the profession have long believed to be true, that there are influences operating in the preparation of attenuations that are not yet fully understood.

After the president's address the regular work of the Institute was taken up. Dr. Talbot submitted a partial report of the Bureau of Organization and Statistics as follows: —

There are 7,000 homœopathic physicians in the United States, and 278 institutions; 4 national societies report 1,069 members; 26 State societies report 1,783 members; of 103 local societies, 66 report 2,355 members; of 13 clubs, 7 report 97 members; of 23 general hospitals, 18 report 1,268 beds, — 15 of these, last year, treated 6,675 patients, and the estimated value of 11 of these hospitals is \$770,500. Of 30 special hospitals, 15 report 859 beds, and 9 of these treated, last year, 10,617 patients, of whom about one half were confined on their beds; and the cost of 10 of these institutions was \$1,006,000. Of 39 dispensaries, 27 report, last year, 111,469 patients, and to these have been furnished 256,589 prescriptions. 12 medical colleges have had 1,267 students, and graduated 421 physicians this year and 5,680 since they were founded. 16 journals have published this year 9,748 pages.

The reports from the different bureaus and the discussion of the papers occupied most of the second and third days. At the end of the third day the election of officers and selection of the next place of meeting of the Institute took place.

Dr. McManus invited the Institute to meet at Baltimore next year, in the name of the physicians of that city. Dr. Dowling, of New York, seconded the nomination of Baltimore. Dr. McManus explained that, personally, he did not wish the Institute to meet at Baltimore, and Dr. Dowling therefore moved that the next meeting be held at Niagara Falls, which was agreed to by nearly a unanimous vote, and the matter of fixing the time was referred to the executive committee.

The election of officers followed, and resulted as follows: For President, Dr. Bushrod W. James, of Philadelphia; for Vice-President, Dr. O. S. Runnels, of Indianapolis; for Treasurer, Dr.



E. M. Kellogg, of New York; for General Secretary, Dr. J. C. Burgher, of Pittsburg, was re-elected; for Provisional Secretary, Dr. T. Morris Strong, of Pittsburg; for Chairman of the Board of Censors, the present incumbent, Dr. F. R. McManus, of Baltimore.

Dr. John W. Dowling, of New York City, offered the following resolution:—

*Resolved*, That in view of the calamity which has fallen on the members of the Medical Society of the State of New York, in being refused recognition by the American Medical Association, on account of their willingness to meet with educated homœopathic physicians in consultation at the bedside of the sick, that this Institute throw open its doors to the members of the Medical Society of the State of New York, and that they be invited to sit with us and take part in our proceedings.

This resolution created considerable merriment, and Dr. Dowling read an interview with himself in the *New York Herald*, on the same subject, which was received with marked demonstrations of approval.

When Dr. Dowling offered his facetious resolution, it was seriously discussed at some length, until a delegate moved to lay the resolution on the table, saying it was only a piece of "delicate irony," when a delegate (who did not come from New York, as Dr. Wilson would say) asked the pertinent question, "Why didn't he label it then?"

Dr. T. P. Wilson, of Ann Arbor, spoke on the subject referred to, and said he did not believe in getting too enthusiastic over the action of the New York Medical Society. He said the homœopathic physicians in New York had been patted on the head and felt highly elated. He moved an amendment to the resolution indorsing the action of the New York society, providing they would cease to arrogate to themselves special excellence by calling themselves "regulars."

Dr. Dudley, of Philadelphia, with much gravity, said he was opposed to the resolution, and believed in letting things go on just as they were. The whole subject was then laid on the table.

There were a great many very interesting papers presented and discussed, but lack of space prevents our further alluding to them.

Dr. McManus, the venerable chairman of the Board of Censors, made a few appropriate remarks in bidding the convention adieu, to which a fitting response was made by President Breyfogle.

Dr. Pemberton Dudley offered the following resolution, which was unanimously adopted:—

*Resolved*, That it is the sense of the American Institute of Homœopathy that no physician can properly sustain the responsibilities or fulfil all the duties of his professional relations unless he enjoys absolute freedom of medical opinion, and unrestricted liberty of professional action, as provided in the code of ethics of this Institute.

The customary vote of thanks to the officers, committees, press, etc., was given, and the Institute adjourned *sine die*.

The banquet on the evening of the third day's session, given by the homœopathic physicians of the city and State to the visiting brethren, was one of the most complete and elegant affairs of the kind even seen in the city.

Dr. F. H. Orme, of Atlanta, Ga., acted as toast-master, and the toasts were as follows:—

"Samuel Hahnemann, who, although dead, yet liveth, and will always live"; which was drunk in silence, and standing.

To the toast, "The American Institute of Homœopathy, the oldest national medical organization in America," the retiring President, Dr. W. L. Breyfogle, gracefully responded.

The new President, Dr. B. W. James, of Philadelphia, also briefly responded to the same sentiment.

To the toast, "Our Senior Members," Dr. E. D. Jones, of Albany, N. Y., responded, who said that he felt too much fatigued to speak at length, for on the previous evening he had assisted in the initiation of three new members into the mystic order of "Seniors," which was a very tedious and laborious operation.

"The Western Academy of Homœopathy" was responded to by Dr. H. W. Roby, of Topeka, Kan.

To the toast, "The Indiana Institute of Homœopathy," Dr. C. S. Fahnstock, of Laporte, responded.

In the absence of Governor Porter, Ex-Governor Hendricks responded to the toast, "The State of Indiana."

"The Brazen Serpent, the first example of *similia similibus curantur*," was responded to by Rev. Myron W. Reed, who said that the principle of homœopathy had always been recognized by him as the right one. When he had a frozen ear he cured it with a frozen turnip, and when his father caught him crying for nothing he always gave him something to cry for. He had often thought that some wise doctor could build up a very pretty theory in accordance with his belief from the story of the brazen serpent, and now he wished he had let him do it. Mr. Reed then related the story of the brazen serpent in the wilderness, and drew many amusing deductions from it. He said one month's hard fishing for fish would cure eleven months' hard fishing for men, and the principle was exactly the same. The speaker closed with an eloquent defence of the principles advanced by the learned gentlemen before him. His speech, which was an excellent one and in his happiest vein, was received with much enthusiasm.

Mr. James Whitcomb Riley favored the audience with some of his inimitable character delineations, and was followed by Dr. J. P. Dake, of Nashville, who responded to the toast, "To our Friends in Old England."

"The Public Press" was responded to by Mr. G. C. Cochran, of the Louisville *Courier-Journal*.

The remaining toasts were "To the Ladies," Mrs. C. T. Canfield, M. D., responding gracefully; and "Our Host," which Dr. O. S. Runnels acknowledged. S.

#### MAINE HOMŒOPATHIC SOCIETY.

THE sixteenth annual meeting of the Maine Homœopathic Society took place at Augusta, on Tuesday, June 6. The meeting was called to order at 10.30 A. M., Dr. W. T. Laird, of Augusta, president, presiding. There were twenty-one members present from various parts of the State. After the customary preliminaries the business of the meeting was entered upon.

#### PROCEEDINGS:—FIRSTLY.

Discussion as to the advisability of a law regulating the system of practice throughout the State. The general opinion expressed was that they should co-operate with the allopaths to secure this result. No decision arrived at.

Dr. Foss, of Newburyport, delegate from the Homœopathic Medical Society of Massachusetts, was formally invited to participate in the deliberations and festivities of the occasion. Dr. Foss responded in a few remarks, giving the progress of the new school in the old Bay State, and extending the right-hand of fellowship in behalf of his brother practitioners in Massachusetts.

#### SECONDLY:—REPORTS OF THE BUREAUS.

1st. *Materia Medica*.—The chairman, Dr. W. E. Fellows, of Skowhegan, being absent, Dr. Gallupe, in lieu of a paper, made some interesting remarks, giving the early methods of prescribing, and the best methods of prescribing, advocating a minimum dose and not too frequent repetition of the same. Dr. D. C. Perkins sent a valuable and exhaustive report, which, being delayed, will be read later. Dr. Sylvester gave an account of his experience with *Viola tricolor*.

2d. *Clinical Medicine*.—Dr. M. S. Briry, of Bath, chairman of the Bureau of Clinical Medicine, read an able and instructive paper, citing a number of clinical cases. Dr. Gannett read a paper on a case of articular rheumatism, markedly periodical in its character, cured with *Lactic acid*<sup>3d</sup>. He also reported a case of general vaccinia following vaccination in a child two and a half years old suffering from eczema. Dr. W. B. Whiting, of Bidde-

ford, gave a verbal report of two cases of spasmodic asthma relieved by *Ambrosia artemelifolia*. Dr. W. B. Perkins, of North Bridgton, spoke of a case of diphtheritic croup cured by *Lac caninum* and *Spongia*. Dr. M. C. Pingree, of Portland, read a paper giving two clinical cases successfully treated. Dr. Will S. Thompson followed with report of a case of tapeworm expelled by a preparation of oil of male fern.

3d. *Surgery*.—Dr. S. E. Sylvester, of Portland, the chairman, read an able paper citing cases which had occurred in his practice during the past year. Dr. W. T. Laird, of Augusta, described an umbilical truss of his own invention, simple but very effective. A discussion followed on the best appliances for umbilical hernia.

### THIRDLY:—NOMINATIONS FOR OFFICERS FOR ENSUING YEAR.

President.—S. E. Sylvester, Portland.

Vice-Presidents.—W. M. Haines, Ellsworth; A. F. Piper, Thomaston.

Recording Secretary.—W. F. Shepard, Bangor.

Corresponding Secretary.—C. H. Burr, Portland.

Treasurer.—L. H. Kimball, Bath.

Censors.—Wm. Gallupe, Bangor; W. L. Thompson, Augusta; M. S. Briry, Bath; J. H. Knox, Orono; Geo. P. Jefferds, Bangor.

Committee on Publication.—W. F. Shepard, Bangor; R. L. Dodge, Portland; M. C. Pingree, Portland.

Committee on Legislation.—W. T. Laird, Augusta; W. L. Thompson, Augusta; M. S. Briry, Bath; C. A. Cochran, Winthrop.

Committee on Arrangements.—W. L. Thompson, W. T. Laird, Will S. Thompson, Augusta.

In the evening the association listened to the annual address from the president, Dr. W. T. Laird.

---

### BOSTON UNIVERSITY.

EXERCISES of the sixth annual commencement of Boston University took place at Music Hall, Wednesday afternoon, June 7. The hall was so crowded that hundreds were unable to find even standing room inside the doors, and were compelled to go away. Inside, Music Hall was beautifully decorated. On the platform were potted plants in flower, ferns, and rare tropical varieties of green; while all around the lower balcony, from stage to stage again, were festoons of bright laurel leaves. The exercises

opened with prayer, followed by music from the Germania Orchestra, and the reading of orations and dissertations by members of the graduating class.

The number of those receiving diplomas is as follows:—

College of Liberal Arts, 13. College of Agriculture, 16. College of Theology, 13. College of Law, 48. College of Medicine, — with degree of Bachelor of Surgery, 5; with degree of M. D., 29. School of all Sciences, with degree of Ph. D., 8; with degree of A. M., 7.

#### NAMES OF GRADUATES.

From the School of Medicine. — With the degree of Bachelor of Surgery, Henry Flanders Batchelder, George Washington Butterfield, Francis Austin Gardner, George Augustus Lord, Winfield Scott Smith; with the degree of Doctor of Medicine, Emma Frances Angell, Clara Celestia Austin, Benjamin Parker Barstow, Mary Elizabeth Emery, Joanna Fuller, Howard Austin Gibbs, Clara Priscilla Grove, M. B., Joseph Franklin Hadley, Walter Augustus Hall, Florence Nightingale Hamisfar, S. B., Sayer Hasbrouck, Chas. Cahoone Howland, Frances Maria White Jackson, M. B., Lois Ophelia Jackson, Amanda Henry Kempton, Augustus Andreas Klein, Maria Francella McCrillis, Amos Hagar Peirce, Henrietta Newell Porter, William Robert Ray, Anna Maria Selee, James Parker Stedman, Waldo Hodges Stone, Alvin Francis Story, George Henry Talbot, Granville Joseph Walker, Walter Henry White, Rebecca Weeks Wiley, Anna Thomes Winship.

#### THE TRUSTEES' RECEPTION.

In the evening, from 7.30 to 10, a reception was given by the Trustees of the Boston University to the Faculty and graduates. Upward of three hundred attended, including many clergymen and graduates of former years, and about one hundred and thirty graduates of the present year. Among those present were: Ex-Governor Clafin, President of the Board of Trustees; the Right Rev. Bishop Foster, Dr. Lowry of Cincinnati, the Rev. E. Paxton Hood, President Blakeslee of the Greenwich Academy, Principal Moses Merrill of the Latin School, President Steele of the Wesleyan Academy, Wilbraham, Prof. Niles of the Institute of Technology, Prof. Buck, Dr. Lindsey of the School of All Sciences, Judge Bennett of the Law School, Dr. I. T. Talbot of the Medical School. The guests were received in Wesleyan Hall by Ex-Gov. Clafin and lady, after which refreshments and social intercourse were enjoyed, and entertaining music was furnished by the Boston City Band.

## OBITUARY.

In Quincy, May 5th, of tumor on the brain, Dr. Lorenzo Fowler Butler, aged thirty-two years and ten months. Dr. Butler was born in Martha's Vineyard, July 17, 1849. He graduated from the Medical School of the Boston University in the class of 1877, and the same year settled in Quincy, Mass., at which place he had remained until the time of his death.

DR. JOHN FRANKLIN GRAY, the first physician in America who was converted to the system of Hahnemann, died on June 5th at the Fifth Avenue Hotel, New York, after being ill for more than three weeks. He was born in Shelbourne, N. Y., on Sept. 23, 1804. In 1824 he came to New York, entered the College of Physicians and Surgeons, and obtained his degree in 1826. During the time of his studies he was appointed assistant surgeon in the navy; and as it was necessary that he should be a graduate or licentiate in order to hold this position, he was accorded a license by the county medical society. Soon after, he learned of Hahnemann's medical theories through Hans B. Gram, a Danish doctor, who was born in Boston of Danish parents and educated in Denmark. He heard Dr. Gram lecture, but was not convinced. He then reluctantly consented to let Dr. Gram treat one of his patients, whose case had resisted his own skill. Dr. Gram had remarkable success, not only with that patient but with others, and Dr. Gray was converted to homœopathy. He announced his intention of practising according to that system openly, and in consequence lost his profitable practice and all his professional friends. He endured many hardships and much ill-treatment for his devotion to homœopathy. Dr. Gray was the first to propose the formation of a national society of homœopathy, and in 1844 the American Institute of Homœopathy was organized. He received the honorary degree of Doctor of Laws from Hamilton College in 1871.

---

## PERSONAL AND NEWS ITEMS.

DR. L. H. KIMBALL, of Bath, Me., has returned and resumed practice after a six-months' stay in Vienna

DR. C. H. HUTCHINS has located at No. 5 Pine Street, in Waltham, Mass.

DR. GEORGE F. BUTMAN has located at Hyde Park.

A. F. STORY M. D., Class '82, Boston University School of Medicine, will locate at 36 Leadenhall Street in London, England.

E. R. CHASE M. D., has removed from Essex, N. Y., to Burlington, Vt.

J. F. HADLEY M. D., Class '82, Boston University School of Medicine, has located at Chicopee, Mass.

HENRY F. BATCHELDER M. D., has located at Middleton, Mass.

At the annual meeting of the Alumni Association of Boston University School of Medicine, held at the Revere House in Boston, June 8, 1882, the following resolutions were passed:—

*Whereas*, It has pleased God in his infinite wisdom to remove from our midst our beloved associates, Clara Aldrich, Lorenzo Fowler Butler, and Everett Park White, therefore —

*Resolved*, That we, as an association, tender to the bereaved friends, heartfelt expression of sympathy and sorrow in their afflictions.

*Resolved*, That a copy of these resolutions be published in the NEW ENGLAND MEDICAL GAZETTE.

*Resolved*, That a copy of these resolutions, duly attested, be sent to the relatives of the deceased. (Signed)

SARAH E. SHERMAN, M. D.,  
CHARLES LEEDS, M. D.,

*Committee*

BOSTON, June 8, 1882.

THE  
NEW ENGLAND MEDICAL GAZETTE.

---

---

No. 8.

AUGUST, 1882.

VOL. XVII.

---

---

*“FAITH” HEALING.*

As this method of so-called cure has recently assumed considerable proportions again, we can but look it carefully in the face, and see what it is that commends it. The age of superstition is not yet passed, since devotees of this method may still be found, even among otherwise intelligent and sensible people. Professing to be cured, no matter what the disease or its cause, by a wholly absorbing faith in a divine power, the patient is expected to renounce all else. If he is not cured, the only reply is, “Your faith is not great enough.”

As we look at all this, trying to stand on the firm ground of common-sense, one aspect of the case is especially striking. The universe in general, and we, as a part of that universe, are governed by certain fixed laws and principles which existed throughout all time, and will eternally exist. They do not represent the capricious purposes of any power, even a divine one. If those laws are broken, evil results follow as surely as night follows day. As true scientists, we must recognize this; and we continually see the results of these broken laws in diseased and unhealthy conditions existing around us at all times. It is our life-long labor to correct these evil conditions, and the first step is to bring the deranged systems into harmony with the whole chord of nature.

But what does the “faith” healer say? “The Lord would rather have you well than ill; all you must do, therefore, is to believe that and unreservedly surrender yourself into his hands. Have implicit faith, and you are well!” He ignores all the fundamental principles of life, and asks the Lord, a divine and illimitable power, to change all the underlying principles of a great universe to fit their morbid conditions, and so bring them back to health. They ask for something, which from its very nature is impossible. If granted, a discord is sent through the universe, the far-reaching effects of which cannot be estimated. The blind selfishness of such a belief destroys it. While curing this miserable, diseased body, — diseased through its own ignorance or folly,

or that of its ancestry, — all recognized laws are changed, as well as those of which we have no conception, and the man, who, having lived a healthy, natural life for a time, finds that his years of patient observation and effort in order to keep himself in accord with nature have gone for nothing, must live henceforth a haphazard existence, subject to the caprice of the divine will. This is, in reality, what the "faith" healer asks and teaches: literally, that an exception be made in each individual case of disease; and we do not hesitate to affirm that this belief exists only through extreme egotism and egregious selfishness.

The divinity of the laws of the universe consists in their absolute and unconditional unchangeableness. Change them only once under these conditions, and they become finite, limited, capable of endless variation. To ask this is to insult the divine Spirit which pervades the whole universe. o .

---

#### MEDICAL EDUCATION.

AMONG the laity one often hears a sneer at physicians and at medicine in general, all schools being included. If one looks carefully back to beginnings, this is not a strange circumstance. When we see of what a large proportion of physicians are made, we must confess that the reasons are obvious why the profession is overfilled. All concede that there is a certain natural adaptation necessary to become a good physician. Comparatively few possess this, even in a moderate degree; but those who do should be encouraged in their tastes and desires. They enter the profession from love of it, knowing that this very enthusiasm with application will secure success.

But what can be said of the class, ever increasing, who take up medicine for base motives, having no natural fitness for it other than a business keenness such as they would bring to any enterprise? It means nothing more to them than a mere question of dollars and cents. Fortunate it is, at any rate for the laity, that they are so often a failure. By careful estimates, from one seventh to one sixth of those who graduate are, within three years from the time of receiving their diplomas, engaged in some business pursuit. One can but ask, "Why is this?" Simply because they thought it an easy task to secure a large income by medicine. Not having the courage to stand the first years of disappointment, hard work, and fluctuating fortunes, their enthusiasm soon comes to lowest ebb, and the first opportunity for change is gladly welcomed.

Again, another class is kind-hearted, sympathetic, earnest, but lacks the prince of faculties — ready adaptation of a theory to prac-



tice. Good at argument, fluent with the pen, by the bedside they are all at sea and find their theories are elsewhere.

"But," one may ask, "where is the remedy for all this?" The remedy is plain, and might be called almost specific. Practising physicians and educators may change it. Those who stand at the portals are responsible for all whom they allow to pass. Almost every one thinking of studying medicine first consults some physician whose influence exerts a marked effect on his whole education and training. Let the process of culling begin here. Let a physician speak freely his mind, and when such a person comes to consult him, who is manifestly unfit in every sense of the word, do him a life-long kindness by frankly telling him so. Do not encourage any one because he merely *desires*. In such cases we should constitute ourselves judges and carefully balance all opposing forces.

A German writer's idea of the qualifications needful for a physician is as follows:—

"You must bring to your task a clear eye and sharp ears; acuteness of observation and patience for infinite study; an unclouded brain and an iron will strengthened in difficulty and embarrassment, but a warm, moving heart, that takes cognizance of all sorrow and sympathizes with it; religious convictions and moral stamina which resist the seductions of sensuality, money, and honors. Besides, you must have a respectable exterior; you must be polished in conversation, dexterous with the hands, possessed of health of body and soul. You must have the camel's burden of knowledge, and preserve the freshness of the poet. You must weigh all the tricks of charlatanism, and, in the midst of temptation, remain an honest man. Remember that on your calling depends everything: it must be your religion and your politics in fortune and misfortune. Therefore advise none to be a physician. If he persist in his determination, persist in dissuading him. If he still persevere, then give him your blessing, and, if he is worth anything, he can put it to use."—*Pacific Medical Journal*.

Show us the student whom any physician sends under his name to our colleges, and we will tell you his professional standing at once.

Let this critical feeling be extended to our colleges. When a person takes five or six years to complete a three or four years' course, he should never be allowed to take a diploma, unless sickness or unfortunate circumstances, other than intellectual deficiencies, are the causes of delay. By these means, carefully extended, our classes of graduates would be materially lessened, the standard greatly raised; we should hear less of crowding in an already overfilled profession, and if it could only become one of the

unwritten laws of general professional life, to protect the honor of the profession by allowing only honorable men and women to enter it, much of the discourteous and undignified jealousy, now an every-day element, would cure itself. The need is not for more physicians, but better physicians, — men and women with more brain power and broader education. That college in the future which will wield the greatest influence will not necessarily be the one with the largest list of graduates, but that whose graduates are leaders; for they will put forward carefully selected students, who will worthily fill their places, and in turn lead on able men and women. Each college should have a high ideal, and try in every way to reach it. There is no sense in calling able men to professorships, if they are to offer their choicest intellectual efforts to minds wholly unable to appreciate or assimilate them. The college should offer such material that it may be considered a privilege to receive it. Its instruction should be sought by earnest and competent students, those who are eager for the best; and promoters of medical education should see to it that students demand and will be satisfied only with the choicest the time can possibly offer. The college should make its reputation wide; send forth men and women well trained and able to compete successfully with their friendly rivals receiving their education from other sources. This may be difficult at first, but such a college will not lack support, and each year will see its power and usefulness reaching farther and farther.

Foundation work is what should be aimed at; and this cannot begin too soon or continue too long. The student should start aright: have an ideal fused into him, see that ideal still fresh in his instructors, and be taught that as his student work is, so his life work and success will be. He then learns to estimate his results, not by dollars and cents received, but by his nearness to his ideal, and the gratifying inner satisfaction known only to himself, and then in turn demand high attainments in those who consult him with thoughts of a professional life, and will more and more feel that he is selecting those who are to succeed him.

More often than is generally known, as would be seen if those in position to know would divulge it, do men apply for degrees wishing a diploma at once, stating in general terms that they already have a wide knowledge of medicine, but would like a diploma from some particular school, asking for one as if it were a favor to the institution named to be allowed to bestow it upon them, when, in fact, a five minutes' conversation serves to impress one with their profound ignorance on all subjects pertaining to medicine, and that only the regular course of instruction carefully fulfilled could possibly fit them for a degree.

There are needed changes in our whole system of medical schools. Colleges spring up everywhere, almost at the bid of one man, and pass a more or less fitful existence. There are too many "struggling institutions," and we should not listen too readily to this plea of a "worthy" cause needing support and lacking — everything. Some national system should be devised, concentrating the number of colleges to a few, and those presided over by men giving their whole service to them, — professors called to the different chairs in consequence of eminent fitness, and so remunerated that they could afford to give their best efforts to instruction. A diploma then would mean something, and would not represent, as it too often does now, a particular sum of money or a certain amount of wire-pulling.

As physicians, we should accept and hold as a trust our medical principles. Looking at them as such, we must one day pass them over to successors; and it lies with us to see that those successors are worthy of the trust, able and willing to take the work from us, not content to go only as far as we go, but to begin where we leave off, advance continually, and in turn leave to their successors an understanding sense of the sacredness of our legacy, simply handed down to them from all time as a temporary trust. o

---

*A CASE OF CYSTIC TUMOR OF THE PERITONEUM.*

BY G. H. MARTIN, M. D., SAN FRANCISCO.

[*Read before the California Homœopathic Medical Society, May 10, 1882.*]

MRS. M——, forty-eight years of age, dark complexion, medium height and build, had been suffering from the time she was eighteen, with occasional attacks of severe pain, extending from the upper part of the right lumbar region into the epigastrium. At first the attacks were only slight, and the intervals between them were of long duration, but gradually they increased in frequency and severity. The pain, which was of a tensive character, would occur at any time and without any apparent cause. After lasting for some time, vomiting of large quantities of bilious matter, and sometimes of partially digested food, would ensue, which would relieve for a while. By kneading the abdomen over the affected part, toward the median line, relief could also be obtained, and it would give a sensation to the patient of fluid or air passing from one part to another, and cause much eructation. These attacks would last for one or several days, after which she would recover and seem perfectly well, and remain so for months or even a year at a time. When called to see the case with Dr. Currier, the attending physician, the patient was

somewhat emaciated, had a yellowish, cachectic appearance, was suffering severely with the pain, and vomiting even the most simple kinds of food. Upon examination, the liver was found to be pressed well against the abdominal parietes, so much so that a nodulous feeling was given to it; but it did not seem to be at all enlarged. By hard pressure just under the lower edge of the liver, slight pain was occasioned, but there was no fluctuation perceptible. The pulse was normal, tongue coated whitish-yellow, urine was voided in large quantities, was of light straw color, which is so characteristic of nodulous cancer of the liver, and of high specific gravity. The bowels were regular, and so were the menstrual functions. She was feeling much exhausted from want of nourishment. Nutritive enemata were given, and also the indicated remedies, but of no avail, and the patient died a few weeks later from exhaustion. A *post-mortem* examination was made by Drs. Currier, Boericke, and myself, with the following results: External examination was carefully made of the abdomen, but with negative results, except the nodulous feeling of the liver. After the incision into the abdominal cavity was made, the liver was first examined, and it was found to be perfectly normal in every respect. After removing it from its attachments, an irregularly shaped tumor, about eight inches in length and four in diameter, was found imbedded among the intestines, and closely covered by the peritoneum. It extended from under the right lobe of the liver, nearly half-way into the right lumbar region, and over into the umbilical and epigastric regions nearly to the stomach. The adhesions were carefully broken up to the posterior portion of the tumor, where a pedicle, three inches in width and two in length, was found connecting it with the peritoneum; at this point three small blood-vessels were found, arising from the common iliac arteries, from which the growth derived its nourishment. The tumor consisted of one large and several small cysts, and with the fluid, which was of a thin, milky character, weighed four pounds intact. No connection was found between the tumor and any other organ, and all of the abdominal organs were in a perfectly healthy condition, which goes to show that all of the symptoms were purely the result of mechanical causes. This case is interesting in many points. In the first place, tumors of this kind are of very rare occurrence, and it is a question if they have ever been correctly diagnosed before death. In this instance, the symptoms simulated so closely those of "nodulous cancer of the liver" that it was mistaken for that disease: the tumor pressing the liver so closely to the abdominal walls gave it the nodulous feeling, which I mentioned. In the second place, that a growth of this size could be in the abdominal cavity without being detected by

a careful examination seems surprising; but it is a fact, and simply shows how easy it is to be mistaken in our diagnosis of a case. The question now arises, if this case could have been correctly diagnosed in its earlier stages, could it not, in these days of heroic surgery, when so many operations of wonderful importance are being performed, have been removed, and the life of the patient saved?

---

DR. JOHN F. GRAY.

At a meeting of the Homœopathic Medical Society of the County of New York, held June 14, 1882, the following remarks and resolutions were offered by Lewis Hallock, M. D., adopted by the society, and ordered to be published in the daily papers:—

To Dr. John F. Gray is due, by unanimous consent, the distinction of having been the first convert to the practice of homœopathy in America, and the pioneer of the six thousand converts who now embrace and practise the law of *similia* throughout our land.

As early as 1827, the year after his graduation at the College of Physicians and Surgeons of this city, Dr. Gray became acquainted with the principles of homœopathy through the successful treatment, by Dr. Gram, of a patient whom he had long in vain tried to cure, and at once began to investigate and test the new method of practice. This investigation resulted, as it has since in the history of many of his followers, and as we believe it would in nearly all intelligent physicians who will carefully and candidly make it, in accepting and practising this new and better system.

The example and success of Dr. Gray soon awakened the interest and inquiry of his early classmates, and, in 1829, Dr. Abram D. Wilson became the second convert, followed in slow succession by Drs. Hull, Channing, and Curtis. Soon after these accessions, Dr. Gray, in 1834, published the *American Journal of Homœopathy*, and thus extended more widely the knowledge of the new practice; but the number of subscribers was so small, and the time and labor required to continue his almost unaided efforts so great, that the periodical was suspended at the end of two years. After an interval of four years he resumed the publication under the title of the *Homœopathic Examiner*, when he received the able assistance of Dr. Hull as associate editor.

To Dr. Gray, therefore, we are indebted for the first American homœopathic literature, the previous few publications having been almost entirely in German; this language he early learned by the

advice and aid of Dr. Gram, that he might have access to the original source of instruction.

Until this period the principles of homœopathy were little known, and its converts confined to half a dozen ardent young physicians, whose new ideas of practice were regarded as visionary and ridiculous, and but little was said by them to their professional acquaintances, as I can well testify; for though often meeting Dr. Gray, after years of early intimacy, as fellow students and graduates of the same medical class, rarely was the subject of the new practice referred to, or effort made to induce others to adopt it. Dr. Gray did, indeed, report the successful treatment of two or three inveterate cases by remedies new and unknown to the regular practice, at some of the meetings of a small association, mostly members of our graduating class, termed the Medical and Physiological Society, the records of which remain with me as its last secretary; but, as little or no allusion was made to the theory of the treatment, they were regarded as cases of fortunate success and received little special attention. On one occasion, however, the president, after our adjournment, inquired of Dr. Gray what induced him to give *arsenic* for the cure of the *burning* symptoms in the case he had just reported, and added, if it was in accordance with the visionary theory of that German, Hahnemann, "I advise you to have nothing to do with it: it is all a delusion, and is already about dead in Europe." The incredulity and opposition to the new practice thus foreshadowed, and the absence of an English literature to which they could refer early inquirers, doubtless prevented Dr. Gray and the few first pioneers of our cause from urging its importance upon the attention of their medical brethren, until the publication of the *Homœopathic Examiner* in 1840, and the translation of "Jahr's Manual" and the "Symtomen Codex," by Dr. Hull, and the editing of "Laurie's Practice," and other popular works, introduced an English homœopathic literature to all candid inquirers. From that time converts to the new practice became more frequent, and soon Drs. Curtis, Channing, Cook, Taylor, and Freeman (now all departed), and later, Drs. Bayard, Ball, McVickar, and others of this city, including five of the class graduating with Dr. Gray, of whom Dr. W. C. Palmer and myself are believed to be the only survivors, were added to the number.

During those years of growth and struggle, Dr. Gray was, I think, by all regarded as the pioneer and leader of our cause, and his office was a rendezvous for frequent intercourse and consultation. All felt the need of mutual encouragement and support, for at that early period the bare report of a tendency to homœopathy subjected the physician to loss of caste and character among his

professional associates, excluded him from their fellowship, and turned friendship to enmity and aversion.

How great the change can hardly be realized by the homœopaths of the present day, for now the waning opposition of prejudiced rivals is little feared, and more than compensated by the respect and confidence of an appreciative community. For this result and the established success of our system of practice, the homœopaths of this city are pre-eminently indebted to the early labors and long and skilful practice of Dr. Gray, and we but respect and justify ourselves in recording his merits and doing honor to his memory. To give appropriate expression to these feelings, I beg to offer the following

#### RESOLUTIONS.

*Whereas*, In the allotted dispensation of Divine Providence, Dr. John F. Gray, the first convert and pioneer practitioner of homœopathy in this city, has been removed by death, we, the members of the Homœopathic Medical Society of the County of New York, of which he was an early and honored member, hereby record our estimate of the character and usefulness of our departed brother :

*Therefore resolved*, That the death of Dr. Gray removes from our midst, not only the first American convert to the principles and practice of homœopathy, but one whose early literary publications and subsequent prolonged and successful practice were pre-eminently useful in introducing and promoting the new and improved system of medicine, to which our lives and labors are devoted.

*Resolved*, That the example and influence of Dr. Gray were especially useful in leading and encouraging many of his professional associates to adopt the principles of homœopathy, and thus extend and spread its blessings throughout our land.

*Resolved*, That we cherish and honor his memory as a talented and skilful physician, conscientious and faithful to his patients, prompt and clear in diagnosis, ready and decided in practice, an able and wise counsellor with his brethren in difficult and dangerous diseases.

*Resolved*, That these resolutions be entered upon our minutes, and a copy be furnished to the relatives of the deceased.

Dr. H. D. Paine seconded the resolutions. In doing so, he spoke of the death of Dr. Gray as an event of historical interest to every homœopathic physician throughout the land. It marks an epoch in the progress of our school. At the mention of his name, the mind reverts to the fact that he was the first of American physicians to discover and appreciate the truth of the therapeutic law of Hahnemann. When we consider the present

position of homœopathy in the United States, its thousands of adherents, professional and lay, its colleges, hospitals, societies, and other institutions firmly planted in every part of the land, it seems almost incredible that all this growth should have been effected within the life of one man ; that the first convert should have lived to see this marvellous change, and that, too, in the face of an opposition determined, vindictive, and uncompromising beyond anything similar in the history of the medical profession.

The man who took the initiative in the beginnings of this marvellous revolution is but just dead, and the resolutions just offered expressed no doubt the unanimous feeling, not only of this society, but of the great mass of our colleagues throughout the United States. Had Dr. Gray been a man less remarkable than he was, the obligations that we, as a body, owe to him as the pioneer of homœopathy, would not be less than are stated in the resolutions now before us. Dr. Hallock has expressed in these resolutions and in his remarks the feeling with which he is regarded by the members of our school, and the duty we owe to his memory on account of the part which he filled, for so many years, as its leading representative.

But Dr. Gray was a remarkable character, who would have stood out from the ordinary ranks of men though he had never heard of homœopathy. Earnest and fearless in the investigation of problems in nature and science challenging his attention, frank and unhesitating in advocacy of his convictions, a quickly discriminating judgment, and a manner peculiar and bordering upon the eccentric, he would have been a notable character in whatever profession or position in life he had found himself.

Dr. Paine then gave a sketch of Dr. Gray's early life and of the difficulties with which he had to struggle in the attainment of his cherished purpose to acquire an education and to become a physician. Born in 1806 in a small town in Central New York (of which his grandfather was the founder), one of a large family, comprising five sons, and with narrow means and few facilities for learning beyond the district schools of the country, the prospect of the accomplishment of his ambitious desires seemed sufficiently remote. When about sixteen years of age he obtained, after much persuasion, the parental consent to make his own living and follow his own plans. The history of the next few years was one of hardships, privation, and constant application. Avoiding the diversions of boyhood and every enticement to distract his attention from his one great aim, he steadily pursued his way, overcoming, one after another, the obstacles that appeared but did not discourage him. His self-renouncing perseverance was rewarded, not only by success in acquiring an excellent classical and scientific education, but had made him influential friends.



Armed with letters from Gov. Clinton, an old friend of his father's, and one or two others, and with a small sum of his own earnings in his pocket, he came to New York in 1824, with a view of completing his studies at the Medical College. His letters were effectual in introducing him to Prof. Hosack and other leading members of the Faculty, who soon became charmed with his intelligence, his studious habits, and his close attention. The most rigid economy was absolutely necessary to make his little store suffice for his expenses. He graduated from the College of Physicians and Surgeons, then situated in Barclay Street, in the spring of 1826, intending to return to the country to practise his profession. So nearly expended by that time were his scanty means, that it was a question whether he had enough to carry him home — then removed to the extreme western part of the State — when he fortunately was offered the position of assistant house physician in the New York hospital, and a small salary therewith. At the same time some of his friends in the Faculty, evidently conscious of his unusual abilities, strongly urged him to remain in the city, promising their patronage and influence till he should become established. This promise was so well kept, that, after the expiration of his engagement at the hospital, and upon putting out his sign in Charlton Street, he soon found himself quite busy with an encouraging practice. His early marriage with a daughter of Dr. Amos G. Hull happily determined his decision to remain in the city. So prosperous were his affairs that before the end of his first year he found it desirable to set up a buggy. Among the patients who had placed themselves under his care was a Mr. Milsoy, a merchant of New York, suffering from a long-standing chronic malady, for which no physician had been able to find a remedy. After many interviews, his patient began to speak to Dr. Gray of a certain foreign and learned physician, whose acquaintance he had made in his Masonic lodge, and whose opinions about medicine were so new and strange that he knew not what to make of him, but that having become somewhat intimate with him, he had spoken to him of his own complaint, and had been encouraged to hope for relief under a different method of treatment; but his friend had declined to prescribe without Dr. Gray's consent. The doctor declined a consultation, but advised his patient to accept his friend's services. This was in 1827. The effect of the experiment was so favorable, and withal so speedy and complete, that, throwing aside his prejudices, Dr. Gray consented to an interview, which led to a mutual and life-long friendship. It is not necessary to add that this "foreign doctor" was Hans B. Gram, who, though really born in this country, was of Danish paternity and education. After practising medicine for many

years in Denmark, he adopted the newly promulgated system of homœopathy, and determined to return to America as an apostle and missionary of the new medical faith. He came in 1824, but until his acquaintance with Dr. Gray, he found no hearing from those, his medical brethren, whom he vainly thought would receive his message with gladness, if not with enthusiasm.

Dr. Gray with his sharp perception quickly caught the essential features of this new method, and saw the possibilities of a great reform which, if true, it was sure to effect. To test the practical value of the system still further, he consulted Dr. Gram about many intractable cases and administered the medicines that he prescribed. This was necessary, inasmuch as the few books upon homœopathy yet published were all in the German language, which, at that time, Dr. Gray did not understand. Before many months, but not till after many anxious searchings of heart, he became so convinced of the truth involved in the now familiar law of homœopathy, that he could not longer resist making an open avowal of the fact. The result was what he, no doubt, foresaw, — an immediate withdrawal of favor and aid from those who had heretofore befriended him, the loss of much of the remunerative part of his practice, and the disfavor and forebodings of relatives and friends. Notwithstanding this experience, which came sharp and quick, he never faltered, so sure he was of the truth and ultimate triumph of the doctrine he had espoused. Besides, he had learned patience in the school of adversity. It was in 1828 that his apostasy from the orthodox methods became publicly known. To add to the difficulties of his position, he was still largely dependent upon Dr. Gram's aid in so much practice as remained to him, owing to his ignorance of German. This defect he immediately set himself about to repair, with the same diligence that he exercised in the earlier part of his education. In a remarkably short time he became sufficiently expert to read the few works to be had, by himself. No works expository of the Hahnemannian doctrines were written or published in English till several years later. So there was little chance for making converts, and accordingly Dr. Gray and Dr. Gram stood alone, until the following year, Dr. A. D. Wilson had the courage to make a third in the little company. The next year Dr. Channing avowed his belief in the new system. Both of them men of learning and ability and practitioners of established reputation, their conversion caused no little excitement.

This brings the history down to 1830. Dr. Paine was not aware of any other accessions until the first cholera epidemic, in 1832, or about that time. Dr. A. Gerald Hull, a brother-in-law of Dr. Gray, was preparing to enter the profession under his and Dr. Gram's direction; Dr. J. T. Curtis was still a student of Dr.

Gram ; both brilliant and strong men, who, afterwards distinguished themselves in behalf of the cause. Dr. Paine's first personal acquaintance with Dr. Gray was in 1833, while a student in the office of the elder Dr. Hull. Discussions on the subject of homœopathy were frequent, and he soon came to know the men who were engaged or interested in the struggle, and the successive steps of its progress. As had been the case in Europe, the comparative results of the different methods of treating the Asiatic cholera had drawn public attention to the advantages of homœopathy, and there began to be a demand for homœopathic practitioners, and of course for information and means of studying the system. Books began to appear, mostly translations from the German, first into French and after into English. With these increased facilities, conversions became more numerous. Drs. Kirby, Vandeberg, and other important accessions were among the foremost. In 1834 another epidemic of cholera occurred in New York, with still more favorable results to homœopathy, owing to the larger number of practitioners capable of applying it. From that date the progress of our school has been steadily upward. Its history in this city and State is known to many here.

The colleagues of Dr. Gray in those first years are all departed. He who stood the chief figure in the little band outlived them all, and many of those who came later into the field. Now he has also gone, and we do well to pay, at least, our grateful tributes to his memory.

E. CARLETON, *President.*

F. H. BOYNTON, *Secretary.*

---

#### CLINICAL CASES.

[*Read by M. C. Pingree, M. D., of Portland, before the Maine Homœopathic Medical Society, June 6, 1882.*]

*Mr. President and Gentlemen:* I desire to occupy your time for a few moments, for the purpose of reporting two cases of a surgical character which came under my notice during the past year.

Aug. 1, 1881, was requested to visit J. M. F——, a ship-master by profession, who had that morning been brought from a neighboring city. Some five or six weeks before, while on the passage from Boston to St. John, the captain had been stricken down with typhus of a very severe type, and had been confined in quarantine at the latter port during the mean time, until he came under my care. Found the man on the morning of my first visit in a most deplorable condition ; emaciated, face pale,

eyes sunken, mind dull, answering slowly when spoken to, tongue red and pointed, protruded slowly when requested to show it, pulse rapid and weak, temperature 99.5°, restless, some thirst, no appetite, abdomen somewhat sunken, slight diarrhoea, constant crying out.

On further examination found bed-sores on many of the bony prominences of the body, as the knee, ankle, heel, and one large one over the sacrum, extending from the fold of the nates to nearly the last lumbar vertebra, and about four inches in width, presenting the appearance of an indolent ulcer of long standing.

In the bottom of the excavation, for a space three inches in length by two in width, covered only by the periosteum and a disorganized mass of broken-down aponeurotic shreds, was the sacrum, giving to the observer without further examination the idea that caries existed. The family had been told by the former medical attendant that such was the fact, and it did seem quite probable; but after careful exploration with the probe it was found that such was not the case, the bone being sound throughout, but almost entirely bare, and perhaps in imminent danger of becoming diseased, if left to itself.

The entire surface of the sore was covered with a thin ichorous fluid, and the whole emitted a most sickening odor, which pervaded the atmosphere throughout the apartment.

In answer to inquiries as to what the treatment had been, was told that it had been dressed daily with basilicon ointment; that the case had been considered hopeless and but little had been done any way; that he had been allowed to lie upon his back upon a piece of enamelled cloth, without any intervening medium to protect the sore from pressure.

The case did not promise much as regarded the prognosis, but I was satisfied the man had been neglected, and thought perhaps that with careful treatment and constant nursing there might yet be a chance for him; so after prescribing for his general condition, and removing from the sore such portions of dead tissue as were easily detached, I directed the ulcer to be sprayed several times each day with a twenty per cent solution of *Carbolic acid*, to be followed by a like application of a ten per cent solution of *Calendula*; and finally to be covered with a compress besmeared with *Calendula cerate*, one drachm to the ounce. I especially warned the family against allowing him to lie upon his back for a single instant, requesting them to assist him in turning from side to side in bed, so as to protect the ulcer from all pressure or any injury which it might receive. With a few days of this treatment, I think on the third, I was overjoyed to see fresh granulations springing up on different parts of the sore, and in the space of a month was repaid for my efforts by seeing the last particle

of bone covered by healthy tissue, and an old indolent ulcer converted into a healthy looking one, with every prospect of complete restoration of the diseased parts. The treatment was persevered in vigorously and without abatement. The fetor entirely disappeared and the granulating process continued at a rapid pace, when at the end of six weeks from the time of his arrival home, his general condition was such as to permit him to be about the house, and by the first of October he was able to ride out.

With the exception of the application of the silver battery on two occasions, no other treatment was resorted to, and by the first of January cicatrization was complete.

The other sores upon the body were treated in like manner, and with equally good results, with the exception of the one upon the heel, in which the reparative process was retarded in consequence of constant walking upon the affected part, during convalescence.

The next was a case of cystitis, with almost complete retention of urine, complicated with strictures of the urethra, contracted meatus, and congenital phimosis.

Early in April, 1881, I was called to see E. T——, who was suffering from pain in the hypogastric region, and complaining from being unable to pass his water, saying what little came from him caused the most intense suffering, and was voided, drop by drop, only by the greatest effort on his part.

Upon palpation, found the bladder apparently somewhat distended, and the abdomen in that region quite tender.

In attempting to introduce an ordinary catheter for his immediate relief, noticed it met with some resistance in the canal; and it was not until after numerous trials with various sized instruments, that I was enabled to introduce a No. 5 English catheter into the bladder, and relieve that viscus of its contents.

During the manipulations, and especially after the withdrawal of the instrument, I perceived small quantities of pus flowing from the meatus, giving evidence of the existence of urethritis; also noticed that the man was afflicted with congenital phimosis, being unable to retract the prepuce, any more than to barely expose the meatus. Upon inquiry, elicited the following history:—

It seems he contracted gonorrhœa some ten years before while in the regular army; it defied all treatment, probably on account of his habits, and lasted him nearly eighteen months; in fact, said he had hardly been free from it, having been subject to frequent attacks ever since; had also within that time experienced several attacks of retention of urine, such as that from which he was then suffering, and not within the whole period had

he been able to sleep through the night, without rising at least once, and sometimes twice, for the purpose of urinating.

Acting under the direction of his former medical attendant, he had, previous to my first visit, been using a lotion upon the glans penis, beneath the prepuce, for a supposed balanitis, besides some internal remedies for the irritation of the bladder.

The urine upon examination was found to be acid in reaction, but presented a very thick, turbid appearance, and upon standing, deposited a heavy sediment closely resembling pus. Made no special examination in relation to the constituents, so the display may have been largely mucous in character. By the frequent use of the catheter, introducing a larger one at each trial, although attended with some pain, he was enabled, after a few visits, to voluntarily evacuate the bladder, notwithstanding the small calibre of the stream. After some days of medical treatment he was relieved in a measure from his suffering and able to be about the house. With his consent we now operated for phimosis, from which he recovered without much inconvenience, except in consequence of priapismus, which was quite painful and frequent in occurrence.

The next thing to do was to clear the canal of its obstructions; and on endeavoring to introduce an Otis bulbous bougie for the purpose of locating the strictures, the meatus was found so contracted as to scarcely admit of a No. 22 bulb; and on exploration of the deeper portions of the canal, found quite a contraction about an inch back of the corona, in the spongy portion, and another, still deeper, in the membranous portion of the canal; these were so small at this time as to allow the passage of the twenty-two Otis with some difficulty.

The meatus was then divided with the meatotome to a size sufficient to allow the passage of a No. 16 English conical sound, and the treatment of the strictures began by gradual dilatation. After a series of operations, extending over a space of nearly three months, a No. 16 English sound could be passed into the bladder quite easily, and without pain or inconvenience.

The patient was then furnished with a sound, instructed in its use, and advised to introduce it once in two or three weeks for a few months, and discharged.

During an interview, a few days since (more than a year from the time I first met him), he informed me that he has had no trouble since, has gained in flesh, sleeps all night without voiding his urine, passes a large, full stream, has had no recurrence of bladder trouble, and in fact considers himself a well man. He has, I understand, lately married, which is evidence to me of the truth of his statement.

## ADDRESS BEFORE THE WORCESTER COUNTY MEDICAL SOCIETY.

BY S. H. COLBURN, M. D., ATHOL.

ONE of the most serious charges preferred against homœopathic physicians at the present time is that they practise according to a *system*. It is not many years since a number of leading physicians were expelled from an "old-school" medical society because they practised an *exclusive* system; in other words, they were exclusive dogmatists. How is it with the "old school"? Well may they claim that they have no system, for no two seem to practise after the same manner. Some of their practitioners say it is of no use whatever to give remedies in pneumonia, and others give them as placebos for the purpose of leading their patient to believe something is being done for him. In either case, the patient, if he has vitality enough, will linger for weeks and may survive; while a goodly number of them are bound to die; and yet they think they have done *all* that can be done to save them. If the homœopath, by adopting his specific medication to each individual case, can cure his patient in two or three weeks, and save the lives of multitudes who would otherwise die, oh! "they practise according to a system"; or "their patients get well in despite of a system." "There is nothing in a little sugar and water," say they, "to cure disease." Well, we can retort, "Go thou and do likewise." But the results of their do-nothing *system*—I beg their pardon—are three to one against them, as compared with the results of homœopathy.

The fact is the allopathists have no confidence in their own theories, as witness the confession of eminent men among them.

Dr. Headland, of London, says: "For the proper perfection of medicine as a rational science two things are in the main needed: the first is a right understanding of the symptoms and causes of disease; the second, a correct knowledge of the action of remedies. . . . This sublime problem is being already unravelled at one end. Diagnosis and nosology are making rapid strides, and perhaps we shall soon know what we have to cure. But at *the other end* . . . it must be confessed that in the understanding of the action of medicines, and of their agency in the cure of diseases, we do not so much excel our ancestors. While other sciences are moving, and other inquiries are rapidly advancing, this . . . has made after all but small progress."

Dr. Adams, who was esteemed in England the most learned man in the profession in the last half-century, says: "Nowadays we have abandoned all general rules of practice, and

profess to be guided solely by experience. But variable and uncertain have been its results. . . . About twenty-five years ago venesection in fever, and in almost every disease, was the established order of the day ; and now, what shall I state is general practice that has been sanctioned by the experience of the present generation? I can scarcely say, so variable has the practice in fever and in many other diseases become of late years."

Dr. Christian says of therapeutics : "It is of all the medical sciences the most unsettled and unsatisfactory in its present state, and the least advanced in its progress, and, compared with the other branches of medicine, fundamentally and practically, is in a backward and unsatisfactory condition."

There is a wide-spread scepticism in all the old systems of medicine. Medical scepticism is openly taught from their chairs of clinical medicine. Floods of new and untried drugs are launched upon the profession, to be tried by inexperienced hands upon the sick.

How is it possible for an honest man to have any confidence in a system involved in so many contradictions and uncertainties, not to say absurdities, as are found in the allopathic school of medicine? Many of their ablest men are disgusted, and are almost insensibly looking to homœopathy for relief. In many of the recent old-school works upon practice there is much of stolen homœopathy, as witness Sidney Ringer and Dr. Bartholow. Yet they will not acknowledge, by any means, their indebtedness to the despised and tabooed system for their clandestine use of principles which have been known and practised by us for two and a half generations. They have not sufficient honesty to admit that they are every day using stolen thunder.

It is not many years since a wonderful discovery was made and proclaimed to the world that *Ipecac* in exceedingly minute doses would control certain forms of nausea and vomiting. The old-school journals all over the world took up the refrain, and much ado was made over it as a great and original achievement. If they had taken up Hahnemann's "Materia Medica," or any respectable treatise on homœopathic therapeutics, they would have learned that the ignorant "little-pill doctors," as they contemptuously term us, had known and utilized their wonderful discovery for at least three quarters of a century.

Allopathy is indebted to its despised antagonist for many of its most useful methods. Behold how chary it is in the use of the bloody lancet in many forms of inflammatory disease. Some of us can remember when nearly the whole *armamentarium* of an old-school doctor was his lancet, and a plentiful supply of calomel, jalop, and opium. And if their patients did not get well, why it must have been that they died despite their



bleeding and purging, and *secundum artem*, and the doctor had no further responsibility, — his conscience at least was clear, he had done all he could.

I well remember an old country doctor, in a small town in Northern Vermont, who had practised his profession for fifty years. The living, or a major part of them, in that vicinity had been ushered into being by this good old man, and did n't really see how they could die without his help. Once upon a time, as the old legends begin, he had two patients sick of a fever ; both of them alike, as he averred. The nurse thought he would try an experiment, so he gave one the medicine as had been prescribed, and good care and nursing to the other, and not a particle of medicine. One died, and the other recovered. Not long after the doctor called to condole with the family, as was his custom. He could n't see for the life of him why one of his patients died and the other lived. They were both sick alike, both had the same medicine and care, and he could n't see why they did n't both die, or both recover. The nurse stepped to a drawer, remarking that he "*guessed*" they did not both take the medicine, and brought forth that which he had carefully laid away. "There," said he, "the one who had the medicine died, the other who had none is alive and well." The old man did not use any profane words, — he was a Christian man of the most Orthodox stamp, — but I have little doubt he thought a good many. He blamed the nurse for not having followed his directions to the letter, even though the patient had died.

But to return from this digression. Speaking of calomel, you know that the old school largely conceals the fact of its use, so great is the popular prejudice against it. I don't really see the difference between "eating the devil and taking his broth." Some prescribe calomel, and then lie about it, while others substitute some other mercurial preparation. I know a physician who puts in almost every prescription a little of a black powder. Inquiring of a druggist, I learned that they had to keep in stock the black sulphuret of mercury for this man's especial accommodation. He did n't give calomel, he could say to his clients, — no, not he: he could never think of such a thing. And you will find on inquiry that this man is not alone.

If these men had the manliness to acknowledge their obligation to our school for their innovations, they would exhibit more honesty than they do now. They will expel our physicians from their societies, will refuse to meet us on equal terms in consultation by the bedside, will too often refuse to meet us socially or treat us civilly in social life, yet will not scruple to gather up the results of our study and experience, and give no

credit to the source whence they derive their knowledge. Some of the most valuable remedies used by them, extensively too, at the present time, were proved and introduced by us; for instance, *Cactus*, *Bell.*, *Acon.*, *Drosera*, *Hepar sulph.*, and many others. But in their bungling way, like the minister, who, at the request of the old lady, prayed for rain, and lo, it came and washed her garden away, they overdo the thing. And again, it is not uncommon to meet those among their clientage who will tell you that "Dr. So-and-so practises homœopathically as well as the other way." Well, if he does, let us thank God and take courage: some good may come out of Nazareth after all.

Witness the smallness of the dose which is coming more and more into use: parvules, granules, one-hundredth grain doses of *Phosphorus*, *Strychnine*, etc., first and second dilutions of homœopathic medicines, as *Merc.*, *Tart. em.*, etc.; and yet, we are not homœopaths, and these are not homœopathic preparations, — oh, no, not for all the world!

Seriously, gentlemen, to what is all this tending? To the enlargement of the sphere of homœopathy, or to the breaking-down of the antagonism between the two dominant schools of medicine? I wish it were, but fail to see it. Our benign method of cure is destined to spread more and more; but no man of this generation will see the allopathic school ignoring and forsaking their hoary traditions, and becoming absorbed in the new. The walls erected by bigotry and prejudice are too high and strong, their substructures are laid too deeply in human ignorance, to be overthrown in one century. Homœopathy flees from darkness and ignorance, and seeks and flourishes in light and knowledge. The more cultured and refined a community, the better the soil for homœopathic culture. Not many years ago, the allopathic physicians of Chicago, in one of their meetings, raised a great hue and cry. "What shall we do about these homœopaths?" said they; "they are doing all the business on the avenues, while we are driven into the outskirts and have to take their leavings." Thus it is and ever has been. A low and grovelling mind can only see power in the thunderbolt, that smites, and shatters what it smites; while the greatest forces in nature manifest their power in imperceptible ways, like the sunbeam, which gives life and beauty to all nature, and gravitation, which controls all the motions of the universe and gives stability to all things. So the most highly intelligent mind is prepared to see the might of the infinitesimal dose of the rightly selected remedy, where the grosser intelligence can see power only in the crude doses which assail the organism with their sledge-hammer blows.

All we homœopaths have to do is to keep on the "even

tenor of our way," adhering to the principles of our school, founded on eternal truth, cease our strifes and divisions, and with care and patience cultivate our noble art and science, and the world will sooner or later come to acknowledge our law of cure, and bow to the genius of the great master who elaborated the beneficent law of medicine, "*Similia similibus curantur.*"

If our law is a law of nature, — and we all believe it is, — then in the end it will prevail, and the harsh and oftentimes injudicious and injurious methods of the old school of medicine will be consigned to the realms of the past, and it will only be a wonder in the ages of the future how a system of so many contradictions could have held sway so long. Medicine, like the Christian religion, should come to the world like the good Samaritan, to bind up the wounds of humanity, "pouring in oil and wine," and not to increase the agony of suffering by harshness, or to render still more brittle the already attenuated thread of life, by measures that assail the vitality of this delicate organism, trembling upon the very verge of existence; and if the fatal event cannot be averted, to smooth the bed of death, and make the last hour as peaceful as the breathing of the summer's zephyr.

Homœopathy is the good angel who will do all this. With a hand as soft and gentle as the great Father can make it, it touches the suffering organism, bids the tumult cease, says, "Peace, be still," and there is a "great calm."

Gentlemen, ours is a holy calling, a heavenly mission. God invests the true physician with a blessed privilege, and places him in a position next to that of the minister of his holy word. It is the province of the latter, by the agency of the "still, small voice," to remedy the spiritual souls of our race, and show that it is "not by might nor by power" that the world is to be elevated and saved, but "by my spirit"; while the former, — the true physician, — by equally gentle ways, shall administer to a body diseased and ready to perish, and demonstrate to the world that "*die milde macht ist gross.*"

Let us keep our banner spread to the breeze, inscribed with the noble name of Hahnemann, with our formulated law of cure, and let us adhere to the cause of the true science of medicine till it becomes the acknowledged science of the world. We need not be ashamed of our principles: "*Magna est veritas, et prævalebit.*" God speed the glorious day!

---

A POPULAR doctor, while escorting a lady home the other evening, attempted to relieve her cough and sore throat by giving her a troche. He told her to allow it to dissolve gradually in her mouth. No relief was experienced, and the doctor was somewhat chagrined, the next day, when the lady sent him a trousers button, with a note saying that he must have given her the wrong kind of troche, and might need this one. — *Homœopathic Journal of Obstetrics.*

## THE DIAGNOSIS OF PRESENTATIONS BY ABDOMINAL PALPATION.

BY G. R. SOUTHWICK, M. D.

THOSE who may wish to know more of the subject than the few points given here are recommended to read monographs by Drs. Mundé, of New York, and Pinard, of Paris; the latter is in French. Directions will also be found in Schroeder's "Geburtshülfe," edition of 1882. Plairfair mentions it, but is not complete.

The most favorable time is during the last two weeks of pregnancy, and before labor pains have become strong. The position of the woman should be on her back, legs flexed, and corsets or bands loosened. It is better to have the abdomen bare, but in many cases a very thin cloth may cover it.

The physician's hands should not be cold, as they will provoke uterine contractions, which hinder success. If they are excited, examine between pains.

The entire palmar surfaces of both hands should be used in examining, as more will be felt than with the finger ends. They are to be applied so as to oppose each other, and bring the various parts of the child between them.

The most important parts to find are the head, back, breech, and foetal heart. The head is distinguished by its stony hardness, large size, and crease formed by the neck between it and the body. The breech is similar but not so hard, is smaller, and does not have the crease. The back is recognized by greater resistance of the side in which it lies. As a rule, the foetal heart is also heard on that side, and known by a distinct double *beat*, not a murmur. It is well to place the finger on the mother's pulse while listening, that the two may not be confounded.

Very slow, irregular beats indicate the child's life is in danger from asphyxia. It is difficult to determine how slow a pulse indicates immediate danger. According to Schroeder, "If the heart sounds between the pains are 150, and during the pains become 120, and this condition constantly decreases in about the following manner, 140 to 110, 130 to 100, 120 to 90, 110 to 80, the child is certainly in danger." Have examined a large number of cases, and found I could not rely on the number of beats to tell the sex. Have seen males born with 160 beats per minute at the time of the examination, and females with 120. The unaided ear or a wooden stethoscope is better to use for the foetal heart than a Camman's binaural stethoscope. The latter requires to be placed in the exact spot — often hard to find — before anything can be heard. The feet are distinguished as small, easily movable projections, sometimes giving a blow to the

examining hand, and are always on the side opposite the back. Occasionally the thigh can be traced from the breech.

Here, as elsewhere, it is better to have a method in examining. Standing at the patient's side and facing her feet, press the fingers of both hands into the pelvis, on either side, just behind the symphysis pubis, and try to bring their ends together; the head will probably be felt between them.

The presenting part may be usually felt, also, by laying the palm of the hand on the symphysis and grasping the head, if a cranial presentation, between the thumb and fingers pressed into the pelvis. Then facing the patient, the back is to be palpated for and the upper part of the uterus examined, where the breech is usually found. If the breech is at the fundus, the feet lie to one or the other side, nearly on a level with it.

In a first cranial presentation, the head is behind the symphysis pubis, the back directed to the left side of the uterus, the breech at the fundus uteri a little to the left, and the feet opposite. The foetal heart is most distinctly heard midway between the umbilicus and the left inferior spine of the ilium. The second cranial is the converse of the first, and described by substituting right for left in the above. The third cranial is sometimes hard to determine. The principal points are: back nearly posterior on the left side, feet more anterior, and foetal heart heard more distinctly at the left side, sometimes not very distinct if the body is a little removed from the anterior uterine wall. The fourth cranial is the converse of the third, and described by substituting right for left, as above.

In a first breech, the head is felt at the fundus uteri, the crease separating from the back, which lies a little to the left. The foetal heart is most distinct at, or nearly on, a level with the umbilicus and to the left. The feet are not felt. The second is the converse of the first. The third is distinguished from the first by the heart being more to the left and small parts more in front. Sometimes the chin can be felt. The fourth is recognized in a similar way.

Transverse presentations are known by the transverse lengthening of the uterus, absence of head or breech behind the symphysis, either or both of which are palpable elsewhere. If the back is anterior, it is resisting, and the heart easily heard more to the side where the head lies. If the back is posterior, the abdomen is more elastic, heart not easily heard, extremities usually felt anteriorly.

If the child is found, early in labor, in an oblique, not transverse, position, head to the one or other side of the pelvis, and we have the patient lie continuously on that side in which the head is found, the latter, which may be considered as the short

end of a lever, will usually rise gradually and enter the brim as the long end or fundus uteri and breech sink.

If, examining per vaginam, we find the head entering the brim, and the *anterior* fontanelle the presenting point, laying the patient on the side to which the child's back is turned, or in other words, on the side opposite to where the fontanelle is felt, will cause the posterior fontanelle to sink and the anterior to rise. Thus we convert, by the same leverage action, a third or fourth presentation into the much more favorable first or second. Care must be taken not to have the woman lie on the wrong side, as an occipito-posterior position will almost surely result.

All women admitted to German lying-in hospitals are examined in the above manner. Its advantages are so obvious they need not be stated.

It may be that not every physician will succeed in finding all the various parts the first time, any more than every one distinguishes between the fontanelles and diagnoses correctly the position of the child in his first obstetric case. Relatively, the former requires much less practice than the latter, though both are essential. Turning by external manipulation alone is often a very easy and painless operation, requiring no anæsthetic. Have seen others do it, and performed it myself.

The essential points are: head above the brim, membranes unruptured, and uterus somewhat relaxed. The hands should be applied simultaneously at the opposite ends of the foetal ovoid, and opposing each other, so as to combine the most power with the least force.

---

#### A NEW TRUSS FOR UMBILICAL HERNIA.

BY W. T. LAIRD, M. D.

FOR the past three years the writer has had the consciousness of a stomach. In the majority of instances, physicians pay as little attention to their own ailments as the traditional shoemaker to the foot-gear of his children; and this case was no exception to the general rule. No change was made in the diet, and no medicine was taken except an occasional dose of *Puls.* for acidity. About the middle of last December, the much-abused, long-suffering organ rebelled, and gave its owner a realizing sense of the horrors of dyspepsia. Instead of attending to its proper and legitimate duties, it devoted all its energies to the manufacture of gas and vinegar. The abdomen was distended with flatulence, and although there was a constant discharge both upward and downward, the supply seemed inexhaustible. There were also dull, griping pains about the umbilicus, palpitation,

slight dyspnoea, sour eructations, and regurgitation of soured food. The bowels were obstinately constipated, the stools consisting of large, hard balls, expelled with difficulty, often fissuring the anus and causing a flow of blood. Evacuation was preceded by a sensation of dryness in the rectum, accompanied with severe, cutting, tearing pains, and followed by a smarting soreness, lasting for hours. There was also a constant oozing of moisture from the rectum. Much annoyance was experienced from an eczematous eruption in the fold of the nates. This was characterized by a glutinous discharge and a tendency to crack and bleed, together with a most intolerable itching at night, in bed, and when exposed to the air. A similar eruption also appeared behind the left ear. *Graph.*<sup>20</sup> rapidly removed all these symptoms with the exception of the abdominal pains, which not only continued but increased in severity. There was a constant dull, aching distress about the navel, with burning and pinching sensations, when lifting weights or rising from a recumbent position. The persistence and peculiar character of these pains

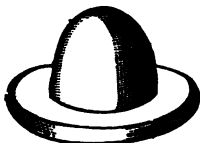


FIG. 1.



FIG. 2.

at length aroused suspicion as to the nature of the trouble, and an examination showed the existence of an umbilical hernia about the size of a hazel-nut.

As these small hernial protrusions are especially liable to strangulation, it was imperatively necessary to use some suitable retaining apparatus. The common truss, recommended in our surgical text-books, proved clumsy and inefficient. A graduated compress held in place by a roller or elastic bandage or adhesive strips was more serviceable; but the cloth soon absorbed moisture and became offensive, necessitating frequent renewals. From a rough diagram drawn by the writer, a skilful cabinet-maker of this city constructed a truss, which has now been worn nearly six months without the slightest discomfort. Of course it has not cured the hernia,—this was not expected,—but it has effectually prevented its protrusion. As you will see from the specimen before you (*vide* Fig. 1), it resembles a round-topped broad-brimmed hat, the pad corresponding to the crown, and the shield to the brim. This pad varies both in length and diameter with the requirements of each case. The shield is about the size and thickness of an old-fashioned copper cent. It can be made of any

hard, close-grained wood, like black-walnut or mahogany, or of bone, ivory, or hard rubber, and may be covered with chamois-skin or not at the option of the wearer. The cost will vary from twenty-five to fifty cents, according to the material used in its construction. It is held in place by a few strips of adhesive plaster.

In fitting this truss, care should be taken to have it just large enough to accurately fill the umbilical depression. When properly adjusted, the outer surface of the shield will be exactly on a level with the surrounding parts.

For infantile umbilical hernia, the form of the instrument must be considerably modified. The pad must be only slightly convex, and large enough to overlap by a few lines the borders of the opening, and the shield much thinner and bevelled on the edges, as shown in the second specimen (*vide* Fig. 2). As thus modified, the pad is similar to that of the hard-rubber truss manufactured by Codman & Shurtleff, but the instrument taken as a whole is of much simpler construction, the adhesive straps taking the place of the back pad and elastic bandage of the latter. In children, the skin is so smooth that the plaster often fails to hold, and it is sometimes necessary to use a strip two and one half inches wide and long enough to completely encircle the body.

Will this truss prove as efficient in the herniæ of infants as in those of adults? This is a question which cannot yet be definitely answered. The cases in which it has been tried are too few in number and the time it has been worn too short to serve as a basis for a positive opinion. It certainly relieves distress and prevents protrusion, but the question of radical cure must be determined by further experiment. Theoretically, it may be objected that the pad tends to enlarge the opening. If the truss were held in place by a stiff spring attached to a fixed point of support, as in ordinary instruments, the objection would certainly be valid; but, as the pressure is very slight and the whole apparatus obeys the slightest motion of the abdominal walls, this danger is practically reduced to a minimum.

Dr. A. R. Morgan, of New York, states that he has frequently effected cures by using the half of a common marble secured by adhesive strips; and, reasoning from analogy, we are justified in claiming for this instrument equal or even greater efficiency. It is possible, however, that a perfectly flat or slightly concave pad will afford more satisfactory results.

But whatever weight may be ascribed to this objection in these cases, it is evident that it does not apply to the umbilical hernia of adults, for in the latter, the protrusion always occurs either above or below the cicatrix, and consequently it is not the end but the side of the pad that presses against the hernial opening.



This is by no means a "universal truss"; in fact, its field of usefulness is probably quite limited; but in small, recent umbilical herniæ of adults it satisfies every requirement, and commends itself both by its simplicity and its cheapness.

---

*TREATMENT OF SPRAINS BY COLLODION.*

DR. A. W. BLODGETT, in the *Boston Medical and Surgical Journal*, p. 294, 1881, relates that, in the winter of 1878, he sprained his own ankle, and, having tried the usual methods of treatment with very indifferent success, was resigning himself to let the sprain take care of itself, when it occurred to him that the application of collodion, so prepared that it would contract in drying, might be of some service. He made the trial, and was surprised and pleased at the result. For a few minutes no appreciable effect seemed to follow; but, after several coatings, there commenced a contraction of the whole layer of collodion from all directions at once, to a much greater degree and in a much more efficient manner than any bandage could possibly effect. As the collodion fibres cracked and divided into scales, these were picked off, and fresh coatings applied in succession, until, in the short space of three days, the ankle was restored to its original size, and there was a total absence of pain and tenderness in the joint. In a week he found himself quite well, and has never had a relapse. Dr. Blodgett cites eight cases successfully treated by collodion. Among the advantages of this mode of treatment are, briefly, prolonged elastic compression in parts notoriously difficult to bandage properly; waterproof protection to the skin from external irritants or applications; hermetical sealing up of wounds in the region of the strain or sprain; constant access to the part without the removal of dressings; an uninterrupted view of every part of the injured limb; reduction of heat in the tissues; great acceleration of the process of healing with perfect restoration of function; a great degree of immunity from relapse, and absolute simplicity in application. So far as my limited experience warrants an opinion of collodion in the treatment of strains and sprains, I am inclined to consider it by far the best, simplest, and most satisfactory method I have ever known. The degree of contraction depends much upon the quality of collodion employed. The so-called contractile collodion must be used for this purpose. To obtain the contractile effect of collodion, it is necessary to apply several coats successively, one upon the other. I think I have never applied less than six layers, which is easily accomplished, as the collodion dries very quickly; and a second coat can be applied almost as soon as the first is finished.

*COCA IN THE OPIUM AND ALCOHOL HABITS.*

DR. H. F. STIMMELL, Chattanooga, Tenn., in *Therapeutic Gazette*, says: "Having put the fluid extract of coca (*Erythroxyton coca*) to a very severe test, I am prepared to give you the result of my experience. To say that I am surprised or astonished at the wonderful and almost incredible effects of that new remedy as a nervous stimulant would not adequately express my appreciation of it. I will report a case: Mr. Y—— had been addicted to the habit of taking *Morph. sulph.* for about five years, commencing with one eighth grain for lumbago, changing it from internal to external application (hypodermically over lumbar region), and gradually increasing the quantity until he reached the enormous dose of twenty-five grains, as a maximum, three to four times a day. His nervous depression became so great that he could not hold his pen, or button his shirt, or handle knife and fork at breakfast, without taking his usual dose directly after rising. He suffered from all the consequences of the drug. His mind became deranged, and he even attempted the life of his wife and children, after which, believing he had succeeded, he swallowed one drachm of morphine, followed by a five-ounce dose of paregoric, with suicidal intent. I was called some time after, but found him suffering scarcely any from the effects of the drug; and the only treatment consisted in keeping him in motion. After his complete recovery, I talked freely with him regarding his infirmity, and promised to cure him if he would pledge himself to buy all of his morphine from me, thus enabling me to control his doses. I started him with the allowance of three twenty-grain doses of morphine to be taken with a drachm of coca. In a week his morphine allowance had decreased to ten grains a day, and his dose of coca increased to one half ounce. And now, three weeks after commencing this treatment, the morphine has been entirely suspended. Yesterday, his wife came to my store handing me a package of powders of *Morph. sulph.*, labelled and dated for me by her husband, in which I had confirmatory evidence of his assertion of abstinence."

---

*TREATMENT OF DIPHTHERIA WITH ICE.*

M. DE BLEYNIE affirms that the results he has obtained from this treatment during the past sixteen years permit him to affirm that diphtheria treated with ice is constantly cured.

The following mode of administration is recommended: 1. Introduce into the mouth of the little patient a small fragment of ice every ten minutes, without any interruption, whether the child

is waking or sleeping. Young sleeping children absorb the ice without awakening. The fragment of ice should be swallowed when it is almost melted. 2. Do not cease giving ice until the false membranes have entirely disappeared; this happens from the second to the eighth day. 3. Keep good watch over the throat, and, if the membranes reappear, recommence the treatment; and in fact for some days it will be better to continue giving ice every half-hour, lengthening the intervals each day. 4. From the beginning give wine and good nourishing food.

---

## REVIEWS AND NOTICES OF BOOKS.

---

**SUPERSALINITY OF THE BLOOD.** An Accelerator of Senility, and a Cause of Cataract. By J. Compton Burnett, M. D. Boericke & Tafel 1882.

A very ingenious monograph on the effects of salt on the system. The author is well known to the profession through his former publications of "Natrum Muriaticum," "Gold as a Remedy in Disease," etc., and anything from his able pen is worthy of profound consideration. He does not intend this as conclusive of his views, because, as he himself says in his Preface, "No single observer can settle any question"; but he invites "any evidence on the subject, for or against," and advances this as the result of his individual observation in cases of salt eaters, and the result, also, of experiment on animals. "The habitual use of too much salt," he says, "has a drying-up, senescent effect upon the organism," and thus also the same "drying-up" effect upon the crystalline lens. In proof of this, he cites his own experiments, and also those of Kunde and others, upon the lower animals. Kunde says: "If you take a frog weighing thirty grammes, and give it a 0.2-0.4 dose of salt, either under the skin or in the rectum, you will in a short time observe a bulging out of the cornea, with an increase of the aqueous humor, and, sooner or later, *an opacity of the lens*"; also convulsive symptoms will develop, followed by paralysis; and if the experiment be insisted upon, it will result in death. This can be prevented by slowly restoring water to the organism, by which the incipient paralysis and the opacity of the lens will disappear. These effects he attributes to the lack of water in the system, produced by its absorption by salt. Many other interesting experiments are cited, all conclusive of this inference. The effects of sea-bathing are such as to demonstrate the fact that salt may be absorbed through the pores

of the skin, producing results as above. Now, if this is the fact, how can be explained the phenomenon (?) of the salt miners of Poland, who are said to live longer than the usual span of years?

We read in J. Ross Brown's description of his visit to the salt mines of Wieliczka: "It is natural to suppose that the air in these vast subterranean passages must be impure, and consequently deleterious to health. Such, however, does not appear to be the case. It is both dry and pure, and, so far as I could judge by breathing it, not in the least oppressive. The miners are said to be *remarkable for longevity*. Several of them, according to the guide, have worked in the mines for forty years, and have never been sick a day." This, certainly, is not an evidence of senility. In the last edition of "Diseases of the Eye, by Soelberg Wells," on page 170, we read: "Dr. Rothmund, of Munich, has strongly recommended the sub-conjunctival injection of tepid salt and water in cases of dense non-vascular opacities, such as often remain after diffuse corneitis." Here salt seems to be the *curative agent*. Is not its homœopathicity thereby illustrated?

In any event, this little work has opened a large field for experiment and observation, and perhaps may be resultant of a therapeutic basis as well. □

---

## OBITUARY.

---

PREAMBLE AND RESOLUTIONS adopted by the Homœopathic Physicians of St. Paul, upon the decease of Dr. C. D. WILLIAMS.

*Brothers,* An ancient landmark has been removed,—a veteran has fallen. One who, for forty-nine years, has been in the very front of the battle, doing valiant service for homœopathy, has passed on to that undiscovered country from whose bourne no traveller returns. Dr. C. D. Williams is no more.

*Therefore, be it Resolved,* That in the decease of our brother, the homœopathic fraternity of the city and State have lost a valuable member and wise counsellor.

*Resolved,* That we sympathize deeply with the afflicted family and friends in this our common bereavement.

*Resolved,* That these resolutions, together with the preamble, be spread upon the minutes of this meeting in the form of a memorial page.

*Resolved,* That a copy thereof be forwarded to the family of the deceased; also a copy to each of the daily papers of the city, the *New York Medical Times*, the *NEW ENGLAND MEDICAL GAZETTE*, the *Hahnemannian*, the *Clinique*, and the *United States Medical Investigator*.

Respectfully submitted,

CHAS. GRISWOLD.  
H. HUTCHINSON.  
C. A. HUGHES.

## OUR MISCELLANY.

### THE DEADLY CIGARETTE.

TEN little cigarettes in a wrapper fine ;  
 A small boy samples them and then there are nine.  
 Nine little cigarettes quickly, one by one,  
 Get their work in on the youth, then there are none.  
 Four bearded doctors sitting round the bed,  
 Each with a different shake to his head.  
 Three big diseases waiting to destroy,  
 All bearing Latin names as long as the boy.  
 Two undertakers, gratitude in eye,  
 Bend low to the doctors as they pass 'em by.  
 One little funeral in the graveyard score ;  
 One little smoker less, one angel more. *The Homœopathic Word.*

**MALE WET NURSES.** — The *Journal de Sages Femmes* has a notice of a German physician in Pomerania who makes a specialty of supplying wet nurses. He excites the secretion of milk not only independently of pregnancy, but in men as well as in women. An applicant for a wet nurse is always asked whether a male or a female is desired. The former is preferred by some families, under the belief that greater vigor is thus imparted to the infants. — *Times.*

**DIED FROM DOSING.** — Two great men have died in this country during the last month, Longfellow and Emerson. Taking the account of the death of each from the newspapers, we find that Longfellow was suffering from a diarrhœa, — a not very terrible disease, generally, — and that his physician gave him "something to check the diarrhœa," and inflammation of the bowels set in, from which he died.

Ralph Waldo Emerson was suffering from acute pneumonia, and, as the pain was very severe, his physicians gave him an opiate to relieve the pain. *He was never conscious afterwards.* Comment is unnecessary. — *United States Medical Investigator.*

A GENTLEMAN in a village in New York State has a family of three or four little girls. Not long since the children were talking about a pair of twins. One of them, an elder one, turned to her father and said, "Papa, what do they call it when three babies come at once?" A little one, who was much interested in the conversation, and who had heard talk about the small-pox, at once interrupted and said with much animation, "I know, papa." "Well, what do they call it?" said the father. "An epidemic," said the little one, proudly displaying her knowledge. — *Boston Journal.*

**DR. WILLIAM P. MASON**, of the Troy Rensselaer Polytechnic Institute, writes : "The following experiment may not be without interest, in view of the considerable prejudice existing against 'corked' ether cans. Fresh cans of Squibb's ether (half and quarter pounds) were opened, and the amount of absolute ether immediately determined. They were then carefully corked with soft corks, and set aside. The ether was redetermined at the end of three, and again at the end of seven weeks, with results identical with those of the first determination. Cans where the corks had been merely 'dropped' in place showed marked deterioration in quality of contents at the end of the first week. It thus appears that where proper care is taken in corking, the strength of the ether may be relied upon." — *Medical Record.*

THE "Lancet" of Jan. 21 speaks in terms of warm commendation of the new requirements in the examination of candidates for the diploma of the Royal College of Surgeons of England. One admirable feature of these new requirements is that the candidate must undergo successfully, in addition to his written examination, a *viva voce* examination of ten minutes on clinical medicine (during which he is called upon to diagnose cases submitted to him); and another, of the same length, on obstetrics and diseases of women, in which he is required to show proficiency in the use of the various instruments.

## THERAPEUTICS MADE EASY.

## HEADACHE.

## I.

THERE 's no manner of doubt  
 We may give *Pulsatilla*,  
 When the pains shift about,  
 (There 's no manner of doubt!)  
 Warm indoors, better out,  
 With sensation of chill,—ah!  
 There 's no manner of doubt  
 We may give *Pulsatilla*.

A FEW nights since, at a late hour, the speaking tube at the office door of one of our popular physicians was used by some midnight wag, when the following dialogue took place: "Well, what do you want?"—"Does Dr. Jones live here?"—"Yes, what do you want?"—"Are you Dr. Jones?"—"Yes."—"Dr. Simeon Jones?"—"Yes—yes! what do you want?"—"Why, how long have you lived here?"—"Some twenty years,—why?"—"Why? why don't you move?"—*Ex.*

HOMŒOPATHY IN CHICAGO. — "We have the welcome news that homœopathy has been given admission into our Central Hospital, notwithstanding the continued opposition of the regulars and some disloyal homœopaths. The request of the Chicago Academy of Homœopathic Physicians and Surgeons (by the way, a good title) for a more full representation than simply three members was referred to the Hospital Committee; and they reported a resolution favoring a staff of seven, two from each college and three from outside, all of whom should be nominated by the above society. The nominees were Profs. Adams, Kippax, Hall, Hawks, and Drs. Sanders, Williams, and C. Gatchell; and they were appointed medical investigator."

THROUGH a quotation in the St. Louis "Clinical Review," from the London "Medical Times," we learn that M. Vigouroux, a French surgeon, has made an attempt to utilize the pleasure experienced in listening to music, as a curative agent in nervous diseases. He administers to the affected part, by means of a tuning-fork and sounding board, a recurrent series of sound waves. M. Bondet has devised an improvement upon this method: A tuning-fork is kept in constant vibration by means of an electro-magnet, and the undulations are communicated to the skin by means of a rod. It is said that by this means neuralgia is removed in a few minutes, and anæsthetic effects follow a longer action. If this be true, may we not expect, some of these progressive days, to have *sac. lac.* called into requisition to receive the tuneful vibrations as they pass, and later still, to hear of patients being successfully treated with the *zooe. tritination* of "Old Hundred"?

THE  
NEW ENGLAND MEDICAL GAZETTE.

---

---

No. 9.

SEPTEMBER, 1882.

VOL. XVII.

---

---

EDITORIAL.

*WHAT SHALL BE DONE WITH THE HOMŒOPATHS?*

THIS is a question which has frequently troubled the doctors of the nineteenth century. It arose when Hahnemann first proclaimed the doctrines of homœopathy, but it received no definite answer until it was found that under an entirely different method of treatment the originator of this system was drawing about him crowds of patients, and had committed the unpardonable sin of curing them. This was too much for human endurance. Fines and persecutions followed, and he was driven from Leipzig in disgrace,—the same Leipzig which forty years later erected a bronze statue to his memory. Banishment simply carried his doctrines and practice into other cities and other lands; and as they began to spread more widely, it was deemed necessary to take more active measures to suppress them. He had been traduced, vilified, and banished, although he had asked physicians to examine and test his doctrines, and to give certain medicines under certain conditions, that they might for themselves see the results. So different was the method from that to which the profession were accustomed, that without trial they successively denounced it as false, absurd, ridiculous, then left it severely alone, excluding it from all mention in societies and journals. Its advocates were slighted and neglected; they were called quacks and charlatans, knaves and fools.\* More active measures still were adopted to suppress the heresy. It was made a professional crime to acknowledge a belief in homœopathy. Applicants tinctured with this infidelity were not received into medical societies, and members were expelled who acknowledged its truth. Any one who should consult or associate with a

---

\* To show how far passion can carry one, the chaste and elegant Dr. Oliver Wendell Holmes once said to his class of medical students that "homœopaths are the ascarides in the rectum of medical science." Would he think it as justifiable, allopathically, to kill the one as the other?

homœopath was disciplined, threatened with expulsion, and in some cases actually expelled. This is not a tale confined to distant and uncivilized lands. Within the last dozen years, in Boston, "the Athens of America," the Massachusetts Medical Society, whose charter absolutely forbids exclusion for opinion's sake, education and character being the sole requirements for membership, expelled eight of its members for no other reason than that they believed and openly practised homœopathy. The same act has since been repeated in individual cases, and within the last year a member has been expelled nominally for consultation with a homœopath, but really for writing an article in favor of some of the principles of homœopathy which none of the other members could refute.

But what has been the effect of this denunciation, ostracism, and persecution? These measures may have retarded the examination and general adoption of homœopathy by the profession, but they have helped to form a separate school, which has steadily developed and increased until, in the number of its practitioners, its medical schools and charitable institutions, it forms no inconsiderable part of the profession. Had homœopathy possessed no merit, — had it not been founded in truth, upon a law or principle of nature, — it would long since have been forgotten, or remembered only as a strange medical delusion. As it is, the attention of the whole profession is now directed toward it. Advanced and progressive writers are culling its remedies, and, without acknowledging the source from which they are derived, present them to the profession as new discoveries in medical science. They are also appropriating its principles; and the *similia similibus curantur*, which they once derided, is acknowledged as one of the methods of cure. The single medicine, which was considered inefficient, has completely driven out the heterogeneous conglomerates of polypharmacy; the small dose is recommended as more efficient; while even the methods of Hahnemann, such as the trituration of drugs, are accepted as desirable. In fact, if it were not for the name of homœopathy, — if they had not derided and denounced it so bitterly; if the homœopaths would only acknowledge themselves in the wrong, and step down and out of existence, — they, the allopaths, would willingly adopt all the homœopathic principles and practice, particularly that part which pays well. But as it is, up comes the ever-recurring question, "What shall be done with the homœopaths?" "To abuse them does no good; misrepresentation recoils upon ourselves; derision and laughter have come to have a hollow sound suggestive of our own knell; ignore them we cannot; they thrive on neglect; expulsion gives them greater notoriety; to kill them we are not allowed: what can we do with



them?" The answer is plain: As the truths of religion will yet encompass the whole human race, so the truths of science will eventually be accepted by all mankind. You may hasten that day in medical science by laying aside your prejudices, by accepting the statements of men as honest, as intelligent, and as well educated as yourselves, and by examining carefully and candidly and testing practically, under the direction of those familiar with them, the principles and results of homœopathy. \*

---

#### ALLOPATHIC HOMŒOPATHY.

WE reprint from the *British Medical Journal* an article which shows very clearly the progress old-school medicine is making toward homœopathy, alike in the selection of the remedy, the size of the dose, and the use of the single remedy.

This writer, after fumbling about among pathological deductions, which are useless and often absurd, stumbles upon some homœopathic remedies in two cases of heart disease, which he has reported. These were probably derived from the homœopathy of Ringer and Phillips. In the first case, without any clear indication for it, he gave *Digitalis* and failed; then he gave *Veratrum viride*, with astonishing success. In the second case *Spigelia* "failed to relieve," *Digitalis* was discarded, and *Aconite* made a wonderful cure. His reasoning *a posteriori* in regard to the action of the remedies is certainly ludicrous; but he comes upon more sensible ground in relation to the single medicine and the size of the dose. He says, "the advantage of the single medicine is its simplicity and its accuracy in operating *only* upon the diseased organ in proper therapeutic dose, which must be far removed from the physiological one. If a medicine have a special action upon a special organ or part in health, so it would seem very desirable and judicious to administer that particular remedy in disease of that same part which appropriates the remedy in health. But we must bear in mind, as a clinical fact, that the tissues in disease are much more sensitive and responsive to the action of a drug, so that the dose, to be then therapeutic, must be small."

This is good doctrine, and we commend it to our allopathic friends. But if they will only cast aside their morbid fear of the word "homœopathy," we can show them a much better method of selecting their drug than by means of antiquated and misleading pathological theories. \*

---

SAD SEQUEL TO A FAITH CURE. — Eva Briggs, who was claimed to have been relieved of hip disease recently, by the faith cure at Old Orchard, Me., was taken to the Danvers Insane Asylum, Aug. 28, in a crazed condition, owing to religious excitement.

## ARTIFICIAL PEPTONE.

BY H. D. PAINE, M. D., NEW YORK.

THE now celebrated observations and experiments of Beaumont in the case of Alexis St. Martin, during the years 1825 to 1832, laid a new foundation for our greatly improved knowledge of gastric digestion. The permanent gastric fistula with which this patient was afflicted gave opportunities for direct observation of the digestive process such as never seem to have occurred, or at least never been availed of, before. The experiments of Dr. Beaumont were continued through a period of six or seven years, and were again repeated upon the same person, after an interval of over twenty years, by Prof. Francis G. Smith, of the University of Pennsylvania, whose carefully conducted observations confirmed and extended those of Dr. Beaumont.

The result of these experiments, and many similar ones since performed upon the lower animals, has been to establish among other things the following facts:—

*First*, that the active agent of gastric digestion is a peculiar fluid, secreted by the walls of the stomach, and poured out under the stimulus of food only during digestion.

*Second*, that the operation of this digestive fluid is exerted chiefly upon nitrogenous or albuminous substances, which, though essential to the nutrition of the body, are in their natural state incapable of absorption or assimilation.

*Third*, that all articles of this class— which comprises by far the greater proportion of proper foods, whatever their natural differences of structure or taste, or whether of vegetable or animal origin— are, by the action of the gastric juice, reduced to an essentially uniform and homogeneous substance, now called Albuminose or Peptone.

*Fourth*, that, under certain now well-ascertained conditions, the gastric juice is capable of exerting its solvent and transforming action outside the body as well as in the stomach itself. Albuminous substances subjected to the action of perfectly normal gastric fluid in glass vials at a uniform temperature of 100° are in the course of two or three hours as completely changed in character and endowed with the same capability for absorption as if they had been taken into the stomach.

Since this last fact has become known the idea of turning it to a useful purpose has been more than once suggested. Thus Pavy, in his valuable work on "Digestion and its Disorders," makes the following suggestion:—

"Having frequently seen how effectually meat can be dissolved by the process of artificial digestion, I have long wondered that

it has never been turned to practical account for the purpose, and have felt convinced that some day or other the time must arrive for it to do so."

The advantages that such a product as is referred to by the author just quoted has over most of the beef teas, meat extracts, and concentrated foods, so commonly employed at the present time in cases of impaired digestion, inanition, loss of blood, and other depraved constitutional states, cannot but be obvious. The insolubility of most of the albuminous principles contained in many foods, until they have been subjected to the action of the gastric juice, would seem to render the usual methods of preparing those popular articles of diet necessarily defective, as they still require the operation of that fluid to render them assimilable. It is to be feared that some of the most approved preparations are largely composed of mere extractives, sapid and coloring matters, leaving behind much of the really nutritive ingredients of the meat or other substances from which they are made.

Artificial peptone has indeed been prepared in small quantities, sufficient, however, to confirm the theoretical advantages as a therapeutical expedient that had been deduced from a knowledge of its characteristics. Pure peptone, whether the result of natural or artificial digestion, freed from all extraneous matters, is a liquid of a light amber color and an agreeable flavor. It differs from mere albumen in its ready solubility and in not being coagulated by heat or acids; and of course, in its capability of absorption and assimilation. In chemical composition it seems to differ from simple albumen, merely in the possession of an additional molecule of hydrogen, and has therefore been described as a *hydrate of albumen*. But its liability to speedy decomposition has proved one of the difficulties in the way of its general adoption in practice. Another objection has been the uncertainty and cost of the processes devised for its production. Nevertheless, a number of experiments in some of the German hospitals have proved remarkably successful and demonstrated conclusively the practical value of the product. The reports of these results, that have been published from time to time, have been noted by scientists in this country with the effect of stimulating further efforts to invent some method of preparing pure and uniform peptone, permanent in character and, if possible, at a rate to permit its use in general practice.

Among those who have given particular attention to this subject, Dr. Geo. B. Fowler, of New York, instructor in physiology in the College of Physicians and Surgeons, has been one of the most active. Encouraged by his example and enthusiasm, Messrs. James Gaunt & Co., extensive manufacturers of food preparations in New York, have been for three or four years

past conducting a series of experiments with a view to the attainment of that object.

Having been for some time persuaded of the desirableness of such an addition to our resources in the treatment of cases of exhaustion, and in various disorders of digestion, and made acquainted at an early date with the experiments instituted by these gentlemen, the writer has watched them with much interest through every stage of their progress during more than two years, to what appears to be a fairly satisfactory result.

The process by means of which they have finally been enabled to obtain a product apparently identical with peptone, resulting from natural digestion, is, in fact, a close imitation of that function as performed in the human stomach, and is substantially as follows :—

In a suitable receptacle surrounded by water kept at a uniform temperature of 100° is placed a quantity of finely chopped meat, with which is mixed an equal weight of an artificial gastric juice, prepared by a special process, but containing a pure and strong pepsin and hydrochloric acid in due proportion. The whole is kept in a state of agitation by suitable apparatus, simulating the action of the stomach. In the course of two or three hours the meat is entirely dissolved, with the exception of an almost inappreciable residuum. The acid is neutralized by sodium bicarbonate, forming carbonic-acid gas and common salt, the latter of which remains in the solution. The solution is found strongly charged with peptone, and, after being carefully filtered, is concentrated to about one eighth of its weight.

This concentration is necessary for its preservation, and has also the great advantage of making it more portable and convenient. In this state it is of a dark color and a syrupy consistence, and easily soluble in warm or cold water. Its identity with natural peptone is easily proved by application of the chemical tests.

In the early experiments of Messrs. Gaunt, as in previous trials by others, even the most felicitous results were marred by the persistent presence of an intensely bitter taste. This was subsequently proved to arise from some defect in the quality or strength of the digesting menstruum. This objection was finally removed, after many trials, by the employment of an intensely active pepsin in the artificial gastric juice. This fact is cited as suggesting an explanation of the intense bitterness that is not unfrequently experienced in vomiting where there is no appearance of bile in the ejected matter.

Since the feasibility of obtaining peptone in any desired quantity has been demonstrated, numerous experimental observations have been made in a number of hospitals and other public institutions with results corresponding to the anticipations of those who

have conducted and encouraged the trials. Many physicians here in New York are now using it, especially in extreme debility, loss of blood, marasmus, phthisis, etc. In enteric diseases of infancy, it has proved of great value. As it combines readily with any other article of food, it is easily administered. The *New York Medical Record* of June 18, 1881, contains the report of a paper by Dr. Fowler, read by him before the Academy of Medicine, with reports of cases in which he had employed the artificial peptone with unmistakable advantage. In the *New York Medical Gazette* of July, 1881, other cases of its clinical use are reported.

The experience of the writer with this new aliment for the sick has been considerable during the last two years.

CASE I. — *Irritability of the Stomach.* — One of the first cases in which he gave it was a boy of six years old suffering from persistent irritability of stomach, from no assignable cause, to such an extent as to render him unable to retain the simplest food for more than a few minutes. He was greatly emaciated and of course extremely weak. Had some fever, restless at night, and thirsty; rejected water as well as other fluids immediately. A few drops only of the concentrated peptone were given every hour, which he retained, though at first with some difficulty. The quantity was gradually increased until in the course of one week he was able to take a teaspoonful in a third of a tumbler of water three or four times a day, and soon after a fair amount of other food, with steady improvement of all symptoms.

CASE II. — *Post Partum Hemorrhage.* — A woman who had nearly died from loss of blood in her first confinement, though receiving a large quantity of brandy and other stimulants and tonics. She recovered very slowly and remained a long time pale, weak, and dyspeptic. After an interval of three years she was again confined, and was, as in the previous instance, endangered by a sudden and profuse flooding; after the hemorrhage was controlled by the ordinary means, — indeed during the progress of the treatment, — she was fed with frequently repeated doses of peptone, and *no brandy*. Her convalescence as compared with first experience was remarkably rapid and complete, and in a few months she was in better health than any time since her first confinement. She still continues her peptone as a part of her regular diet.

CASE III. — *Diarrhœa from Dentition.* — A nursing child eight months old, of delicate constitution, previously constipated, during dentition became subject to frequent attacks of diarrhœa — liquid, greenish, bad-smelling stools, throwing up of food; changed the nurse for one apparently more healthy, but with little benefit. The little patient became very weak and emaciated. At length small quantities of Gaunt's peptone were interpolated, a few drops

at first, with immediate improvement; the stools became more natural, the nutrition more satisfactory, and remedies acted with efficiency. The child soon recovered.

Many instances illustrating the applicability of peptone in cases of this kind could be cited.

CASE IV. — *Vomiting in Pregnancy.* — A woman pregnant with her fourth child suffered persistently from morning, and in fact all-day, sickness, as in previous similar circumstances. On recommendation of an acquaintance, she resorted to peptone, and, although not entirely relieved of the nausea, was much improved in strength, and able to retain not only the peptone, but more of other kinds of food. She was well pleased with the experiment.

In other cases of this kind a more systematic administration of the article under advice has proved still more beneficial. In all these cases, and others that might be reported, the appropriate homœopathic treatment was of course continued; but it is a truism of which we are constantly reminded, that attention to diet and regimen is often as important as medication.

---

#### OVARIOTOMY: TWO FAVORABLE CASES.

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

As the last cases reported by me were accompanied by serious and difficult complications, it is pleasant to be able to report others free from unfavorable conditions either in the operation or the subsequent treatment.

CASE I. — Mrs. H——, aged twenty-nine, entered the hospital Nov. 28, 1881. She had been married six years, had borne one child, now four years old, but the abdomen did not recover its normal size after this confinement. The menses appeared regularly, but were usually painful, accompanied by considerable bloating, which gradually increased. Three years ago she noticed some soreness of the abdomen, but is now unable to say whether it was in the right or left ovarian region. She thinks, however, it was greatest in the left side, where, at times, there were sharp, pricking pains. These were always aggravated at the menstrual epochs. Two years ago a careful examination revealed no tumor or abnormal growth in the abdomen. One year ago she had miscarriage at three months, and in March last a tumor was diagnosed in the lower part of the abdomen as "probably ovarian." Since that time it has steadily increased in size, sometimes quite rapidly, but not at any time accompanied by severe pain. Upon external examination there is now apparent in the abdomen a tumor, slightly movable, fluctuating, its greatest projection upon

the left side. The measurement around the body at umbilicus is  $32\frac{1}{2}$  inches; three inches below it is 35 inches. The tumor rises 11 inches above pubis and 3 inches above umbilicus; the approximate measure from side to side is 11 inches. The measurement from the right anterior superior spinous process to the umbilicus is  $7\frac{1}{2}$  inches; from the left  $8\frac{1}{4}$  inches. By vaginal examination the os uteri is of normal size, with slight, watery exudation. It is crowded downward and backward, and, though the tumor seems freer and more movable on the left side, yet it is quite impossible to determine with certainty its attachments by pedicle.

On Thursday, Dec. 2, at 12 m., the operation of ovariotomy was performed, the patient having taken ether in a most favorable manner. There were present as assistants, Drs. Boothby, Jackson, Hayward, and Emerson, Mr. Gibbs, the house surgeon, Mr. Talbot, the house physician, and several medical students. An incision was made four inches in length in the linea alba, commencing an inch below the umbilicus. All hemorrhage was carefully arrested by forceps before the peritoneum was opened. This was then divided the entire length of the incision by scissors. The sac was firm, smooth, shiny, and, on passing a silver catheter, found to be entirely free on all sides from adhesions. The trocar was inserted, and a clear, thin fluid, nearly colorless, was drawn off. As the tumor diminished in size, the patient was turned upon her right side, and the tumor allowed to roll out of the abdomen. A free incision of the sac rapidly evacuated the contents, no portion of which escaped into the abdomen. The sac being fully withdrawn, revealed a pedicle of medium size and about an inch and a half in length, connected with the broad ligament of the *right* side and including the ovary. This was pierced in the centre by a double ligature of carbolyzed catgut tied upon each side, and another ligature was thrown around the whole. The pedicle was then divided by the thermo-cautery without hemorrhage. The stump was then placed in its proper position, the greatest care taken to remove every particle of blood from the folds of the intestine, the intestines and omentum carefully placed in their normal position, and the wound closed with seven carbolyzed silk sutures. The operation had been done under the carbolic spray in the proportion of one to forty, and the abdomen and all exposed tissues were carefully cleansed with a weak solution of carbolic acid. The antiseptic dressing was applied, and the patient put to bed. At the close of the operation, which lasted a little more than an hour, the patient's pulse was 106, full and strong, and the temperature a little above normal. She recovered from the influence of ether without nausea or vomiting, and complained of very little pain or

soreness. She fell asleep at 10 P. M. and slept five and a half hours, waking every half-hour.

*December 3.* — Complained of aching in the back ; no nausea or vomiting ; pulse, 70 ; temperature, 99.4. The urine drawn by catheter every six hours was normal and of the usual quantity.

*December 4.* — Slept seven hours ; felt refreshed ; desired food, and took with relish gruel made of imperial granum. Complained of slight flatulence, which was relieved by *Chamomilla*, and passed naturally from the bowels. Each night after this she slept quietly and soundly nine hours or more. On Dec. 7, the fifth day after the operation, the antiseptic dressing was changed under the carbolic spray, the wound was found nearly healed, and four of the stitches were removed ; they were very clean, without any trace of suppuration. On the seventh day the remaining stitches were removed, the wound being healed. On the thirteenth day after an enema she had two copious movements of the bowels, with very slight pain and discomfort. On the fifteenth day she sat up, and on the twenty-first was discharged cured, and rode to her home, about fifty miles, without trouble or inconvenience.

CASE II. — Miss C——, age forty-six, had been very healthy during her entire girlhood. Menses were regular from thirteen to eighteen, when they ceased for fifteen months. For ten years or more she suffered severely from dyspepsia, after which she was comparatively well for the next ten years ; has always led a very active life ; is tall, and naturally very slender. Five years ago she first noticed a tumor in the left ovarian region, unaccompanied by pain or sensitiveness. This gradually increased to its present size, without seriously interfering with her activity. She now measures fifty inches at umbilicus, which is twelve inches from pubis and scrobiculus. The sides of the abdomen project about equally. The fluctuation wave is distinct over the entire abdomen. The floating ribs and lower part of sternum are pressed outward to an unusual degree by the tumor. Heart and lungs are sensibly compressed ; at times has considerable dyspnoea and impeded circulation. There is oedema of the whole lower extremities. On examination the uterus was found retroverted, and pressing upon the perinæum. She entered the hospital for an operation on May 18, 1882. Her last menses had continued from April 19 to May 10. They had been irregular of late, but at times quite profuse ; reappeared to-day.

On May 25, the patient being in fairly good condition, I operated, assisted by Drs. Boothby, Jackson, Bell, Dillingham, Sutherland, and the house physician and surgeon. Drs. Selee and McCrillis and several medical students were also present. An incision eight inches in length was made through the linea



alba, commencing two inches below the umbilicus. The abdominal walls were very thin and profusely marked with veins. The superficial hemorrhage was easily controlled by torsion, and on opening the peritoneum, the tumor was found quite free from adhesions. A large trocar quickly drew off a dirty grayish fluid, and reduced the size so that the sac could be extracted from the opening. A single adhesion connected the sac with the greater curvature of the stomach; while another, somewhat firmer, attached it to the right ovary. These were ligated and easily separated without hemorrhage by the thermo-cautery. A double ligature of carbolized catgut perforated, and was thrown around the pedicle, which was on the left side, and it was divided by the thermo-cautery. But very little blood escaped into the cavity of the abdomen, and this was all carefully removed. The weight of the fluid was sixty-three and one half pounds, the sac weighing one and one half pounds. The cavity presented a remarkable appearance after the removal of the tumor. The intestines were crowded backward, empty, and of the smallest dimensions. The form of the kidneys was distinctly visible through them. The stomach was small and easily traced, and the spleen in full view. The diaphragm was forced strongly upward, and with the outspreading ribs resembled an opened umbrella. The liver was pale, concave on the under surface, with the dark gall-bladder apparent.

The wound was brought together by eight wire sutures carefully passed through the peritoneum. The immense mass of abdominal wall made the adjustment and retention of the wound a little difficult. The patient had of course been under the influence of ether, and the operation was performed under a five per cent carbolic-acid spray. The spray entered freely into the abdominal cavity, and the sponges used were thoroughly saturated with carbolized water. The patient had some symptoms of collapse, but quickly rallied under the subcutaneous injection of two drachms of brandy.

*May 26.* — Slept six hours; has no nausea. Takes a gruel of imperial granum, two ounces every two hours.

27. — Slept eight hours last night; marked distention of descending colon, but no pain.

29. — Removed three sutures; no suppuration; wound doing well.

31. — Removed the remaining five sutures. Wound well closed.

*June 5.* — Lister's bandage removed.

10. — Patient sat up in a reclining chair.

15. — Walked a little.

20. — Had a natural movement of the bowels without pain.

*July 11.* — Discharged cured.

The temperature for the ten days after the operation stood usually at 99°, and the highest point it reached was 100.8°. The pulse at one time reached 112, but was ordinarily from 90 to 98. Her sleep after the operation was uniformly better than it had been for months, and pain was almost entirely absent.

In both of these cases, as has been said, the operations were performed under carbolic-acid spray of a strength sufficient to benumb the hands of the operator and to leave an eruption upon them for two or three days. It would be an easy inference that such an irritating substance brought in contact with the extensive surface of the extremely sensitive peritoneum must prove a serious if not a fatal injury. Yet so far was this from the case that neither patient exhibited any symptom of inflammation or irritation of the peritoneum. The urine was in both cases free and not even discolored. Though the cleanliness which is so strongly insisted upon in the antiseptic treatment is undoubtedly of great importance, yet the favorable results in a large number of cases treated antiseptically has convinced me of the great efficacy of carbolic acid in warding off inflammation after severe surgical operations.

---

#### MILK AS A NASAL DOUCHE.

*Translated from the French of Dr. Paul Reclus by D. G. WOODVINE, M. D., of Boston.*

THE naso-pharyngeal douches have been used in therapeutics for a score of years. The works of Weber and Trölsch, in Germany, of Thudicum, in England, of Prof. Duplay, in France, demonstrate their efficiency, and at this time there are few practitioners who may not at least have heard them spoken of; but all do not appear to use them sufficiently. Accordingly, we judge it useful to recapitulate in a rapid manner some short observations where their employment has brought about a complete and prompt recovery.

We know in what the method consists: the patient introduces into one of the nares, the olive-like ferrule of the injector or siphon of Weber. He thrusts this ferrule horizontally from one to two centimeters in such a manner that the jet of liquid will not strike too violently against the summit of the nasal fossæ and frontal sinuses, which has sometimes produced severe pain. Then the syringe having been opened, or the siphon loaded, the liquid fills the nasal fossæ and the upper part of the pharynx. It does not flow, as one would suppose, into the œsophagus or towards the mouth, a contraction of the veil of the palate and the posterior pillars being produced which completely obliterates the orifice. The liquid having passed from one nasal fossa into the other, runs out of the one not obstructed by the siphon.

The method has value only when the quantity of liquid which is made to pass into the nasal fossæ is considerable. As to the liquid, its nature seems to us of secondary importance. Pure water, however, is generally intolerable. It excites, Weber says, swelling of the epithelium. This author also recommends the addition of a certain portion of sea salt, tar water, or carbolic acid. The astringent injections of tannin, of alum, and sulphate of zinc rendered great service. Some extol a weak solution of bichloride of mercury. As for us, we use milk almost altogether, and the results we have obtained are so good that we should not think of resorting to any other substance.

But we repeat, the quantity of the liquid which should pass through the nasal fossæ ought to be large. We have recently attended a young girl who injected into the nasal fossæ more than fifty litres of milk daily: twenty-five in the morning and twenty-five in the evening. Three quarters of an hour were sufficient for each sitting. It is useless to add that fifty litres of milk were not necessary, and that two litres only would have been sufficient to accomplish this cleansing. The milk was put back into the empty injector, and repassed fifty times through the nasal fossæ.

It is in chronic coryza, nasal catarrh, ulcerations of the mucous membrane of the nares and their more disagreeable sequela, ozæna, that this treatment has rendered great service with us. In 1878 we were consulted by a young girl, a little lymphatic, although of robust appearance. A short time after a severe attack of scarlatina she took chronic catarrh. The nares were ulcerated; the mucous membrane of the fossæ was of a reddish and violet color, thickened; the villi covered with brownish crusts; the secretion was so abundant that the patient was obliged to protect her pillows at night in order not to find them in the morning absolutely soiled with the muco-pus.

I ordered the nasal douches, and the young girl, very desirous to recover, increased the quantity of the liquid to twenty-five litres per sitting, without asking counsel of me. The amelioration was very rapid; eight days later the stoppage in the nose had ceased; the respiration at night was no longer exclusively buccal; the secretion was very much diminished. At the end of fifteen days I discovered new progress: the mucous membrane was no longer stretched and swollen; finally, at the end of a month, the recovery was complete. The expiration had lost its former fetidity, and the young girl was rarely obliged to recur to the use of the handkerchief. The recovery has been maintained. The year following she had a slight new attack, but some douches easily made her all right.

In 1879 a person brought to me a little girl of twelve years,

clearly strumous, and who had upon the upper lip quite an abundant and tenacious eruption of impetiginous eczema; the ozæna was very disagreeable and the mucous secretions very abundant, troubling the little patient and disquieting the parents. The rhinoscopic examination gave me a result analogous to that which we have noted in the preceding observation. There was no ulceration, but a thick, swollen, and stretched violet appearance of the mucous membrane. The nasal douches were ordered, and here again the success was marked; at the end of thirty-five days of conscientious treatment, by injections of milk night and morning, a cure was effected.

I might add to these observations two others; but they would be but repetitions of the first. They were cases of chronic coryza, accompanied by ozæna; and were cured in less than two months. We prefer to add a very recent case, which differs from the preceding affections.

The mayor of a village in the lower Pyrenees came to consult us two months ago for a very extensive ulceration of the nasal septum. He had been to a specialist at Bordeaux, who had without doubt believed he had an epithelioma and proposed to extirpate it. This radical operation frightened the patient, who has put himself into our hands.

The diagnosis appeared difficult; the case was of a man fifty-six years old, of splendid appearance and without any organic defect; no scrofula during childhood and no vestiges of syphilis; elsewhere iodide of potassium had been used in large doses and without any especial result. Now a rhinoscopic examination revealed to us a deep ulcer of 2 or 3 millimetres and larger than a franc; the cartilage, however, was not made bare, although the mucous membrane of the nasal fossa opposite was swollen and villous. An albuminous crust, very concrete, covered the ulcer.

We ordered injections of milk; at the end of ten days, when he came again to see us, the ulcer had not only been cleansed but diminished in size, and we saw upon the circumference a cicatricial border some millimetres in length. In less than a month the cure was nearly complete. The continual stoppage of the nose, which had fatigued the patient, had disappeared, and none of the primitive ulcer remained except one little red spot 3 millimetres in diameter, surrounded by a cicatricial tissue of lighter color. We have not seen the patient again, but a letter from him reports his good condition. The diagnosis remains in suspense. Perhaps it was a case of ulceration of the nasal fossæ, that Trosseau and Boyer associated with a herpetic diathesis.

However it may be, we recall this case in order to introduce this method of naso-pharyngeal douches. We believe that they are not only a useful adjuvant in the treatment of these consti-

tutional affections of the mucous membrane of the nares and the nasal fossæ, — and we should be able to furnish the proof of this, — but that they may yet be *the entire treatment*, and a rapid recovery induced by them alone.

---

\*  
CARDIAC THERAPEUTICS.\*

BY E. WOOD FORSTER, M. R. C. S., ENGLAND, L. S. A. DARLINGTON.

CASE I. — In June, 1880, I was called to attend a young gentleman about fifteen years of age. I found that he had suffered for some time from intermittent pains of the left mammary region; that he complained of being soon tired, — soon pumped out; that his breathing, too, would be inconveniently rapid after running, or undertaking an ascent. There was also a history of nervousness, of being easily startled, of considerable timidity, and of calling out in sleep. His family is subject to hereditary renal disease; and upwards of two years before this time there had been, to my knowledge, albuminuria without organic disease. Now, the urine was clear and non-albuminous.

The functions of the liver and stomach were healthy. Examination of the heart showed absence of valvular lesion, but slight hypertrophy with energetic impulse, and pulsations about one hundred per minute, — an intense condition of cardiac irritability. There was not an actual intermission of pulse waves; but it was very noticeable that a succession of stronger beats was followed by a succession of feebler ones.

In connection with hygienic influences, *Digitalis* was administered on the 18th, five drops three times a day in half an ounce of simple water, and continued until the 30th of June. To this time it had not "quieted the system"; but the neuralgic stitches of the mammary region were well, and the pulse waves flowed more regularly. The cardiac irritability, with high pulse-beat and disagreeable nerve consequences still remained. On the 30th, three drops of *Veratrum Viride* were repeated three times a day in half an ounce of simple water. This treatment was most efficacious, so that in two or three days the medicine was ordered to be taken only once a day, or every other day, and was discontinued at the end of the fortnight.

I believe it would have been more therapeutically correct to begin at once with the *Veratrum*. The general system of arterioles was healthy and did not require to be interfered with. The indications were that the heart muscle was the organ to which a remedy ought to be applied. It was not the regulating

apparatus that was at fault, but rather the musculo-motor, to which attention was to be directed. *Digitalis* therefore failed, because it is a musculo-motor stimulant. This was not required in such a case as I have just described.

*Veratrum* "diminishes the force of the heart beat by a direct influence on the cardiac muscle" (Wood), I presume through the musculo-motor ganglia. And the advantage of the small dose is that, firstly, we so use our remedy that its influence does not extend to other organs, but is expended on that organ, which, being diseased, most sensitively feels its therapeutic power; and secondly, we keep clear of inducing any disagreeable effect on the patient: and thus, by keeping well within the therapeutic dose, we can effect a "safe, speedy, and permanent cure whenever a cure is possible."

CASE II. — On May 18 of last year, I was consulted by a lady of about seventy years. She came panting into my room, with vivid lips, dilated nostrils, and a bumping heart. There was evidence of an obstruction of the liver, with some stomach derangement and scanty urine, containing urates, but non-albuminous. There had been for a month œdema of the right leg. There was mitral disease (said to be hereditary), rapid cardiac action, pulse ninety, palpitation, intermission, and a short dry cough. Undoubtedly the heart was primarily at fault; but its condition was aggravated by the obstructed state of the hepatic system, the consequence of its own incompetency. By the third day these obstacles were removed; the color and odor of the evacuations became natural; and the urine increased in quantity under small doses of mercury.

Attention was now entirely given to the heart, and tincture of *Spigelia* (Savory and Moore's) was administered. This is a powerful remedy in suitable cases; to this I can testify. (See Phillips; also Sharpe in *Practitioner*, May, 1878, p. 331.) It was given because of its special action on the heart. The kidneys, acting well, did not require the subordinate action of *Digitalis*. Likewise, the rapid, irritable state of the cardiac muscle seemed to imply nervous excitement; therefore the exclusion of *Digitalis*. However, *Spigelia* failed to relieve, in five-drop doses thrice daily, the cardiac oppression and its concomitants. Why did it fail? Therapeutically, it was a wrong remedy. The small dose kept up the force and frequency of the heart's action. It probably acted as a stimulant to the accelerator nerves, and tended to increase the venous congestion. If I had given large doses, I might have considerably lowered the pulse; but then *Spigelia* at the same time physiologically produces palpitation, with strong beating.

On the 25th, the cardiac agitation, dyspnoea, and hot dry skin

pointed, with no uncertain indication, to *Aconite*. One minim of Fleming's tincture was given in half an ounce of simple water thrice a day. Its efficiency was quickly apparent. In the course of a week there was amelioration of all the symptoms; and when I saw the old lady on July 4, she was well and jocose.

"The method by which the *Aconite* influences the heart is not certainly settled" (Wood). Therapeutically, in small doses, its beneficial influence is exercised through the cardiac ganglia. The hot dry skin was an important indication of treatment. *Aconite* being known to dilate the arterioles, and to "increase the capacity of the vascular system" (Ringer), promotes perspiration and relieves congestion. Thus we obtain, in addition to the direct action on the cardiac ganglia, a powerful drain to the surface.

In weighing the probabilities between *Veratrum* and *Aconite* in a case of cardiac disease, we should deliberately consider the totality of symptoms present in the particular case. In the former case, *Veratrum* was chosen because of its direct effect on the heart *only*. The kidneys were acting normally; the skin also was normal; and the temperature was normal; therefore, to have given *Aconite* in such a case would have been a needless waste of *Aconite* influence, and might possibly have produced a feeling of increased lassitude. In the latter case, *Veratrum* would not have touched either the kidneys or the skin. As *Aconite* embraced these within its beneficial range, it was emphatically *the* remedy, and did not require the clumsy expedient of combining with it spirits of nitre, or potash acetate, to effect that which it was quite capable of doing alone.

The advantage of the single medicine is its simplicity, and its accuracy in operating *only* upon the diseased organ in proper therapeutic dose, which must be far removed from the physiological one.

If a medicine have a special action upon a special organ or part in health, so it would seem very desirable and judicious to administer that particular remedy in disease of that same part which appropriates the remedy in health. But we must bear in mind, as a clinical fact, that the tissues in disease are much more sensitive and responsive to the action of a drug, so that the dose to be then therapeutic must be small.

---

SORE NIPPLES. — When cracked nipples are not caused by constitutional disease, they should be freely washed with tincture of benzoin. Under this treatment they will generally heal in from five to ten days. The benzoin forms a varnish over the surface of the cracks, and this protects them during the act of nursing. The great advantage of the treatment is, that it in no wise interferes with lactation. — *Medical Journal, St. Louis.*

## CASES FROM PRACTICE.

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

*Read before the Connecticut Homœopathic Medical Society.*

CASE I. — *Otitis Media Purulenta Chronica*. — Freddie L——, aged four, was brought to me June 2, 1881, on account of a chronic discharge from his left ear of two years' duration. Examination showed about half of the membrana tympani destroyed and the meatus partly filled with a dark, thin, and very offensive discharge, which excoriated the tissues over which it flowed. *Psorinum* was prescribed, a dose night and morning. The patient was not seen again, but some months later I learned from his mother that he had had no further trouble after taking the remedy.

CASE II. — *Suppurative Otitis Media*. — Eddie B——, aged fourteen, consulted me April 9, 1881. On inquiry I learned that he had frequently suffered from earache during the past few years, but the discharge dated from a recent attack of scarlatina. Examination showed the drum membrane of the right ear intact, but thickened and opaque. That of the left ear showed a large perforation in its upper portion, through which issued a profuse, thin, purulent discharge. The ear was extremely sensitive, so that the patient shrank from examination. Hearing for my watch, which can be heard normally six feet, was reduced for the right ear to eight inches, and for the left to three inches. *Hepar* was prescribed. April 25 the perforation was smaller, discharge less, and the mucous membrane of the tympanic cavity, seen through the opening in the drum, looked healthy. May 2 the perforation was entirely healed. Hearing for right ear had increased to thirty-four inches, and that of the left ear to thirty inches. In the following June the patient went in bathing, and had an acute inflammation of the left ear, which resulted in a perforation larger than before. There was not as much sensitiveness to contact as previously, and the remaining portion of the membrana tympani presented a dull, sodden appearance, as if infiltrated with pus. For this reason *Sil.* was prescribed, and in less than two weeks the opening again closed, and the hearing rose from ten to twenty-six inches for the watch. The patient has since had no return of the trouble. This case is of special interest, from the fact that such extensive perforations seldom entirely close, and it well illustrates the action of the appropriate remedy.

CASE III. — *Post Auricular Periostitis*. — Charlie C——, aged thirteen, was first seen Aug. 23, 1881. He presented a swelling of the size of a pullet's egg, involving the posterior surface of the left auricle, and extending backwards over the mastoid process.



The swelling had developed during the preceding ten days without pain. A superficial incision had been made the day before by the family physician, which gave exit to about an ounce of bloody serum, but no pus. The incision had entirely healed. The tumor was moderately hard, only slightly sensitive; the overlying skin was somewhat reddened, and there was an entire absence of fluctuation. The hearing on the affected side was reduced to four inches for the watch, and the membrana tympani was thickened and opaque. *Sil.* was prescribed every two hours. The following night the patient, for the first time, suffered severe pain, and on the morning of the 24th the swelling was a little smaller, but more sensitive and inflamed, the hearing had increased to two and a half feet, and the membrana tympani was less opaque. *R. Merc. sol.*<sup>6x</sup> every two hours. The condition being unchanged Aug. 27, I made an incision over the mastoid one inch long, extending to bone. About an ounce of healthy pus escaped. With a probe the bone was found to be unaffected. The wound was packed with lint. *Hepar*<sup>8x</sup> was prescribed, and patient directed to apply poultices. The wound was carefully syringed and kept open with lint for four days. Sept. 2 the swelling had entirely subsided, the discharge had nearly ceased, and the hearing distance had increased to five feet. The wound was then closed with adhesive strips, and *Hepar*<sup>8x</sup> four times a day prescribed. The patient has been well since. A subperiosteal abscess associated with a catarrhal inflammation of the middle ear is very rarely observed. An accumulation of pus in the mastoid cells, with ulceration of the bone and secondary implication of the periosteum, is not rarely a sequel of a *Sup. otitis media*, but a *primary* periostitis is very uncommon.

CASE IV. — *Deafness from Closure of Eustachian Tube.* — Miss R—, aged fourteen years, had a severe cold in February, 1881, which left her with impaired hearing. I first saw her April 8, when the drum membrane in each ear appeared of normal color and mobile, but was much retracted. On the right side she could only hear my watch when pressed against the ear, and could not hear it at all on the left side. After inflating the tympanum by forcing air through the Eustachian tubes by means of Politzer's apparatus, hearing rose in right ear four inches, left one and a half inches. By repeating the operation daily for four days, she could hear the watch, with right ear at fifty-six inches, and with the left sixty-four inches. This treatment was continued at longer intervals until May 3, when she was discharged with hearing normal for watch, but very slightly impaired for conversation, owing to a slight induration of the drum membrane. The only remedies used in this case were *Duboisin* and *Hydrastis* for a dry, granular condition of pharynx.

CASE V. — *Opacity of Cornea.* — Mrs. L——, aged forty, presented herself Jan. 15, 1881, for treatment on account of a dense opacity of cornea following a kerato-iritis, which had been treated by an ignorant optician. A large portion of the right cornea was opaque, and somewhat vascular, but the active inflammation had subsided some months previously. Vision was only  $\frac{1}{200}$ ; that is, large type, which ordinarily can be read at a distance of two hundred feet, could not be distinguished farther than fifteen feet. *Aurum* was prescribed, a dose night and morning. Feb. 7, leucoma was less dense; vision  $\frac{1}{80}$ ; continued *Aurum*. March 5 decided improvement was manifest; vision,  $\frac{3}{80}$ . The patient was not seen again.

CASE VI. — *Palpebral Tumor.* — This case is not related because of success in its treatment, but is interesting on account of its spontaneous recovery. Mrs. O——, several months pregnant, exhibited March 10, 1881, a tumor of the cartilage of the upper lid of the right eye. The tumor was hard, and of about the size of a common white bean. It was not sensitive to touch. The skin, which was freely movable over it, was not discolored. The patient complained of a sticking pain in it, and the eye was somewhat irritable, from the constant rubbing of the indurated mass over the ball. Remedies relieved the subjective symptoms, but did not reduce the size of the tumor; but after her confinement it gradually disappeared without further treatment, and without suppuration. Query: What relation was there between gestation and the development of the tumor?

CASE VII. — *Acute Glaucoma.* — J. G. C——, aged seventy-five, lost the sight of the left eye very suddenly two years ago. He has since had two or three slight apoplectic seizures, which suggest that the loss of vision was due probably to a hemorrhage in the track of the nerve posterior to the eye, caused by atheroma of the cerebral arteries. Four days ago he was attacked with severe pain in the blind eye. When I saw him, the conjunctiva bulbi was very much injected, the pupil moderately dilated and immobile; the media were so cloudy as to prevent an examination with the ophthalmoscope, and the globe was as hard as a stone. *Bell.* relieved the intensity of the pain, and a solution of *Eserine*, containing two grains to the ounce, effected a speedy subsidence of the other symptoms. Some months later I saw the patient. There had been no recurrence of pain, and the tension was normal. The ophthalmoscope showed advanced atrophy of the optic nerve. These cases of acute glaucoma, when occurring in a healthy eye, are attended with extreme danger. Vision is sometimes entirely lost in the course of a few hours. The treatment of this case was unusually successful in relieving the subjective symptoms and diminishing the tension. Usually

an operation is necessary not only to relieve the pain and subdue the inflammation, but to restore the sight and to secure immunity against a recurrence of the disease. When promptly resorted to, an operation is almost uniformly successful. Without it, the attacks are almost certain to be repeated, and each one lessens the chances of ultimate recovery. It is, therefore, of great importance for the general practitioner to recognize the affection in its incipiency, in order that the services of a specialist may be secured before irreparable injury has resulted.

CASE VIII. — *Traumatic Iritis.* — R——, a laborer, over seventy years of age, was struck in the right eye by a twig, while cutting down a tree. On examination the following morning, there appeared a superficial abrasion running transversely across the centre of the cornea. There was, in the lower portion of the cornea, an opaque, curved, linear opacity where the foreign body had penetrated the anterior chamber and wounded the iris. The latter was discolored, the pupil partially and unequally dilated, and the chamber partially filled with blood. Under the use of *Atropin* locally and *Aconite* internally the inflammation rapidly subsided. In all cases of iritis, the early and persistent use of *Atropin* is necessary to dilate the pupil and prevent adhesions between the edge of the iris and the anterior surface of the lens.

CASE IX. — *Ciliary Neuralgia.* — John M——, aged forty-five, received a superficial burn of the left eyeball from hot tar. The burn healed without a cicatrix; but the eye remained weak, and he suffered from neuralgic pain, commencing at the inner canthus, and extending around the brow, with nightly aggravations. For this pain he consulted me Sept. 16, 1881; *Cinnabar*<sup>dx</sup> was prescribed, which gave complete and permanent relief in a few days.

---

#### THE HIPPOCRATIC OATH.

MANY of our readers, and especially the younger portion, may never have seen the oath, which was considered the most sacred pledge to chastity and pure life, and which was required of every one before he was allowed to practise the art of healing. We publish it to show how, in the earliest ages, the medical profession jealously guarded its reputation and the morals and habits of those placed under its care. We are assured that the unwritten law and principles of the profession to-day are more strict and unyielding than in any former age.

THE OATH. — I swear by Apollo, the physician, and by Æsculapius and Health and All Heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep

this oath and this stipulation, to reckon him who taught me this art equally dear to me as my parents, to share my substance with him and relieve his necessities, if required, to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation ; and that, by precept, lecture, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine ; but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such council ; and in like manner I will not give a woman an instrument to produce abortion ; with purity and holiness I will pass my life and practice my art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption ; and further, from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice, or not in connection with it, I see or hear in the life of men which ought not to be spoken of abroad I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men in all times ; but should I trespass and violate this oath, may the reverse be my lot !

---

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

THE regular monthly meeting of the society was held at the college building, E. Concord Street, Thursday evening, March 11, 1882. The report of the censors being favorable; O. G. Ross, M. D., of Revere, Mass., was elected to membership.

Dr. I. T. Talbot and Dr. I. B. Cushing were appointed by the chair to make nominations for delegates to the coming meeting of the American Institute of Homœopathy. They made the following nominations, which were accepted by the society :—

*Boston Homœopathic Medical Society.*— C. H. Farnsworth, M. D.

*Boston University School of Medicine.*— I. T. Talbot, M. D., J. Heber Smith, M. D.

*Massachusetts Homœopathic Hospital.*— D. G. Woodvine, M. D.

*Homœopathic Medical Dispensary.*— H. C. Clapp, M. D.

*College Dispensary.* — A. M. Cushing, M. D.

*West End Dispensary.* — A. Boothby, M. D.

*Consumptives' Home.* — Charles Cullis, M. D.

*Home for Moral Reform.* — L. M. Porter, M. D.

*Dispensary of Women's Industrial Union.* — H. A. Loring, M. D.

*Cabot Street Dispensary.* — S. Ida Dudley, M. D.

*New England Medical Gazette.* — J. W. Clapp, M. D.

Dr. Woodvine moved "that a standing committee be appointed to investigate the condition of Cochituate water from time to time. Dr. Sutherland offered as an amendment that the committee who served so acceptably this past winter be reappointed." The motion as amended was carried.

This committee consists of Drs. C. Wesselhoeft, D. G. Woodvine, and I. T. Talbot.

Dr. O. B. Sanders read a very excellent paper on "The Physiology of Digestion," which provoked a great deal of discussion, in which most of the members present participated.

F. B. PERCY, *Secretary.*

#### JUNE MEETING.

The monthly meeting was held Thursday evening, June 22, 1882. In the absence of the secretary, J. P. Sutherland, M. D., was chosen secretary *pro tem.* The reading of the records of the last meeting was omitted. No report of censors or application for membership was presented.

Dr. Church read a paper on the "The Etiology, Pathology, and Symptomatology of Cholera Infantum," and the subject was afterwards discussed by the members.

Dr. Fisher thought vomiting had not been sufficiently dwelt upon; that the diarrhoea was only secondary. If the vomiting can be controlled the case will probably recover.

Dr. Farnsworth considered that cholera infantum is to children what cholera morbus is to older people. He believed in giving cold or ice water, all that the patient can drink: a little will only increase the vomiting, while if enough is taken it stops the vomiting. *Verat.* and *Ars.* are his first remedies; and, if cases are *curable*, no others are needed. *Helleb.* and *Camph.* come in usefully, the former for head symptoms, the latter for collapse.

Dr. Woodvine wanted to know if the medulla oblongata was or was not particularly affected in cholera infantum. He inclined to think that the nervous system plays a very important part, especially in the severe cases.

Dr. Talbot agreed with Dr. Fisher in regard to the importance of vomiting as a symptom in this disease. He mentioned different kinds of summer complaint, all of which, even in infants,

are unlike cholera infantum. He considered the remedies for Asiatic cholera useful for cholera infantum, especially *Camph.*, *Verat.*, and *Arsen.* *Iris vers.* is good in cases of frequent retching and slight vomiting with paleness, languor, and inability to raise the head.

*Guaco* is a remedy which formerly engaged the attention of this society, or rather its predecessor, the Boston Academy of Homœopathic Medicine. Proving were made which exhibited the thin, watery diarrhoea, with nausea and vomiting so characteristic of cholera infantum; and, though these provings have as yet never been published, still they have often been used as successful guides in the treatment of this disease. He hoped to see more research and study given to this remedy.

Dr. Woodvine thought *pure* water of great importance in preventing this disease as well as typhoid fever.

Dr. Cushing said we did not know the primary cause of the trouble, but he thought it arose frequently from an affection of the brain and nervous system. He could not say as to the efficacy of cold water, but had been assured that certain affections of the brain in the horse are cured speedily by pouring cold water into the ear. He considered *Salicylic acid* and *Æthusa* good remedies. Baths are good, but, like all good things, are liable to abuse.

Dr. Farnsworth thought sudden changes in temperature are injurious, and that great care should be taken to protect the child by flannels and otherwise. After remarks by other members the discussion closed.

It was moved and carried that the president and secretary invite, by postal card or otherwise, each and every member of the society to make and report original investigations regarding cholera infantum as far as possible during the coming summer.

Dr. Talbot gave an account of the meeting of the American Institute of Homœopathy in Indianapolis.

J. P. SUTHELAND,  
*Secretary pro tem.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL  
SOCIETY.

REPORTED BY CHAS. L. NICHOLS M. D., SEC.

THE quarterly meeting of this society was called to order May 10, in their new library rooms, 13 Mechanic Street; Dr. S. H. Colburn, of Athol, president, being in the chair. After the records had been read and approved, and the report of the committee on location had been accepted, Dr. C. S. Collins, of Nashua, was elected a member of the society. The president then delivered an interesting address upon homœopathy as a

system, which was listened to with earnest attention, and was received with warm applause. A carefully prepared paper upon diphtheria was read by Dr. E. L. Mellus, and followed by an animated discussion. The writer wished to call particular attention to the hypothesis presented by Dr. R. R. Gregg, as to the cause of this disease. Dr. Gregg says that the only series of facts common to all forms and epidemics of diphtheria are the following: an irritation of the mucous membranes manifested by an increased secretion of mucus and consequent loss of albumen, which destroys the normal proportion of the blood constituents and produces an excess of fibrin, which excess it is the aim of nature as a curative process to expel from the system. The weak points of the theory were exposed, and the especial relation of excess of fibrin and cardiac thrombosis in this disease was fully discussed by reference to the most recent pathological investigations, the conclusion being drawn that this position cannot be at present sustained.

During the discussion which ensued many valuable suggestions were made by the various members as to diagnosis and treatment, both medicinal and local, Dr. Carmichael calling particular attention to the value of *Sulpho-carbolate of Soda*<sup>12</sup>, four or five grains every two or three hours, in connection with the appropriate remedy. Suggestions as to treatment and indications for particular remedies were detailed. Extracts were then read by Drs. Barton and Mellus upon the recent experiments by Koch upon the inoculability of tubercle, and the expectorated matters being considered dangerous, and the practicability of inoculation being suggested. This was followed by an excellent abstract by Dr. Chamberlain, of a recent work upon the sanitary care of children; and, after the transaction of the usual business, the meeting was adjourned.

---

#### AMERICAN PUBLIC HEALTH ASSOCIATION.

MOSES T. RUNNELS, M. D., of Indianapolis, writes that the tenth annual session of the American Public Health Association will be held in that city, commencing Oct. 17, and continuing four days. Extensive preparations are being made for this occasion by the citizens of Indianapolis, and a meeting of unusual interest is expected. All who were present at the recent meeting of the American Institute of Homœopathy can well believe in the warm reception which will be accorded to attendants of this forthrightly commended. I have yet to see in which homœopaths are cordially welcomed, it is hoped that a large number will be present and contribute to the important work. Physicians and others intending to go should inform Dr. Runnels, chairman of the local committee.

A MAD ALLOPATHIC SOCIETY.

WE learn from the *Indianapolis News* of August 8, that the Marion County Medical Society has held a meeting and that the room "resounded with shrieks of denunciation because the mayor had appointed a homœopathist upon the committee of arrangements for the forthcoming meeting of the American Public Health Association." Violent fire-eating resolutions were adopted, announcing to the world that "under present auspices the society will abstain from all participation in the proceedings." As the society has never been asked to participate, and as only one of its members belongs to the association, we are forcibly reminded of Dogberry's wish, "Write me down an ass! But masters, remember, that I am an ass though it be not written down, yet forget not that I am an ass."

---

CORRESPONDENCE.

---

LETTER FROM PROF. C. E. HASTINGS.

VIENNA, July 21, 1882.

*To the Editor of the Gazette :*

You asked me to write something for the GAZETTE from this place; if you think the following will be of interest you may use it:—

I arrived in Vienna, May 6, just two weeks from the day the "City of Rome" left New York, and Monday, May 8, I began my attendance at its hospital, in the confinement ward of Gustave Braun. The hospital as a whole is a very large one (3,000 beds) and covers a large area. That portion devoted to obstetrics is divided into three wards, and the patients applying for admittance are sent from 8 A. M. to 8 P. M. to clinic No. 1, the next twelve hours to clinic No. 2, and so on. The morning of my arrival there was a Cæsarean operation, and since May 8 I have witnessed at least seven cases of craniotomy; how many there may have been in the other clinics, I have no means of knowing. Contracted and deformed pelves are quite common here. The whole number of births in this hospital in a year is from 3,000 to 4,000, and it is supposed that each clinic gets its proportional share. ~~had been read and approved, and the report of,~~ and a lacerated perineum is seldom seen, even in forceps cases, owing to the careful management; but cutting the labia on either side, as a means to prevent laceration, is not infrequent. The larger



proportion of cases, however, require nothing beyond the care given to the management of the head and perineum, the former quite as much as the latter being managed.

The anæsthetic used here is new to me, and I am quite pleased with it. The patients yield readily and come out from under its influence quickly and brightly, with none of the after effects which I have always seen from ether alone. The compound is two hundred parts chloroform and sixty parts each of ether and alcohol; and, after witnessing its effects here, I should be unwilling to use ether alone. This may not be new to others, but is to me. Whenever a lacerated perineum is to be treated, or when the cut is made, the wound is treated with iodoform, the parts covered with the dry powder, renewed daily. ~~cream rises more slowly, and the rule is then to let seven instead of four or five hours elapse before gathering the upper third; or, after the shorter period, collect only the upper fourth; or better, set five quarts to separate, and save one fifth.~~ Does he mean to say that the "upper third" differs in proportion to the amount of milk set, provided the dishes are of relative size? We should differ with the author on the subject of beef-tea. He says, "It is best made in a good-sized clean bottle." For many years we have carefully observed the different kinds of beef-tea, and are convinced that beef thus prepared in a bottle does not render its most nourishing or easily digested elements for a weak stomach. The following has been a satisfactory rule for the preparation of this valuable article of diet.

~~Just now I am taking a course on nervous diseases. and for clinical material there is no lact-<sup>1</sup>/<sub>4</sub>-inch square. In a suitable dish to one pound of beef add one pint of cold water. Let it soak for twelve hours, then boil quickly twenty minutes. Poor off and salt to taste. This will make a table-spoonful of food and little of it.~~ Bread and conee is the usual food here.

Again, I asked in the obstetrical clinic, Why so many deformed pelves, and the answer was rachitis in childhood from lack of proper food. So much for the first part of the reason, — struggle for life. Twenty thousand idle, dissolute soldiers in the city is enough to account for the second portion of the answer given.

This little volume endeavors to answer a question often repeated to the physician. It considers different diseases and gives specific directions in each. Among these are fever, dysentery, constipation, copious discharge of urine before the cord is ligatured; that is, one midwife attends to this, while another attends to the cord. Still-born children are not infrequent from this same cause. The management of the hospital, as to cleanliness and ventilation, is to be especially commended. I have yet to see anything uncleanly or unwholesome about the departments I have visited. The rooms are large and airy, and not crowded with beds. All utensils used are bright and clean. The bedding is frequently changed, and altogether I am much pleased.



cious charges It does not aim to be an exhaustive treatise, but is filled with suggestions; and it is quite wonderful how many topics are touched upon in so small a space. The directions on pages 20 and 21, by the Anglo-Swiss Condensed Milk Company in regard to the method of using the condensed milk, are clear and explicit, and no young mother could be in doubt as to what she must do in feeding her child with it. Again, Cummings's rules on page 13 are excellent in regard to milk stock; but the author's explanation on page 15 does not make it any clearer. The rule is, "Let milk stand four or five hours in a deep dish, remove the cream, and pour off for use the upper third." Dr. Morgan says, "In cold weather, or when milk stands upon ice, the cream rises more slowly, and the rule is then to let seven instead of four or five hours elapse before gathering the upper *third*; or, after the shorter period, collect only the upper *fourth*; or better, set *five* quarts to separate, and save one fifth." Does he mean to say that the "upper third" differs in proportion to the amount of milk set, provided the dishes are of relative size? We should differ with the author on the subject of beef-tea. He says, "It is best made in a good-sized clean bottle." For many years we have carefully observed the different kinds of beef-tea, and are convinced that beef thus prepared in a bottle does not render its most nourishing or easily digested elements for a weak stomach. The following has been a satisfactory rule for the preparation of this valuable article of diet. Select a juicy, tender, well-fed piece of beef, and cut a thin slice from the round or rump. Cut this into small pieces, — say a quarter-inch square. In a suitable dish to *one pound of beef* add *one pint of cold water*. Let it soak for twelve hours, then boil quickly twenty minutes; pour off, and salt to taste. This will make a palatable, nutritive, easily digested beef-tea.

\*

DOCTOR, WHAT SHALL I EAT? A Handbook of Diet in Disease for the Profession and the People. By Charles Gatchell, M. D. Chicago: Duncan Brothers. 1882. pp. 148.

This little volume endeavors to answer a question often repeated to the physician. It considers different diseases and gives specific directions in each. Among these are fever, dyspepsia, constipation, consumption, diabetes, the baby, cholera infantum, travellers, sea-sickness, the corpulent, scrofula, rheumatism, diarrhœa, dysentery, etc. The following rules for fever show the practical character of the book: —

"1. Give no solid food to a fever patient 2. Let the food be simple but nutritious. 3. Give food at frequent intervals and in small quantities. 4. Let a fever patient have all the cold water that he wants to drink. 5. Solid food given during

convalescence will often cause a relapse. 6. If the patient be properly nourished from the outset, there will be little need of alcoholic stimulants."

The different kinds of food are carefully considered in relation to their applicability in given diseases, the manner and time of eating are well described, and the book contains one hundred and twenty-one recipes, many of which would prove of great value to a patient who is longing for something palatable. We wish the book itself were served up in better shape, — paper, printing, and binding. \*

---



---

## OUR MISCELLANY.

---

THE PRIMÆ VILÆ. — Here the villi dip their noses,  
 Gifted with a wondrous power,  
 Not of smell, but of selection,  
 Of acceptance or rejection  
 Of the products of the hour.

Noble villi! Who instructs ye  
 Thus to choose our boon or bane?  
 How do ye secure your treasure?  
 How transmit it at your leisure?  
 Questions, yet to ask, is vain.

See that particle of butter,  
 Now an oil globe on its way;  
 The saliva lightly kiss'd it,  
 But the gastric juice has miss'd it,  
 And the purling stream has whisk'd it  
 In a duodenal bay.

There, coquetting with a portion  
 Of the undigested rice,  
 The hepatic fluid meets them,  
 Pancreatic juices greet them,  
 And they're married in a trice.

Canada Lancet.

THE Nashville, Tenn., *Morning World* publishes an article, the result of interviews with several physicians of that city, giving their opinions upon the New York Code of Ethics. Among others, Dr. J. P. Dake, a prominent homœopath, was interviewed, and beside other things, he said, speaking of the old Code, that it did not really forbid consultation with homœopaths. The section so construed had reference to practitioners governed by an "exclusive dogma," while any one taking pains to inform himself must know that homœopathic physicians have nothing of the sort. They believe in the laws of nature as deduced from medical experience in the teachings of science, and not the dictum of authority, in the therapeutic principle *similia similibus*, but in no dogma whatever. If, in astronomy and physics, the law of gravitation is a dogma, then is the homœopathic law a dogma in medicine.

All the antidotes, he said, of chemistry, the supports and instruments of mechanics, and the varied agencies of hygiene are employed as occasion may demand in the treatment of the sick, and are used by homœopathic physicians. And so also at proper times are the palliatives of allopathy employed by them. When medicines are employed in the cure of the sick *similia* is allowed to govern, and in no other case. As the believers in the homœopathic principle had been driven from the old societies in years gone by, and denied recognition as medical men, and as the appeal made to an intelligent public had been triumphantly sustained, he now felt little concern as to the action taken anywhere in reference to the new Code of Ethics.

**CONSISTENCY.**—Dr. Eugene Grissom was elected a vice-president of the American Medical Association at its St. Paul meeting. Dr. Eugene Grissom is a member of the Association of Insane Asylum Superintendents. This association has, besides other homœopathsists, as a member, Dr. Selden H. Talcott, superintendent of the New York State Homœopathic Insane Asylum, and president of the State Homœopathic Society. The judicial council of the American Medical Association excluded the New York State Medical Society delegates for having a code not in accord with the Association. This action was certainly defensible on the ground that, until the law of the American Medical Association was changed, all members should comply with it. But then how much consistency is there in electing as vice-president one who is a member of a medical association which admits homœopathsists, and thus conflicts with the association's code? — *Chicago Medical Review.*

**THE MIRACLES AT OLD ORCHARD.**—The recent camp-meeting "Faith Cures" have been so conspicuous that it is impossible to avoid some comment upon them. They no doubt belong to the half-investigated nervous phenomena of the day, and should be ranged along with them. Yet the *Herald* confidently says, "There is no secret about these cures, no sleight-of-hand, no mesmerism; but all is accomplished by a few simple, heartfelt words to the all-powerful God." A large class of sceptics will doubt the reality of these cures; but they are as well attested as any human occurrence, in fact, far more so than most events, for they were witnessed by hundreds of competent men and women; nor, in the absence of every other apparent cause, is it reasonable to assign the cures to anything but to the faith of the patients; Dr. Cullis prayed; the sick believed.

About ten per cent or somewhat less announced themselves cured. The other ninety per cent were said to lack faith. This is an easy way of overleaping a huge obstacle. But faith has done yet more wonderful things. Just such wonderful cases have been affected by the human will without prayer. In the last number of the *Index*, Rowland Connor enumerates instances of personal observation and other well-attested cases, proving the effect of faith or imagination over physical ailments; and Dr. Dixwell of the Boston Dispensary presents some pertinent testimony in another communication to the same paper.

Every one knows of Dr. Hammond's experiment upon the simple-minded woman who wanted water of Lourdes, and who was furnished with Croton water instead. The same physician testifies that pious Catholics in the New York hospitals who begged to be stroked with the bone of a saint were touched with a fragment of a broken toothbrush instead, and were consequently healed. The early Mormons worked similar miracles.

Many people remember the heap of crutches left in the office of a Boston healer who simply exerted his will over the minds of his patients. A semi-psychological system of this sort is now in use by a physician at the South End. In the article above alluded to, Dr. Dixwell tells the story of a washerwoman and two ignorant men who applied at the dispensary for medicines. The former was given a powerful drug intended to have exactly the opposite effect, but her faith not only overcame the disease, but the drug in addition. The two men were cured by rain-water. People are freed from rheumatism by carrying a horse-chestnut in their pockets, and boils keep at a distance while a nutmeg is hung around the neck. It does not seem to matter toward what the faith is exercised. A drug, a saint's bone, consecrated water, a medium's "spirits," the human or the divine will, are all equally useful as objective points of support. Any action or motive powerful enough to cause high nervous stimulation will be at least partly successful. But alas, for those whose reasoning powers are too well developed to admit such stimulation. The subjective condition of the patient is the main item in these cures. If patients could be prayed for and cured without their own knowledge and co-operation, the test would be more scientific. Tyndall's famous "prayer-gauge," wherein he proposed that the inmates of one hospital ward should be prayed for during a year, and the inmates of another left without such grace, both being treated alike in all other respects, and both kept in ignorance of the experiment, would have been a scientific test of the efficacy of prayer. Dr. Dixwell says, "Given a clearly diagnosed case of phthisis in the third stage (consumption), or of heart disease involving the mechanism of the valves, which has been or can be relieved by prayer, and I will forget how little effect all the prayers said for President Garfield had, and I will 'believe' ardently."

One thing more must be noted. All well-attested "faith cures" are either of purely nervous diseases or of organs closely dependent upon the nervous system. Of the four authentic cases of cure at Old Orchard, two were spinal affections, one sciatica, and one heart disease. But most so-called heart disease is a mere nervous derangement, and if this case were such, all four cases were nervous affections. All nerves centre in the brain and may be acted upon through the brain. This is best shown in mesmerism; but the fact is indisputable. A very powerful brain stimulus, an idea or conviction, an expectation even, or disappointment, will communicate itself to the whole nervous apparatus. The idea that the great spirit of the universe is exerting itself in his or her behalf must create a powerful excitation in a credulous mind. Bones are not set by prayer nor by any nervous stimulation. No contagious disease is ever cured by miracle. Diphtheria, fevers, small-pox, and malaria are not influenced by faith. Freckles and sunburn, any disease of the hair or nails, in fact disease in any portion of the body not supplied with sensitive nerves, refuse to yield to the most devout faith. — *Advertiser.*

---

## PERSONAL.

---

MRS. A. M. SELEE, M. D. (B. U. S. of M., '82), has located at Melrose, Mass.

WM. S. MORRISON, M. D. (B. U. S. of M., '81), has settled at Memphis, Tenn.

HERBERT C. CLAPP, M. D., has removed from 16 Concord Square to 11 Columbus Square, corner West Newton Street, Boston.

E. M. CURRIER, M. D. (B. U. S. of M., '81), who has been in Vienna the past year, will continue his medical studies abroad another year.

F. D. TRIPP, M. D. (B. U. S. of M., '81), has received the appointment of Internate at Ward's Island Homœopathic Hospital.

M. F. STYLES, M. D., has removed from 28 East Brookline Street to 433 Columbus Avenue, Boston.

MISS M. F. MCCRILLIS, M. D. (B. U. S. of M., '82), has received the appointment of Resident Physician to the Conservatory of Music, a position for which she is admirably fitted.

WM. R. RAY, M. D. (B. U. S. of M., '82), has returned to Australia, and is associated with his father, Robert Ray, M. D. His address is 131 Collins Street, Melbourne, Victoria, Australia.

PROF. CAROLINE E. HASTINGS, M. D., of Boston University School of Medicine, has been spending several months in Vienna, where she has enjoyed special advantages. We publish a letter from her in this number of the GAZETTE.

HORACE PACKARD, M. D., has returned to Boston, after a year's absence in Europe, where he has been giving special attention to surgery and pathology. He has received the appointment of Clinical Assistant in Surgery in Boston University School of Medicine. He has located at 570 Tremont Street, Boston.

A. L. KENNEDY, M. D., who has been, during the past year, in the hospitals and schools of Europe, has returned, and located at No. 1 St. James Avenue, corner of Berkeley Street, Boston. Although he does not intend to relinquish general practice, he will give special attention to diseases of the chest.

GEORGE R. SOUTHWICK, M. D. (B. U. S. of M., '81), who spent several months in the Rotunda Hospital, Dublin, and received therefrom the degree of Master of Obstetrics, will soon return to Boston, where he has received the appointment of Clinical Assistant in Obstetrics in his *alma mater*.

WE had hoped that the legal troubles of the Homœopathic Medical College of Michigan University had ended; but the last announcement states that H. C. Kusselmann has been appointed *Prosecutor* of the Chair of Surgery. Our sympathies go with Prof. Franklin.

THE  
NEW ENGLAND MEDICAL GAZETTE.

---

---

No. 10.

OCTOBER, 1882.

VOL. XVII.

---

---

EDITORIAL.

*HYPODERMATIC MEDICATION.*

To what extent the subcutaneous injection of medicinal substances is to supersede the almost universally accepted method, *per os*, the present or coming generation of physicians must determine. Chrestien, in the beginning of this century, published a treatise on the iatraliptic method; but Magendie and Bernard first proved by physiological experiments the direct absorption of medicinal substances when introduced under the skin. Lafargue's discovery of the anodynous properties of morphine when inoculated under the skin, and the subsequent improvement upon this method by Rynd, Wood, and Hunter, have done more toward introducing this method than all else. Hunter it was "who demonstrated that hypodermic injections acted by absorption; that they acted quicker than by the endermic method or the stomachic doses; that they acted more effectually, and that a small injected dose was equivalent to a much larger one by the stomach." Eulenberg's work, — German, — and Bartholow's work, — English, — have done much towards making physicians acquainted with the possibilities of the method; and the many experiments made during the past decade all attest its value. Its advantages over every other, Bartholow claims, are, "1. The effect is produced more speedily, and the *whole* effect of the quantity introduced. 2. The results are more permanent and curative. 3. Gastric disturbance rarely occurs, and irritation of the stomach is avoided. 4. The administration may be made to persons unwilling or unable to swallow." With the use of brandy, whiskey, and sulphuric ether in this way to stimulate the system after severe hemorrhage; of morphine to check puerperal convulsions; of ergotine to control hemorrhage, dissipate fibroid growths of the uterus, and expel uterine polypi; most of us are familiar: but the most brilliant results seem to have been realized in the treatment of syphilis with mercury in small doses. Lewin, of Berlin, Liegeois and Cornil, of Paris, have all experi-

mented with it, and reported better success and fewer relapses than from any other treatment, and the dose varied from  $\frac{1}{4}$  grain to  $\frac{1}{10}$  grain. In eczema and psoriasis M. Lepp reports most favorable results from the use of small doses of arsenic. Deplat, from subcutaneous injections of phenic acid, reports cures which verge on the miraculous.

Homœopathic literature contains very little of clinical experience with this method; and this is easily explained when we consider that the first three of Bartholow's advantages are and always have been claimed as belonging to homœopathic medication. Nevertheless, as physicians we must have cases where the last advantage claimed can be utilized. In cancer of the stomach or duodenum, chronic gastric catarrh, and acute mania, in convulsions, in coma, and many other instances this method might prove invaluable. Only lately we have heard of homœopathic physicians experimenting with remedies hypodermatically in skin diseases, and with apparent good results. We republish in this number a report of two cases treated by Kalka, by hypodermatic medication, which may prove as interesting to our readers as to ourselves. The late Dr. Okie, of Providence, reported several cases of chronic enuresis cured by the hypodermatic administration of homœopathic remedies, when the same remedies given in the usual way were of no service. ¶

---

#### *WHAT SHALL HOMŒOPATHS DO WITH THEMSELVES?*

IN the last number of the GAZETTE we considered the question which has troubled the allopathic mind for nearly three quarters of a century, "What shall we do with the homœopaths?" Now we propose to look at the matter from our own standpoint and see what are our opportunities, our duties, and our responsibilities; in fact, what we can do with and for ourselves. In the first place, then, it may not be amiss to review our past work and examine our present position.

The very announcement of a therapeutic law, where all before had been vague, uncertain theory, and changing, often senseless, practice, was the first step toward setting aside the false pathological notions then prevalent, as well as the pernicious methods which they gave rise to, including the heteropathic polypharmacy which the combined efforts of charlatans, old nurses, and "doctors" had concocted in the preceding three thousand years. That it was no easy task this century has proved. But to-day the great mass of the community, if not of the profession, rejoices in the setting aside and disuse of violent



cathartics, emetics, sudorifics, anthelmintics, etc., etc., as well as of bleeding, leeching, blistering, and torturing generally. Still all of this change was attended with the most violent contortions and circumgyrations, euphemistically called "currents and counter-currents in medicine."

We need not here recount the bitter denunciation and abuse which have been heaped upon those who, by faithfulness to this therapeutic law, have done so much to free the profession from its tangled maze and provide for it a simple reliable *materia medica*. We are still too much involved in the smoke and confusion of the contest to faithfully describe the work they have done; but we can certainly say that they have brought the whole profession toward the light. What we have accomplished for ourselves is more apparent. We need not speak of a *materia medica* revised, constructed in fact, each article singly, from aconite to zinc; of the careful study of every disease, and the therapeutic application of these remedies thereto; of the acceptance of the principles and practice of homœopathy in every country on the face of the globe; but we may profitably consider our own position in this country, and see how we may best benefit the profession by improving ourselves and using our opportunities to the greatest advantage.

After fifty-seven years of growth we have here more than 7,000 physicians, 11 medical colleges, 16 journals, 140 societies, 42 dispensaries, and 52 hospitals. Stephen Girard used to say that his first thousand dollars cost him more effort than all the rest of his fortune. Have we not already acquired our first "thousand dollars"? With the material and aid which we have at hand, and truth on our side, what may we not accomplish in the near future? For instance, let each one of the seven thousand homœopathic physicians exert his social and professional influence to that end, and how long would it be before our numbers would be doubled? Our colleges, which have done such excellent work, and never better than now, could at once be vastly strengthened and improved. But, in adding to our numbers, a regard to the quality secured is of the greatest importance. One man fitted for the profession both by inherent and acquired qualities, by birth, by nature, by social position, by education, by thorough training, by personal effort, and by ambition, is worth a score of those who lack in these important qualifications. Then, too, these schools, which are carried on at so much personal sacrifice on the part of their several faculties, should receive the appreciation and support of every member of the profession. There are physicians to-day having their sons educated at our colleges who, instead of sending in an extra hundred dollars to increase the library or museum, and which would add to the usefulness of the college,

actually figure to get their tuition at a reduction, or even try to obtain it for nothing, because they are "members of the profession." Such a suicidal policy needs no comments.

Our journals, sixteen in number, last year published over eight thousand pages; and the books and pamphlets of our school probably exceeded that amount. Sixteen thousand pages annually certainly ought to be enough to tell all the good that is new in medicine. We cannot therefore complain of the quantity. But what of the quality! Is it all that it should be? Does it command our own respect and that of the educated physicians whose respect we should have? Can it be improved? Is it our duty to better it? These are personal questions, which every physician may well ask himself and let his own reason and conscience faithfully answer them.

Our dispensaries last year administered to over one hundred thousand patients; and yet that in the whole year was only one patient in every five hundred of the entire population. We have cities with more than one hundred thousand, and many with more than fifty thousand, inhabitants, which do not possess a single place where the poor can be freely treated homœopathically. And yet in every one of these places energy and effort only are required, and the means would not be wanting to supply this need. Have we not duties in this direction,—duties to the community, to the profession, and to ourselves?

Our hospitals have increased favorably in the past ten years. They number, so far as we know, fifty-two, have been erected at an estimated cost of three millions of dollars, and last year provided for fifteen thousand patients. This seems to be a grand aggregate; but when we consider that this gives less than one hospital, great or small, for every million of inhabitants, and that we have for the whole United States hospitals less in number, capacity, and cost than is provided in the city of New York alone, we may well open our eyes and take in the extent and amount of work before us. Can we, with our opportunities, cope with these necessities? To any one who has tried it we need not say that it is a difficult matter to raise a thousand dollars for any hospital; and yet in the city of Pittsburgh last year one hundred thousand dollars was obtained for their homœopathic hospital; and a sufficient amount of well-directed work would do the same thing in every city of its size. It is estimated that over one hundred million dollars is annually contributed to charity in this country, a large share of which goes to hospitals. Can we not secure at least one per cent of this for our hospitals? There are many men and women holding money in their hands to-day who would willingly devote it to the building and support of homœopathic hospitals and institutions, were there some one to

properly organize and present to them a working plan ; and what can be of greater value than the cultivation and application of that science which has rescued us from the torture and destruction of "old-school" medicine, and saved the lives and brought health to so many of our people ?

Some of our associates seem to think that our work is nearly done, as a "sect in medicine," and that since the New York Medical Society has voted to allow its members to consult with us without incurring the penalty of expulsion, we should at once give up our principles together with all efforts for their promulgation.

During the late civil war, after hundreds of thousands of lives had been lost, and thousands of millions of dollars had been expended, there was a class known as "Copperheads," who got together and declared the war a failure and demanded of the government that it should acknowledge its error and proclaim the establishment of the Southern or Slave Confederacy. Fortunately no such thing was done. The anti-bellum condition could not be restored ; still, more fortunately for us and for humanity, we can neither hesitate in our onward progress, nor can we return to the medical conditions precedent to the time of Hahnemann. No, with the courage of success we must each one press forward more earnestly and assume new and greater duties. There are yet contests and struggles in the future. The great truths which have carried us thus far will abide to the end. There must be no concession of principle, no compromise with error, no failure in progress, until the whole medical world acknowledges and adopts the heaven-born truths of homœopathy. \*

---

### THE SUBCUTANEOUS INJECTION OF HOMŒOPATHIC MEDICINES.

BY DR. KAFKA, OF PRAGUE.\*

THE method of injecting medicinal substances under the skin has been a great favorite both at established hospitals and in general practice. In obstinate neuralgia, in spasms of the most varied forms, in painful affections depending on constitutional or infectious diseases, as, *e. g.*, in cancer, erosions, indurations, etc., subcutaneous injections of *Morphine, Opium, Atropine, Quinine*, etc., have been already employed with success. Being animated with the idea that, perhaps, anodyne and curative effects might be produced by homœopathic medicines, also in minimal doses, I

---

\* From the *Allg. Hom. Zeitung*, Bd. LXXIV. No. 14. Translated in *British Journal of Homœopathy*.

made last year, in a desperate case, my first experiment of a hypodermic injection with a homœopathic medicine, which had such an astonishing effect that I feel obliged to give it publicity, and, at the same time, to commend the method most earnestly to homœopathic physicians for further experiment.\* That lady, a short account of whose cure with *Atropine* I published in Vol. I. of my *Hom. Therapie*, p. 501, found herself since the year 1858 — *i. e.*, ever since her restoration by the above medicine — in a very comfortable state. She had in the interim three favorable confinements. If now and then an attack of spasms sets in after some mismanagement or error in diet, it was generally removed very quickly. In the spring of 1865 all her four children were ill of whooping-cough, which induced her to spend the summer with them in the country. It was partly her excessive exertions with the sick children, partly the constant fear of ill results from the whooping-cough, which one of them had very badly, and partly the frequent night-watching with the patients, that caused a recurrence of the cardialgic attack, which appeared with the peculiarities described in the work referred to, continued, with more or less violence, the whole summer, through the autumn, till winter, and could be relieved by none of the best-known and approved homœopathic remedies.

The utter failure of homœopathic treatment, as well as the fact that the fits of pain became more and more intense, and often raged for four or five days without intermission, led to several consultations with our clinical professors, under whose guidance various narcotics and "nervina" were employed. Thus, the patient took *Morphine* in increasing doses; she began with  $\frac{1}{20}$  of a grain every two hours, and the dose was increased every second day. It was hoped that, by increasing the dose gradually, the nerve would be blunted; and this went on till the patient took three grains of *Morph.* in twenty-four hours. The effect was nil; not only were the pains not relieved, but not even once did any narcotism take place. *Zincum valerianicum* was exhibited in increasing doses without the slightest effect. One professor gave chemical solvents of biliary calculi, and proposed to employ Durand's remedy (*Ol. Terebinth* and *Æth. Sulph. āā.*) This, however, did not agree with the patient, but aggravated the pains to a violent degree. After many other remedies had been used without effect, and the patient in despair was attempting suicide,

---

\* We join in this recommendation, and shall hereafter, in suitable cases, make experiments of subcutaneous injections of homœopathic medicines in dilution, and shall publish the results. There really could not be a better proof of the efficacy of minimal doses than the fact of an obstinate pain being speedily removed by such injections. The present report furnishes the first documentary proof of this. — ED. of *Allg. Hom. Zeitung.*

I proposed employing *Chloroform* as an anæsthetic, and by this the pains were actually alleviated for some time. The patient, delighted with a palliative medicine, had recourse to it without attending to our advice or warnings, on every renewal of the pain; and so it came to pass that throughout a long period she kept using four ounces of *Chloroform* in the twenty-four hours without any perceptible injury from its abuse. When at last even this remedy lost its quieting effect, I decided, in conjunction with the professors, to employ subcutaneous injections. These were undertaken by Dr. Ott, junior prescribing physician at the hospital, first with *Atropine*, then *Morphine*, then *Quinine*. After twenty injections, there was no good result; for a few hours, certainly, narcotism and partial alleviation of the pains did occur, but the spasmodic attacks afterwards became more and more intense and protracted. The patient was already in the highest degree anæmic and emaciated; her face sunken, her strength quite gone.

March 10, 1866, I again met Dr. Ott for the purpose of a subcutaneous injection. The pitiable sufferer lay crouching, moaning, and groaning in bed. On my questioning her, she complained of burning and pressure in the stomach and spine, dryness of the mouth, insatiable thirst, and paroxysms of fainting. Pulse small and quick, urine considerably diminished. With such pregnant symptoms I proposed injecting the third dilution of *Arsen.*, which was executed by Dr. Ott with the utmost readiness, and with manifest interest on his part. *The result was literally like magic; even in one hour the above-mentioned symptoms were all gone, the pain perfectly removed!* In order to guard thoroughly against a return of the pains, though there were no fresh indications present, another injection with *Arsen.* was performed next day. *The fits of pain staid away from that day forth entirely, and have never since returned.* Soon after normal appetite set in, strengthening diet was ordered, which soon produced the thorough restoration of the patient.

March 23 of this year (1866) I was called in to R——, a merchant, who, according to the account given, had lain in a state of convulsions since yesterday evening. On the morning of the 22d he returned from a journey, having been for some time previous in an excited state, saying and doing many things without rhyme or reason, had been laughed at for this by those about him, whereupon he became very angry and still more excited. That same evening he devoured his supper in a hurry, and was immediately seized with oppression of the chest and difficulty of swallowing. In the greatest agony he ran up and down the room, trying first with water, then with sugar, then with bread to overcome the spasm in his throat, which however increased every

instant in violence to such a degree that he was nearly suffocated. An allopath was called in, who found him already in an unconscious state, seized with clonic and tonic convulsions. He ordered ice to be applied to the head, prescribed a mixture with *Laurocerasus*, and also employed some epispastics. The convulsions, however, did not give way. About 3 A. M., the mixed convulsions turned into tetanus, combined with trismus. March 23d, 7 A. M., the tetanus still continued, and, all medical treatment being impossible, the allopath proposed removing him to the general hospital. His relations not agreeing to this, it was resolved to seek my advice. It was out of my power to visit him till 10. He is about forty, thin, and of weak constitution, lying in a comatose state, with his jaws closed firmly, and his whole body stretched out quite stiff. I could not bend arm, foot, a single finger, or toe. The nape, too, was quite rigid, and the whole frame like an immovable log; the head hot, the sunken cheek with a circumscribed red patch, the respiration snoring. On each attempt to bend any part of the body the snoring increased; the eyes fixed, with pupils contracted, and no trace of sensation; he neither feels the pricking of a pin, nor moves his face when pinched or burnt with a hot needle. Pulse full and slow, fifty-two by stop-watch; the pulsation of the heart is weak, too; the integuments of the abdomen are drawn in and tense; no urine passed all night.

I pronounced the case to be *tetanus in consequence of meningitis*, with a very dubious prognosis; and as no medicine could be administered either *per os* or *per anum*, I proposed a subcutaneous injection with homœopathic medicine. This I performed myself before noon, selecting *Cicuta virosa* 2, especially because the tetanus was developed from meningitis with convulsions preceding. Five drops with five drops of tepid water formed the injection. *The result was brilliant!* Even in one hour the nurses observed the striking remission of the rigidity and coma. By two o'clock the patient was restored to consciousness, and asked for a urine glass and something to drink. At three he recognized those around him, and at four I found him sitting up in bed and promptly replying to all my questions. Still, speaking cost some effort, and his power of memory was still somewhat disturbed. He complained of the nurses being so rough, as they had made red marks on his arms by grasping them. This was actually the case; they told me they had to hold him down, because he wanted to jump out of the window in the night, and smashed a pane for that purpose. His head was cool; his cheeks no longer red; pulse sixty. I had no need to administer any medicine, as I did not like to disturb the action of the *Cicuta*; so I ordered them to supply him constantly with drink or a little weak broth, and leave off the cold applications to the head, as being no

longer needful. The night of March 23 passed without sleep, yet the patient kept pretty quiet; and this hopeful condition also continued throughout the 24th. That night he slept two or three hours before midnight; after that his head grew hot again, he began to talk much and confusedly, and to quarrel incessantly with the nurses, who, as he fancied, wanted to poison him. I found him in this state with extraordinary talkativeness March 25 A. M., and therefore employed *Belladonna* 3 in solution, a dose every hour, with cold applications to the head. That day passed rather more quietly. In the night of March 25, the brain symptoms became more violent; he tried to get out of bed, struggled against the nurses with all his might, and even struck one in the face with his fist. I gave *Stram.* 3. He not only did not grow quiet, but also, under an impression that he would be poisoned, refused medicine, and behaved very savagely, not only towards me, but the nurses and his relations. Under these circumstances I could no longer, for want of time, continue the treatment, so I handed him over to the mad doctor here (Dr. F——), whose prognosis as to cure was very doubtful.

The rapid action of *Cicuta* in this case is highly interesting as regards the *tetanus*, which, notwithstanding the increased violence of the meningitic symptoms, did not recur. The action of the subcutaneous injection was so exquisite, that I venture to call the attention of homœopathic practitioners to the merits of the method, and shall at the same time endeavor to publish every case, successful or unsuccessful, through the medium of homœopathic periodicals.

---

### HOMŒOPATHY.

BY E. B. DE GERSDORFF, M. D., PROFESSOR OF PATHOLOGY AND THERAPEUTICS, B. U. S. OF M.

[Read before the Faculty and Students, April 12, 1882.]

#### PART I.

LADIES AND GENTLEMEN: In endeavoring to come up to my promise of giving a lecture on homœopathy at the end of this series of lectures I feel somewhat embarrassed, like the man who was carrying owls to Athens: so much of good, solid material, and such a variety has been offered to you on this topic by the preceding lecturers, that not much can remain for me to add, even if I knew how to express it. Besides, in my regular lectures to the class, you know that I do not hold back my private opinions by any means, and the students, perhaps, more than the gentlemen of the faculty present, know already the color of my views on medicine in general and of homœopathy in particular.

What shall I now do to attract your attention for this evening and to realize your expectation? The best that I can do, it appears to me, will be to turn back upon our field of action, and give, as well as I can, a short résumé of the past six lectures, not by any means in a criticising spirit, but for the purpose of reviewing our gathered harvest, and perhaps, incidentally, something may appear to me here and there worth while to add. Besides, as you are aware, these lectures have been delivered here at such long intervals, that the connecting links of logic and argument which bound them all together according to a certain plan need, I think, a little retouching and refitting to the memory of those who have attended.

The first two lectures served as a philosophical and logical introduction. The lecturer's object first was to show that there could be no science of therapeutics until the general principles governing all natural science was also recognized in medicine, and until a special therapeutic principle is found on which a therapeutic science may be based. The principles for which we contend are the empirical principles of modern science, which accepts facts before they are explained, and converts them to use in science as the basis of theories, or in practice as the basis for practical rules, which are not of the nature of theory, hypothesis, or explanation. In doing this, we do not set up, however, the empirical principle to the exclusion of the rationalistic one, but as of equal importance in therapeutics generally and of greater importance in pharmacology. By contrasting the history of empiricism with that of rationalism in medicine, the lecturer made it evident that the crude empirical knowledge, handed down by tradition and record, or obtained from unscientific sources, has always been the starting point of medical reforms.

Approaching now the *homoion* in the second lecture, the ground was taken that the collecting, sifting, and analyzing of empirical facts in therapy leads inevitably to the recognition of a certain uniformity among the majority of facts, — a uniformity expressed in the formula, *Similia similibus curantur*. The possibility of such a uniformity was then upheld against those who deny that in all the diversity of curative drug effects such a principle or "law" can exist. But in order to prove no more than necessary (and here the lecturer showed his wisdom), he endeavored to limit it, and to defend this limitation against those who claim for the principle the character of an absolute, infallible, and universal law of nature. I take particular pleasure and pains in repeating what the lecturer said on the various meanings of the word *law*. In order to do it, he showed that the word *law*, in its meaning of a mandatory, binding ordinance, is a misnomer as applied to an order of facts in science, and then he enumerated



the various classes of laws of nature, so called, recognized by science in general, and which determine the degrees of exactness of knowledge in the different sciences. The *first* class of these laws embraces certain abstract conceptions of the mind not corresponding with any actual phenomena, but deduced therefrom as axioms of thought necessary to our understanding of them,—a reduction of phenomena not merely to an order of facts, but to an order of thought. Pure abstractions of this kind are mathematical laws,—indeed the majority of them. They are ideal laws of nature expressing what should be, not what actually is seen. (Causality.)

The *second* is the term *law* as applied to those combinations of forces which appear to have reference to the fulfilment of purpose or the discharge of functions. For example, teleological laws which postulate that the bird shall have wings for flying, and the fish fins for swimming, and that the Creator therefore has ordered all things for the best. These assumptions or laws are purely metaphysical. The *third* term of law is that applied to individual forces, the measure of whose operation has been more or less defined and ascertained. Laws of physics and mechanics, law of gravity, etc. The *fourth* law is that applied to an order or sequence of phenomena, as involving the action of some force or forces of which nothing more may be known. Finally the lecturer comes down to the *fifth* kind of law, as a simple observed order of facts of which the first and the last link in this chain are alone ascertainable. Such are the law of heredity, the law *Similia similibus curantur*. The degree of certainty in all these laws is determined by our *knowledge* of the conditions under which they are operative; hence they do not possess in themselves the attributes of infallibility or universality. An absolute law, on the contrary, is one which is operative under all circumstances, and which excludes all others from its sphere of operation, as, for example, the law of causation; such a law is absolute and universal, but a mental abstraction. But, he continues, law or force are two different things, although usage makes them in many instances convertible terms; but in empirical laws, like *Similia similibus curantur*, this cannot be permitted, though it is the very ground taken by many homœopathic physicians or rather metaphysicians. The idea of law or force of gravitation, or law of force of chemical affinity, cannot be transferred to things like law or force of homœopath, for drug powers are one thing, the relation of pathogenetics to curative effects is another. The discoverer of the *homœopathic law*, therefore, is not the discoverer of a new force, but the discoverer of certain conditions under which the curative effects of drugs may be obtained. The fact that a drug administered alone and under

certain conditions causes a vital reaction of the diseased organism in the direction of the *restitutio ad integrum* is an empirical one, and the summing up of countless observations of curative reactions produced in the organism by countless drugs of the most diverse chemical and physical composition — reactions in which the similarity of pathogenetic and curative drug effects is the only uniform factor or condition — is a proposition in science with the attributes of an empirical law or empirical formula expressing a general relation between drugs and morbid phenomena. It is not a positive, absolute, direct, or invariable relationship, from the fact that the precise point determining the *simile* remains an unknown quantity. When *that* point shall have been determined the *law* will cease to be an empirical one or become a derivative one, in the same way that the law of water rising in pumps to the height of thirty-three feet remained an empirical one until the law of atmospheric pressure, a law of more extension and more certain application, derived in its turn from the law of gravitation, was discovered. We have a law, then, but not such a one as many claim. It will manifest itself, or, rather, it may be turned to account, in all cases in which the possibility of its operation is not counteracted by known or unknown forms or conditions. With all the uncertainty thus attending it, it is safe to say that it will hold good with a degree of certainty commensurate with the degree of faithfulness with which we study the *materia medica* and apply the knowledge derived from this source.

So far the philosopher and the logician. After such a clear statement, it cannot be said any longer that we are, as homœopaths, blind followers of an enthusiast. At the present day we are in a position which enables us to compare notes with all natural sciences not only, but with other modes of cure founded on them, which we could not well do heretofore as long as we were so far ahead of them that they could not follow us, and as long as we were imbued with so strong a spirit of reform in medicine that we could see no good in our adversaries. But the progress of natural sciences has also necessarily changed us, as well as the rest of the medical world.

Do not think of comparing the old classical homœopathy in all its crudeness, the homœopathy of the first direct disciples of Hahnemann, with all their ignorance in pathology, but all their faith in their master's genius, with the present homœopathy, adapted to and sifted, purified, and limited by the physiology, chemistry, cellular pathology, and microscopy of the present day. You might as well compare the music of an old master, say a Sebastian Bach's fugue played on a spinnet made two hundred years ago, to a concert-piece of a modern composer, say Rubinstein, on a Chickering's grand. But in the beginning of this century Hahnemann's

word roused up like all truth at the first appearance an enormous opposition. When the great physician, Hufeland, called the German Hippocrates, first encountered Hahnemann's idea and his method of cure, he was so astounded thereat, so overcome, that his expression was, If homœopathy is true, it will be the grave of all medical science. I am inclined to think that from his standpoint he was right. For his remark proved not only that he was deeply moved by the truth and power contained in the words, *Similia similibus curantur*, as a therapeutic rule of action, but the old medical science of his day, so full of Galenic dogmatism and Paracelsian superstition, did indeed go down and has since then given way to the modern sciences of histology, physiology, and pathology, and to the development of that new science of pathogenetics, mainly embraced in the so-called homœopathic provings. For these two factors, the modern pathology and pathogenesis, compose the medical science of the present era and the best future, and have brought about from this dreaded grave of old medicine, the resurrection of medicine out of the disintegrated body of old science and therapeutics of Hufeland's time. But it is only owing to the genius of Hahnemann that the two sciences have come to a fruit-bearing connection, so to speak, by the promulgation of his therapeutic rule, which in reality was meant and introduced by Hahnemann at first more as an example for action, with an invitation to imitate it, than as a law. The doctrine, the theory, the *law*, as laid down in the *Organon*, came later; and some of his followers stick to each letter of it like to a revelation, and thus let the spirit escape them.

As regards the opinions entertained by the various writers on the word therapeutic *law*, so ably and precisely stated in the lecture on its limitation, I am for my part inclined to do as Goethe lets his Dr. Faust do, when he undertakes to translate the New Testament. In the phrase, "In the beginning was the Word," Faust is not satisfied with this translation of *logos*, but substitutes *sense*, but soon throws that aside for the word *power*; and even that seems not to suffice, and thus he at once settles on the phrase, In the beginning was the *deed* (act or fact). Likewise I prefer to call the words *Similia similibus curantur*, not a doctrine, nor a law, but the name or the sign for a method of action, of course with various laws of nature underlying it. But it is neither founded on matter alone nor on spirit alone, neither on materialism nor on idealism, neither on empiricism nor on rationalism alone, but on *life*, and *action*, and *vitality*. Much has been said and written by philosophers about this *vitality*. No sufficient definition of life has yet been given; and yet who denies its existence? By the materialists it is thrown aside as unnecessary, for they consider matter in nature as a self-sufficient starting-point of all life and spirit. Des-

cartes believed in body as well as spirit co-existing; while Leibnitz, Spinoza, and Plato of old were pantheists, that is, they believed the creative spirit and the created matter all in one. Berkeley was a complete idealist; but lately Herbert Spencer escaped from this dilemma and recognized the absolute power as the essence of all things, only he considers it at the same time beyond our limits of understanding, and thus has founded the school of agnosticism. But, practically, for the true science of the present day, there is no power without matter and no matter without power, no nature without spirit and no spirit without embodiment of nature: these exist in constant interaction, and power is this irritation or reaction of the two upon each other. Thus we approach the idea of *life-power* or vitality, which is the offspring of this interaction of matter and power, and without which we cannot assume nor promulgate our therapeutic method of *Simila similibus curantur*.

[To be continued.]

---

#### THE STORY OF A BONE.

[Read before the Maine Homœopathic Medical Society by C. H. Burr, M. D., Portland.]

THE case which I herewith present came under treatment July 4, 1880. The subject was a little boy about nine years of age; the son of a fisherman living about two miles from Portland. He had returned from a few days' cruise with his father five or six hours before my first visit. I found him in bed, shoulders well elevated, face flushed, breathing quick, pulse rapid. His mother called attention to his right shoulder, which, she said, was tender and swollen. On examination it was found red from below the clavicle, over the shoulder and up as high as the ear. He would not allow the least manipulation, so a thorough examination was out of the question.

The diagnosis was congestion of one or both lungs, but what the external manifestation had to do with it, or whether it had any connection at all, was more than I could at that time tell. I could not learn that he had received a blow or injury of any kind.

I ordered the shoulder covered with two thicknesses of old cotton cloth wet in equal parts of alcohol and water, and protected from the air by a rubber cloth placed over it. The cotton cloth was to be removed, wet again, and replaced.

Very little change was noted during the next thirty-six hours, when it was ascertained that the congestion was in the left lung, and unmistakable signs of pneumonia were present.

I will not trouble you with a detailed account of the symptoms or treatment of the pneumonia. It passed through the usual

stages, ending in resolution. The applications to the right shoulder and clavicle were continued four or five days, at the end of which time signs of an abscess appeared on the outer third of the clavicle. In due process of time it was opened, discharging freely and relieving the tumefaction, and, to a great degree, the tenderness of the parts. Still, from the outer third to the sternal end of the clavicle, there was intolerance to pressure, and, as there was but little adipose tissue over the bone, it was easy to determine that the inflammatory process was still going on.

About this time, between two and three weeks after my first visit, I learned an additional fact in the history of the case. Two days before he came home, the men on the schooner were engaged in drawing in their nets, and, as they were well-laden and the crew small, this little boy placed a rope over his shoulder and put forth all his strength. From this time the region of the clavicle was sore and painful; whether there was a fracture at this point or simply an injury to the periosteum is a question somewhat in doubt. A second abscess developed below the clavicle, and a little nearer the sternum than the first one; it was treated in the same way, with the same result,—a profuse discharge, but without entire relief to the inflammation. I told the parents the bone was diseased and in all probability some pieces would come out.

The boy at this time was able to sit up and even to move about the room, with a fair appetite and gaining in strength. I left *Silicea* enough for a week, and asked his mother to report at the end of that time how he was getting on. The report was favorable as to improvement in health, but indicated very little change about the clavicle.

The mother came to my office once a week until she had been three times, and I continued to send *Silicea*, after which I lost sight of them and heard nothing from the case for four or five months. One of the neighbors then told me that quite a large piece of bone had come out of the boy's shoulder; but she did not seem to know any particulars about it. I, supposing they had called another physician, had some hesitation about calling at the house to inquire about it. But some weeks afterwards, having occasion to go there, I asked about the piece which had come out. The mother left the room and immediately returned with this bottle and bone. You will observe it represents the sternal articulation and three and a quarter inches of the shaft of the clavicle. The acromial extremity shows the point at which the primary injury was received, and its serrated surface marks the seat of caries and suppuration.

The gradual and painless manner in which the bone was removed is interesting. A few small fragments of bone came

from time to time from the opening made by the first abscess ; then the sharp points came to the surface and the skin became very tight over the outer edge of the bone, gradually giving way to the effort nature was making to dislodge it.

Thus matters went on : a little more bone became visible daily ; the child went to school, played as other boys did and had a good time. One day, in school, the lad who sat behind him put his hand upon the right shoulder of our patient and gave a sudden pull backward. Our little boy was conscious that something had given way and felt a hard substance pass from the shoulder down the body. On examination he found it was this bone ; he took it in his hand, got excused from school, and went home to his mother. She, being a woman of courage, and observing that the boy was comfortable, did not think it worth while to notify any physician of the event.

To the hurrying people of this age, the processes of Nature sometimes seem slow, but, given a fair chance, she always does her work well. It took six months to effect the removal of this bone ; and no one can examine this boy and notice his erect form with the outline of his shoulders uniform and unchanged without acknowledging that the operation was well performed.

A new bone seems to have formed and taken the place of the one removed ; but union has not yet taken place with the acromial portion of the old one : for when placing the hand on the anterior part of the shoulder and pressing backward, a tilting motion can be felt.

The lad told me a few weeks since that one arm was as strong as the other, and that he had no inconvenience from that side when at work or play.

---

#### *TWO CASES OF TETANUS FROM TOY-PISTOL ACCIDENT.*

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

DURING the recent widespread epidemic of this disease, two cases came under my care which furnish additional proof of the wonderful effect of drugs administered homœopathically. During the entire treatment of both cases, every drug was homœopathically prescribed, and the symptomatology of each drug furnishes a parallel to the condition of the patient at the time the drug was administered. No surgical means were resorted to ; no topical measures were used.

CASE I. — On the morning of July 15 I was called to see a lad aged thirteen, who, I was told, had been wounded by a toy pistol on the Fourth. I found the wound in the palm of the hand, except the growth of new skin, entirely healed. My little

patient lay prone and rigid upon the bed, every voluntary muscle being in a state of tonic contraction. His eyes were fixed and staring; his jaws were set and half open; the risorius muscles were powerfully contracted; the skin presented an ashen-gray appearance, and his face wore a decidedly tetanic — I had almost said Satanic — look. Respiration was almost entirely abdominal. Swallowing difficult. At frequent intervals he would be seized with severe clonic spasms, throwing the body into the position of opisthotonos.

Knowing how fatal the then reported cases had been, I turned to the friends and said, "It is only another case to be added to the list. However, I will do what I can." Selecting *Lach.*<sup>60</sup> I ordered a powder the size of a pea every two hours. Scarcely expecting to see my patient alive again, I took my departure. At midnight I saw him again. He had taken a little milk; the clonic spasms were not so frequent, and he did not complain of so much pain in the back.

Next day, to my surprise, I found his mouth closed and the interval between the clonic spasms increasing in length. Enjoining strict attention to diet, which he had to suck between his teeth, I continued the *Lach.* At midnight not much change.

Next day much the same. At midnight I found the little fellow suffering from dyspnoea. With a peculiar sharp, sudden cry he would be seized with a severe clonic spasm; opisthotonos would supervene, the muscles of the chest would be violently contracted with severe pain, his face become livid, froth would issue from his mouth, and through his clinched teeth he would cry out, "Take me to the window."

Surely that is a complete picture of the effect of *Hydrocyanic acid*, which accordingly I gave.

The next day I found that the spasms had left the chest, he could open his mouth a trifle, and had slept a few minutes.

When the clonic spasms came on he would complain of a terrific pain in the groin. For this symptom I gave *Cicuta virosa*.

For nearly two weeks I saw my patient in the morning and near midnight each day. Wavering from hope to fear, watching the almost constantly changing symptoms, I was able to promptly control them as above mentioned.

The lengthening interval between the spasms, the gradual relaxation of the rigid muscles, the slow but sure approach of sleep to his weary frame, the almost worshipful look of the widowed mother for the salvation of her eldest son, I can never forget.

But a new danger awaited me. His emaciation was great; his neck, back, and legs were stiff; his head was drawn to one side, and he refused to take nourishment. He would promise me

to do so, but as soon as my back was turned he would take nothing. He would rather die he said.

I bribed him and invoked the aid of the neighbors. Finally his appetite has returned. To-day he came into a friend's house with scarcely a trace of the terrible disease.

CASE II.—Edward C—, a stalwart youth of sixteen, was wounded July 4, 1882, by a toy pistol. The wound healed kindly and the family thought no more of it. July 17 he worked very hard, helping his father, who is a mason. He perspired freely, and his people thought he took cold. He staid at home the next day, with a lame and stiff back. I prescribed for him and could then see no evidence of tetanus. During the day he was picking at the wounded place in his hand, when out came what he termed "a piece of the wad."

On the 20th the family sent for me during the evening, saying he was worse. He was worse indeed. His neck and back had become firmly rigid. It was with the utmost difficulty he could move his legs; his face was turgid; froth was issuing from his mouth, it being forced between his clinched teeth; the least attempt to open his mouth was attended by the most horrible grin; violent clonic spasms tortured the patient, and every spasm was accompanied with a yell that would have done credit to the most savage Sioux.

The house seemed like a second edition of Bedlam. The room was crowded with the members of the family and neighbors. Some were crying, some were giving orders, some helping, others making trouble; while all were occupying needed room and air and adding to the excitement.

At the onset of every spasm the boy would ask to be taken up and held in a standing position. Restoring order, I made an inclined plane in the bed and told the patient to lie on that and keep quiet.

Giving the *Hydrocyanic acid*, I enjoined the utmost quiet, and left in good faith that I should find my patient more comfortable in the morning. My faith was rewarded. The clonic spasms did not last long, the flushing of the face had disappeared, no froth was seen at the mouth. I found, however, the tonic condition increased. So rigid was he that every clonic spasm threw the body into a state of opisthotonos. The head was drawn backward, but could, with force, be bent slightly forward.

For two days the condition remained much the same, except that the clonic spasms grew shorter and further apart, the jaw relaxed a little, and the patient would, for a few moments at a time, sleep.

On the night of the 23d, while I was in the room, he dropped asleep and in less than a minute was seized by a clonic spasm,



causing severe pain in the back. His parents said, "There, that's just the way he has been ever since noon."

I administered *Lach.*<sup>60</sup>. The pain in the back was relieved in less than half an hour, and he slept better than at any time since he was taken ill.

*Lachesis* was continued until the 25th, when I found the seat of the pain had changed to the groin, and the patient was in a state of excessive hyperaesthesia. The slamming of a door, a loud voice, a touch, a noise outside the house, and sometimes even the air from a fan, would cause a violent clonic spasm. If the patient lost consciousness for a moment, the jaws would snap together with a distinct report. There was much frothing at the mouth, and sometimes, when the teeth would catch the tongue, there would be blood.

Had the boy eaten hemlock root, could he have presented a more complete picture of *Cicuta*? That remedy was selected, and in the evening the symptoms were marvellously controlled.

From this date the history of the case is much like that of the former. There was, however, no emaciation in this case; the patient, in sickness as well as health, being wellnigh a glutton.

Considering the gravity of the symptoms, never have I seen so prompt and satisfactory results from the administration of drugs.

---

#### MURDOCK'S LIQUID FOOD IN VOMITING OF CHOLERA INFANTUM.

BY F. L. BABCOCK, M. D., DEDHAM, MASS.

EVERY physician in active practice has probably been somewhat troubled in this terrible disease in infancy with most obstinate vomiting of all food taken into the stomach. We have found the most happy relief from this troublesome symptom in the use of "Murdock's Liquid Food," by the complete withdrawal of *all food* and the use of this Liquid Food, five drops in one teaspoonful of water every half-hour alternately with the medicine. In several instances the case seemed hopeless, in spite of the best selected remedies. The vomiting continued unchecked; it ceased immediately upon receiving the Food, and in a few hours the little sufferer would begin to improve. As improvement progresses, we gradually increase the amount of Food given to ten drops per hour. By this means we have been able to turn what seemed to be most certain defeat into signal victory. We have heretofore always looked upon the symptom of vomiting in cholera infantum as secondary in importance to the diarrhoea; but we have observed that in proportion as we have been able to check the vomiting, we have seen improvement in the diarrhoea.

The following cases in our practice may serve to show its value in some most troublesome cases:—

CASE I. — Was called to attend Baby C——, aged sixteen months, and found a well-developed case of cholera infantum: profuse watery diarrhœa; vomiting of everything taken into the stomach; intense thirst; head hot; hands and feet cold. *Ver*, *Ars.*, *Cham.*, were each given according to indications, without benefit. From the first, the vomiting and diarrhœa continued unchecked. The infant became greatly prostrated in strength and reduced in flesh; eyes sunken and turned upward into the head; pulse very weak and rapid. At this stage the regular food of the child was taken away and Murdock's Food given as stated above, and with the best results. From the first dose of the Food the vomiting ceased, and the child did not vomit afterward. The diarrhœa continued for a short time, but the child began to recover as soon as the vomiting ceased. The diarrhœa was relieved by *Veratrum alb.*, and the child made a good recovery.

CASE II. — Was called to see Baby F——, aged nine months. Found the child in its mother's arms, constantly crying. Cold hands and feet; head hot; very thirsty. When asleep, her eyes are partly open. Profuse watery diarrhœa and vomiting of everything taken into her stomach. Was enabled by *Veratrum alb.* to check the diarrhœa, but the vomiting continued. Continued *Veratrum alb.*, withdrew all food and drink, and gave Murdock's Liquid Food, five drops in one teaspoonful of water every half-hour. The vomiting soon ceased, and, with a slight relapse on the following day that was controlled by *Veratrum*, the child made a complete recovery.

CASE III. — Was called to see Baby D——, aged fifteen months. Case the exact counterpart of No. I. Profuse vomiting of everything taken into the stomach; watery diarrhœa, greatest prostration, and thirst. *Ars.*, *Ver.*, *Cro. T.*, *Gamb.*, were each given without relief. Prognosis most unfavorable. The child was growing weaker each day, unable to retain anything within its stomach. Mellin's, Horlick's, and other Foods were tried and as quickly rejected. Murdock's Food was given, as stated above, and retained. The vomiting ceased. The child was kept alive for several weeks upon this Food, taking nothing else for nourishment. The diarrhœa in this case persisted most stubbornly, lasting several weeks, finally yielding to *Phos. acid.* The child made a complete recovery.

We regard this Food as a most valuable auxiliary to our treatment in all cases where the stomach is weak and inclined to reject all food. We have seen the most happy results from the use of this Food in many of the exhausting diseases of childhood, but especially in the vomiting of cholera infantum.

## ATTENTION.

THE Homœopathic Medical Society of Central Ohio has determined to offer a prize for provings of drugs. The design is to secure an accurate reprovings of some partially tested remedies. The prize will be given to the physician who may present the most valuable proving. All homœopathic physicians and medical societies are invited to enter the contest. The prize will be Allen's "Encyclopædia of Pure Materia Medica," or its money equivalent in homœopathic publications, to be selected by the successful competitor. The award will be made by three experts in materia medica, not members of the society. Any who desire to conduct such work, upon themselves, their patients, or friends, are requested to send to Dr. JNO. C. KING, OF CIRCLEVILLE, OHIO (secretary of committee on provings), for circulars containing further information. It is hoped that members of our school who desire a more accurate materia medica, and who are anxious for provings conducted upon scientific principles (see circular), will respond to this call. All work presented will be freely made the property of the profession, or promptly returned to the author. Any one of three drugs may be selected. For full particulars send for circular.

[Of the necessity or utility of provings there can be no question, and we most earnestly invite the attention of our readers to the above proposal. Dr. Dake, of Nashville, and Dr. C. Wesselhoef have for some years plead with the members of the institute to undertake some such work, but as yet without any apparent results. Sooner or later this reprovings must come, and why not now begin? — ED.]

---

FROM THE "DEUTSCHEN MEDICINISCHEN WOCHENSCHRIFT," NO. 19, 1882.

*Dr. Ehrlich's Description of his Method of Preparing Sputa for the Examination of Bacillus Tuberculosis.\* Translated by G. R. SOUTHWICK, M. D.*

As already known, the method of Koch consists in coloring the dry preparation in a weak alkaline solution of methylene blue. After twenty-four hours he exposes it to the action of a solution of vesuvin.

The preparation becomes brown and shows the various elements deep brown, while the bacillus remains clear and deep blue.

The method consists essentially in keeping the solution of

---

\* Before giving the translation, it may not be out of place to say that this method — an improvement on Koch's — has quite superseded it, and we understand it has been adopted by Koch himself.

methylene-blue alkaline. I have departed from this alkaline condition, and endeavored to substitute another alkali for the one used by Koch. I have found a fit substitute in aniline.

I have always worked on dry preparations of sputa when I made counter examinations, and found the method could also be applied to cut preparations.

My manner of procedure is to take a particle of sputa and press it flat between two cover glasses of a particular thickness; and I have found those of .10 to 1.12 mm. are to be recommended most. Following these directions, it is easy to procure equally thin layers from a small drop of sputa. By shoving both glasses apart, two thin sheets are obtained, which easily become air dry. These preparations are not yet quite ready. It is desirable to fix the albumen. I have usually effected this by keeping the preparation at a temperature of 212° or 230° Fahrenheit for an hour. A still more practical means, which I have seen used at the Imperial Board of Health, consists in holding the air-dry preparation with forceps and passing it three times through the flame of a Bunsen's burner.

For coloring, I use water saturated with aniline oil, prepared by taking a surplus of aniline oil, shaking it with water and filtering through a moistened filter within a few minutes. The clear watery fluid so obtained is added drop by drop to a saturated alcoholic solution of fuchsin, or methyl violet, until a distinct opalescence of the fluid occurs. The preparation is allowed to swim on this fluid, and in a quarter or half an hour is colored to the proper shade.

As the isolated coloring of the tuberculosis bacillus with vesuvin is very slow, or even not at all, it is expedient to use acids. The best acid mixture consists of one volume of the officinal nitric acid and two volumes of water. Under its influence the preparation grows pale in a few seconds, presents a yellowish, cloudy appearance, and becomes white. If the preparation is examined in this stage, it shows that everything has lost its color and only the bacillus retains its deep stain. Such a preparation can be examined, yet the technical difficulties of finding a bacillus are exceedingly great. It is better, therefore, to color the background; if the preparation is violet, yellow; if red, then blue.

Perhaps it may be allowed to urge the advantages of this method. Aniline colors the tissue much handsomer than the alkalies, under the action of which slime especially is easily detached. A further advantage is the great rapidity of the method, while Koch's method required twenty-four hours; here, three quarters to one hour is sufficient to prepare the specimen. But it appears to me still more important, as I believe I am able to assert, that the preparations are colored deeper and the bacil-

lus itself appears distinctly larger than by Koch. If it is considered also that the background upon which the bacillus stands out is clearer, then it follows that the bacillus can be seen easier with a weaker power. I would further urge that it is probable more bacilli are seen by the method described by me; at least the statistics of the sputa examinations which I have made speak for it.

I have succeeded in coloring the bacillus with all the bases of the aniline colors, even Bismarck brown, and it showed that the substance of the bacillus does not differ in its coloring peculiarities from those of other forms of bacteria.

If, however, the tuberculosis bacillus differs in coloring from other fungi, it depends upon the existence of a covering having peculiar and specific properties. The first of these, which is shown by Koch's method, is that the enveloping layer is only pervious to coloring material by the action of alkalis.

The second which I have found, is that the covering is made quite transparent by the actions of acids, as strong mineral acids. This condition appears to have a practical interest, as it throws light on the question of disinfection. If all methods of disinfection fail which have an acid reaction, it is apparent that we must return to alkaline means.

After this preparation I pass to the results I have obtained by examination. The cases related by me were all marked cases of tuberculosis pulmonum. I have examined twenty-six such cases, and have been able to point out in all the bacillus. I would emphasize that no particular care or choice has been used in the demonstration of the preparations.

In nearly every case it was sufficient to examine a single specimen, and only one field. In some few cases it was necessary to examine carefully both preparations.

I have convinced myself by counter examinations that no bacillus occurs in other lung diseases. I will relate a case peculiarly illustrating this. I had asked a friend to give me some phthisical sputa. I received a sputum in which I could find no bacillus after repeated examinations. On inquiry, it was found that the sputa seen was sent from a man who suffered from an empyema which had broken through into the lung.

So far as concerns the further question, What prognostic meaning is arrived at for this condition? I believe that further investigation is necessary to arrive at a definite conclusion. I have found bacilli in enormous quantities in cases running an acute course, and in small numbers in those developing very gradually.

On the other hand, I have also found them very numerous in cases running a slow course.

## CLINICAL CASE.

BY J. C. GANNETT, M. D., YARMOUTH, ME.

As a part of the report of the Bureau of Clinical Medicine, the following case is presented, illustrating somewhat the action of one of our newest remedies, and also showing one or two peculiar phases of disease:—

The case is one of articular rheumatism, the acute attacks which constitute the affection coming at regular intervals. The patient, Mrs. S——, aged sixty-five years, has been the subject of a rheumatic affection for twenty-five years or more. At times it has shown itself in the knees, wrists, and the articulation of the lower jaw. For several years past the right knee-joint has been the seat of the affection. One strong peculiarity of the attacks has been their markedly periodical nature, recurring as they do with persistent regularity every ten or twelve days, lasting in access and decline three or four days, and leaving an interval of rest of about a week.

The description of the "spell" I will give in the patient's own words. She says, "The spell commenced with a little stiffness and drawing of the muscles under the knee, especially the inside muscle, which becomes in a few hours as hard as a stone. The sensation of stiffness and clumsiness rapidly increases. No pain, only discomfort and inability to use the limb hourly increasing. The limb grows very large, and a swelling appears on the surface on the outside of the limb opposite the place underneath that I spoke of above as feeling so like a stone to the finger. This is the first day, and I keep about. The night is undisturbed after the limb is once disposed in bed. The second day I drag myself around; the whole limb becomes painful; the knee-joint feels as if swollen inside to *bursting*; there is a burning sensation in the knee; it loses all power, so that when sitting I cannot raise my foot an inch from the floor. I am now seated to remain till it passes by. Towards the close of the third day, I perceive a little amelioration; first in a sense of coolness, then in return of power. The fourth day I am about again. The return will be in one week and three or four days; and when these bad spells follow each other for six weeks, the limb is good for very little at any time."

This is her description of these attacks; otherwise she is quite well. Has had, in times past, some slight troubles, such as frequent urination, with light-colored urine, vertigo; bright flashes around eyes, etc. These have no apparent connection with the rheumatic difficulty.

There seems to be but little weakening of the limb or knee in several years past, excepting such as occurs after several severe attacks closely following each other, as she mentions above. The knee is considerably enlarged at all times.

She has taken many different kinds of homœopathic remedies, mineral waters, etc., and has used all the favorite baths, packings, etc., of homœopath, hydropath, eclectic, etc., etc., with little or no benefit.

I have given her in the past few years at different times several remedies, among them being *Rhus tox*, *Caust.*, *Colch.*, *Zincum met.* *Lactic acid* 3<sup>rd</sup> and 6<sup>th</sup>, which she began taking a year ago, has done very much for her in mitigating the severity of the attacks, without in the least, however, affecting their periodical nature.

This feature has so far resisted all treatment. It is a peculiarity, and is entirely independent of any aggravating or ameliorating circumstances.

The symptomatology of *Lactic acid*, as given in Allen's "Encyclopædia," is as follows:—

"Swelling and redness of knees. Right knee faintly red, decidedly swollen, very tender, and painful. Dull, yet sharp, pain in right knee-joint on moving leg."

I wish this remedy might be given a thorough, honest proving; for I believe it to be a valuable one were its true sphere known.

---

### JANUS.

BY S. G. BAILEY, M. D.

As the Roman Janus was fashioned with two faces, so the modern medical Janus looks both ways for practice. Physicians of apparent respectability are found in almost every community who "practise both ways," as they complacently inform you. They are usually practitioners of the old school, who have picked up a smattering of homœopathy, and they offer the old or the new to the choice of the patient. They are ready to be "all things to all men," and to run their drag-net through society, counting all gain that comes to their hands. These are not the careful searchers for truth, who are convinced of the right of homœopathy, and who are conscientiously applying it as the best method of cure. They are not homœopathic physicians who are driven by some supposed exigency to try ways and means outside the *Similia*. They will usually tell you that this homœopathy is well enough for children and light disorders, while adults, forsooth, need something stronger. There is little doubt

that *their* crude homœopathy is fitted only for the mildest of self-limited diseases. Yet it would be interesting to know at just what age the arrangement and physiological laws of the human body change,—just when that law of nature that fits *Aconite* to the bounding pulse and fever heat of childhood changes to inactivity with maturing years.

It is a physician's duty to give the best result of his research and reason to every patient. The sick man does not know what is best for him.

Even the skilful physician, when sick, intrusts himself to other hands. We do not inquire of the patient whether he needs *Opium* or *Mercury* for his diarrhœa, for it is our business to have some very definite and well-grounded judgment which is needed.

The man who "practises both ways" is a dangerous person. He is apt not to be competent in either method. He is not prepared to give his patient the best, but whatever the sick man chance to elect. He is to be shunned as one who has not the courage to live up to his convictions, and give the best every time, or as too indolent or inefficient to have arrived at any convictions. It is n't safe to try to ride too many horses at once, either in politics or medicine.

---

## REVIEWS AND NOTICES OF BOOKS.

---

CATALOGUE OF OTIS CLAPP & SON, AND DIRECTORY OF HOMŒOPATHIC PHYSICIANS OF NEW ENGLAND. 8vo. pp. 150. Boston: Otis Clapp & Son.

This little volume, which is now issued biyearly, will be welcomed by every homœopathic physician who may be fortunate enough to receive a copy. A glance at the book will show how great is the supply of goods offered to the profession. The first eighty-eight pages contain, alphabetically arranged, a list of all these various articles. The list of medicines covers four pages, and embraces nine hundred and thirty-two different substances, many of which are provided in various forms. Upwards of one hundred different forms of medicine cases are described,—enough in variety to suit the most fastidious. All the surgical instruments and applications in common use are carefully enumerated, while the dietetic preparations and the adjuvants of rational treatment are presented to the reader. The list of homœopathic publications alone covers fourteen pages.

But perhaps the most interesting part of the book is the "directory." This, which within our memory could easily be



put on a single page, now covers ten double-column finely printed pages, and contains the addresses of eight hundred and twenty-two homœopathic physicians in New England, Sept. 1, 1882, as against seven hundred and sixty-three, March 1, 1880. This shows an increase of about eight per cent in two years and a half, or four times as fast as the increase in population. Maine has changed its number from 77 to 91; New Hampshire from 51 to 60; Vermont from 82 to 79, a loss of three (she must do better in the next two years); Massachusetts from 386 to 414; Rhode Island from 57 to 59; and Connecticut from 110 to 119. Of the cities, Portland has 14 homœopathic physicians, an increase of fifty per cent; New Haven 15, twenty-five per cent; Hartford 11, twenty-two per cent; Springfield 8, fourteen per cent; Boston 114, thirteen per cent; and Providence 29, eleven and a half per cent. Lowell has fourteen and Worcester nine, the same as in the last directory.

The directory contains a list of all towns in New England which have more than 1,500 inhabitants. Of these towns which lack a homœopathic physician Maine still has 76: New Hampshire 30; Vermont 35; Massachusetts 83; Rhode Island 9; and Connecticut 50. Thus we see there are two hundred and eighty-three towns in New England which lack and could each well support one or more physicians of our school.

Six State societies and six local or county societies report a list of officers, but none of the institutions under homœopathic management are mentioned. This we hope to see corrected in the next number. Three thousand copies are issued for free circulation, and the attractive manner in which it is published does great credit to the house from which it comes. Any physician can procure a copy by sending their address to Otis Clapp & Son, Boston.

**SYPHILIS.** BY V. CORNIL. TRANSLATED WITH NOTES AND ADDITIONS. BY J. Henry C. Simes, M. D., and J. William White, M. D. With eighty-four illustrations. 1882. 8vo. pp. 461. Philadelphia: Henry C. Lea's Son & Co.

This volume, which has just been published, is a translation from lectures delivered and published by Prof. Cornil, of the Lourcine Hospital, Paris, in 1878. The author names one hundred and forty-four books of reference on this subject, and has, in addition, the experience which his immense hospital and private practice affords. He claims that his book "forms an elementary manual of syphilis based upon a minute knowledge of anatomy." This, he considers, is "the only logical method by which syphilis may be studied or understood." In accordance with this plan he devotes his first chapter to the "General consideration of syphilis

— Contagion and inoculation — Period of incubation.” The next two chapters contain an “Anatomical description of infecting chancre and soft-chancres — Symptoms and comparisons of the two chancres.” These three chapters would alone well repay physicians for their purchasing the book, and would tell them why they so easily cure some cases, and have so much difficulty with others.

The succeeding chapters consider the anatomical structure successively invaded, such as the lymphatics, skin, mucous membrane, bones, teeth, nerves, liver, digestive canal, respiratory organs, spleen, supra-renal capsules, etc.

The final chapter, XIV., is on the “Treatment of Syphilis.” He carefully considers both the *pro* and *con* of “mercurial medications” which was introduced and made such ravages at the close of the fifteenth and beginning of the sixteenth century. Not taking the side of the anti-mercurialists, he says: “When mercury is given in a still larger dose, . . . stomatitis and salivation rapidly follow, but are symptoms not sought after in these days, it being now believed that the dangers of these conditions, which are in many cases of extreme gravity, sometimes resulting in rapid death, are totally disproportionate to the advantages derived therefrom.” He relates that, when in the St. Louis hospital, he assisted in cauterizing a series of cases with acid nitrate of mercury. “*The next day, all the unfortunate subjects were affected with stomatitis, and two of the number died within a few days from its effects.*” Such a frank admission would lead us naturally to the statement, “At this hospital [the Lourcine] we give mercury in small doses in such a manner as to avoid salivation.” He speaks favorably of the use of hypodermic injection, and says, “Injections were made by Liégeois twice daily, using a very weak dilution; he introduced but  $\frac{1}{5}$  to  $\frac{1}{8}$  of a grain at each puncture,” *i. e.*, between the first and second homœopathic preparation two doses in twenty-four hours. Hahnemann’s teachings come slowly but surely!

The following is worthy of consideration: “We have very frequently in our service pregnant women who are syphilitic. When syphilis has shown itself a little before conception, or at the same time, or within the first two or three months of pregnancy, these women generally abort, if the disease be permitted to take its natural course; on the other hand, if mercury be used methodically, *in moderate doses*, but continued for some time, the patients usually carry their children to the end of their term, and the child is born well and free from syphilis. We have treated in the St. Clement ward, during the greater part of their pregnancy, syphilitic women who have been confined, and whose children, nursed by them, are healthy.” \*

PRACTICAL MEDICAL ANATOMY. By Ambrose L. Ranney, A. M., M. D. Wm. Wood & Co., New York.

This, the June number of Wood's Medical Library, is a work to be highly prized by every physician. The author does not pretend to offer anything original, but as a compilation and presentation of facts in new shape, nothing better has appeared for years. The purpose of the work he sets forth in these words: "As a prominent writer puts it, 'That writer accomplishes the most who gives his reader the *most knowledge* and takes from him the least time'; and I have not forgotten in my effort to make the work useful to all the wise observation of him who says, 'In the same meadow the ox seeks the herbage, the dog the hare, and the stork the lizard.'" The book is replete with illustrations, many of them wholly new, which materially aid in the proper understanding of the text. The chapters on "The human face in health and disease, and its value as a guide in diagnosis," "Special regions of the head, and the points of general interest pertaining to each," and "The abdomen, its viscera, and the surgical guides to important structures of that region," are particularly valuable. ¶

A TREATISE ON ANTISEPTIC MEDICATION, OR DECLAT'S METHOD. By Nicholas Francis Cooke, M. D., LL. D. Chicago: Gross & Delbridge.

That Dr. Cooke is an enthusiastic devotee of Declat and his method of treatment, no one would for a moment question after reading this book. The germ theory of disease and the absolute germicide power of phenic acid (absolutely pure carbolic acid) are the principles which underly Declat's teaching; and as a pupil of Declat, Dr. Cooke accepts them unconditionally. It is no place here to discuss the merits of Declat's method, as Dr. Sternberg has done from time to time in the *Medical Record*, but what we have to do with is the book itself. In the first place, the book cannot be criticised as a literary production, for it is merely a presentation of facts which Dr. Cooke is cognizant of and wishes other physicians to be also. Any book written by a man so earnest as Dr. Cooke cannot fail to carry with it conviction more or less pronounced; and we confess to have derived much profit from its perusal. Dr. Cooke in the Preface gives his reasons for writing, an account of his acquaintance with Dr. Declat, and his conversion to the principles taught. In the introduction may be found a history of antiseptic medication, the controversy between Declat, Lemaire, and Tyndal, a brief sketch of Declat's life, and the theory on which the phenic-acid treatment is based. In the work proper he begins by giving a description of the various

preparations of phenic acid, then of its physiological action when applied externally and when taken internally, and then he gives a résumé of the physiological symptoms evinced in the nervous system, vascular system, respiratory system, chylopoetic system, and genito-urinary system. Of the methods of administering it he mentions five: 1. By the mouth; 2. By the rectum; 3. By the air passages; 4. Endermic; 5. The hypodermic method. The latter method he most enthusiastically supports, and gives special instructions as to the use of the hypodermic syringe. Then follows a history of cases treated by Dr. Cooke since 1881, and the results of treatment, and among them were cases of tuberculosis, cancer, septicæmia, eczema, malarial fever, diphtheria, hay fever, etc. The book itself is well printed in good clear type with wide margins, and is a credit to the publishing house.



**THE DISEASES OF THE PANCREAS AND THEIR HOMCEOPATHIC TREATMENT.** By A. R. Thomas, M. D., J. C. Morgan, M. D., A. Korndaefer, M. D., E. A. Farrington, M. D.

All that is known about disturbances of this little-understood gland has been carefully compiled in this book. Fortunately diseases of the pancreas are rare, or we should be disappointed in the treatment offered, which is merely suggestive, and, until clinical experience corroborates it, one must be content with tentative measures.



**PHTHISIS PULMONALIS.** By Gershom N. Brigham, M. D. Boericke & Tafel.

Previous to the appearance of this volume we had but two comprehensive works treating of pulmonary diseases from a homœopathic standpoint, Burt's "Therapeutics of Tuberculosis," and Meyhoffer's "Chronic Diseases of the Respiratory Organs." The former of these did not pretend to be exhaustive, but it proved a useful aid in our treatment of these diseases; but both Meyhoffer and Brigham have given us pathology as well as therapy. Meyhoffer has great faith in pathological anatomy as the basis of therapeutic indications. Brigham, on the other hand, considers symptomatology as all important, and has the most implicit faith in the potentized remedy. One is accordingly particularly clear in his consideration of the etiology and pathological changes in a given disease, while the other treats them most cursorily, and gives his best efforts to the treatment. The pathology of Brigham is hardly in accord with that of any well-known authority; but rather the embodiment of his views as founded upon reading and personal observation. His assertion that syphilis, gonorrhœa, sycosis, amenorrhœa, orchitis, and endometritis are CAUSES of phthisis pulmonalis, will be seriously questioned. The therapeutic indications offered are open to the same criti-

cism that we have often made of those given by Guernsey, Berridge, and others; they are too indefinite, and can only add to the confusion of the younger members of the profession who go to them for help. His advocating the use of tuberculinum is in thorough accord with the author's belief in potentized matter. His hygienic and dietetic measures are those accepted generally by the profession, and are expressed in a logical and forcible style. The aggravations from *Sulphur*<sup>s</sup> and *Phosphorus*, which the author mentions, will disturb the risibles of many excellent practitioners. The author's style is attractive, and one can read the book with pleasure if not with profit.

---

## OUR MISCELLANY.

**UMBILICAL HERNIA.**—Walter Lattey, M. D., writes to the *British Medical Journal*: "All the cases coming under my care I have cured by means of a long strip of soap strapping so applied across the abdomen as to pull the skin inward from both sides toward and over the umbilicus, thus forming a natural pad and supporting the parieties at the same time. I am sorry I have no data by which I can state how long the treatment is required, but the results have been very satisfactory."

IN a letter to the *Louisville Medical News*, we find the following, which is, to say the least, suggestive of the tendency among prominent regular therapeutists to homœopathy in spite of the professor's protest to the contrary. "In concluding the letter I will give you a few of what Prof. Smith, of Bellevue, on *Materia Medica*, calls his small doses. He distinctly wishes it understood, however, that he is no homœopathist. I do not recollect to have seen them published elsewhere:—

*Castor oil*, five drops rubbed up with sugar and given every two hours in intestinal irritation of children.

*Tinct. Hamamelis*, one drop every fifteen minutes as a sedative in children.

*Tinct. Pulsatilla*, one drop in dysmenorrhœa every fifteen minutes; also in orchitis and epididymitis.

Fowler's solution, one half drop in nausea of pregnancy and after a drunken debauch.

*Tartar Emetic*, one grain in a quart of water. Dose one teaspoonful every fifteen minutes in the bronchitis of children.

*Calomel*, one fiftieth of a grain in syphilitic headache, without gummata, every fifteen minutes. Also in children with vomiting accompanied with mucous discharges one half grain *bi chloride of mercury* in a pint of water and administered in teaspoonful doses every fifteen minutes; good for the same affection.

*Fl. ext. ergot*, one drop every fifteen minutes in menorrhagia.

**GASTRO ENTERITIS.**—From observations made in the Children's Hospital at Pesth, Prof. Epstein concludes (Prager Med. Wochens) that a liquid diet, poor in fatty matter, is the basis of treatment of gasreenteritis in young infants. He recommends particularly an albuminous lemonade, obtained by beating up the white of an egg with a pint of water previously boiled, the resulting mixture being then carefully filtered. At the Pesth hospital this is prepared fresh three times daily, and is kept in a bottle well corked and placed upon ice. In a word, all precautions are taken to prevent the introduction of micro-organisms into the system.

Nursing from the breast should be entirely stopped for the first few days. Every three hours fifty grams of milk at a lukewarm temperature may be given to the child, either with the bottle or by spoonfuls. The child should not be put back to the breast until the loss of flesh, which is considerable at first, begins to diminish. Again, when at the commencement there is violent vomiting and rejection of yellowish curds, Mr. Epstein washes out the stomach daily for from eight to fifteen days by means of the œsophoge tube. — *Medical Gazette*.

## OBITUARY.

DIED.—MRS. EMMA STEENE WANSTALL, M. D. (B. U. '77), died at her home, No. 228 North Eastern Street, Baltimore, Sept. 10, 1882, aet. 28. She was born in Binghamton, New York, but spent her early life in Prattleboro', Vt. She was graduated from Boston University School of Medicine in March, 1877, and afterwards for a year and a half prosecuted her medical studies in Europe, where she was shown an unusual amount of kindness and attention. She settled in Baltimore in December, 1878, and was probably the first female physician, certainly the first of our school, to locate there. She married Dr. Alfred Wanstall in April, 1881, and after the birth of her son, now a few months old, she fell into a rapid decline from tubercular phthisis. Brilliant as a scholar, she became highly accomplished as a physician, and was the centre of a large circle of friends who deeply mourn her early death.

---

## PERSONAL.

W. W. TUFTS, M. D., has removed from Warwick to Tyngsboro, Mass.

W. H. STONE, M. D. (class of 1882, B. U. S. of M.), has located at Hamburg, Ill.

E. W. FOSTER, M. D., has removed from No. 5 Park Street to 8 Beacon Street in Boston.

G. H. MARTIN, M. D., formerly of San Francisco, Cal., has located in Honolulu, H. I.

DR. G. F. WALKER has located at 577 Tremont Street in Boston; he was formerly located in Houlton, Me.

HORACE PACKARD, M. D., has located at No. 670 Tremont Street, Boston, and not "570," as reported in our September number.

DR. G. J. WALKER (class of 1882, B. U. S. of M.) has located at No. 45 Main Street in Fall River, Mass.

DR. GEO. E. PERCY, for the past eighteen months associated with Dr. S. M. Cate of Salem, has opened an office of his own at 32 Summer Street, Salem.

W. H. WHITE, M. D. (class of 1882, B. U. S. of M.), has located at 94 Warren Street, corner Kearsage Avenue.

S. J. DONALDSON, M. D., has removed from Portsmouth, N. H., to 315 Madison Avenue, corner 42d Street, New York City.

RUTLAND, VT., Sept. 11, 1882.

GENTS: Please publish the following in the NEW ENGLAND MEDICAL GAZETTE: The Vermont Homeopathic Medical Society holds its thirty-second annual meeting at the Pavilion Hotel, Montpelier, Vt., Oct. 18 and 19 inclusive. Preliminary meeting evening before.

President's address, Wednesday, 18th, 2 P. M.

Fraternally,

CHAS. A. GALE, *Secretary*,  
RUTLAND, VT.

THE  
NEW ENGLAND MEDICAL GAZETTE.

---

---

No. 11.

NOVEMBER, 1882.

VOL. XVII.

---

---

EDITORIAL.

A VITAL REFORM.

THERE is perhaps no subject which the physician feels it so difficult to meet and deal with successfully, whether in literature or active professional life, as that so ably and delicately treated by Dr. D. B. Whittier, of Fitchburg, in a recent issue of the *Homœopathic Journal of Obstetrics*. We refer to the article in the May number of that magazine, on "Abnormal Habits of Sexual Congress a Factor in Diseases of Women." Many of our readers are doubtless already familiar with this paper; to those who are not, we heartily commend it for careful perusal and earnest thought.

The medical profession has too long, through indifference or timidity, closed its eyes to the necessity of a vital reform in marital relations as they exist around us in the community to-day. The physicians must be few indeed whose practice has not given them some glimpses into the miseries and evils wrought under the social and legal shelter afforded by the marriage relation. Dim such glimpses have necessarily been, it is true; since on the one hand selfish sensuality, jealous of its pleasure, and on the other shrinking delicacy and a mistaken sense of duty have combined to conceal the causes whose effects were all too evident. And the reasons why physicians have not dealt with such matters more frankly and fully in the past are not far to seek; for, to face the risk of alienating patients, whether through the shock to a false sense of modesty, or through the angered sensuality that will not hear the truth about itself, — to face the possible ridicule of less thoughtful or less conscientious professional associates, — this has required a devotion to the welfare of humanity which must always be rare. But the day has already dawned that is to see a change in all this. It may be true, as so many will tell us, that with the ethical side of these questions we as physicians have nothing to do. It may be that it belongs to those whose care is over the souls of men to hold up to condemnation the lust that is none the less lust that it shelters itself behind legal forms and

takes upon itself holy vows. But it comes within our plainest duties as guardians of men's physical welfare to teach them what unspeakable evil and misery such lust may work for mind and body.

Too long physicians have weakly and inefficiently labored only to cure the evils arising from disorderly marital relations. It is time some wise and energetic effort was made to prevent and avert them. A faithful and conscientious effort, directed toward the enlightenment of ignorance alone, — since we must believe that an unimaginable number of these evils are the fruit of ignorance, — would result in good beyond our power to foresee. Here, as in all reforms, our best hope lies with the young, whose ignorance has as yet wrought no evil. Let us see to it that, as far as our professional sphere of influence may reach, none enter upon the vital responsibilities of the married relation without some knowledge of those laws, obedience to which may make their marriage a blessing and help, disobedience to which must work misery and suffering.

We have neither time nor space to point out the significance of the evident desire on the part of the public at large for fuller instruction on these matters. The sale of books professing to give such instruction, and the large attendance upon and close interest shown in lectures which deal with these subjects, offer convincing testimony. One of the greatest opportunities for good which presents itself to us to-day is the doing away with the necessity of such books and lectures, — grossly ignorant and positively harmful as they often are, — offering in their stead scientific teaching, clear, practical, and positive.

Let us cordially welcome all such valuable contributions to the literature of this subject as we find in Dr. Whittier's thoughtful paper. Let us urge upon our college professors the necessity of emphatic and explicit teaching to their students, which shall through them reach and help the world into which they will soon go forth.

More and more we shall find these matters, once considered so impossible to discuss, like the thistle of the old proverb: approached gingerly and with hesitation, one shrinks back from the prickles; but grasped strongly and manfully, the thorny difficulties disappear. †

---

CHOLERA. — In Yokohama and vicinity there occurred, during the first twelve days of September, 283 new cases of cholera and 223 deaths, making a total since the epidemic began (in last April) of 3,509 cases and 2,223 deaths. All the new cases are among the native population. — *Medical News*, Oct. 14.

SMALL-POX is making great ravages at Cape Town. There have been 2,000 cases thus far, mostly natives, of which 600 proved fatal. The disease has reached the military. Cape Town has been declared infected, and all vessels sailing thence for other ports in the colony will be quarantined. The greatest excitement prevails in the diamond fields. — *Medical Record*, Oct. 14.



## HOMŒOPATHY.

BY E. B. DE GERSDORFF, M. D., PROFESSOR OF PATHOLOGY AND THERAPEUTICS, B. U. S. OF M.

[Read before the Faculty and Students, April 12, 1882.]

## PART II.

ENOUGH has been said by way of philosophical introduction ; let us now with the lecturer on materia medica approach the subject of homœopathy itself, and judge it on its own merits as it were. He reminds us that, like other great advances in science, so homœopathy was and is a historical necessity: *it had to come*. By the end of the last century, of all medical branches, therapeutics was in the deepest mire of superstition and ignorance, until Hahnemann's word brought hope and daylight into it. Henceforth a new era in medicine. Great opposition and strife arose, but that is much better than stolid indifference. He settled, first of all men, what *materia medica pura* was and ought to be ; each ingredient of it as a drug *per se* received its own physiological character and individuality by the provings established by him, and thus disappeared the former more or less misapplied adjectives of the various drugs, like emetics, astringents, antiphlogistics, tonics, and emulcents, and the drug remains on the value of its own qualities, to meet, to oppose, and to cure any individual case constituted by the totality of symptoms ; for Hahnemann was so wise that, in the consciousness of his ignorance of the nature of disease, he omitted *no* symptoms, but relied on the totality of them. All this did his genius accomplish with his idea of similarity, and *thus* did he even outstrip his contemporaries in pathology ; for it took forty years more before the nonentity of disease was acknowledged by modern scientists. Henceforth no old belief in certain medicines was tolerated, but provings on the healthy and at the sick-bed were demanded ; and *thus* have we gradually got at the truth, and nothing but the truth, of each drug's power, down to the smallest and up to the greatest effect. No more generalizing, but individualizing ; and *thus* became the homœopathic materia medica ready to meet the new cellular pathology far better than the old pharmacology ever could be expected to do ; *thus* became his therapeutic rule "*similia similibus*" *an empirically ascertained deduction from facts* ; and no new facts that have arisen in natural science since have as yet proved its absurdity. *Thus*, finally, under this new therapeutic rule, diagnosis of disease and of drug are bound to go hand in hand ; therefore materia medica and pathology become inseparable : one represents the +, the other the — (positive and negative) ; they are complementary. After

expatiating on Hahnemann's own explanation of the theory of cure in the "Organon," and on that of Dudgeon, Grauvogel, and others, all of whom assume vitality and vis medicatrix or life power, but all of which the shortness of time does not permit me to repeat, he continues to say of drugs, that in their relation to the organism they are substances which at first make it peculiarly sick, therefore they are also able to bring it back to health, and always did this from the beginning of the world, in a homœopathic sense; for their pathogenetic power becomes their therapeutic power as powerful or as mild as you please,—all by the rule of similarity,—which, however, need not entirely exclude anæsthetics, palliatives, and surgical or mechanical interferences and aids.

Of what he says of the dose, with an authority which we all here may be proud to claim for him, I will only repeat, first: that qualities are not necessarily governed by quantities, and different states of the living body require different doses; but so much is sure, that, to obtain the peculiar effect of a drug, you must give it in a *small* dose; and a less dose is necessary to affect a sick person than a healthy person, their reaction only, not their sensibility, being lessened by disease; and the dose must be small and big enough to bring about finally the right balance. Now all this has been done and shown by experiments and not by theory; and, furthermore, that if a remedy in homœopathic practice be a wrong one, the effect is not as fatal as in allopathy. As to what he says of the preparation of the medicines I will only repeat: attenuation must be, but infinitesimal attenuation of matter is nonsense *eo ipso*; does not exist. Medicine can only act as long as it contains or is medicine; therefore no potency, no dynamis, need to be called in aid to the cure. He proved, also, and I can only uphold him in it, that Hahnemann was not the main starter nor the final defender of the so-called high potencies, shaking and bottle-washing included. He concludes, after describing the various aberrations in homœopathic pharmacology, that any disputes about the dose are impediments to the progress of our science. Microscopic examinations prove that there is an *end* to the divisibility of matter; and there is also a limit to solubility and solutions as well as triturations. When and why, then, do we use attenuated doses? Because there is a natural law, that organic bodies have a power of assimilating those minute elements which they require in larger proportion than they are contained in food, water, and soil. The sponge in the sea thus attracts and receives its iodine, the bone its phosphorus, the shell its lime, the milk its iron; therefore our medicines act similarly to the constituents of food *only* when they are contained in a highly diluted form.

The department of materia medica in homœopathy, though

not so familiar to me as teacher in this school as that of pathology, is, nevertheless, to me, as to every homœopath, a constant source of research, investigation, learning, experimenting, and proving, of gathering up of new facts and thereby corroborating old experiences and deductions therefrom for the future, or of detecting former errors and wrong conceptions in the daily hard work of proving medicines on the patients. Though so hard work, it is not discouraging: there is life, there is promise in it, there is progress in it. Our work in this field is not yet ended, it is hardly begun; and, although a great deal has been done, a great deal must be done over again. I say this with all reverence to Hahnemann and his first disciples in proving. The glory of having *begun* it remains theirs forever. But I am for my part not yet satisfied with our materia medica, even not with that which is contained in the many volumes of Dr. Allen's Encyclopædia. Certainly, on the other hand, I glory in the fact that we have a number of simple and individual remedies on hand, completing in their totality thousands of peculiar symptoms, counterparts to those thousands of symptoms of all the ailments human flesh is heir to, not one of which remedies needs a special drummer or pedler sent round by the enterprising chemist, to be talked up and pushed into the market if not into use, such as we find our colleagues of the old school are encouraging, but each having its place and time in the law of similars; and still I trust that modern experimental physiology will yet, in connection with drug-proving, bring about a still more reliable pathogenesis than we possess, enabling us to sift the chaff from the grain; and that it will be ours, the homœopaths' glory in the future to have accomplished this pathogenetic work to the end.

All honor to the great pathologists of the past and present era, especially the men of Vienna and Berlin; but when we ask, how is it with their therapy, the answer must be,—they have not cultivated it with as much favor or clinical success. The modern therapy of this school is without compass and rudder, aiming at nothing specific; it is often only expectant, and when active, it is grossly empiric and behind its own pathological and physiological standard; it is at most palliative, or even only anæsthetic, or unintentionally homœopathic. But a time will come when these pathologists will be less flushed with their success in diagnosis, their patients becoming more and more impatient, and they will turn their attention again more to a method of *curing* rather than of diagnosing disease, and will look around with earnest and longing spirit for an equally-well based therapy,—a therapy which might meet them at each point and corner of their minutest exploration in diseased matter,—and then perhaps they will find that that school, overlooked if not despised at first by

them as unscientific, which has for more than eighty years piled up, by innumerable experiments with provings of drugs on human organism, a pathogenetic symptomatology, has prepared the way to a new era in medical science as well as themselves, while in addition it has practically all along done its work in the field by its method of curing the sick, and still has lost no time by self-conceit, but has appropriated its opponents' learning and teachings in pathology. So much for *materia medica*.

When a great discovery in science or art has brought about, in course of time, a more or less extended reform, — which is always done, owing to the perverted human nature, with a great deal of difficulty, opposition, and strife, if not bloodshed and martyrdom, — when, after two or three generations, this reform is still going on and gaining ground, the intrinsic value or amount of this reform cannot be easily stated; and, if we thereby should mean the success of the reformers as a body or a party, it is often not commensurate with the effect which the reform has had on its opposers, namely, inasmuch as it may have changed their actions, in spite of all their still continued opposition as a school or party. This has been, as I understood it, the object of the next and fifth lecture on the "Leaven of Homœopathy." We all know how, in spite of all the opposition, open or covert, of old-school faculties and medical societies, as such, to our cause and teachings, in spite of the ridiculous phariseeism of the old-school practitioners, who hold themselves up as the only scientists in medicine, the new empiric law of medicine has gained ground among the people as fast and as far as they were allowed to approach it, and finally it changed the real practice, *i. e.*, the prescriptions of the physicians of the old school, if not their doctrines. And this *red line* of homœopathicity in the labyrinth of the old-school *materia medica* was traced by the lecturer skilfully and eloquently. It was natural that homœopathy evinced its most decided superiority over the old-school practice in the beginning of this century, when it flashed upon the converts like a revelation, and when diagnostics, owing to the still prevailing ignorance in pathology, were in their infancy, when decoctions and theriacs with twenty ingredients still carried off the patients and enriched the apothecaries. Both schools have learned since then; but, while any new scientific fact in pathology, as in therapeutics, ought to be and is common property to all schools of treatment, and we as homœopaths freely make use of them, and especially learn thereby better to understand the language of the symptom of the sick man calling for its therapeutic counterpart, while we acknowledge on our side nowadays with thankfulness what we owe to physiology and pathology, the old school refuses still to learn from us in therapeutics, and still with supercilious blindness

shuts its eyes against the new therapeutic light ; but at the same time their treatment has undergone an enormous change, if not improvement ; not merely is the lancet set at rest and calomel a rare prescription, but the rule of giving one medicine at a time, and that in small doses, is generally followed : everything so called specific, this dream of the past with us, is tried for a while in *parvula dose*, "only never as homœopathic, rather give it another name,"—I say, if they formerly cured at times homœopathically without knowing, they were less enlightened then, but more honest than at present, when they constantly ransack our *matéria medica*, draw on the wealth of our method of cure, but give no credit to us, but a false name and a false motive and explanation to their proceedings.

While we thus in a measure would be entitled to say that an improvement in the therapeutics even of our opponents, owing, however, to the homœopathic irrepressible leaven, can be perceived, the history of homœopathy, on the other hand, has shown that all the detractions and persecutions which we as followers of Hahnemann have received and suffered at their hands have in every way eventually done us good service ; for it has roused up our energies and enabled us to fight the fight of reform. This is only the natural course of events, namely, the prevailing of all that is sound at the root and true in the end ; it cannot be stamped out.

You have in the sixth and last lecture of this series, on the "Past, Present, and Future of Homœopathy," heard the stirring suggestions and energetic arguments for further continuation of our work by our Dean ; they are still ringing in our ears with all the convincing plausibility and hopefulness of offered statistics of the past and present, and all the earnest invitation to join in the necessary work of further organization ; therefore I need repeat no sentence of it, as your hearts must be still stirred up by it. All great truth, when once the seed of it is laid in the human mind, will take root, and, sooner or later, it will spread and bear fruit. Then arises opposition, the forming of parties of and against it, and *then* the necessity of organization ; and this era of organization on a broader scale in the ranks of homœopathy has been reached now, and here especially in this free country. Here, and especially by you, the younger workers of the future, it will have to be proved whether you have followed in homœopathy an *ignis fatuus*, or whether there is a real light of scientific truth contained in the simile and its application as a therapeutic rule. All condemnation *ex cathedra*, all ridicule of poetasters, will not hurt it or suppress it ; but superficiality, unfaithfulness, cowardice, if you would become guilty of it, might blight its future. But I have good hope in you and in the future of

homœopathy, and I feel that I can offer you in sincerity my well-intentioned advice, and thereby both benefit you and the public, when I say, be first true men or women, then true physicians, and then true homœopaths, — the one includes the other, — and you and your patients will flourish.

---

*CONVALLARIA MAJALIS.*

[*Translated for the NEW ENGLAND MEDICAL GAZETTE.*]

THE August number of *L'Art Médical* contains a suggestive paper by Dr. Piedvache, of which the following is a translation: —

The lily of the valley (*Convallaria majalis*), used, tradition says, from time immemorial by Russian peasants for the cure of dropsy, has received some study of late from various Russian physicians, and among others from Prof. Botkins of St. Petersburg. The study of this plant has also been taken up by M. Germain Sée, and in a paper now before us he offers to our consideration the *Convallaria majalis* as a cardiac remedy, analogous, and in some respects superior, to digitalis. Hitherto in France we have found this plant referred to by Mérat and Lens as having only a purgative and sternutatory action.

M. Sée, in his somewhat lengthy paper, has treated his subject entirely from an empirical point of view. He gives us the results of experiments on animals, observation at the bedside of patients, and an analysis of physiological effects which he has deduced from the above. This is perhaps but another way of saying that, ignorant of the true law of therapeutics, he has approached his problem from the wrong side, and as a natural consequence has drawn false and inefficient conclusions; for we know that the therapeutic effects of a drug can be certainly determined only from its physiological effects on the healthy organism, — effects which can neither be foreseen nor learned through any other form of experiment. Our author falls into the old illogical error of his school in identifying the pathogenetic and curative effects of a drug, as it is rarely if ever safe to do. Thus in their blind prejudice they refuse to give themselves the great benefit to be derived from studying the effects of drugs when administered to the healthy organism. An instance in point may be found in digitalis, from the wisely directed physiological study of which homœopathy has gained many therapeutic benefits wholly unknown to our opponents. Such, without doubt, will be the case with convallaria, when the masters of our school shall have given time to its thoughtful and scientific study.

To return to M. Sée. He opens his paper with an account of his experiments on animals, which, in the eyes of a homœopath,

can at best serve only as confirmation of the far more important experiments to be made with convallaria in ascertaining its pathogenetic effects on the human system. The most active effects are found to be produced by an extract made from the entire plant. It will be remembered that Hahnemann mentions this as a law applicable to the preparation of most plants for medicinal uses.

A small drop of this extract, we are told, brought into contact with the heart of a frog stops the beating in two minutes at longest; the animal, however, retaining all the reflex and spontaneous movements. The result is the same, though somewhat slower in manifesting itself, when the extract is injected subcutaneously. The toad and tortoise respond less readily to the action of the drug.

With dogs of ordinary size, the injection into the veins of four drops of the extract will cause death in ten minutes, by arresting the heart's action. Close observation discovers three distinct periods in the action of the lethal dose, which we may divide as follows:—

*First Period.*—Slackening of the movements of the heart; increase of pressure six centimetres by the mercury; the respiratory movements fuller and somewhat less frequent.

*Second Period.*—Extreme irregularity of rhythm; the pulsations become unequal in force; there are intermissions, followed by rapid systoles; the respiration is still fuller and slower, at times arrested entirely by spasms of the inspiratory muscles; there is vomiting.

*Third Period.*—Blood pressure increased; it becomes impossible to count the pulse, which is very feeble; the fulness of the respiratory movements continues to increase; then the pressure falls to zero; and the cessation of respiration follows that of the heart's action.

During these three periods the excito-motor power of the nerves and the reflex power of the nerve centres remain unaffected. The excitability of the pneumo-gastric is only weakened, and faradization of its thoracic ends does not arrest the heart's action more completely than when in its normal state.

With the dog absolutely no diuretic effects were observed.

Like digitalis, upas antiar, and erythrophleum, the lily of the valley arrests the heart's action in its ventricular systole, contrary to muscaria, which arrests it in its diastole. The action of the drug is apparently the same on warm and cold-blooded animals.

The observations of M. Sée, made at the bedside of patients, include four cases of chronic nephritis treated unsuccessfully, and twenty cases of heart disease, three of which the remedy failed

to affect; but the other seventeen improved rapidly under its administration, the improvement being more and less permanent. The cases whose improvement was noticeable within a few days presented the following symptoms: asystolia, small and weak, irregular and unequal pulse; infrequent urination; anasarca with or without ascites; symptoms of angina pectoris would offer a yet further indication. Mitral stenosis is the lesion which receives most benefit from the remedy, whose success is sometimes complete in from two to four days. Aortic insufficiency, over which digitalis seems ordinarily to exert but little power, would also doubtless be greatly helped by convallaria. Its superiority over digitalis is chiefly shown by its causing no digestive disturbances, vomiting, nor dilatation of the pupils. It is well known to homœopaths that digitalis often produces an effect of aggravation diametrically opposed to the result sought in its administration; according to M. Sée, one need fear no trouble of this sort from lily of the valley. But we can hardly be too conservative in receiving these statements; it remains for the future to give us authoritative teaching.

The results of the remedy would be less satisfactory in cases where there is marked dyspnœa; almost nothing could be hoped from it when there is chronic nephritis, with albuminuria. It has however some action on the kidneys, since in these cases it produces hæmaturia; but giving it as has hitherto been done, in heroic doses, doubtless brought about aggravations. The dose employed has usually been one gramme.

M. Sée offers us a careful analysis of what he calls the physiological effects of convallaria majalis; but we find these so-called physiological effects to be in reality its curative effects only. In the absence of careful experiments upon the healthy organism, it is impossible to decide with accuracy which effects are physiological and which therapeutic. . . . But a study of the observations quoted above will show us that the administration of the drug causes disturbances of the normal functions; to set them right is no part of its "physiological" action, properly so called. The truth of this will be evident from a careful reading of the *résumé* of M. Sée's analysis, which we here append.

*Digestive Organs.* — Stimulation of the appetite and regulation of digestion, easier and more numerous evacuations without diarrhœa.

*Circulatory and Respiratory Apparatus.* — Immediate disappearance of pulse irregularities and intermissions, except in very serious and advanced illnesses; sensation of palpitation attributed to the drug excitation of the vagus; slackening of the pulse more constant and more marked in nervous accelerations than in those from lesions of the orifices. M. Sée further tells us that



the action on the normal pulse is less marked, but still there may be obtained almost always a lowering of the pulse by ten beats or so. There is here great disproportion to the therapeutic effects: disappearance of the arterial throbbings in the head, neck, and ears, and of the painful sensations which they produce; augmentation of the intra-vascular pressure, as shown by the sphygmograph; and, contrary to the observations made during the use of digitalis, it is never seen to be lessened by prolonged use of the drug; deeper and easier inspiration, feeling of ease and well-being.

*Urinary Apparatus.* — The diuretic effect upon the patient under the dose employed is the more reliable that M. Sée did not make use of the milk diet during the administration of the drug. One patient who habitually passed five hundred grammes, passed on the second day three thousand grammes of urine. The diuresis persisted without once lessening during the entire treatment; even continuing from three to six days after the medicine was stopped. This effect was observed in cases where digitalis failed to increase the quantity of urine.

To accurately fix the doses with which the diuresis of convallaria may be produced, not only on the patient but in the healthy man, — to ascertain if it be the first effect produced, if it be preceded or followed by a diminution of the function, — such is the work which remains to be done, and which the future will doubtless see well done. We pause only to note that M. Sée himself failed to obtain any diuretic effects in his experiments upon dogs.

Such as it is, M. Sée's paper is a most important one, and good results can hardly fail to follow it.

---

*ON THE INFLUENCE OF INFINITESIMAL QUANTITIES IN INDUCING PHYSIOLOGICAL ACTION.*

BY CHARLES HARRISON BLACKLEY, M. D.

[*Read before the British Homœopathic Congress, Sept. 7, 1882. Reprinted from the Monthly Homœopathic Review, October, 1882.*]

MR. PRESIDENT AND GENTLEMEN: The possibility of exceedingly minute quantities of matter being able to play any important part in the ordinary functions of nutrition in the animal and vegetable organism has often been denied by those of our medical brethren who have never taken the trouble to put the matter to the test of experimental investigation. In the case of agents that do not possess the power of growth and reproduction, they have also contended that infinitesimal quantities cannot generate disease on the one hand, or cure or modify it on the other; and they say, moreover, that we have never been able to prove, by extra-clinical experiments, that extremely minute doses can alter the activity of any morbid agent.

In the case of the zymotic diseases, they are ready to grant that the dose of the exciting cause may be exceedingly minute; but as we have no means

of determining the exact amount of the deleterious agent that the zymotic action may produce, we have, they also contend, no right to assume that it is infinitesimal in quantity in any given case.

In order to show that some of these statements are not in strict accordance with facts, I propose, first, to bring under your notice a portion of the experiments that have been made by one of my-fellow townsmen on the action of the digestive ferments; secondly, to draw your attention to some of the investigations of the lamented Darwin on the insectivorous plants; and finally, to notice some of my own observations in another department, and to consider the effect these various researches have in giving support to our belief in the power of infinitesimal quantities. And here it will, perhaps, be well for me to say that I have confined my attention simply to the action of these quantities, without attempting in any way to deal with the principle upon which our section of the profession believes drugs to act in the cure of disease. It is not, however; that I undervalue the importance of the principle of *similia* that I take this course, but simply because the question I have attempted to discuss is quite large enough to occupy our attention in the time we have at our disposal on the present occasion.

It will be remembered by most here that, in the year 1880, Prof. William Roberts, of Manchester, delivered a course of lectures on the digestive ferments, before the Royal College of Physicians of London.\* In the admirable and deeply interesting researches detailed in the course of these lectures, Dr. Roberts shows that two main types of digestion go on in the animal and also, to some extent, in the vegetable organism. He also shows that various kinds of ferments are the chief agents in the different processes of digestion. For the immediate object I have in view it is only necessary to consider the action of the ferment termed *diastase* or *ptyaline*, and which is found in the secretions of the salivary glands and the pancreas. The function of this diastase is to act upon the starch which forms so large and important a part of our food. The changes which the latter undergoes when brought into contact with diastase are somewhat complicated, and result eventually in the conversion of the former into sugar and dextrine — two bodies which, in their properties and mode of behavior with reagents, are totally different to the starch from which they are derived. It would serve no good purpose for me to attempt on the present occasion to trace out the various changes that starch undergoes in being converted into the two substances named above, but it will be well to notice some of the properties of the class of bodies to which diastase belongs before I go on to consider the quantity of the agent that is needed to produce the changes alluded to.

The known digestive ferments are termed unorganized ferments. "They are," Dr. Roberts tells us, "sharply distinguished from the insoluble or organized ferments, of which yeast is the type, in not having the power of self-multiplication and self-nutrition. Soluble ferments cannot therefore be said to be alive, but they are all the direct products of living cells, and may be regarded as detached repositories of cell force. They are quite unknown in the domain of ordinary chemistry. Their mode of action bears no resemblance to that of ordinary chemical affinity, and has a distinctly physiological character. They do not derive their marvellous endowments from their material substance. They give nothing material to, and take nothing material from, the substance acted upon. The albuminoid matter which constitutes their mass is evidently nothing more than the material substratum of a special kind of energy — just as the steel of a magnet is the material substratum of the magnetic energy — but is not that energy. This albuminoid matter of the ferment may be said to become charged at the moment of

---

\* On the Digestive Ferments and the Preparation of Artificially Digested Food. By Wm. Roberts, M. D., F. R. S., etc. London, 1880.

elaboration by the gland cells with potential energy of a special kind, in the same way that a piece of steel becomes charged with magnetism by contact with a pre-existing magnet. The potential energy of the ferment is changed into the active form (*i. e.*, becomes kinetic) when it is brought into contact with the alimentary substance on which it is designed to act."

The proportion of diastase that is found to be capable of converting a given quantity of starch into sugar and dextrine is, relatively, exceedingly small. Payen and Persoz had previously estimated that malt diastase was able to change 2,000 times its weight of starch into sugar. This estimate, however, greatly exceeds the quantity that is really needed. In a very carefully conducted set of experiments Dr. Roberts found that instead of converting only 2,000 times its weight of starch, it was able to convert 40,000 times its weight into sugar and dextrine. Dr. Roberts describes this as an "astounding result," but marvellous as this is, other experimenters,\* he tells us, have arrived at results still more wonderful in estimating the transforming power of malt diastase.

In connection with this part of the subject, Dr. Roberts makes some observations which it is important for me to notice before passing on, because they bear somewhat on a question which has been, and I fear must still be, a vexed question with us, namely, the amount and repetition of the dose. It had been imagined by some observers that the energy of diastase was not consumed in action; but experiment demonstrated that this was not the case. It was found that for every grain of starch converted, the energy of one 40,000th of a grain of diastase was exhausted once and for all. An excess of diastase, up to a certain point, merely quickened the action, but did not alter the final result; but an excess of starch always left some of the starch unaltered. If the quantity of diastase was sufficient but not in excess, the change would be slow and would continue for about forty-eight hours. If, however, the diastase was largely in excess, the change would be very rapid. But this mode of action differs entirely from what is seen in the operations of ordinary chemical affinity. If an acid is mingled with an excess of alkali, or an alkali with an excess of acid, the change is instantaneous, and comes to an end at once: "the affinity of the two bodies for each other is a mutual affinity. But this is not the case with the action of diastase on starch. The starch appears entirely passive in the process; all the energy is on the side of diastase, and this energy can only be liberated gradually." Dr. Roberts illustrates his meaning by comparing the particles of the ferment to a band of living workmen whose function it is to scatter little heaps of stones. If the heaps are few and the workmen many, all the heaps will be scattered at once and the energy of the workmen will still remain, not sensibly impaired. But, if the heaps are millions and the workmen hundreds, and if the workmen are doomed to labor on until they fall exhausted at their task, the scattering of the heaps will go on for a long period, and the process of exhaustion will be a gradual one.

The number of distinct ferments met with in the digestive organs of man is supposed to be at least seven or eight; and it is important to observe that each ferment acts only upon one kind of food. Diastase, as we have seen, acts only upon starch, and the potential energy with which it is endowed becomes active only when this kind of food is present; with all others it is perfectly inert.

If the facts I have cited above stood alone, they would, as proofs that small quantities are capable of inducing physiological action, be of much less value than they really are. They do not, however, stand alone: scientific research is continually revealing to us phenomena that point unmistakably in the same direction. As an example of this, I must refer to some of the

---

\*Mr. Horace Brown and Mr. Heron.

researches of the deeply lamented Darwin, as given in his learned and elaborate work on "Insectivorous Plants." In his experiments on the digestive action of the secretion of the glands of the *Drosera rotundifolia* he used solutions of various salts, and amongst them *phosphate of ammonia*. Surprised at the smallness of the quantity that sufficed to induce physiological action in the glands of this leaf, he repeated his experiments with every possible care against chances of error. The quantity of *phosphate* was lessened gradually, until he found that one 20,000,000th of a grain was sufficient to produce distinct physiological action in each gland.

In speaking of this, Mr. Darwin says: "The reader will best realize this degree of dilution by remembering that 5,000 ounces would more than fill a thirty-one gallon cask; and that to this large body of water one grain of the salt was added; only half a drachm, or thirty minims, of the solution being poured over a leaf. Yet this amount sufficed to cause the inflection of almost every tentacle, and often of the blade of the leaf. . . . I am well aware," Mr. Darwin goes on to say, "that this statement will appear incredible to almost every one. *Drosera* is far from rivalling the power of the spectroscope, but it can detect, as shown by the movements of its leaves, a much smaller quantity of the *phosphate of ammonia* than the most skilful chemist can of any substance. My results were for a long time incredible, even to myself, and I anxiously sought for every source of error. . . . The observations were repeated during several years. Two of my sons, who were as incredulous as myself, compared several lots of leaves simultaneously immersed in the weaker solutions and in water, and declared that there could be no doubt about the difference in their appearance. . . . Astonishing as this result is, there is no sound reason why we should reject it as incredible. . . . In fact every time that we perceive an odor, we have evidence that infinitely smaller particles act on our nerves. When a dog stands a quarter of a mile to the leeward of a deer or other animal, and perceives its presence, the odorous particles produce some change in the olfactory nerves; yet these particles must be infinitely smaller than those of the *phosphate of ammonia* weighing the one 20,000,000th of a grain. These nerves then transmit some influence to the brain of the dog, which leads to action on its part. With *drosera* the really marvellous fact is, that a plant without any specialized nervous system should be affected by such minute particles; but we have no grounds for assuming that other tissues could not be rendered as exquisitely susceptible to impressions from without if this were beneficial to the organism as is the nervous system to the higher animals."\*

If I could have done so I should have been glad to notice in detail some of the experiments that Mr. Darwin tried on the effect that a comparatively small dose of the salt had upon the vitality of the leaf, — in some cases damaging it seriously and in others killing it outright. As time will not permit, however, I must, with your permission, pass on to notice some of my own investigations on the cause of hay-fever. Those of you that have done me the honor of reading my work on the subject will remember that pollen was shown to be the cause of the malady. In the last edition of my work a chapter was devoted to the determination of the quantity of pollen necessary to produce hay-fever in those who are sensitive to its action. By a series of experiments, pursued with as much care and precision as circumstances would permit, it was found that the quantity was exceedingly small. In the case of a young patient, kindly sent to me by my friend Dr. Drysdale, symptoms were produced by so small a quantity as the 120,000th of a grain, and in my own case symptoms could be distinctly perceived if one 100,000th of a grain was inhaled in each twenty-four hours. When the malady began to be really troublesome one 40,000th of a grain was found to be sufficient to make

\* *Insectivorous Plants*. By Charles Darwin, M. A., F. R. S., etc., pp. 170-73.

it so; and when the disorder had attained its maximum degree of intensity, in the height of the flowering period of the grasses, the quantity inhaled in each twenty-four hours was rather less than one 3,400th of a grain in weight.

But the quantities above named are considerably in excess of the weight of that which constitutes the active portion of the pollen. A pollen grain is, as you are all aware, a simple cell with granular contents. The cell wall consists of two, and in some cases of three, layers of cellulose, which is, so far as we know at present, perfectly inert. The granular matter is the active agent in the production of the most important of the symptoms, and as this weighs only about half the weight of the whole pollen grain, it follows that the numbers I have given will have to be reduced to one half. But I go even further than this. You will have seen that the weights given represented what had been inhaled in the whole day of twenty-four hours in each case. Now, in actual practice, it was found that the great bulk of this was inhaled during the ten or twelve hours of active work. It was also found that a single hour's inhalation in almost all cases sufficed to bring on very decided symptoms, often to an unpleasant degree of severity. Consequently, if we make a calculation of the hourly dose that would be taken by a hay-fever patient, we find that for the earliest symptoms of the disorder it would be about the 2,000,000th of a grain; for the middle period of the disease there would be about one 800,000th; and for the period of greatest intensity one 60,800th of a grain would be taken hourly.

In the experiments cited above we have various phases of the subject included. In those of Dr. Roberts we have an important function shown to be performed by a relatively minute dose of a normal animal secretion, and it is one of those remarkable examples we sometimes see of the way in which nature economizes space or bulk by the increase of power in any given secretion. If the glands had secreted a fluid only capable of acting upon its own weight of starch, we can easily imagine the enormous bulk of gland structure that would have been needed to perform the work of digestion. In Darwin's experiments we find that an infinitesimal dose of a salt of *ammonia* is able to set up physiological action in the glandular leaf of a plant devoid of nervous tissue. We have thus digestion performed and some of the first steps taken towards the production of a digestive fluid by infinitesimal quantities of the appropriate material. In the results of my own investigations, we have quite another phase of the subject presented. Here we find that infinitesimal doses of vegetable matter, having no zymotic properties, are capable of giving rise to a troublesome form of disease.

In some of their properties the *phosphate of ammonia* and the granular matter of pollen resemble the soluble ferments described by Dr. Roberts. With some verbal alterations, the same description will answer for one or the other. The granular matter of the pollen is the direct product of living cells, and may be regarded as the detached repository of cell force. Its mode of action bears no resemblance to that of ordinary chemical affinity, and is distinctly physiological in character. It does not derive its marvellous endowments from its material substance. The granular matter is evidently nothing more than the material substratum of a special form of energy, but is not that energy. The potential energy with which this matter becomes charged at the moment of its elaboration by the vegetable cells is changed into the active form when brought into contact with the tissue upon which it is capable of acting.

Whilst remembering that the drugs used in Darwin's experiments are not derived from living bodies, the same description would largely apply to them, and I hardly need point out to you that it would agree very closely with that which could be given of the great majority of the substances we use in the cure of disease. It is also one of the most hopeful signs of the times, in relation to the medical science of the future, that a complete knowledge of the

specific energy of the drugs used in medicine, as well as of the specific irritability of the healthy and diseased organism, is beginning to be recognized as absolutely essential to the successful practice of the art of healing.

I pass on now to notice what, to me, appears an interesting phase of the subject. We have seen that infinitesimal doses of the granular matter of the pollen cell can give rise to a distinct form of disease; and it should be borne in mind that this is set up by a body that has no zymotic properties, and that rapidly exhausts the energy it possesses when brought into contact with the mucous membranes of a sensitive patient. Now, this granular matter closely resembles the starch upon which diastase acts in so wonderful a manner, and although the pollens of the various orders contain different accidental ingredients in minute proportions, the great bulk of the granular matter in all of them consists of an amyloid body that gives the same reaction as starch does with *iodine*. The largest granules seem to have an investing membrane similar to that of the smallest starch granules of rice. The smallest seem to be mere specks of protoplasm apparently without investing membrane; and it is, I believe, these that may in some cases penetrate the walls of the capillary vessels, and set up disturbance in the temperature of the body.

It is said that raw starch passes through the digestive organs of the human subject unchanged, and that in order to permit the diastase to act upon it it requires to be boiled. With the starch granules of the pollen it does not appear to be so; at any rate, some change of an important character seems to be effected early on in the process of digestion. I cannot now attempt to give the details of the experiments tried in this direction, and it must suffice to say that I have frequently taken comparatively large doses of pollen without any inconvenience; and the natural inference is that the diastase of the digestive fluids acts upon the granular matter in such a manner as to rob it of its irritating properties. Outside the body the diastase of the salivary glands acts very slowly upon the granular matter. From this it would seem that contact with the living organism insured a more vigorous action. Now, if it is a fact that diastase can change the constitution of 40,000 times its weight of starch, the quantity that will be needed to operate upon the dose of granular matter that sets up hay-fever will be exceedingly small. It will be remembered that at the commencement of the troublesome form of the symptoms one 80,000th of a grain of the granular matter taken in each twenty-four hours was sufficient; and that in the later and most acute stage one 6,800th of a grain sufficed. If we divide these numbers by 40,000 (the proportion of diastase needed to neutralize the starch), we find that for the commencement of the troublesome form of the disease, one 3,200,000,000th of a grain of diastase would be sufficient to neutralize the daily dose of pollen, and that for the most acute stage one 272,000,000th of a grain would be sufficient.

We have thus seen that physiological action in the animal and vegetable organism can be set up by infinitesimal quantities of the appropriate material when endowed with its own specific energy. Infinitesimal quantities when endowed in a similar manner can also set up pathological conditions in the human organism, whilst a still smaller quantity can neutralize the power of that which gives rise to these conditions.

It may naturally be asked if any use can be made of this last-named fact. Into this part of the question I cannot enter now, further than to say that the possibility of the discovery of agents that possess that form of specific energy that would enable them, when given in minute doses, to neutralize the action of some of the most deadly of the exciting causes of disease, opens up a great future for the art of medicine. I have, however, purposely refrained from entering upon the therapeutic phase of the question, and have strictly confined my attention to phenomena that are entirely independent of theory. In

doing so I have endeavored to build upon the solid ground of experimental investigation, and in this way I have endeavored to give a reason for the faith that we have in the power of infinitesimal doses.

---

*AN INTERESTING CASE.*

BY H. E. RUSSEGUE, M. D.

I VENTURE to offer for publication in your journal a few facts connected with a very interesting case of gestation and parturition in a primipara occurring in my practice:—

Mrs. P—— was at about the fifth month of gestation when I was consulted for enlargement of the breasts with an excessive flow of milk, so excessive that it kept her constantly wet and her clothing saturated. This was controlled in due time through medication, but was immediately followed by what appeared to be parotitis, which, however, did not have the usual run of that affection, the glands continuing swollen until after her confinement.

I was informed that this was an idiosyncrasy of the family, which led me to make inquiry into the family history, with the following results: A sister of the patient, who was with her as nurse, had given birth to five children, and with each, lactation took place at about the fourth month and was soon followed by a sympathetic enlargement of the parotids with what she claims was a secretion of milk; for, as she says, she could at any time suck milk into the mouth. This continued until delivery, when she had the usual milk fever, with an increased flow of milk, so that she was able to nurse two children (only one being her own), and was also obliged to use a breast-pump to keep at all comfortable. While nursing a child, the milk would flow from the parotids into the mouth spontaneously; and at any time she could obtain two or three good-sized swallows of pure sweet milk. (No microscopical examination of it was made to substantiate that it was certainly milk.) The patient had another sister, who had had one child, and whose experience had been the same. There were only three sisters in the family.

An aunt on the mother's side had given birth to eight or ten children, with the same phenomenon each time; nothing was known in regard to the history of her children in this respect.

No other member of the family was known to have been affected in this way.

The patient's mother is still living, at the age of sixty-five, but suffers from cancer of the stomach and an affection of the liver. Her father had hypertrophy of the liver and died of intermittent fever. Cancer is hereditary on both sides of the family, and all of the family are of a markedly bilious temperament.

But to return to my patient. She went to term, and had a long hard labor. Ether was administered, and, owing to difficulty in delivery on account of pelvic deformity, a consultation was had, and later a third physician was sent for, but was unable to come, so we conducted the labor to delivery. The child was a very large one, but the lives of both mother and child were saved. The mother, however, was badly ruptured. She was operated upon immediately, but, owing to the contused condition of the soft parts, it was feared that the wound would not heal by first intention; therefore, under the circumstances, it was thought best not to have the baby put to the breast, and so I had no opportunity to see what would result from the parotid enlargement. I carried her through the milk fever without trouble, and was able to dispose of the large supply of milk without mishap, by internal medication. The enlargement of the parotids gradually disappeared as the milk in the breasts disappeared.

The operation for rupture failed, as was feared; but a second operation was performed, and the result was entirely satisfactory. Both mother and child did well, and continue in good health.

---

#### HOMŒOPATHY IN SPAIN.

[*The following, translated from El Magisterio Español, will be interesting to our readers as indicating the methods of instruction in medical matters in Spain.*]

#### HOMŒOPATHIC INSTITUTE.

COURSE OF 1882-83.

MATRICULATION for the next course in the Homœopathic Institute takes place from Sept. 15 to Oct. 30. Those who wish to enroll themselves may do so at the office of the secretary, No. 3 Havana Avenue, Madrid, according to the following code of rules:—

ART. 180. Those who are Licentiates or Doctors in Medicine and those who are following this course with an official faculty may matriculate in the Homœopathic Institute.

ART. 181. The students will study homœopathy for two years, attending during one or the other all the theoretical chairs and clinics which may be established.

ART. 199. The title of Homœopathic Physician granted by this Institute will be conferred upon Licentiates or Doctors in Medicine who have devoted themselves to homœopathy, and give proof that they have practised it for more than six years, in which case they will dispense with the two years of study required of students. Matriculation will be free, and at the end of the course four prizes of \$50 will be given to the four students who have most distinguished themselves.



The lectures which compose the two courses in homœopathic medicine are: First course. Exposition of homœopathic principles. Therapeutics and homœopathic materia medica. Men's and boys' clinics; clinics of women's and girls' diseases. — Second course. Homœopathic materia medica; men's and boys' clinics; clinics of women's and children's diseases.

TOMAS PELLICER, *Director.*

MANUEL FLORES, *Secretary.*

---

*PARTIAL PLACENTA PRÆVIA: A CASE.*

[*Read before Maine Homœopathic Medical Society by C. H. BURR, M. D., of Portland.*]

In the early part of January, 1876, Mr. R—— called to engage me to attend his wife in her approaching confinement, which it was expected would occur about the middle of March. A few days subsequent to this engagement, I called to see Mrs. R——. Found her tolerably comfortable, but complaining of some of the usual discomfords of pregnancy, particularly of an unusual weight and pressure in the uterine region; in other words, she said she seemed to be carrying the child very low. There was nothing in the appearance of the case requiring special treatment; so I left, telling her if she needed me before I called again, she must send to me.

About six weeks after this, Mr. R—— called at two o'clock in the morning, to say that his wife was flowing, and needed me immediately. As he lived somewhat more than a mile away, and it consequently took some little time to reach the house, the flowing had ceased before we arrived. She was comfortable, and as calm as could be expected under the circumstances. She stated that she went to bed at the usual hour, fell asleep, slept quietly without any sense of pain until she was suddenly aroused with the consciousness that she was flowing profusely. The hemorrhage soon ceased, and was followed by a smaller amount a few moments afterwards without pain. A digital examination confirmed the suspicion that we had a case of partial placenta prævia to contend with. The os uteri was found slightly patulous, the posterior lip could be easily traced, and the finger inserted a short distance within its border; the anterior lip was undefined; a heavy, shapeless mass rested upon it, and seemed incorporated with it. It was inelastic and doughy to the touch; it conveyed very much the same impression that the placenta does when first felt in the vagina, after the delivery of the child.

The first impression, when we become aware that we have a case of placenta prævia to manage, is anything but pleasant; and we naturally run over in our minds the means and most

approved method for successfully meeting the emergency that is pretty sure to come. We think of tampons, of female catheters, of prompt delivery by version, and of several other plans that have been devised, and still we are undetermined what to do, but conclude to be guided by circumstances at the time of labor. After sitting with our patient until it seemed reasonably certain there would be no more hemorrhage that night, I gave *Caulophyllin*, with the hope that it would relieve a pain in the back, of which she complained, and left for home. She was seen the following forenoon; said she was comfortable. During the next ten days nothing of special interest occurred in the history of the case. At the end of that time the circumstances above narrated were repeated, with but very little change or variation. The amount of blood lost was more than on the former occasion; the attack also came on at night and ceased before I saw her.

From the first attack to the time of labor, — a period of about six weeks, — she had five separate spells of flooding, losing in all a large quantity of blood, blanching and prostrating her to such a degree that she was unable to leave her bed, except for a few minutes at a time.

The principal complaint she made was of weariness and an acute pain in the lumbar region. The remedies she received during this period were *China* and *Caulophyllin*, not in alternation, but *China* immediately after, and for a day or two following, each attack, and *Caulophyllin* until the next one came on.

I would here like to say a good word for *Caulophyllin*. How much power it has in expelling morbid growths from the uterus I know not, but that it has a decidedly soothing and quieting influence over disturbed nervous action of that organ there seems but little doubt. In painful menstruation it is a remedy frequently indicated, and has often been administered with great satisfaction to myself and comfort to my patients. I usually prescribe it in the second trituration, commencing four or five days before the expected menstrual period and continuing it until its close. In a large proportion of cases, where the suffering is not incident to mal-position or structural change, *Caulophyllin* will be found of essential service. In cases of threatened abortion and miscarriage it has more frequently given satisfaction than any other one remedy, speedily relieving the pain and anxiety, and inducing a state of repose.

Among the discomforts of pregnancy, sleeplessness takes a prominent position. The patients, without much murmuring, submit to pains and cramps of various kinds throughout the day, but the weary tossing of wakefulness at night fatigues them, and they come to us, asking for something that will enable them

to get some sleep. *Caulophyllin* rarely disappoints me in such conditions, and I prescribe it with the greatest confidence. I have been in the habit, for some years, of using triturations of the alkaloid, in preference to the tincture or its potentized form, and have *fancied* at least that I have had better success with it than with alcoholic preparations.

About six weeks after the first attack of flowing I was called to attend Mrs. R—— in labor. The history of the case had been such as not to inspire me with confidence that she would have an easy and uncomplicated delivery; consequently I went to her armed with such implements as I had in my possession for the expected emergency.

You may well imagine my delight when I found she was having labor pains with but very little flowing. On examination I found the os uteri dilated, the "bag of water" protruding sufficiently to warrant its speedy evacuation, which was easily accomplished. Some minutes elapsed before a pain followed, and, on making an exploration, no part of the child could be reached, but a portion of the free edge of the placenta could be easily traced. From the position of the placenta I judged the head of the child was resting upon the right section of the superior strait, and during the next pain I placed my left hand on the right side of her abdomen, and, while making firm and steady pressure, had the satisfaction of feeling with the index finger of the right hand the head of the child engage in the partially dilated os uteri. From this time labor progressed regularly and even speedily, without any unusual hemorrhage.

The child was pale and much exhausted. There was but slight pulsation in the cord. When the child was separated, the placenta was found resting in the vagina. The child did well, and the mother had a very good convalescence.

---

#### MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE semi-annual meeting of the society was held in Union Hall, Boylston Street, Boston, Wednesday, Oct. 11, 1882.

#### MORNING SESSION.

Meeting was called to order at 10.30 A. M., by the president, A. M. Cushing, M. D., Boston. Records of annual meeting were read and approved, as were the records of the meetings of the Executive Committee.

The following candidates were admitted to membership:—

Geo. D. Bliss, M. D., Field's Corner; Lydia R. Clements, M. D., Brookline; N. W. Emerson, M. D., Dorchester; Joseph

F. Lindsay, M. D., Boston ; E. H. Packer, M. D., Lowell ; Fred. B. Percy, M. D., Brookline ; John J. Shaw, M. D., Plymouth ; Esther W. Taylor, M. D., Boston ; Mary E. Webb, M. D., Dover, N. H.

The president made a few remarks, in the course of which he recommended the appointment of committees to take in hand matters of importance to the profession at large. Society resolved itself into a committee of the whole for the consideration of the several points mentioned by the president.

Appointments were made as follows :—

*On Vaccination.*—Drs. Talbot, Boston ; Walker, Chelsea ; Harris, Boston ; French, Lawrence ; Jones, Taunton.

*On Education.*—Drs. N. R. Morse, Salem ; Thayer, Boston ; Scales, Newton.

*On Legislation.*—Drs. Farnsworth, East Cambridge ; H. L. Chase, Cambridgeport ; O. S. Sanders, Boston.

On motion of Dr. Morse of Salem, it was voted to establish a bureau on electro-therapeutics.

Committee on Surgery reported papers as follows : Antisepsis, Horace Packard, M. D., Boston ; Rupture of Urethra with Extravasation of Urine, operated on by Dr. Boothby, reported by A. H. Carvill, M. D., Somerville ; Prolapsus Uteri treated by Thomas's Method of Narrowing the Vagina, by W. L. Jackson, M. D., Boston ; Modern Lithotripsy with Cases, by Alonzo Boothby, M. D., Boston. A free discussion on the various papers was had by the society.

A. H. Allen, M. D., of New London, Conn., was present as a delegate from the Connecticut Homœopathic Medical Society. The president called attention to the fact that Capt. Webb, the swimmer, was going through a test of endurance at the Horticultural Hall, and invited the members to visit him ; the invitation was accepted, and it was voted that the afternoon session begin at 2.15 P. M. At 1 P. M. the society adjourned for lunch.

#### AFTERNOON SESSION.

Society called to order at 2.15 P. M. Committee on Gynæcology presented a paper on Ovaritis, by L. A. Phillips, M. D., Boston.

O. G. Ross, of Revere, reported a case of Procidencia Uteri of eight years' standing. The lady had been pregnant once or twice, and had always had abortion performed by advice of her physicians. There was every reason to think that the lady was again pregnant ; Dr. Ross determined to allow matters to take their course. At the end of four months the uterus was drawn up into the pelvic cavity. The lady was delivered at term and was also cured of the procidencia.

Dr. Phillips mentioned a case of ovariectomy performed by Dr. J. H. Carmichael of Worcester. The patient was seventy-two years old; the cyst was multilocular, weighed thirty pounds. The operation was performed Sept. 27; the wound is now healed and the patient is doing well.

Committee on Zymotic Diseases, paper by E. B. de Gersdorff, M. D., Boston.

Committee on Materia Medica, paper by C. L. Nichols, M. D., of Worcester, on Proving.

The Bureau of Surgery was reopened and a paper was read by I. T. Talbot, M. D., Boston, on Ovariectomy, a recent case being described, which, in spite of apparently unfavorable sanitary surroundings, has, under strict antiseptic treatment, progressed favorably towards complete recovery.

The Bureau of Ophthalmology made no report.

Adjourned at 4.30 P. M.

HERBERT A. CHASE,  
*Recording Secretary.*

#### AMERICAN PÆDOLOGICAL SOCIETY.

THE fourth annual session of the American Pædological Society will be held next year at Niagara Falls, commencing on the day previous to the assembling of the American Institute of Homœopathy, which date has not yet been definitely fixed.

The special subject for discussion will be: The Diseases Incident to the "Second Summer."

This subject will necessarily include:—

*First.* Difficult dentition, its causes, prevention, and treatment.

*Second.* Alimentary complications.

*Third.* Special hygiene of the second summer, diet, etc.

*Fourth.* Reflex cerebral disturbances.

*Fifth.* Complication of the respiratory system.

*Sixth.* Comparative mortality statistics under different systems of treatment and management.

This announcement is made thus early in the hope that observations made during the past summer may be more surely and fully utilized by preservation and presentation to the next meeting of the society, which is expected to be of unusual interest.

R. N. TOOKER, 'M. D., *President,*  
237 Dearborn Ave., Chicago, Ill.

L. C. GROSVENOR, M. D., *Secretary,*  
185 Lincoln Ave., Chicago, Ill.

## REVIEWS AND NOTICES OF BOOKS.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY (Ashhurst).  
Vol. II. New York: Wm. Wood & Co. 1882. Royal octavo.  
pp. 754.

The second volume of this really valuable work merits a renewal of our previous commendation. It opens with articles upon those affections, such as wounds, burns, abscesses, and gangrene, which, though local in themselves, may be met with in any region of the body. Then follow elaborate articles upon the various venereal diseases, — gonorrhœa, the simple venereal ulcer or chancroid, syphilis, vegetations, etc., — and in the latter part of the volume is begun the consideration of injuries and diseases of the various tissues of the body.

In view of the present tendency to decry the antiseptic method, it is interesting to read the article by W. Watson Cheyne, M. B., F. R. C. S., on "The Antiseptic Method of Treating Wounds," in which he says, "In speaking and thinking on this subject, great care must be taken to distinguish between *asepticism* and the *aseptic method*. Asepticism is synonymous with Listerism; it is the great principle, first enunciated by Mr. Lister, that the causes of fermentation in wounds are particles from the outer world, and that in order to abolish the risks due to fermentation in wounds, the proper method of treatment is to prevent the entrance of the living causes of fermentation into them. The aseptic method is synonymous with Listerian method. It is the best way at present known of securing this result. When, as of late has happened, Mr. Lister gives expression to the view that perhaps the time is not far distant when some of the means at present employed in his method may be abandoned, the cry is raised that 'Listerism is dead.' Such an idea rests on misappreciation of what Listerism is. Listerism or asepticism is a great principle which has triumphantly withstood the most searching test, and which is now a law of the first importance to the practical surgeon. The Listerian or aseptic method is the best means at present known of carrying out that law in surgical practice; but the means have always been improving, and must always continue to improve. The time may indeed come when the method shall have undergone an entire alteration, but, nevertheless, the principle underlying it will always remain the same. Whatever change may occur in the present Listerian method, Listerism will always remain the most fundamental principle of wound treatment, and the surgeon when he makes a wound will 'lister'

it in the fullest sense of that term. The same thing has occurred with all natural laws ; when once discovered and firmly established, they remain immutable, but the practical applications of them are constantly widening and improving." Besides the many wood-cuts, this volume contains twelve superb plates which show finely the various appearances of gangrene and venereal lesion.

||

**AMERICAN MEDICINAL PLANTS : An Illustrative and Descriptive Guide to the American Plants used as Homœopathic Remedies, etc.** By Charles F. Millsbaugh, M. D.

This work is to be published as a subscription book, to be issued in about thirty parts, each part containing six lithographic engravings. We rejoice to see the announcement of a work of this character, and hope the publishers will meet with sufficient encouragement to warrant its completion, as we understand its publication is dependent upon the receipt of a certain number of subscriptions. This work is intended to be, as its title reads, "an illustrative and descriptive guide to the American plants used as homœopathic remedies," giving briefly "their history, preparation, chemistry, and physiological effects." The botanical description is taken largely from Gray's "Manual of Botany"; their history, chemistry, etc., from the "National," also King's "Dispensatories," Hale's "New Remedies," Hollernback's "Eclectic Materia Medica," and the preparations of the homœopathic tinctures from Boericke & Tafel's "American Homœopathic Pharmacopœia." It is quite brief in its description, two pages or less in large type being devoted to each remedy ; with this exception it is not unlike Hamilton's "Flora Homœopathica," published by Leath & Ross, of London, in 1852, which gave in two volumes a full and complete sketch, with illustrations, of some sixty-six medicinal plants. We think the book would prove of much greater value if it were less condensed, as a work of this class would seem to demand an extended description and history of the subject treated. Judging from the six plates examined, we think Dr. Millsbaugh has succeeded admirably in a portion of his illustrations, — with the flowers better than the leaves. The spathe of the *Pothos javida* is made remarkably true to nature, while the leaves of this plant and those of *Iris versicolor* are much less perfect representations.

The publishers inform us in their announcement that they "have engaged the highest order of typographic and lithographic skill" in its execution. We therefore regret to find the quality of paper and typography of the sample number somewhat below the standard of Messrs. Boericke & Tafel's publications.

The work, however, is a valuable one, and will prove a useful addition to a physician's library.

£

CONTRIBUTIONS TO PRACTICAL GYNECOLOGY. By S. J. Donaldson, M. D. 1882. pp. 131.

Only three or four hours are required for a first perusal of this little book; but it would amply repay a second and more careful reading.

It is divided into two parts: I. Practical Observations upon Uterine Deflexions; and II. upon Dysmenorrhœa. After a few well-written pages of introduction, perhaps the first thing that fixes the reader's attention is the sharp criticism which the author bestows on the ordinary text-book diagram which aims to represent the female pelvis. These diagrams he denounces as inaccurate, misleading, and mischievous; affirming, in no measured terms, that the wrong ideas fixed, through study of them, in the minds of students, lead to results in practice which reflect no credit on the profession and bring needless suffering to womankind. Even the "ideal diagrams" used by Dr. Thomas come in for their share of censure. After the repeated warnings we here find against the dangers of inaccurate illustrations, and especially after our author's assuring us that we have such authentic measurements of the pelvic diameters and the dimensions of its contained organs as should enable us to make a perfect drawing, — after all this, we look for something little short of ideal in the diagram which the author himself offers us on page 22. But it seems that the perfect diagram is even yet to seek; for taking the conjugate of the brim at four and one fourth inches, according to our author, as our standard, we find the length of the uterus in his diagram to be almost three and one fifth inches, and the thickness to be more than one and four tenths inches. The rectum, in his illustration, is certainly an improvement on most drawings of the sort, being less distended; but it is still somewhat distended, and by so much falls short of the ideal. But we have said enough to suggest anew the old truism about its being so much easier after all to criticise than to perfect.

Again, Dr. Donaldson indulges in very forcible language on the subject of pessaries, claiming, logically enough, that such instruments constructed on ideas formed from inaccurate illustrations can work nothing but mischief. "Twisted absurdities," "abominations," "unseemly, contradictory contrivances," are among the milder phrases used in this connection: after which philippic, we find ourselves introduced to some pessaries which, constructed on right principles, are to be relied upon; and these are . . . the author's. We very much wish there were nothing in this suggestive of an advertisement column.

An article on Dysmenorrhœa follows; "constitutional tendencies" are discussed at some length; and the author has much to say in favor of his own method of treatment, his arguments for which being often clear and forcible.



It is but just to remind ourselves that these two essays were not originally intended for publication in book form, being read before the New York Medico-Chirurgical Society, and published at the instance of professional confrères; and it does not follow because Dr. Donaldson commends his own inventions at considerable length that they are not worthy of warm commendation.

The book contains many practical contributions to gynæcological literature to which it is impossible to more than to allude in so brief a notice, and we commend it to the attention of those interested in gynecological practice. †

**ASTHMA: Its Pathology and Treatment.** By Henry Hyde Salter, M. D., F. R. S., first American from the second English edition. New York: William Wood & Co. 1882. pp. 279.

Dr. Salter begins by an inquiry into the tenability of various theories of asthma, and says that the spasm theory he believes to be the only true one; that is, that the phenomena of asthma are immediately dependent upon spastic contraction of the organic muscles of the bronchial tubes; that it is essentially a nervous disease. He then gives a clinical history of asthma, giving an exhaustive account of the phenomena of the intervals, the varieties, the ætiology, and the consequences of asthma. Under treatment he gives a great variety, by depressants, by stimulants, by sedatives, dietetic and regiminal; by iodide of potassium, hygienic, and the therapeutical influence of locality. Under the latter he speaks of the special curative influence of London air, and that of great cities in general.

He then gives an account of fifteen cases including all the varieties, their cause, course, and treatment, and finishes with an analysis of two hundred and twenty-six tabulated cases from his own practice and those of some of his medical friends.

The book is carefully written, and quite exhaustive of the subject. It will repay a careful perusal. S.

**ESSENTIALS OF VACCINATION.** By W. A. Hardaway, M. D. Chicago: Jansen, McClurg & Co. 1882. pp. 146.

If, as the author of this "little volume" suggests, "there is no civilized land where less is known of the theory and practice of vaccination than America," we certainly have good reason to congratulate ourselves upon the appearance of this "careful compilation of the more essential facts relating to this all-important subject," especially as so "much of the literature bearing on vaccination in its modern aspects, especially 'animal vaccination,' is more or less inaccessible to the general reader." The author begins with a brief history of vaccination; then follows a concise description of variola in animals, of the nature of vaccinia both

in animals and in man, of the methods of propagating and keeping bovine and humanized virus. The phenomena and tests of successful vaccination, the normal deviations, as well as the abnormal modifications and complications of vaccinia, and the difference between the effects of humanized and bovine virus are clearly presented, as also is the description of the methods of performing the operation, about which Mr. Marson says, "If a little operation — little apparently in practice, but very important in its results — well performed can save many lives, as most certainly it can, and prevent much suffering and sorrow, it should surely always be done with the greatest care, and in the best known way."

That the general practitioner is so little informed, that the libraries of so few physicians contain works on the subject, are probably partly due to the fact that "the subject is criminally neglected in our medical schools." That the anti-vaccination movement has reached such dimensions that anti-vaccination societies are formed with all the commotion and agitation incident thereto, is due to the fact that "druggists, midwives, and lay persons of all descriptions, finding that medical men make light of this truly momentous operation, usurp the functions of physicians; and the consequence of the whole matter is that human life is jeopardized, and the beneficent science and practice of vaccination are fallen into a certain amount of disrepute."

The names of such authorities as Seaton, Marson, Martin, and others, in connection with the condensed tables of statistics given, offer a most convincing argument in favor of vaccination. We can most heartily recommend the work to the attention of the general practitioner, whose busy life forbids his reading more exhaustive works on the subject, but who desires to be reliably informed. And we commend it to all who from a truly reliable scientific standpoint wish to help in the great work of alleviating suffering and saving life, and at the same time successfully oppose those infatuated enthusiasts who, through obstinacy and misdirected energy based on one-sided, incomplete statistics and insufficient knowledge, are endeavoring to abolish a practice whose blessings and benefits are incalculable. The motto *multum in parvo* would be certainly more applicable to this little compilation — for the author lays claim to but little originality in the work — than to most of the volumes to which it is applied. ‡

THE PHYSICIAN HIMSELF AND WHAT HE SHOULD ADD TO HIS SCIENTIFIC ACQUIREMENTS. By D. W. Cathell, M. D. Second Edition, enlarged, rearranged, and divided into Chapters. Baltimore: Cushings & Bailey. Octavo. pp. 208.

The fact that a second edition of this book, which is dedicated to Prof. Austin Flint, Sr., has been published only a few weeks

after the appearance of the first, is a sufficient proof that it is a work of interest to the profession. The title, though somewhat vague and uncertain, answers as well as any other, to head a collection of suggestions to the physician on minor points of conduct and manners. This is done so ably that we would advise every physician, young or old, to examine the book and in some cases carefully study it.

The first chapter gives advice in regard to the personal habits of the physician. Tact and sagacity added to the strictly scientific, the author considers of first importance; and he fills twenty-six pages with valuable hints to the young physician. In the second chapter methods of gaining and improving practice are given, premising that in our country there are at least three or four doctors where only one is needed. He says, "Canada has one for every 1,193 inhabitants; Austria one for every 2,500; Germany one for every 3,000; Great Britain one for every 1,652; France one for every 1,814; and the United States . . . one for every 600." Chapters III. and IV. treat of the embarrassing positions in which physicians are often placed, while Chapter V. gives some advice in regard to religious prejudices, particularly those of Catholics. Chapters VI. and VII. deal especially with consultations, but Chapter VIII. is one of the most amusing if not most valuable in the book. It treats of homœopathy, and contains some wonderful statements, such as "homœopathy, the pseudological novelty that Hahnemann created in 1796, got a wonderful start because it arose just when humoral pathology had satiated the world with crude remedies administered irrespective of form, taste, etc., and all were anxious for some change." How remarkable that the accumulated wisdom of three thousand years should have reached a stage of such crudity that "all were anxious for some change" at the very moment that Hahnemann announced his "better method of healing," and which change has been going on continuously for the last three quarters of a century! Dr. Cathell ridiculously though not violently makes an effigy of homœopathy, which he easily demolishes, and then says, "homœopathy would have been absorbed into rational scientific medicine before we were born *if* there had been anything in it worthy of absorption." How does it happen that not singly but by the score our remedies are being "absorbed into rational (?) medicine" by the efforts of such men as Ringer, Phillips, Bartholow, and a hundred others whom we could name? The author suggests one reason for the popularity of homœopathy wherever the English language is spoken; viz., the resemblance of its name to "home, sweet home," and thinks if Hahnemann had called his followers pathhomœists instead of homœopathists, they would have been much less successful! "It is your duty,"

he says, "in the interest of truth and for the benefit of humanity, to make it known that the word 'home' is of Saxon derivation, whereas the prefix *homæo* is derived from the Greek *homoios* (similar), and has no possible relation to hearth and home." Added to this derivative delusion, the pleasant form of medicine seems to have completed the success of homœopathy. He has pointed out a method of counteracting the first opponent, and for the second says, "every minute spent in studying to make your remedies agreeable will be more profitable to you than half an hour of any other kind of study." And again, "aim earnestly to please every one's taste and ideas of medicine as far as compatible with his safety." "Neither the code of ethics nor the code of honor prevents you from sailing as near to every popular breeze as truth and justice will allow."

With such tactics and such teachings, let us tremble lest homœopathy be soon demolished! The much that is good in this book is very suggestive; the little that is bad will not do much harm. \*

PRACTICAL LABORATORY COURSE IN MEDICAL CHEMISTRY.  
Draper. Wm. Wood & Co.

The name of the author alone is sufficient to prove the thoroughly reliable and scientific character of this book. It is essentially a text-book for students, and, though only an outline of medical chemistry, it gathers together under each subject the most important points, as well as many valuable practical suggestions as to manipulation and the detail of laboratory work, so difficult for the general student, when unaided, to acquire. If the author were to add references to the most valuable works on the different branches of this interesting, but too little known subject, no criticism could be made; and as it stands it could form an important basis for the students' course in our medical schools, and will be found to contain in a small compass much information of constant service also to the busy practitioner. We unhesitatingly commend this little book as a practical attempt to make up for the lack of personal aid which cannot be given to each student in our large medical schools. =

---

BOOKS RECEIVED. — Medical Electricity, by Roberts Bartholow, M. D. — The Science and Practice of Medicine, 2 vols., by Alonzo B. Palmer, M. D. — The Experimental Method in Medical Science, by J. C. Dalton, M. D. — Mental Pathology and Therapeutics, by Wm. Griesinger, M. D. — Diseases of the Rectum and Anus, by H. C. Kelsey, M. D. — How to Feed the Sick, by Chas. Gatchell, M. D. — Cerebral Hyperæmia; Does it Exist? by C. F. Buckley, M. D. — Transactions of the thirteenth annual session of the Homœopathic Medical Society of the State of Michigan, — a book of 167 pages; an admirable illustration of what a State society can accomplish, the papers it contains giving evidence of much earnest and enthusiastic work. †

## OUR MISCELLANY.

**EARLY MATURITY.**—Mr. Henry Dodd reports in the London *Lancet* the birth, at term, of a child weighing seven pounds, from a mother fully matured, aged nine years less two months, when she became pregnant.

**BOYS SMOKING.**—Mothers have a duty to perform towards their boys in teaching them to avoid tobacco. Some investigations by Decaisne, of Paris, may help them in the discharge of this duty. Decaisne examined a large number of young smokers, and found the following symptoms, evidently due to this habit: Palpitation, intermittent pulse, chloro-anæmia; besides this, the children showed impaired intelligence, became lazy, and were disposed to take alcoholic stimulants. The latter effects are worse than the first, and no doubt grow out of them.—*World, London.*

**YELLOW FEVER.**—During the week ending October 14, 24 cases of yellow fever and 3 deaths were reported from Brownsville, making a total, during the epidemic, of 1,936 cases and 112 deaths. Since the 14th very few cases have occurred, and the epidemic is practically at an end.—At Pensacola, since Oct. 11, the daily number of new cases has been between 60 and 70, with from 2 to 4 deaths. The total number of cases up to Oct. 16, 1,680, with 143 deaths.

**ENCOURAGING TO OBSTETRICIANS.**—In a recent number of the *Boston Medical and Surgical Journal* the following interesting and encouraging statement appeared:

It is just a hundred years since the expectation of life among English women became equal, for insurance purposes, to that of men. Prior to 1772 women were compelled to pay an extra charge. At present the female expectation of life is about three years in advance of that of males.

A great factor in this prolongation of life is undoubtedly the increased knowledge and skill as regards the management of pregnancy and childbirth. There is hardly any progress in the past century which can be contemplated with such deep satisfaction as this diminished mortality rate.

Some figures recently collected by Dr. E. H. Sieveking may here be cited in illustration:—

The mortality of lying-in women in London was, in 1660 to 1680, one death to 44; 1700 to 1740, one death to 70; 1760 to 1780, one death to 82.

In the Hotel Dieu, Paris, in 1786, it was one in 15.

At the beginning of the century the hospital mortality declined very much, while the total mortality also became considerably less.

In Prussia, in 1817, it was one in 112. In the whole city of London, during the years 1780 to 1820, it was one in 108.5.

From this time there has been an almost steady decrease in the death-rate of parturient women. This may be shown by a table compiled from statistics given by Sir James Simpson and Dr. Farr:—

Years.	Proportion of Maternal Deaths in Childbed: England and Wales.
1841 . . . . .	1 in 170
1851 . . . . .	1 in 192
1881 . . . . .	1 in 263

A distinction has to be made between the mortality rate of primiparæ and multiparæ. Among 36,776 cases collected by Hardy and McClintock, Matthews Duncan, and Johnson, and Sinclair, the ratio of deaths among primiparæ was one in 62; among multiparæ, one in 124. This is certainly too high a rate however to represent the present state of affairs.

We can say now that whereas one hundred years ago one mother out of every 80 died in childbed, at the present time only one in 260 to 270 fails to survive. Obstetricians, midwives, sanitarians, all lay some claim to this prodigious advance in the saving of life. No single class or single influence, however, can be considered to have special and exclusive merit. Much is due to the advance in general knowledge and intelligence. More is due to the medical profession undoubtedly than to any other one agency.

**SPONTANEOUS COW-POX.** — Dr. Jose R. De Argumosa describes a case of spontaneous cow-pox, observed by him in the spring of the present year. A servant called his attention to the cow, saying that she was uneasy when milked, and that he had noticed some pimples on her udder. The papules were a little raised, whitish in color, and surrounded with a very slightly inflamed areola. When a crust was formed he removed it and inoculated a heifer in fourteen places on the udder and belly. On the fourteenth day there were six well-formed papules. With the lymph from one of these the author then vaccinated a boy fourteen years of age. On the sixth day there was slight inflammation, and on the eighth umbilical papules appeared. The following day they were more marked and the boy complained of headache. The axillary glands were swollen and very painful. The vesicles were of enormous size, surrounded by a large erysipelatous areola, and contained a quantity of transparent lymph. The temperature was  $38.4^{\circ}$  C. The symptoms increased alarmingly, and on the eleventh day the temperature rose to a maximum of  $40.1^{\circ}$  C. All the symptoms, however, gradually subsided, and in a few days the boy was perfectly well. Seventy-seven persons were afterward vaccinated, and the observer summarizes the results as follows: The period of incubation was longer than is ordinarily the case. The vesicles were larger and surrounded by a much wider areola, and the fever was greater in intensity and duration. The cow in whom the disease was discovered had been separated from other animals for several months, and as small-pox was prevalent in the neighborhood at the time, the author believes that the disease was acquired from man. — *Medical Record.*

**AXILLA LACTATION.** — The following item, from the *Homœopathic Journal of Obstetrics*, is the more interesting on account of its analogy to the case reported by Dr. Russegué in the present issue of the GAZETTE. S. F. Smith, M. D., in the *Louisville Medical News*, writes as follows: —

“I delivered a black woman in this city of her first child one month ago. A few days after the birth of the child she sent me word that milk was running out from under her arm and down her side. I went to see her and found that it was really axilla lactation. I went to see her again this morning to make a full investigation of the case. There is a milk-gland in the right axilla, but no nipple. The gland is about half an inch in diameter. When pressed between the fingers pure milk flows out through the small aperture. Her mammary glands are large and furnish a free flow of milk.”

---

## PERSONAL.

---

DR. J. P. STEDMAN has removed from Savin Hill to Westboro, Mass

C. E. JONES, M. D., has located in Hartford, Conn.

GEORGE GREEN, M. D., has located in Hartford, Conn.

R. E. PIERCE, M. D., has located at No. 429 Shawmut Avenue, Boston.

FREDERIC N. PALMER, M. D., has established an office at No. 3 Hamilton Place; residence, suite 4, Hotel Huntington, Boston.

W. H. STONE, M. D., has located at Taunton, Mass., and not at Hamburg, Ill., as reported in our October number.

G. R. SOUTHWICK, M. D., has returned from Europe, and located at No. 626 Tremont Street in Boston.

THE annual meeting of the Vermont Homœopathic Medical Society is held on the third Wednesday in October instead of on the first Wednesday, as announced in the Catalogue recently issued by Messrs Otis Clapp & Son.

SAYER HASBROUCK, M. D. (class of '82, B. U. S. M.), sailed for Europe, Oct. 17, to remain one or two years. A portion of his time will be spent in the hospitals of Vienna.

A DAUGHTER of Dr. W. T. Helmuth will be married to Lieut. W. P. Edgerton, U. S. A., on Tuesday evening, Nov. 7, at St. Bartholomew's Church. The ceremony will be followed by a reception at No. 299 Madison Avenue.

THE  
NEW ENGLAND MEDICAL GAZETTE.

---

---

No. 12.

DECEMBER, 1882.

VOL. XVII.

---

---

EDITORIAL.

---

*HOMŒOPATHY IN THE GOVERNMENT SERVICE.*

It is one of the principles and traditions most rigidly held by those who style themselves "regular" practitioners of medicine that the medical service of the United States, with its emoluments and honors, must be preserved from every taint of heresy, and that all who enter the government service must be protected from those who cure the sick by any method different from their own. Even in the stress of our national conflict, when brave, self-sacrificing men, crowded in the hospitals and lying on the field, were suffering and dying for lack of attendance, this duty of protection was not forgotten. Through all that time of distress the efforts of those in control were unremitting to shield the sick and wounded from the care of all who differed from themselves in medical theory. We know the cases, which then went upon record, where the urgent call for help was answered by surgeons whose skill and experience were well attested; whose education embraced too much rather than too little; whose examinations, when they were permitted to take them, were passed with honor; and who yet were repeatedly denied the privilege of serving, for the sole reason that their medical theories varied from the self-affixed standard of those in power, though their abilities marked them for distinguished service.

In the years which have passed since then, many changes have taken place. The army and the navy have almost disappeared, and the number of positions to be filled by medical men in the government service is comparatively small. The principles of justice, however, remain the same, and unjust discriminations before the law, even in individual cases, are as worthy of redress as ever.

To test the principles which now govern appointments to the medical corps in the various branches of the naval, military, and civil service, the chairman of the Bureau of Medical Legislation

of the American Institute of Homœopathy, J. C. Morgan, M. D., of Philadelphia, addressed a letter to the Hon. Chas. O'Neill, M. C., as follows: "*Dear Sir,*— Will you kindly inform me, first, if the Honorable Secretary of the Navy authorizes a discrimination between the diplomas of homœopathic medical colleges in good legal standing and those of the allopathic or so-called "regular" school, in the admission of candidates to examination for the medical corps of the navy; and, second, if a graduate of a "regular" medical college, who shall avow himself an adherent of homœopathy, will be admitted to examination, and to appointment on proving himself possessed of the required amount of *knowledge?*"

This letter was referred to Secretary Chandler, of the navy, and the following extract from his reply explains itself: "I beg leave to say the matter was referred to the chief of the Bureau of Medicine and Surgery, who reports that no discrimination is made in favor of or against any school. The only requirements of the department are, that a candidate, in addition to his moral and physical qualifications, shall possess the necessary professional and literary knowledge to enable him to pass the established examination." This is all that can be desired, and indicates the liberality and regard for justice which governed Surgeon-General Wales in his decision. Homœopathy in the navy rests, then, upon the basis of knowledge.

When we turn our attention to the military service, however, we find quite a different aspect. Two letters were sent by the Hon. Chas. O'Neill to the Secretary of War, presenting, in separate form, the same two questions which were propounded to the Secretary of the Navy. These were in turn referred to Surgeon-General Barnes, and two letters were received from him in reply. From their spirit we might imagine ourselves back again in war times. In reply to the first question, after explaining that "the term 'regular' as applied to a medical school, has no relation to its legal standing," he says: "The knowledge which a medical officer of the army should possess to enable him to properly discharge the important and responsible duties which devolve upon him, and to make use of the means of treatment which are provided by the department, can only be obtained at a regular medical school; and it is not considered worth while to waste the time of the Army Medical Examining Boards, or to induce young men to incur useless expense, by extending invitations to appear before such boards, to those who cannot furnish evidence that they have at least had an opportunity to obtain the knowledge required." And in reply to the second question, he writes to the Secretary of War: "*Sir,*— I have the honor . . . to state that it is not considered desirable to introduce in the army the practice of



homœopathy, hydropathy, botanicism, physico-medicalism, or any other *sectarian and exclusive* system of medicine. The fact that a candidate has a knowledge of the dogmas of any or all of these systems would be no bar to his admission to the medical corps of the army; but the fact that he *avowed* his adhesion to some one of these would indicate that he is not suited to the position of a medical officer, nor, in my opinion, would he be acceptable to a large majority of those for whom medical attendance is provided by the government." An appeal from this decision of the Surgeon-General, made to the Secretary of War, had received no response at the time when Dr. Morgan made his report to the American Institute. This, then, is the relation of homœopathy to the military service, so far, at least, as the Surgeon-General is concerned. Knowledge, in this case, in no way enters into the problem, as not even an examination will be permitted.

In regard to the other departments, a letter addressed to the Secretary of the Treasury, asking the same questions in regard to appointments in the marine-hospital service, received no answer; while for the medical staff of the Pension Office, the believer in homœopathy was found to be perfectly eligible.

Upon the report of these facts concerning the relation of homœopathy to the government service, the American Institute took action unanimously as follows:—

*"Resolved, That the subject of the rejection of homœopathic physicians from service as surgeons in the United States army, as distinctly stated by Surgeon-General Barnes in his correspondence with Dr. J. C. Morgan, be referred to the Committee on Medical Legislation, with power to act in the name of this national body."*

The obvious method of procedure was, of course, to introduce into Congress the proper measure, resembling somewhat the British Medical Act of 1858 (Section XXIII),\* and to secure its passage. The following was accordingly framed:—

**"JOINT RESOLUTION RELATIVE TO SCHOOLS OF MEDICAL PRACTICE IN THE UNITED STATES AND THE GRADUATES THEREOF.**

*"Resolved by the Senate and House of Representatives of the United States of America, in Congress assembled, That it shall be a misdemeanor, punishable by a fine of five hundred dollars and dismissal from office, for any officer of the United States government, civil, military, or naval, to make discrimination in favor of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the government.*

---

\* See British Journal of Homœopathy, April 1, 1882.

"SECT. 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States, and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the office of the librarian of Congress, subject to the inspection and use of members of Congress."

This resolution was introduced, in July last, by the Hon. Chas. O'Neill, M. C., of Philadelphia, in the House of Representatives (by unanimous consent), and in the Senate (also by unanimous consent), by the Hon. J. Donald Cameron. It received two readings in each House, and was referred to the proper committees, in whose hands it is resting.

The winter session of Congress is now approaching, and this measure, which is of such immense importance to homœopathy, will be brought up for the third reading and passage. The committee of the Institute have thus far accomplished everything, but in this final work the assistance of the profession at large is needed, and should be promptly and heartily given. In the various districts throughout the country *personal appeals* should be made, enlisting the interest and securing the support of all members of Congress, and especially of the gentlemen forming the committees which have this matter in immediate charge. Petitions to both Houses will soon be in circulation; and these should be presented to influential people *everywhere*, for signatures. Societies, in all sections of the country, should show their interest collectively by the passage of appropriate *resolutions*, as was done by our Boston society a few evenings since. Above all, this work should be done *at once*. Opposition is already exhibited by the journals of the old school, and is to be expected in increasing measure; but a firm front and an earnest effort at this time will secure for homœopathy its rightful place in the government service. §

#### ANOTHER REMEDY TO PROVE.

THE attention of our readers was called last month, in an article translated from the August number of *L'Art Médical*, to a new remedy, which bids fair to occupy an important place in the pharmacopœia; at least it is so estimated in the old school, and is considered worthy of pretty thorough tests in their laboratories and of clinical application in many serious cases.

This remedy is the *Convallaria majalis*, and is receiving prominent mention, just now, in allopathic journals, both here and abroad. Among the earlier notices of the drug which appeared in this country were four articles in the *Therapeutic Gazette* of October, 1881. One of these, by Ralph D'Ary, M. D., is reprinted elsewhere in this number, the other three being translations of articles by Drs. Bogoyavlenski and Troitsky of St. Petersburg.

Besides the work done in Russia by these men and by Prof. Botkin, a rather extended study of the drug has been made by M. Germain Sée in Paris. The first notice of this in English appeared in the correspondence of the *Lancet* for July 15 last, but the full report was published in the *Bulletin Général de Thérapeutique* of July 30. In this country, an article in the *Medical Record* of Sept. 9 presented the results of these researches. Our readers were given an idea of them in the translation mentioned above, and other journals have furnished extracts, more or less complete.

Thus the preparatory work has been done and a valuable remedy brought to notice. It remains for us, as homœopaths, to prove this drug upon the healthy human organism and establish the finer indications for its employment. We are happy to say that already this work has been begun by one of our colleagues. §

---

#### TWO CASES OF TRACHEOTOMY.

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

[Read before the Boston Homœopathic Medical Society.]

CASE I. Leila D—, aged four and a half years, of an active and highly sensitive nervous organization, was taken on Monday, July 3, with vomiting, followed the next day by fever, a high pulse and temperature, soreness of the limbs and general pain. On the 5th a grayish patch appeared on the left tonsil, with slight characteristic odor of diphtheria. This gradually extended to the right side of the throat. The patient was under the care of Dr. W. L. Jackson. After the use of *Acon.*, *Bell.*, and *Merc. cyan.*, the membrane disappeared, together with the odor, and the case was nearly ready to be dismissed as one of mild diphtheria. On Saturday, 8th, Dr. Jackson detected a slight croupy sound, whether from unconscious exposure or from the progress of the disease it was impossible to decide. This increased, and on the morning of the 9th some dyspnoea was apparent, with increase of pulse and temperature. The child grew worse during the day and at 7 P. M I was summoned in counsel. The child looked bright, was rather excited, pulse 130, temperature 103°. The respiration was rapid, with sibilant inspiration, and frequent sharp croupy cough, from which the child would sink back exhausted. *Acon.* and *Hepar* had been given through the day, but she was evidently growing worse, and tracheotomy seemed necessary for relief. However, as she was not yet badly asphyxiated, we determined to try the effects of *Tart. emet.* 1st dec., at intervals of a half-hour. This produced relaxation of the muscles of the larynx and

throat, and by midnight she breathed more easily ; but as morning approached the dyspnoea became greater, inspiration more sibilant and labored, and the child apparently rapidly sinking. Tracheotomy seemed the only resource, and was performed at 8 A. M. Both tonsils were now covered with a dirty, grayish exudation, and the trachea when opened seemed lined with a membrane of considerable density and thickness. Portions of this were detached and removed at the point of incision. But little hemorrhage occurred, though the obstruction from mucus and membrane below the tube did not allow complete relief at first, and it was only after considerable coughing and expectoration that the respiration became easy and quiet. The air of the room was well saturated with vapor spray, to which carbolic acid, chlorinated lime, and iodine were successively added. *Kali. bi.*, *Spong.*, *Bry.*, and other remedies were administered till convalescence was established. The tube was removed on the 22d, having been worn twelve days. A speedy and complete recovery ensued.

As further evidence of the diphtheritic character of this disease, other members of the family in attendance upon the child had attacks of sore throat, and soon after the recovery of this patient the mother came down with a most violent attack of diphtheria.

CASE II. Willie K—, an active, nervous boy, six years old, was "playing store" with other boys, and, among the articles of merchandise, he had some peanuts, roasted and hulled. While holding a half nut thus prepared in his mouth during a cough it was drawn into the trachea. This was on Saturday afternoon, July 15. Dr. H. P. Hemenway was immediately called, and though he succeeded in relieving the paroxysm of coughing and distress, yet he was unable to remove the inhaled nut. The patient could lie quite comfortably on his right side, but on sitting up, or lying on the left side, the cough and dyspnoea would become very severe. The larynx and glottis became inflamed and swollen and the respiration difficult, as in croup. On Tuesday afternoon I was summoned and found him much exhausted by the continuous cough and dyspnoea. The pulse was rapid, small, and thready. It was impossible to count it or to take his temperature, he was so restless and fractious. There was little doubt of the presence of the nut in the trachea, and tracheotomy seemed the only method of reaching it and of relieving the dyspnoea. It was accordingly performed at once under the influence of ether. Three rings of the trachea were divided and the cavity carefully searched, but the nut was not found. The patient made very little effort to cough, partly perhaps owing to anæsthesia and partly to his extreme exhaustion. Failing to find any foreign body, the tube was inserted, and the patient was allowed to rest through the night.

Next morning he was found in better condition. He had slept considerable and was stronger and less excited. The tube was removed and a feather passed down into the bronchia, which produced violent coughing, but without detaching any foreign substance. The position of the child was reversed, the head being placed downward and the feet upward, hoping that specific gravity might bring the nut to the opening, but it did not. Wednesday, Thursday, Friday, and Saturday the child continued to improve, ate, drank, and slept well, but still no appearance of the nut, until doubts began to arise as to whether he had inhaled the nut, or, if so, if it had not softened and disintegrated. The greatest watchfulness had been kept, lest the nut, becoming detached, might obstruct the tube. On Sunday, in a sudden paroxysm of coughing, he seemed to be choking. Dr. Hemenway was by his side in a moment, removed the tube, and with the succeeding cough he was able to reach the nut, which came up entire and unchanged from the time it was inhaled. A mild cellular bronchitis ensued, which was relieved in a few days; the wound closed kindly and rapidly, and the boy was soon restored to health, even better than before the misfortune had occurred.

In both of these cases I must bear witness to the care, skill, and unwearied attention of the attending physicians, without which the operations would have been of little avail.

---

[Reprinted from the Therapeutic Gazette, October, 1881.]

*CONVALLARIÆ MAJALIS FLORES.*

BY RALPH D'ARY, M. D., ROMEO, MICH.

THE Russian country folks, like the Indians of this country, are a very primitive people, and, being almost beyond the reach of civilization and the medical advantages it offers, they have learnt to help-themselves in cases of emergency. But whilst everybody is more or less of a herbalist or nurse, each village generally has its *znaharka*, or wise-woman, who occupies about the same position as the Indian medicine-man.

While on a summer tour through Russia — my native country — some years ago, I took especial pains to obtain information concerning their methods and means of treating disease. As may be expected, it was difficult to gain the confidence and goodwill of the jealous and suspicious women, but whenever successful in that respect — with the aid of alcohol and flaming dress-goods — a very curious insight into popular medicine and pharmacy was afforded me. The revelations in the majority of cases consisted of unmitigated trash, but here and there I obtained

ideas, hints, and positive knowledge which were well worth retaining. Among the latter I class what I learned of the uses of that beautiful, fragrant little wild-flower, the lily of the valley (*Convallaria majalis*). I pass over the uses made of the root or leaves, since they are recorded in almost every dispensatory (the eclectic one of this country alone excepted, strange to say), and since their properties are not of a nature to make those parts of the plant a desirable remedy. The fragrant flower, however, deserves the closest study of the therapist. My attention was first called to it by witnessing the relief derived from it by an old man in the last stages of chronic dropsy. He used it as a diuretic and tonic of the heart, and it seemed to be so very efficient, that I made his case an object of special observation, he willingly lending himself to my experiments. Since that time I have used a tincture in my practice, and have cautiously experimented with it, but, not being aware that the plant had ever been brought before the profession and that physiological experiments had been made with it, I thought it premature to call attention to it until I should be able to give more than clinical observation to the medical press. Circumstances, however, have prevented me from making any systematic physiological experiments, and even at this day I should hesitate about submitting the present article to the medical world, if I had not found since that the ground had been fully prepared by the experiments of Walz, Marmé, and others (see N. Y. Med. Jour., Nov., 1867, and Schmidt's Jahrbuch, 1867, vol. 166), and especially those of Drs. Bogoyavlenski and Troitsky, of St. Petersburg, whose articles on the subject, in translation, I have furnished to the editors of the *Therapeutic Gazette*. They have evidently experimented clinically with reference only to heart disease and consequent dropsy, and give their results in so clear and precise a manner that it would be useless repetition were I to dwell on these points, especially as my experience is almost identical with theirs. I will only add that I have used the remedy somewhat indiscriminately in every variety of heart disease coming under my hands, both functional and organic, with a view of testing its efficiency in the various forms of these affections, and nearly in every instance with most gratifying results. In fact, I have not been able to determine any special indications (or contra-indications) for its use, its effect seemed so uniformly beneficial. It certainly had not the least direct restorative value, in my hands, in organic disease; not any more than cactus grandiflorus, for which such claims have lately been set up by some enthusiastic practitioners, mostly of the homœopathic persuasion. But, although convallaria is unable to alter the organic *status præsens*, it enables the patient to make the best of it, by compelling Nature to put her best foot foremost.

It is pre-eminently a regulator of nervous function, adapting the latter to existing conditions in such a manner as to compensate to the utmost possibility for the existing organic lesion. The sympathetic nervous system seems especially to be under its control, though it is by no means devoid of a powerful influence on the cerebro-spinal system. This circumstance accounts for its almost universal adaptability, in varying doses, to every variety of heart disease. In small doses it is a stimulant to the heart, increasing the frequency of its beats; in larger doses it is a tonic and sedative, lessening the frequency, but increasing the energy and regularity, of the contractions. In overdoses it is a swift destroyer of life, thoroughly paralyzing the heart. Over digitalis it has a most important advantage in the absence of a cumulative effect, at least so far as personal observations allow me to judge. On the other hand, I have noticed that some patients seem from idiosyncrasy unable to endure it, even in small doses. Wherever these unpleasant effects — manifested by dyspnœa, faintness, pain at the heart, etc. — become manifest, alcoholic liquors seem to me the promptest antidote. I would therefore strongly advise, in every new case, to begin with minimum doses and gradually increase until the desired effect is obtained, which generally takes place very promptly. It is an excellent nervine sedative tonic, especially where the patient suffers from the consequences of excessive reflex irritability or "nervousness." Thus I have found it useful in certain conditions of insomnia, hysteria, the restlessness of fevers, infantile nervous disorders caused by the irritation of dentition, etc. In tic-douloureux and neuralgia in general it has sometimes acted with great promptness. It is not a narcotic or anodyne simply, and therefore does not merely lull the pain by stupefying the patient's sensibility, but seems to act as a direct nerve tonic and sedative, restoring the equilibrium of nervous function. You will see, therefore, that it opens up a wide field for further careful investigation. In using it, the practitioner should always bear in mind that in this connection the old adage may well be reversed, and should be remembered as *magis remidium, magis venenum*. But, though it requires care in its employment, I believe the convallaria to be a safer remedy than digitalis, in its cardiac sphere, especially in desperate cases, where large doses are imperative. What practitioner of any experience has not found himself once in a while in responsible position, where he had to choose between the almost certain death of his patient, or another and yet another heroic dose of digitalis, and yet had no means of ascertaining whether the preceding doses had finally expended their effect, or were only awaiting the re-enforcement of another dose in order, with combined power, to extinguish the last remnant of cardiac life? How often is the last dose of the

potent but treacherous remedy but the messenger of death! Herein lies the special value of convallaria: once its effect is expended apparently, it is so in reality, and another dose may be safely administered. Such is my experience; but as the point is one of so much importance, more than one or two men's observations should be recorded before it should be accepted as a finally determined fact.

In giving the above to the press, I trust the profession will sufficiently appreciate this promising — nay, even now important — remedy, to induce them to carefully experiment with it and make known the results.

---

### ROUTINE PRACTICE.

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

As the doctrine introduced and promulgated by Hahnemann wellnigh three quarters of a century ago becomes more largely disseminated and more and more widely taught, there becomes apparent to the careful observer a tendency on the part of a large proportion of homœopathic physicians to imitate our brethren of the old school, and to fall into a system (or lack of system) of *routine practice*, entirely contrary to the principle which we regard as the corner-stone of homœopathy. True, there is necessarily much of sameness in the discharge of the duties belonging to the profession: each physician must have his hours for visiting and his hours for consultation; and, *ceteris paribus*, he is most successful who regards most rigidly his own appointments. And, notwithstanding physicians are men possessed of individualities more or less strongly marked, and therefore will necessarily follow those paths toward which, as individuals, they most naturally incline, still, each must in a certain way and to a certain extent follow a general line of conduct in the daily round of duties. Each *must*, to a considerable extent, travel the common highway of habit and experience; and all this in justice to himself, and with advantage to his patient.

But how is it as we approach the bedside and stand face to face with suffering which we are expected to relieve? How is it here, where the physician often finds that all his acquired knowledge of disease, his ready recognition of its exact seat in any given case, his skill in determining its particular character and in giving it its proper scientific name, all combined cannot afford him even a clew to the *remedy* that is to accomplish the so-desirable end? Here he has reached a point where *custom* and *habit* can no longer guide and where the law of *routine* will not apply. What shall he do? What *can* he do? Will he so far imitate the example of the old



school as to adopt the "expectant" method, — watching the progress of the disease till it terminates fatally, or results in recovery, often the former, — or, feeling the necessity of doing *something*, seize upon the first drug that is suggested, most likely because of its "active" properties (if the case be a dangerous one), and administer it, hoping that, *in some way or other*, and *notwithstanding* the method or lack of method pursued, the patient may after all recover? Fortunately for the individual, but very unfortunately for the masses, *nearly* as many of those "actively" as of those "expectantly" treated live only to be sooner or later again subjected to the same *scientific* (?) treatment! Will he adopt one of these two general and "regular" methods, or, guided by the *law* of similars, will he diligently *search out* the appropriate remedy and administer the same, carefully watching the result? The discriminating, unprejudiced mind cannot fail to recognize the superiority of the latter over the two former methods, *provided* the physician has previously carefully investigated and fairly and properly tested the truth of the "law."

Presuming then that we, as homœopaths, fully believe in the efficacy of our system, whence comes it that we allow ourselves to fall into the habit of routine prescribing or prescribing empirically, resort being had, in most instances, to the employment of *two or more* remedies given in alternation? To those who adopt this method *from choice* and *desire no better*, we have at this time nothing to offer. There are those, however, who, more or less unwillingly and semi-unconsciously, find themselves drifting into the current of empiricism from which, in their *lucid* moments, they fain would extricate themselves. From these come various answers as to the course they are pursuing; and with such it is that we, at present, have to do. Some assert that they do so because others who are much older in the profession and who are supposed to practise most successfully use this method. (Doubtless very many of our younger practitioners are influenced in this manner.) A fair *excuse* but certainly no *reason*. A few plead want of time; and here we are reminded of a remark of one of our older practitioners, and one of the most successful as well, that one of the most unfortunate things that can befall a young physician on graduating is to come immediately into a large practice. We are of the opinion, however, that comparatively few are "unfortunate" in this way. Others claim that they are not sufficiently well versed in *materia medica* to dare to *risk* the case on a single remedy. We confess to having for this class a feeling of strong sympathy, though admitting at the same time the unlikelihood of ever making by this means decided advancement toward the possession of the coveted knowledge. Still others affirm (and this is perhaps the nearest approach to

a sensible plea) that "sometimes two remedies seem to work well *together*" (given in alternation) "when they will not act if prescribed separately." This may be very true, and would most certainly justify the employment of the remedies in this manner, *provided* they were the *only* preparations in the *pharmacopœia*; but this not being the case, and the result therefore not necessarily depending upon their use alone, this position becomes untenable. In view of these facts, what is the duty of every homœopathic practitioner? What else but to strive earnestly, honestly, and conscientiously to allow himself to be guided in the selection of his remedy by the *homœopathic law*, the *totality of the symptoms*?

It will be seen by the foregoing that we have acted upon the presumption that *routine prescribing* and *alternation of remedies*, if not synonymous terms, are at least inseparable. In fact, from the very nature of the case, it cannot well be otherwise. The physician who seeks to *individualize* his cases and to find at each prescription *the* remedy that in his judgment best "covers" the condition is not likely to use *two* remedies at the same time, thus defeating one purpose, at least, in prescribing of which, in our opinion, he should never lose sight, *i. e.*, the *knowledge* as to whether or not he has selected the *right remedy*. "For if a physician is ever so well acquainted with the remedies at his command, all he can do, in spite of the most minute investigation of his patient's case and of the most careful selection of the remedy, is to *hope* that the right remedy has been found; he cannot positively *know* this until he sees what effect the remedy produces." But the question is often asked, What does it matter if one does not know precisely which remedy does the work, or whether both are alike efficacious in accomplishing the result, provided the object in view, *viz.*, the recovery of the patient, is attained? Well, as far as this individual case is concerned, it surely cannot now make the slightest difference; and we admit that in this way "excellent results" are sometimes obtained; but as true physicians we ought not to be content with what is *sometimes good*, but should feel bound to employ, in every instance, the *best* means in our power for the benefit of those who come under our care. But it is asked again: Do not those physicians who are accustomed to employ two or more remedies in alternation succeed in their practice and win large numbers to their patronage? Some of them, yes; but how much *better* they *might* have succeeded and how many *more* they *might* have won by close adherence to our law, none can ever know. The instance cited by Dr. Jahr, in his Preface to his "Forty Years' Practice," serves to illustrate our point. Dr. Kallenbach, who gave his diphtheria patients, when this epidemic first broke out at the Hague, *Apis* and *Lachesis* in alternation, afterwards, when he wished to find out which of these two

remedies really effected the cure, saw those of his patients to whom he gave *Apis* alone recover in three days instead of five, whereas those who received *Lachesis* alone did not improve at all. Hahnemann, in his *Organon*, section 272, says: "In no instance is it requisite to employ more than *one simple* medicinal substance at a time."

But, lest these authorities seem to the *progressive* (?) school of to-day *superannuated* and no longer to be regarded, let us for a moment glance at the teachings of some of the most eminent practitioners of our own day. Dr. Hale, in his Preface to the fourth edition of his "New Remedies," speaking of "cures" in general, says: "The testimony of a physician of one school is as good as that of another, provided his alleged cure was made with *one medicine given singly*"; implying that testimony respecting the efficacy of medicines in effecting a cure, when given in *any other way*, is of at least comparatively *little value*. — a fact patent to all. Again, in the same Preface, he says: "Our course, as consistent homœopaths, is TO CLAIM ALL CURES AS MADE BY THE LAW OF SIMILIA, AND PROVE THEM TO BE SUCH, as did Hahnemann. The law discovered by our great master is all-embracing, universal, and the sooner his followers adopt this proposition the better it will be for the honor and influence of our school." Dr. Carroll Dunham, in his "Homœopathy the Science of Therapeutics," pp. 210, 211, says in reference to the subject of alternation: "Yet how *many times a day* do a majority of our colleagues alternate? It is safe to say that, with very many, the *giving a single remedy* is the *infrequent exception!*" Referring to the latter, he further says: "Their case is exactly met by the following remarks of Dr. Russell,\* one of the *champions* of alternation: 'The objection usually urged against alternation is that it leads to laxity of practice. True, if we give two medicines instead of one, and let the system take its choice, as it were, to which it shall submit; if, in a given case, for example, we find two medicines pretty nearly indicated, and, instead of ourselves selecting the one and rejecting the other, we toss them both in, trusting that the right one will act, and the other be a nonentity or negative quantity. NO ONE WHO DEALS CONSCIENTIOUSLY WITH HIMSELF WILL DELIBERATELY APPROVE OF SO SIMPLE A METHOD OF EVADING THE DIFFICULTY OF CHOICE.'"

To one other feature of our practice we wish to call attention, and that is, the evidently increasing tendency to prescribe for *pathological conditions* rather than for *symptoms*. "But," says one, "symptoms are not disease." Very true, but, regarding a

---

\* Dr. Russell approved of *alternation* only when "two distinct, specific forms of disease coexist."

*symptom* from the homœopathic standpoint, we would inquire *how* we are to *recognize disease* if *not* by the *symptoms* it produces? and *how* are we to properly individualize and accurately prescribe for a given phase of disease without paying strict heed to the *totality* of the *symptoms*? Dr. Dunham says on this point: "The symptoms which a patient presents do not constitute the essence of the disease; they are not the disease itself, they are only a result of the disease. . . . *Per contra*, if no symptoms of disease present themselves to our scrutiny, we cannot know that disease exists. It is, therefore, strictly correct to say that we recognize the existence of disease only through the existence of its symptoms. It is manifest, then, that if we can cause the permanent cessation and disappearance of symptoms, we shall have effected an annihilation of the disease, in so far as it is possible to judge of this matter." Instead, however, of the representative homœopathist of to-day reasoning from this standpoint, we find, on the contrary, the arguments by which he supports his mode of practice to be so closely allied to those employed by the old school that to attempt a distinction would be simply absurd. In view of this state of affairs, what may we reasonably expect to be the character of many of the *prescriptions*? Simply what we *find*,—prescriptions so nearly resembling those of the opposite school that, were we to judge the author by his *works*, we would never suspect him to be guilty of the *claim* of being a practitioner of homœopathy!

Until homœopathic physicians, as individuals, are willing to submit to a rigid self-examination by the light of the *principle* in the efficacy of which they profess to believe, and to apply themselves diligently to the *art of observation, individualizing* their cases, and until they are willing to "do and *teach* men so,"—until then will our school fail to gain that position to which it is entitled, and to attain that supremacy which it otherwise might and which is but its *rightful due*.

---

#### BLEPHARITIS CILIARIS.

BY D. N. SKINNER, M. D., AUBURN, ME.

OF the various diseases to which the eyelids are subjected the affection known as blepharitis ciliaris, blepharitis marginalis, ophthalmia tarsi or blepharadenitis, is a disease of so frequent occurrence, and for the cure of which our therapeutical resources are often so inadequate, that it may justly be ranked as one of the most important of the diseases of the lids. It is a disease with which we meet, not alone among the poorer classes, as some

of the English ophthalmologists have affirmed, but in this country, at any rate, among all classes. The difficulties which lie in the way of its cure, unless we are conversant with its various causes and its peculiar nature, are well known to all who have had to deal with it.

The affection is characterized by inflammatory redness and swelling of the edges of the lids, especially of the outer lid; the symptoms varying in severity according to the degree to which the disease has developed. In its mildest form we may have a hyperæmic condition of the lid border, which may give us some trouble to diagnose from simple hyperæmia occasioned by catarrhal conjunctivitis. More commonly we see little circumscribed points of inflammation along the edge of the lid, the inflammation being confined to isolated follicles or groups of follicles. By the exudation of lymph, the cilia become glued together and crusts form about their roots, upon the removal of which excoriations and little ulcers are found beneath.

There is often, at first, little or no swelling, but as the disease progresses the inflammation and ulceration extend along the entire length of its tarsal border, soon resulting in considerable thickening, and involving sooner or later all the tissues of the lid. The integument becomes infiltrated, a hard and cartilaginous swelling beneath it subsequently resulting. Here and there points of suppuration and true acne pustules shoot up from time to time. Soon the cilia fall out, through the disease involving the hair-follicles; and, by the extension of the little ulcers, a ragged, suppurating border of the lid is produced, and, if proper cleansing be not attended to, yellowish-brown crusts of dried pus form upon their outer surface, some of which will be adherent and some loose.

The coexisting conjunctivitis causes an increased secretion of tears, which, by the narrowing and sometimes total closure of the canaliculus, flow over the cheek, causing excoriations and finally contraction of the integument, so as to expose the conjunctiva and evert the puncta, thus further preventing the tears from escaping through their natural channel.

Schweigger says ("Handbook of Ophthalmology," Farley's translation from the third German edition, p 220): "These changes stand in such close causal relation that the disease runs in a *vicious circle*. The lachrymal secretion is increased by the inflammatory irritation; the absence of normal lubrication of the lids by the secretion of the meibomian tarsal glands, and the impossibility of conducting away the tears through the canaliculus, causes them to drip continually over the edge of the lid. The irritation and shrinking of the skin and the already existing ectropion are thereby increased; the everted conjunctiva causes

the lids to appear as if bordered by a red seam; they close only imperfectly upon the eyeball; and finally the combined effect of the shortening of the skin of the lids and of the ectropion is that the palpebral fissure can no longer be closed sufficiently. The eye is deprived of the greater part of its natural protection and, as a consequence, corneal ulcerations are apt to appear, especially upon the lower margin."

Saenisch, also, in speaking of this *vicious circle*, says: "The members of this circle are: catarrh of the conjunctiva, blepharitis angularis, dermatitis angularis, eversion of the lower lachrymal puncta, epiphora, lodgment of fluids in the conjunctival sac. From these follow blepharitis ulcerosa, ectropion, keratitis."

What are the causes? Among the predisposing causes are the following: Scrofula, malformation of the lids, and the various forms of ametropia. The exciting causes are numerous. Among these may be mentioned exposure of the eyes to smoke, dust, and wind, over-use of the eyes at fine work, inflammation and obstruction of the tear passages, conjunctivitis, etc. A cause, when existing, which renders the disease peculiarly obstinate to cure, is the presence of fungous growths in the hair follicles.

Wells says ("Treatise on the Diseases of the Eye," p. 735): "Blepharitis marginalis is frequently produced by the various forms of conjunctivitis and corneitis, more especially if the latter are accompanied by a great discharge of hot, scalding tears, which constantly moisten and excoriate the edge of the lids."

Stellwag says: "When the predisposition to blepharitis exists, the process may be continued by the effect a conjunctivitis has upon the lid glands." He further says: "The acute exanthemata, particularly small-pox, eczema, and impetigo, have some influence in causing the disease. In case these exanthemata localize themselves on the lids in the form of numerous efflorescences, a blepharitis ciliaris often remains after the constitutional disease has run its course."

Blepharitis ciliaris is a decidedly chronic affection, which may exist for months or years or a lifetime. When occurring in children the supervention of puberty has sometimes a beneficial effect on the disease. In its primary form there is much less difficulty in effecting a cure if we recognize the cause and remove it. When, however, destruction of the glands of the lids has taken place and tylosis exists, treatment is of but little avail.

In the treatment of this disease the various causes which may have produced it, and which administer to its existence, must first, as far as possible, be removed. The patient should be placed under the most favorable hygienic conditions. Plenty of fresh air and sunlight, together with the most scrupulous cleanliness, is imperative. A careful and very gentle removal from the

tarsal border and roots of the cilia of all crusts or scales by first softening in warm water is another factor. Very great gentleness must be exercised in the removal of these crusts, lest the delicate structures beneath are injured, in which case new crusts will continually be formed by the exudation of lymph.

Constitutional and local treatment are now in order, the former implying the removal, as much as possible, of all dyscrasiæ which tend to impoverish the blood and diminish vitality; the latter consisting of washes and unguents carefully and judiciously applied. In many cases local and constitutional treatment combined with strict hygiene will suffice for a cure in the early stages of the disease. But there is a large proportion of cases which, though seemingly cured by these means, are soon again as bad as ever. When such is the case a careful search for the cause will often reveal an obstruction situated somewhere in the lachrymal canal, causing stillicidium lachrymarum, which is one of the factors of this *vicious circle*.

Wells, in speaking of stillicidium lachrymarum and its results, says: "If the true nature of this irritability of the eye and of the lachrymation be overlooked, very obstinate and intractible inflammation of the edges of the lids and conjunctiva may ensue, which sets defiance to any form of collyrium or topical application, but readily yields if the impediment in the lachrymal apparatus is removed."

Dr. Prout, of Brooklyn, N. Y., has recommended removing a triangular portion of conjunctiva on the inner side of the puncta, thus enlarging the puncta, and subsequently, if necessary, dilating the canaliculus with probes. Slitting up the canaliculus and probing the duct have relieved many cases for me when I have found such obstruction to be present.

Ametropia, or faulty refraction, has, however, quite recently been discovered to be one of the leading causes of blepharitis ciliaris. I have so often found some error of refraction present in these cases, upon the correction of which by suitable glasses the blepharites has been cured, that I wish to dwell especially upon this method of treatment, and call your attention to the great importance of ascertaining the refractive condition of the eyes in all such cases as afford no other visible cause for the lid trouble.

At the meeting of the Fifth International Ophthalmological Congress in New York, in September, 1876, Dr. D. B. St. John Roosa, New York, presented a paper on "The Relations of Blepharitis Ciliaris to Ametropia," in which he announces the following conclusions:—

"*First.* Ametropia seems to be the condition of most eyes affected with blepharitis ciliaris.

"*Second.* When the blepharitis is associated with errors of refraction, the cure of the edge of the lids is very much facilitated by, and sometimes depends upon, correction of the ametropia.

"*Third.* Paralysis of the accommodation by the use of atropia will usually, with no other treatment, very much relieve the blepharitis that is associated with ametropia.

"*Fourth.* Patients suffering from blepharitis that is associated with ametropia will often ignore any other affection of the eyes than that of the edge of the lids, even when the error of refraction is so marked that we would naturally expect quite serious consequences from its non-correction.

"*Fifth.* The form of blepharitis to which my statistics refer is not a mere irritation of the edge of the lids such as often accompanies a catarrhal conjunctivitis, but a true hypersecretion of the tarsal glands and hair-follicles, with the formation of crusts and sometimes the development of ulceration.

"*Sixth.* Hypermetropia is the error of refraction most frequently associated with blepharitis ciliaris."

Dr. Roosa, in this report, presents the record of thirty-one cases of blepharitis, twenty-six of which had some refractive error, upon the correction of which very many of the cases were cured. In 1878, at the meeting of the American Ophthalmological Society, held in Newport, he still further substantiated his theory by producing a record of fifty-seven cases of recorded refraction in cases of blepharitis treated at the Manhattan Eye and Ear Hospital, and forty cases in his private practice. The analysis of these cases still more substantially proved the remarkable connection between these two conditions.

My experience in the treatment of blepharitis ciliaris has led me to investigate the refractive condition of all cases presenting themselves for the treatment of this disease. In a very large proportion of the cases I have found the necessity to prescribe some form of glasses the wearing of which would *alone* effect a cure in the milder cases.

As examples of the various refractive conditions which exist in some of these eyes, I will present a few cases which I have treated within a few months. In some cases, in little children, the diagnosis of the kind and degree of the ametropia has been determined by the ophthalmoscope alone; in older people with the ophthalmoscope and also with the test types. I have found it necessary in but few cases to paralyze the accommodation with atropia.

CASE I. Miss E—, of Bowdoinham, has had blepharitis and conjunctivitis, very troublesome, for three years past. Asthenopia very troublesome on using the eyes a little. Both eyes were found to be hypermetropic = 1 D. Convex glasses of 1 dioptic



were prescribed, and worn by the patient with wonderful improvement.

CASE II Mrs. S—, Auburn; blepharitis and asthenopia.

O. D. v. =  $\frac{4}{8}$ . With + 1.75  $\odot$  1° axis 60°, v. =  $\frac{4}{8}$ .

O. S. v. =  $\frac{4}{8}$ . With + 1.25  $\odot$  1° axis 110°, v. =  $\frac{4}{8}$ .

This combination of spherical and cylindrical glasses was ordered, and the patient relieved of further trouble.

CASE III. Miss H. G. Vision always very poor. Eyes always troubled her and could never get glasses to fit. Blepharitis and asthenopia.

O. D. v. =  $\frac{4}{24}$ . With + 2.25° axis 90°, v. =  $\frac{4}{8}$ .

O. S. v. =  $\frac{4}{18}$ . With + 1  $\odot$  1.5° axis 90°, v. =  $\frac{4}{8}$ .

It will be observed that in this case vision was not brought to the normal, owing, probably, to some irregular astigmatism which could not be corrected. The patient was made happy, however, in the great improvement to sight and the improved condition of the lids.

CASE IV. Mrs. E—, Lewiston. A bad case of blepharadenitis.

Refraction: O. D. v. =  $\frac{4}{5}$  +. With + 1° v. =  $\frac{4}{4}$ .

O. S. v. =  $\frac{4}{5}$  —. With + 1° v. =  $\frac{4}{4}$ .

This case had previously been treated with ointments, but to no avail.

CASE V. Eva L—, aged twelve. Bleph. ciliaris. This case had been treated by local and constitutional means. The edges of the lids were relieved for a time, yet, as soon as she began to go to school and use the eyes, the whole trouble returned. Testing for ametropia revealed the following:—

O. D. v. =  $\frac{4}{12}$  —. With + 1.5  $\odot$  + 5° axis 70°, v. =  $\frac{4}{8}$ .

O. S. v. =  $\frac{4}{8}$  —. With + 1  $\odot$  + .75° axis 110°, v. =  $\frac{4}{8}$ .

After using the glasses a few weeks the lids were all right.

CASE VI. Master G—, aged nine. Always had trouble with his eyes. Blepharitis ciliaris and asthenopia.

Refraction: O. D. v. =  $\frac{4}{8}$ . With + 1° axis 90°, v. =  $\frac{4}{8}$ .

O. S. v. =  $\frac{4}{8}$ . With + 1° axis 90°, v. =  $\frac{4}{8}$ .

It was impossible to make an entire correction on account of other conditions; nevertheless, the glasses were worn with great comfort and relief to asthenopia and blepharitis.

CASE VII. Miss L. Y—, aged fifteen. Blepharitis with asthenopia and much headache from using the eyes. Refraction revealed:—

O. D. v. =  $\frac{4}{4}$  —. With + .25  $\odot$  + .75° axis 180, v. =  $\frac{4}{4}$  +.

O. D. v. =  $\frac{4}{4}$  —. With + .25  $\odot$  + .75° axis 180, v. =  $\frac{4}{4}$  +.

These glasses were worn with wonderful relief to *all* the head troubles. It will be observed that astigmatism enters into the most of these cases, a slight degree of which even it is sometimes of the greatest importance to correct.

These are but a few of the cases which I might adduce wherein correction of the ametropia has cured the blepharitis. I have introduced them to show you a method of curing this trouble which you will often find indicated, and when indicated will find no substitute in therapeutics.

---

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

OCTOBER MEETING.

THE first meeting subsequent to the summer vacation was held Oct. 9, at the usual place. Dr. F. B. Percy resigned the secretaryship of the society after a year of faithful service, and nominated in his place Dr. Horace Packard, who was elected. The quarterly election of president and vice-president resulted in the choice of Dr. F. B. Percy and Dr. J. P. Sutherland. Dr. David Thayer tendered a letter of resignation, which was accepted.

Dr. C. H. Farnsworth presented a short paper setting forth the flattering results obtained by him from the use of *Con. mac.* in a case of scirrhus mammæ. When the case was first brought under his observation it presented all the characteristics of malignancy, but, under the long-continued use of the above-mentioned drug, the swelling and pain have entirely disappeared, and, at the present time, both mammæ are in an equally healthy condition.

Dr. Talbot has observed cases where the same remedy has seemed to remove pain and check the progress of the disease. A case was brought before the society which presented characteristics of epithelioma in the initiatory stage, but cicatrization had taken place, and ultimate recovery seemed assured. *Hydrocetyl* had been administered internally and a solution of *Merc. cor.* occasionally applied externally.

Other remarks in relation to the treatment of malignant diseases were made by Drs. Sherman and Cushing.

NOVEMBER MEETING.

The November meeting was fully attended, forty-one persons being present. The exercises of the evening were preceded by a social lunch.

Drs. W. H. White, M. F. McCrilles, Geo. R. Southwick, and A. M. Selee were elected to membership.

Dr. Talbot called attention to the effort being made to gain admission for homœopathic practitioners into the United States army and navy, urged all members to use every personal effort possible, and closed by offering the following resolutions, which were unanimously adopted:—

*Whereas*, The medical officers of the civil, military, and naval departments of the national government have, alike by their words and acts, refused to admit homœopathic treatment to those under their charge, and have persistently refused to admit to examination for appointment to medical offices under their control any physician who believes in or practises homœopathy; and

*Whereas*, This is a gross injustice and insult to those members of the profession who believe in homœopathy, to the general public, and especially to those persons in the employ of government who desire homœopathic treatment when sick; and

*Whereas*, A joint resolution has been introduced into Congress which is designed to remedy this injustice;

*Therefore Resolved*, That this society heartily approves the action already taken in this matter, and would call upon all the members of Congress to see that this resolution, which protects important rights of so many people, be speedily passed and enforced.

*Resolved*, That we call upon all believers in homœopathy, whether physicians or laymen, to use their influence with members of Congress to secure the speedy passage of the pending resolution.

Dr. Talbot also made an appeal for efforts on the part of members of the society towards raising funds for the hospital.

Sections were formed for the special study of materia medica and surgery, and Drs. J. P. Sutherland and Alonzo Boothby were chosen as chairmen of the respective departments. These sections are open to all who will signify intention and desire to work, and will meet monthly between the times of the regular meetings.

Dr. Conrad Wesselhoef addressed the society on the subject, "Re-proving of Drugs." He regrets the errors which have crept into our symptomalogies, and to expunge them urges the necessity of a thorough re-proving, not only on the human subject, but also, and prefatory to it, on the lower orders of animals, from the lowest up. He presented a series of aphorisms, which have been the outcome of twenty-five years of hard work and observation. Dr. Wesselhoef's remarks commanded the closest attention of the society, and were enthusiastically applauded at the close.

Dr. Sutherland reported some drug tests made on animals during the past year, and gave assurance of the interesting and instructive results obtainable.

Dr. Talbot presented reports of two cases of tracheotomy recently performed, both successful. The second was of especial interest, in that the operation was necessitated in threatened asphyxia from the lodgment of a peanut in the larynx. The foreign body was subsequently expelled, and, though it had remained several days in the respiratory tract, it presented no signs of disintegration.

From lack of time much interesting matter prepared for presentation at this meeting was laid over for the next, which is to take place the second Thursday evening in December.

## REVIEWS AND NOTICES OF BOOKS.

---

THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashhurst, Jr., M. D. Third edition, enlarged and thoroughly revised. pp. 1064. Large 8vo. Philadelphia: Henry C. Lea's Son & Co. 1882.

About this time, as the almanacs say, a vast amount of surgical thought and knowledge seem to find expression on the printed page with us, or, more properly, in the English language. Scarcely had Helmuth issued a "new and enlarged" edition of his valuable work on surgery, when Gross appeared in two large volumes, and its rival, Erichson, in two still larger volumes, almost accompanied it. Not to be outdone, or rather to surpass the others, Agnew appears in two large volumes issued and a *third* to come. To cap this climax of greatness, the International Encyclopædia of Surgery is issued, in how many immense volumes, ere it is finished, who can tell? Now to say nothing of the smaller books, such as Gilchrist, Smith, Stimson, Ranney, etc., one would suppose that this vein had been nearly exhausted.

But here comes a bulky volume, of more than one thousand large pages, filled from beginning to end with what concerns the surgeon and still more his patients. Unlike the Encyclopædia, this work does not attempt an exhaustive treatise on the various, or, in fact, any of the subjects which it presents; but it aims to place before the reader, in a reasonably concise form, all the so-called surgical diseases and conditions, giving a diagnostic description together with the best method of treatment, or, if need be, of operation. It is astonishing how many obscure and worthless methods are mentioned, although the author does not waste much space on those which he evidently thinks valueless. But even this mention is important, for it enables the quick mind of the surgeon — and he is not worth much if he has not a quick mind — to recall, or to trace out, what has been previously done and, perhaps, forgotten.

The variety of subjects treated is, as we have said, enormous. Thus, for example, Chapter XXXIX., on Diseases of the Breast, in twelve pages, includes "Hypertrophy of the Breast," "Supernumerary Nipples or Mammæ," "Galactocèle or Milk-Tumor," "Fissures and Excoriations of the Nipple and Areola," "Abscess of the Areola," "Condition of the Areola preceding Mammary Cancer," "Mastitis," "Chronic or Cold Abscess," "Encysted Abscess," "Neuralgia of the Breast," "Cystic Tumors of the Breast" in their different varieties, "Glandular Tumors of the

Breast," "Painful Mammary Tumor," "Sarcomata of the Breast," "Cancer of the Breast," "Excision of the Mammary Gland," and "The Mammary Gland in the Male." Thus seventeen subjects, several of which are multiple, are given in relation to this one organ, which, in some works on surgery, seems to be considered of little value, save for incision or excision.

The style, as a whole, is clear, crisp, condensed, seldom "skirting around on the borders" of any subject. Thus, where of Tracheotomy, in the first two lines, he says: "In this operation two or more of the tracheal rings are divided or an elliptical portion of their anterior face cut away," at one bound he is *in medias res*. But when in the next line he says, "under the influence of an anæsthetic, the surgeon, standing at his left side, or, which I prefer, *at his head*," the question at once arises, where does the assistant stand who administers the ether, and how does the surgeon use the dilating forceps, so important to distend the wound and give a good view down the trachea? Again, the advice about tying the isthmus on either side before it is divided is theoretically very good for an author, but, in the hundreds of times this operation has been performed, how many times has it been done? In fact, any case which would seem to require it presents insuperable obstacles in the venous hemorrhage, while, if this is absent, there is no necessity of ligating the isthmus. Mr. Ashhurst tells us the chief *danger* from tracheotomy is from hemorrhage. We suppose by this he means the danger in the performance of the operation; yet we venture to say that not one in fifty of the many fatal cases of tracheotomy has resulted from this cause. To lessen this fatality, the after-treatment is of the greatest importance, yet, strange to say, the detail of this is wholly omitted.

The illustrations in the book are both numerous and excellent, the mechanical execution is suitable for a surgical book, and the work itself, despite any of its faults, we can heartily commend to the seventy thousand surgeons in the United States. \*

A TREATISE ON THE SCIENCE AND PRACTICE OF MEDICINE, OR THE PATHOLOGY AND THERAPEUTICS OF INTERNAL DISEASES. By Alonzo B. Palmer, M. D., LL. D. 2 vols. New York: G. P. Putnam's Sons. 1882.

Under this title we have offered to us another text-book teaching the nature and course of diseases, and what, to the author, appears as the best method of treating them. The perusal of a number of chapters in these two volumes soon convinces the reader that he has before him an honestly written book, which will furnish him with a very good account of the present knowledge of diseases. The student, as well as the practitioner, is

enabled to learn from these volumes what he seeks as well as from any similar text-book. The story of each form of disease is told in a quiet, unvarnished style, which will not excite the reader's imagination too much, nor hurry him on to precipitate action. If this should happen to be the first book that comes into the hands of a student, he will find it rather tame and sleepy; yet it is all true and simple diction.

The author's reasons for sending this book into the world are as quieting and sedative as possible. He deemed it right and proper that each country should have its own medical literature pertaining to "peculiarities of its diseases requiring peculiarities of treatment," and hopes he has fulfilled this desideratum.

The careful perusal of various chapters does not sustain us in the impression that the information derived from this work is peculiarly American in regard to the nature and treatment of diseases. If any book ever gave the impression of being a faithful reflex of European wisdom and practice, this is the one to do it; nor is it the worse for that, quite the contrary. The author's fault was his ambition to create a specifically American work in ideas and manner. It was rather presuming too much. The most one author may do is to furnish a book of original research made known in an original manner of expression. Such books all have had, they still are prominent in medical literature; let us remember only Cullen of old, Watson, Trousseau, Niemeyer, and others. What makes the text-books of such authors so attractive is their clear, positive style of saying things. This is particularly true of Watson, who thereby has become endeared especially to beginners, who want something positive and unequivocal to lean upon.

There is little that is more disturbing in therapeutics than an anxious avoidance of definite statements in the therapeutical part of any text-book on practice. The "ifs" and "maybes" are far too numerous in Dr. Palmer's therapeutics to serve the student for a guide, although the experienced will find truthful directions enough.

In short, the book is a good one, though by no means superior to others of this day; especially it is not superior to the authorities which, in his Preface, the author claims to have consulted. Throughout the book many others, not named in the Preface, are quoted, and hence it would seem fairer to designate Dr. Palmer's work as a fair compilation than as a work original in regard to American thought and style.

As to the therapeutic principles, in general and particular, contained in the work before us, they are of the orthodox old-school type. There is very little deviation from opium and cathartics, as they have been used for centuries. The modern improvements

which have been introduced into this book, such as the bromides, chloral and tentative trials of pilocarpine, are really the only features which denote that the work could not have been written forty years ago. Even the light of the simple and safe methods of homœopathy as furtively filtered through Ringer, Philipps, and Bartholow, does not seem to have penetrated the regions over which Dr. Palmer chiefly intended that the benefits of his book should extend; but herein we pardon the author, for he well knows that the new school of medicine, with its simple and safe method of treating the sick, is well represented in that section of the West, and is much too strong for him.

c. w.

MICROSCOPICAL MORPHOLOGY OF THE ANIMAL BODY IN HEALTH AND DISEASE. With 380 original Engravings. By C. Heitzmann, M. D. New York: J. H. Vail & Co.

This volume of 850 pages is the result of many years of original research in one of the most important lines of investigation. Since the publication, in 1858, of Virchow's "Lectures on Pathology," the cell doctrine (*omnis cellula e cellula*) has been the generally accepted basis of pathological studies. The work before us presents new views of the structural elements, which, if adopted, will essentially modify our present theories.

Ten years ago the author announced his discovery of the intimate structure of protoplasm. He found that the "cell," instead of consisting of an enveloping membrane containing a fluid in which were nucleus, nucleolus, and granules (Schwann, 1839), or a lump of structureless protoplasm without a membrane or even a nucleus (Max Schultze, Brücke, 1861; Stricker, 1868), was a reticular lump of living matter containing in its meshes a fluid devoid of life. With our present means of observation the simplest form is the granule, which, by growth and splitting, gives the complicated organism termed "protoplasm." Heitzmann finds this reticulum everywhere present, in the simple amœba, and in the varied structures of the human body. Instead of each body consisting of a society, a multitude of individuals, the body itself is an individual. With the cell doctrine the term "cell" is set aside in favor of the term "plastid," proposed by Haeckel, and for the simplest units, the so-called molecule, we have "plastidule"; the distinction is drawn between the word "plasma," *formed*, and the word "plasson," *forming*, and we have the "bioplasson doctrine" (Elsberg).

The work is not however confined to discussions open only to the special student of biology. The intelligent practitioner will find his attention held by the sections on Connective Tissue, Epithelial Tissue, Inflammation, Tuberculosis, Tumors, the Skin,

while those who use the microscope—and who to-day do not?—will find the first section to treat of Methods. The sections on the Urinary Tract and the Urine are full and clear, and will at first attract the greater number of readers; the directions for urinary examination are so complete, and the engravings so satisfactory, that this section alone would make a valuable manual for daily use. The hitherto unknown subject of the teeth has been very thoroughly studied, thanks to simple and rational methods in the preparation of specimens, and the researches of Boedecker and Abbott, pursued in Heitzmann's laboratory, will form our best authority on this subject.

The various parts are not equally complete, the articles on the Nervous System being limited and not wholly satisfactory. We think the author would have done wisely by condensing still more many of the valuable papers worked out in his laboratory by a score of his pupils. Full abstracts of these enrich the volume; the articles by Elsberg and Boedecker will attract particular attention. There is abundant evidence of the honest scientific spirit of the workers in that laboratory, and the contributed articles speak eloquently for the enthusiasm which this master mind has infused into his followers.

The engraving and printing are all that could be desired. A full index would add much to its usefulness as a work of reference. The book is, however, a pleasure to the eye, and will be easily read. Some of the author's views will not at first be accepted, but the more diligent and unprejudiced the student of this volume, the more fully will these new views of pathology be received. Microscopical Morphology is the most notable work since the Cellular Pathology of Virchow.

J.

**CEREBRAL HYPERÆMIA. DOES IT EXIST?** By C. F. Buckley, M. D. pp. 129. New York: G. P. Putnam's Sons.

As this little work is "a consideration of some views of Dr. Wm. A. Hammond," especially of his "last brochure on 'Cerebral Hyperæmia,'" it will not prove very interesting reading to those who are not familiar with the monograph in question.

One can hardly fail to remark that something very like a spirit of personal resentment pervades Dr. Buckley's work; and one needs read no further than the eleventh page to find that the author's claim to being actuated only by a "spirit of truth-seeking . . . in expressing his dissentient opinions" is hardly justified by the work he offers us. For instance, on pages 8-11 he quotes a case, not from the monograph under consideration, but from another of Dr. Hammond's works; on page 10, after an account of the treatment pursued, we find the following: "*At the end of ten days* he had lost his diplopia; the pupil of the



right eye had regained its natural diameter and irritability, and the vertigo and headache had notably diminished. The treatment was continued, and at the end of a month he had recovered the sensibility and power on the paralyzed side to such an extent, and had improved so much in other respects, that I advised him to take a short journey. He was absent two weeks, during which period he continued to take the pills as before, and on his return was to all appearance well. He has since remained in excellent health." Dr. Buckley then says, on page 11: "This case is of uncommon importance from more than one standpoint, and the reader can only do it justice by a careful consideration of every line. First of all, if the diagnosis be correct, it illustrates the marvellous, we might indeed say magical, effects of phosphide of zinc, nux vomica, and the constant galvanic current in curing diseases commonly considered hopeless as regards complete and permanent recovery; and all this, too, in the brief short space of TEN DAYS." Again, on page 103, this same case is distinctly referred to as being "completely restored *after ten days' treatment.*"

From such instances it would seem that Dr. Buckley has hardly prepared himself for the critical reading he invites in his Preface. We can hardly consider this book—negative in its aim at the best, and but weakly supporting its negation—as a valuable contribution to the literature of the subject. ‡

A MANUAL OF OBSTETRICS. By A. F. A. King, M. D. With fifty-eight illustrations. 1882. 8vo, pp. 324. Philadelphia: Henry C. Lea's Son & Co.

This is a small volume of a little over three hundred pages, designed for students and physicians not having time for larger treatises. It makes little claim to originality, and is compiled from various authors, chiefly Playfair and Leishman.

The book is an excellent one of its class, but, like all others designed to put obstetrics in a nutshell, cannot be recommended. It would be like recommending a book containing the principal theorems in geometry without sufficient demonstration. The student needs detailed explanation to thoroughly understand the subject, and physicians more than is given for reference.

His treatment of prolapsed funis may be summed up as follows:—

- (1.) Preserve the membranes from rupture as long as possible.
- (2.) Put the patient in a knee-and-chest position if the membranes are intact.
- (3.) If the cord does not slip back in this posture, do not rupture the membranes.
- (4.) When finally they do rupture, artificial reposition of the cord must be attempted:—

a. By replacing the funis with the hand.

b. By using some form of repositor.

(5.) When reposition fails, to put the cord in that side of the pelvis where it will receive a minimum amount of pressure. This is usually at the sacro-iliac synchondrosis of the side to which the occiput is turned.

(6.) Forceps.

(7.) When forceps are not available, the next alternative is version, by the feet, preferably by external, or combined external and internal, manipulation and subsequent rapid extraction.

In the first place, if it is a breach, treat the same as a simple breach and do not attempt any reposition. We assent to the first three propositions, except that, when external and combined version has failed, and the os is dilated sufficiently for podalic version, it should be attempted at once, not waiting for the membrane to rupture and perhaps find the head so far down in the pelvis that version is impossible. Reposition of the cord is impracticable and is abandoned in the large European hospitals. It is seldom successful, unless the hand is introduced high enough to hook the funis over an extremity, and then another loop is apt to follow the withdrawal of the hand. Immediate version, if possible, when the diagnosis is made is the best treatment. The external and combined methods can be attempted as soon as a funis can be distinguished. Failing in this, *wait* for the os to dilate sufficiently for podalic version. The hand seldom requires to be introduced as far for version as for reposition, consequently the injury inflicted in the former case will not exceed that in the latter. The former treatment is certain, the latter not.

Again, prolapse of funis is very often associated with some pelvic deformity, usually a contraction of the conjugate diameter. Observation has established the fact that, in the minor degrees of this contraction, the child will pass through easier in a breech than a cranial presentation.

Forceps are seldom available, as they must be applied without including the cord, which is a very difficult matter. The most skilful obstetricians constantly fail on this account. The dangers of including the funis are, slipping of the forceps; compression of the cord, with very great danger to the child; premature loosening of the placenta, with severe hemorrhage and danger to the mother.

The author's last resource, version, is really the first and only treatment in the majority of cases. After it, the case is to be treated as an ordinary breech, leaving it to nature, and interfering only as danger to mother or child demands. "Subsequent rapid extraction" is apt to cause dire results.

We have selected this chapter for a more extended criticism,

for the reason that it is typical of the remainder of the work. It shows that the author brings nothing new of his own experience, and that his book is nothing more than a résumé of better works. Nevertheless, the book contains much useful information.

G. R. S.

TRANSACTIONS OF THE THIRTY-FIFTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, HELD AT INDIANAPOLIS, JUNE 14, 15, 16, AND 17, 1882. THIRTY-NINTH ANNIVERSARY. Octavo. pp. 828. Pittsburg, 1882.

With commendable celerity we find a handsome volume of the Transactions of the Institute has been placed upon our table. The neat binding, in spite of its metal corners, makes a desirable addition to any physician's library. On opening the covers, the first thing which greets the eye is the strong, manly face of the president in a fine steel engraving. This was presented by our friend, Dr. Walker of Chelsea, and we believe was the handiwork of his talented son. Nothing more appropriate could adorn the annual volume than the likeness of the president, and especially one who has labored so assiduously and earnestly for the success of this session. We hope in the future to see this precedent become a custom.

A careful examination convinces us that this volume is the best in matter and manner that the Institute has ever issued, excepting, perhaps, the bulky and valuable volumes of the "World's Convention," which were as many years as this has been months in seeking the light. Aside from the history of the session, its legislation as the largest organized body of homœopathists in the world, and its collection and representation of the status of homœopathic medicine in America, it contains upwards of sixty essays, more or less carefully prepared, and the discussions thereon, by leading physicians of our school. The cost of membership in no wise represents the value of such a book, and the possession of it, aside from the many other reasons, should be a sufficient power to increase the list of eight hundred and twenty-three actual members till it includes every respectable member of our school.

We spoke of the essays as "more or less carefully prepared." Is there any reason why a single one should not be a credit to its author? If it is not, if it does not contain something of real value, it should be rigorously excluded from the published Transactions. Take, for instance, an article on page 678, "Icterus: its Relations Anatomically, Etiologically, and Pathologically Considered." To say nothing of the absurdity of the title, which provokes one to inquire whether it is "Icterus" or its "Relations" that we are to consider anatomically, etc., and if the latter,

whether they happen to be blood relations, the whole article is not fit for this book. It is enough to say that the first part consists of five pages of description of the *liver*, probably a poor "relation" of Icterus. Had this description been taken from Gray, we should have recognized it; but Gray, "badly mixed," reminds us of a student's examination paper on anatomy, "too good to be rejected, and too poor to be accepted." The second part of the essay, two pages, and the third, one page, can hardly be called hints upon the subjects named, whatever they are.

We are sorry to see a book containing so much that is valuable marred in such a manner. Let us hope that the next session, at Niagara Falls, will not only be the largest ever held, but that its Transactions will show the best work of our school. \*

OTIS CLAPP & SONS' VISITING LIST. Boston, 3 Beacon Street.

FAULKNER'S HOMŒOPATHIC PHYSICIANS' VISITING LIST. New York: Boericke & Tafel.

THE MEDICAL RECORD VISITING LIST. New York: Wm. Wood & Co.

A choice between these visiting lists is no easy matter; in fact, the preference must be determined solely by individual taste. They are all attractive, even elegant in appearance, and are all adapted to aid the physician greatly in making his daily records.

*Otis Clapp & Sons'* enters upon its second year, and has already well established itself in favor. It is found to be particularly convenient in size, and in its arrangement of adjoining columns for recording visits and the prescriptions made.

*Faulkner's* is an old favorite, and is combined with quite an extensive repertory.

*Wood's* is very neat and compact, and will be preferred by some because its columns are dated expressly for the coming year, a convenience in making advance engagements. §

THE POPULAR SCIENCE MONTHLY (New York: Appleton & Co.) continues to present to its readers interesting and instructive articles in every department of science. Not only does the physician find in its pages an agreeable change from his own particular pursuits, but also finds many topics belonging strictly to his profession which are discussed in a manner more entertaining than is customary in medical literature. Thus in the numbers for October, November, and December, 1882, will be found articles upon "Massage: Its Mode of Application and Effects," "Physiognomic Curiosities," "Sewer Gas," "The Law of Human Increase," "Brain Weight and Brain Power," "The Cell State," and an article, which is certainly very striking, on "The Utility of Drunkenness." §

## OBITUARY.

## IRA BARROWS, M. D.

ONE by one the links which bind the homœopathy of the present with its beginning in this country and State are breaking, and recorded history must soon take the place of personal recollections. To this generation homœopathy is a firmly established and almost an old science, and the bitternesses, rancors, and ostracisms of those days not fifty years gone are an unrealized, almost unbelievably, story. The men whose wonderful successes with the "infinitesimals," whose keen diagnostics, whose perfect appreciation of the correlation of the disease and the remedy have been so potent in establishing not only homœopathy, but the science of medicine as it is to-day, have nearly all passed away. Of these men Dr. Ira Barrows was one. He was a man strong in his ideas of right, persistent and tireless in his advocacy of that which he considered as right, firm and indomitable in what he felt to be duty, and perfectly intolerant of wrong. It was perfectly wonderful to him that others could not see the beauty of homœopathy, and that it was not an exclusive thing, but the grand law of the one science of medicine.

Dr. Barrows was born in Attleboro, Nov. 18, 1804, graduated at Brown University in 1824, and received his medical diploma from Harvard in 1827. In 1842 he was practising medicine "after the strictest sect of allopathy" in the town of Norton, and happening to call upon his friend, Dr. P. P. Wells (now of Brooklyn, N. Y.), who had then just commenced the study and practice of homœopathy in Providence, R. I., his attention was directed to the new method of therapeutics. Obtaining the "Organon" and Hull's *Jahr* he cautiously commenced his experiments. "Verily, I thought," he says in a letter to the writer of this, "that if Dr. Watts had studied the two systems of medicine, and had penned his immortal stanza with reference thereto,

Broad is the road that leads to death,  
And thousands walk together there;  
But wisdom shows a narrow path,  
With here and there a traveller,

he could not have better expressed the reality."

After his adoption of homœopathy his practice extended over a large section of country, his rides including a circuit of at least twenty miles. He first introduced homœopathy into Taunton and the neighboring towns, and into Pawtucket, converting therein the late Dr. Manchester. From Norton he removed to Pawtucket, and soon thence to Providence, R. I., where he was always a trusted exponent of and counsellor in his beloved therapeutic art.

The mode and specialties of his expulsion from the Massachusetts Medical Society was always an unpleasant remembrance to Dr. Barrows. The rank injustice of it, the Janus-like character of his friends, and the impossibility of redress, could never be reconciled with his sense of right. He was one of the first martyrs to the cause that has had its many martyrs since.

Dr. Barrows was one of the founders of the Rhode Island Homœopathic Medical Society. He was its first vice-president, and has been frequently called to its presidency. He was seldom absent from a meeting, and always had either a paper or a most instructive case to relate and discuss. He was an exceedingly careful practitioner, a most diligent student, yet always seeking the advice of others. Genial and kindly, his faults were only those of a broad love of humanity.

He died on Saturday, Oct. 14. His funeral was at the Beneficent Congregational Church, of which he was a valuable member, and a large concourse of people were present, among whom were at least twenty-five homœopathic physicians of Providence and vicinity.

E. U. J.

DR. GEORGE E. NORCROSS died on Nov. 6, at the residence of his parents in Jamaica Plain. He graduated from Phillips Academy, Andover, in '77 and from the Boston University School of Medicine in '80. He entered at once upon the practice of his profession in Great Falls, N. H., and there resided until shortly before his death. He endeared himself to friends and patients alike, and his loss will be deeply felt.

DR. MONICA MASON, another graduate of the Boston University School of Medicine, has been taken from the work of her profession. The announcement of her death brings sadness to many a friend who remembers the bright happy face which formed the centre of so many groups in the student days which are past. She graduated in the class of '78 and sought her field in the West, establishing herself in North Minneapolis, Minn. Her fine character and the earnestness of her work impressed all who knew her, and those who mourn her loss will long cherish her memory.

---

## PERSONAL AND NEWS ITEMS.

---

DR. MARY A. PAYNE has located at 319 Columbus Avenue, Boston.

CLARA C. AUSTIN, M. D., has located at No. 34 Brookline Street, Boston.

DR. C. P. HOLDEN has removed from Woodstock, Vt., to Windsor, Vt.

S. J. DONALDSON, M. D., has removed his office to No. 36 West 42d Street, New York City.

WALTER WESSELHOEFT, M. D., has removed to No. 391 Harvard Street in Cambridge, Mass.

HOWARD A. GIBBS, M. D., B. U. S. of M., class of '82, has located at No. 23 Kendall Street, in Boston.

E. A. CARPENTER, M. D., has removed from Plattsburgh, N. Y., to Cambridge, Mass.

DR. BENDER, formerly of Quebec, P. Q., has located at the Hotel Vendome, Boston.

DR. G. B. CLARK has removed from Windsor, Vt., to No. 124 West 126th Street, New York City.

CHARLES R. ROGERS, M. D., has removed from Westboro', Mass., to No. 754 Dudley Street, Dorchester District, Boston.

SUSAN P. HAMMOND, M. D., has removed to No. 70 West Springfield Street, in Boston.

KATE C. FISKE, M. D., has removed from Medina, N. Y., to Jamestown, Chautauqua County, N. Y.

A. M. CUSHING, M. D., has removed from 116 West Newton Street to 401 Columbus Avenue, Boston.

DR. SAMUEL O. L. POTTER, formerly of Milwaukee, Wis., has been appointed an A. A. Surgeon, United States Army, and is stationed at Fort Robinson, Nebraska, as post-surgeon.

GEO. W. STEARNS, M. D., has removed from Groton, Mass., to Holliston, Mass., having taken the practice of Drs. C. F. Barker and wife, who have removed to the West.

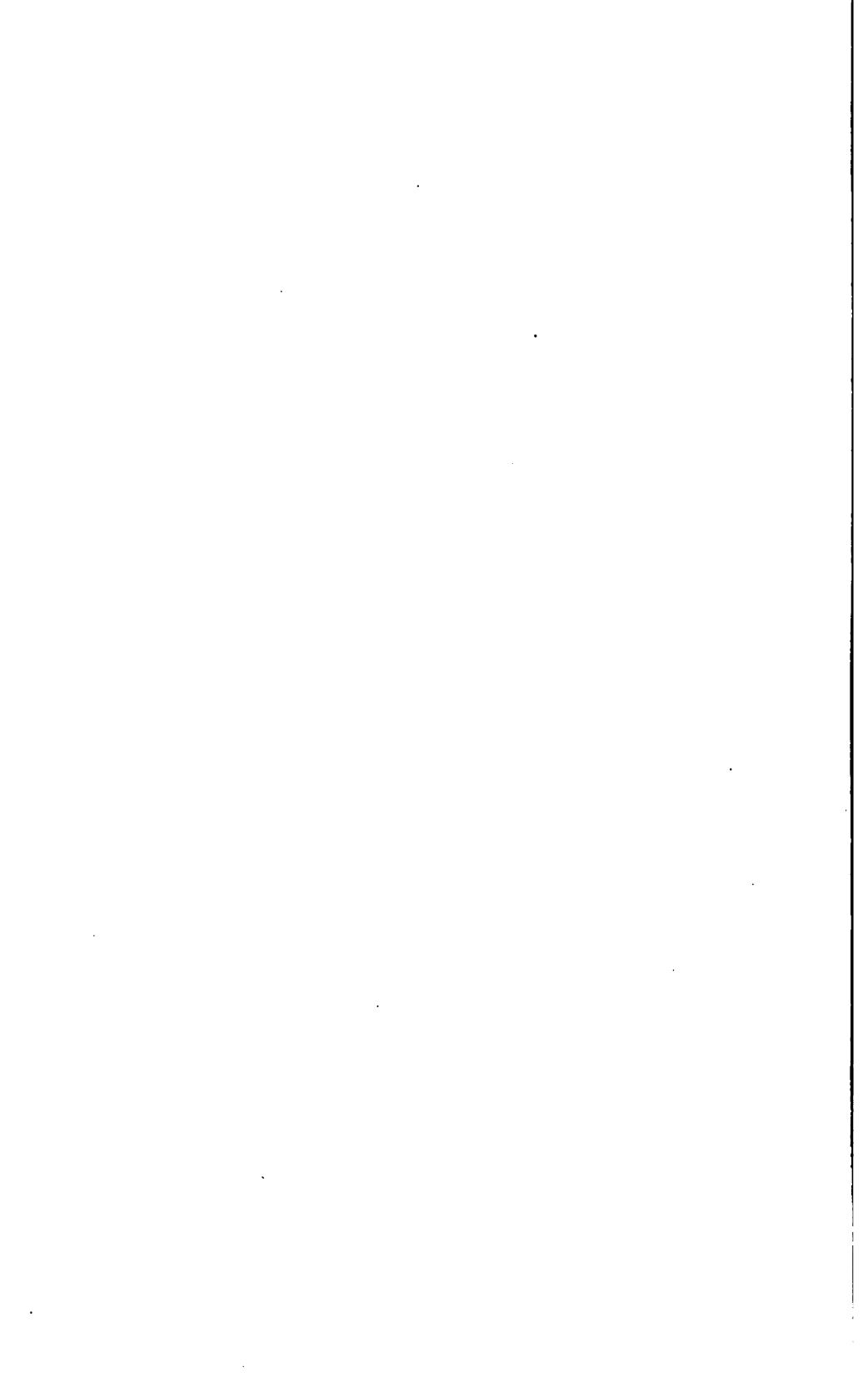
WM. WOODS, M. D., formerly of Dwight Street, has removed to Hotel Byron, Suite 2 (corner Berkeley and Boylston Streets). Office hours until 9 A. M., 2 to 4 and 6 to 8 P. M.

F. G. COFFIN, M. D., has removed from Rochester, N. H., to Great Falls, N. H., to take the practice of the late Dr. Norcross.

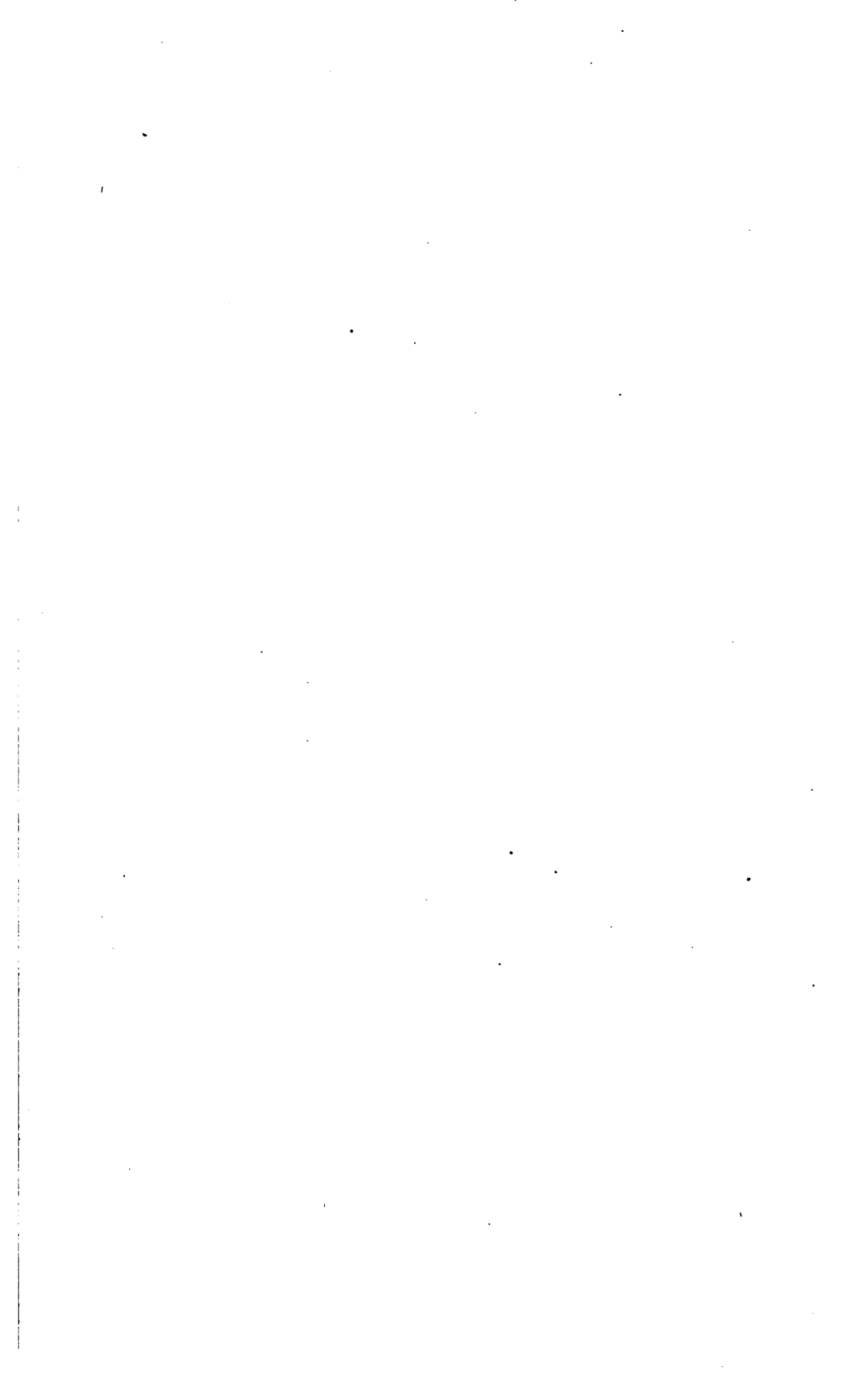
---

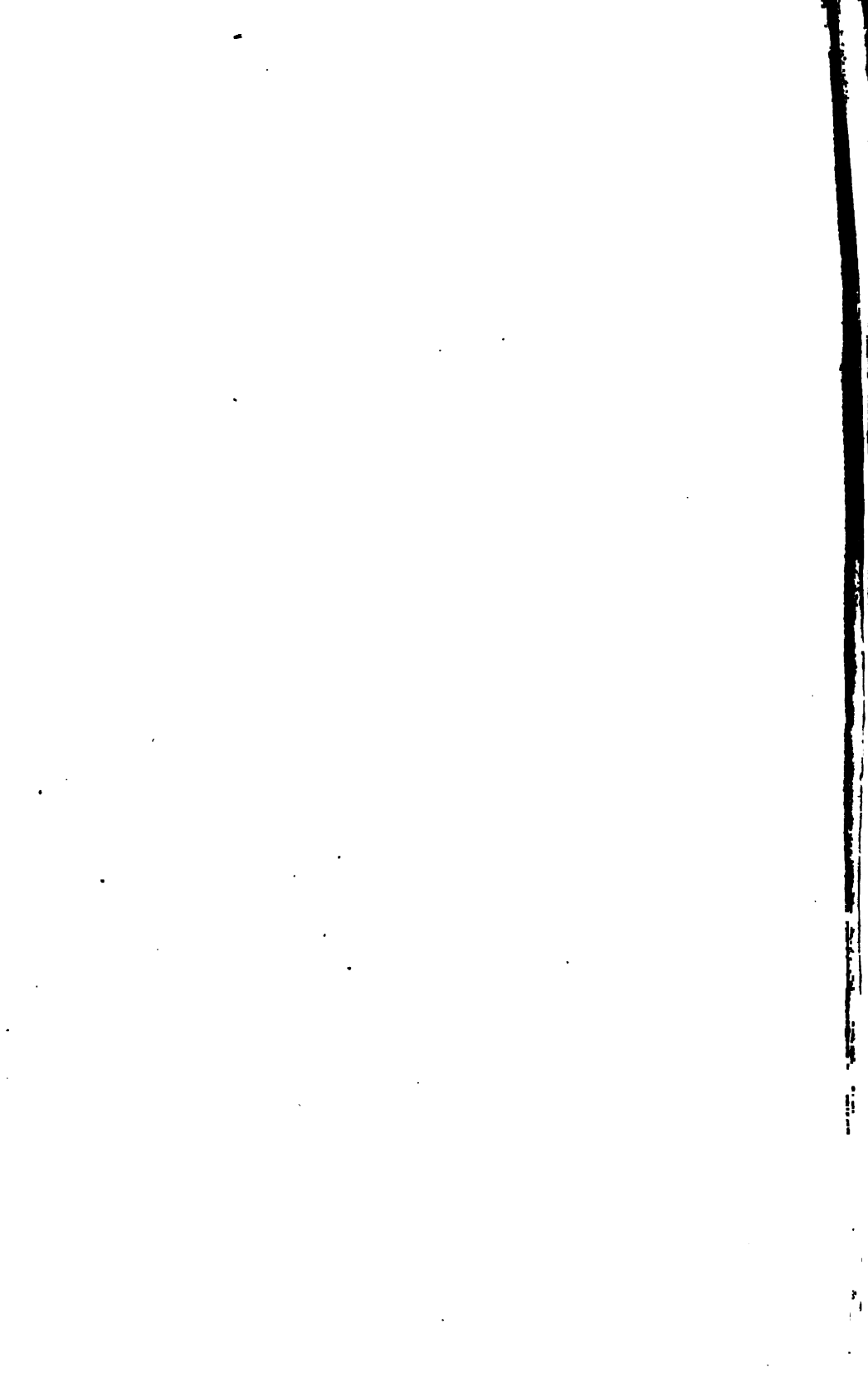
OBSTETRIC CASES are desired for the advanced students of the Boston University School of Medicine. Physicians knowing of such cases among the poor, particularly at the South End and in the Roxbury District, are requested to send them to the College Dispensary, or to G. R. Southwick, M. D., 626 Tremont Street, by whom assignments will be made.











41C  
708 +

